# MEMORANDUM

DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
CENTER FOR DISEASE CONTROL

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TO : William H. Foege, M.D.
Director, Center for Disease Control (CDC)
Through: Philip S. Brachman, M.D.
Director, Bureau of Epidemiology (BE) PSB 2/2/79

DATE: February 1, 1979

FROM : Roger W. Rochat, M.D.
Deputy Director, Family Planning Evaluation Division, BE

SUBJECT: Resource Support Services Report: Philippines, Bangladesh, and Switzerland, October 23-November 17, 1978


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## I. PLACES, DATES, AND PURPOSE OF TRAVEL, AND CHIEF CONTRACTS

### A. Manila, Philippines, October 23-November 2

1. To participate in the Fourth International Population Conference.
2. To consult with Dr. Melanio Gabriel, Director, Iglesia ni Cristo (INC) Mobile Family Planning Program, and the USAID Mission staff on evaluation of INC family planning services.
3. To consult with Dr. Juan Flavier, Director, International Institute for Rural Reconstruction (IIRR) on collaborative analysis of data on abortion from rural Cavite.
4. To consult with AID/HPN officers from the Asian region regarding the potential value of a CDC regional advisor on contraceptive distribution/logistics.

B. Dacca, Bangladesh, November 3-14

1. To consult with Dr. Abdus Samad, Director, Institute for Statistical Research and Training (ISRT), Dr. Anthony Measham, Ford Foundation, and USAID Mission staff on 1) national survey of abortion and pregnancy-related deaths and 2) preliminary analysis of a survey of physician attitudes toward abortion.
2. To participate in Bangladesh Fertility Research Programme, Third Contributors Conference, November 6, 1978.
3. To discuss with AID/Dacca the proposed CDC regional advisor assignment.

C. Geneva, Switzerland, November 15-17

1. To discuss with Dr. Alex Kessler the Program for the Introduction and Adaptation of Contraceptive Technology (PIACT) current project studying the effect of regulations in developed countries on availability of contraception in developing countries.

II. RESULTS AND COMMENTS

A. Manila

I used the Fourth International Population Conference primarily as an opportunity to get acquainted with family planning program directors from countries throughout the world and introduced them to the work which the Family Planning Evaluation Division (FPED) at the CDC is doing for AID internationally. I received over 25 requests for more detailed information and examples of FPED publications and reports and sent them to those individuals as soon as I returned to Atlanta.

The Conference was initially beset by brief, fairly superficial presentations by representatives of each country. Toward the end of the first day, two participants proposed that speakers present both successful strategies for delivering contraceptive services and examples of strategies which had not been successful. Subsequent chairpersons requested and obtained more active participation from the audience following each speaker.

The First Lady, Imelda Marcos, was present for a number of sessions and focused on the importance of social and economic development and the contribution of the more affluent countries to developing countries. The Philippines Daily Express reported daily on the conference but focused on the current Philippine government emphasis on development. This is illustrated by the brief report "Women Need Male Sperm" and the subsequent editorial in Appendix 1.

Serendipitously, I learned that the Iglesia ni Cristo planned a nationwide census of its church membership in December 1978 and proposed that it be augmented with a probability sample contraceptive prevalence survey. Dr. Melanio Gabriel agreed and we discussed it with Ms. Carrie Lorenzana, FPIA, Southeast Regional Director, Mr. Hal Pedersen, AID/W, Bill Goldman, John Laing, and Sam Haight, USAID/Manila, and Dr. Carl Tyler, Leo Morris, and Jack Smith at CDC. After lengthy discussions with FPIA, AID/Manila, AID/W, and FPED/CDC, it was agreed that FPED would provide statistical assistance in designing a questionnaire, determine how the probability sample would be selected, and edit, keypunch, tabulate, and analyze. We agreed that any reports would be written collaboratively with Dr. Melanio Gabriel. Appendix 2 contains the membership list and birth certificate and registration of non-baptised births and their approximate translations as they are currently used by the Iglesia ni Cristo. A preliminary protocol (Appendix 3) was drafted and a copy given to Dr. Gabriel, the FPIA regional office, and the AID/Mission before leaving the Philippines.

In addition to the present survey, we discussed the possibility of further analysis of the INC Mobile Family Planning Program's impact on lewering fertility among INC members. The INC has registered births to members since 1972. I suggested that these birth data be examined to determine their completeness and internal consistency. If they are reasonably complete and accurate, we could examine birth trends using periodic regression analysis or other techniques. Alternatively, the INC could assess evidence of fertility trends by calculating age-specific fertility rates by place of residence (urban/rural), province of residence, and whatever other factors might be available from the birth record which might affect fertility levels.

Since the INC began providing family planning services in 1974, it might be possible to conduct a before/after analysis of fertility trends among church members, to compare those fertility trends with secular trends, and to compare the characteristics of acceptors with the characteristics of their experiencing any fertility decline (if it is occurring).

I hand-carried a draft of a manuscript prepared by Dr. Charles Chen analyzing characteristics of women obtaining abortions in Cavite to Dr. Juan Flavier for his comments. We discussed the possibilities of future collaborations between CDC and IIRR in evaluating innovative contraceptive distribution and training practices. I invited him to visit CDC on his next trip to the United States to identify specific projects for collaboration.

I discussed the possibility of a CDC advisor based in Dacca but available to regional HPN officers for assistance in assessing contraceptive distribution, logistics problems, with HPN officers from

the Philippines, Thailand, Pakistan, and Bangladesh. Sam Haight said he had been in the Philippines too short of a time to provide an immediate response, but offered to obtain more information on logistics in the Philippines and receptivity of POPCOM to technical assistance in this area. (It should be noted that similar assistance has been provided by Management Sciences for Health and they may be a more acceptable source of consultants simply because they are better known at POPCOM.) Ed Muniak (Thailand), and John Dumm (Bangladesh), and Dorothy Glenn (Pakistan) all indicated potential usefulness of such a regional advisor.

B. Dacca

In Dacca I modified the questionnaire initially designed in June 1978 for ISRT and participated in interviewing interviewer candidates. I devised a questionnaire for training the interviewers (Appendix 4). The interviewers were college educated and a few had had previous experience in the health field. The pregnancy/abortion related mortality survey was to be conducted in the Dacca area, with completion before the end of December 1978 at which time a review of success to that point would be conducted and then interviews would be conducted in the rest of the country. I tentatively scheduled a return trip to Bangladesh for late January-early February.

I also obtained provisional analysis of the responses of 46 physicians at Salimullah Hospital to attidudinal questions on abortion. Out of the 46 questionnaires, 36 were self-administered and I interviewed the other 10. All of these physicians graduated from medical school between 1974 and 1978 (Appendix 5). It is notable that a much higher proportion of responses were favorable to the performance of abortion among these respondents than questions administered in national probability surveys in Bangladesh. This may be because these questions are more specific than questions in the WFS and/or because the respondents were medically trained individuals, most of whom had observed one or more woman clinically who had serious morbidity or who had died as a result of non-medically performed abortions. I recommend using these or similar questions in future national surveys.

I was very favorably impressed by the scientific quality of papers presented and by the conference management of the Bangladesh Fertility Research Programme's Third Contributors Conference. I gave a brief commentary on the paper by Drs. Firoza Begum, Atiqur Rahman Kahn, and Shawkat Johan titled, "A Study of 1,003 Induced and Spontaneous Abortion Patients Treated at Dacca Medical College, Dacca, Bangladesh." I would recommend, however, that the scope of the conference be extended to include papers on fertility and fertility control other than those using IFRP data processing.

Finally, I discussed the proposed CDC regional advisor position with Mr. Charles Gurney, Health, Population, and Nutrition Officer at AID/Dacca, and with Mr. Joe Toner, AID/Mission Director, and felt there was substantial interest in such an advisor working in Bangladesh primarily to improve the Bangladesh program. The chief concern raised was the difficulty in obtaining an additional "mode" position for the advisor. I did not have opportunity to discuss this position with the ambassador.

C. Geneva

I briefly discussed with Dr. Alex Kessler the work which PIACT was undertaking in trying to assess the impact of drug regulations in developed countries on developing countries availability of contraception. He responded he would be willing to informally review any document we prepare and would be willing to provide us with a list of the 25-30 countries which had requested information on depo-provera following the FDA decision not to approve availability of depo-provera in the United States. Dr. Mamoud Fathalla, Professor, Obstetrics and Gynecology, University of Assiut, Egypt, joined me in my conversation with Dr. Kessler and the two of us concluded that we should continue to keep Dr. Kessler informed of the project as it develops.

I also spoke with Dr. J. F. Dunne, Senior Medical Officer, Pharmaceuticals, who expressed an interest in CDC providing epidemiologic assistance in assessing side effects reported to the international WHO registry related to fertility control techniques. I also met and discussed the PIACT project with Mr. Seth Fluss, Senior Editor, International Health Legislation Digest.

Summary of Actions Needed

1. Provide statistical and analytic consultation to Iglesia ni Cristo in conducting contraceptive prevalence survey. The first consultation was by Jack C. Smith in December 1978, and the second should occur about March 1979.

2. Provide consultation to the Institute for Statistical Research and Training, Dacca, in completing the national maternal mortality survey. Roger Rochat should return in February 1979.

3. Assist WHO in evaluating reported adverse reactions related to fertility control.

Roger W. Rochat

Roger W. Rochat, M.D.

# APPENDIX 1

# Editorial

Philippines Daily Express November 1, 1975

# Let's develop our human resources

DURING THE Fourth International Population Conference held here in Manila a few days ago, a news item about the male spermatozoon, that is, the male reproductive cell, appeared somewhere in the inside pages of this paper. Its head, "Women need male sperm" seemed quite inviting, but being as small as its subject, the item must have been overlooked by the population experts meeting at the Philippine International Convention Center. Which was unfortunate because what the story said had some relevance to a very important point of controversy in the conference, namely: whether population programs should be contraceptive-oriented or development-oriented.

According to the story, a Yugoslav-born doctor-researcher at Philadelphia University has discovered that the male sperm contains biological substances which are necessary to the equilibrium or biological balance of the female body. In view of this, the doctor, Dr. Arne Gjorgov, said it is essential that in sexual intercourse the male sperm must come into contact with the female genital organs. Otherwise, the woman runs the risk of developing breast cancer. A two-year study of the problem conducted by Dr. Gjorgov had shown that the risk of breast cancer was five times greater for women who never received sperm than for those who did. Could this be the reason spinsters are highly susceptible to breast cancer? Anyway, the doctor recommended that condoms be abandoned as a form of contraceptive considering that the condom prevents contact between the spermatozoa and the female genitalia.

To be sure, the Gjorgov finding has many implications. First of all, by giving validity to the romantic notion that "love makes a woman whole, fulfilled," it affirms the male principle as the central category in sexual politics. No doubt, such affirmation shores up the sagging image of the "macho" who has lost considerable ground due to the inroads of Women's Lib and the demands of population control.

But from that point, some complications crop up, spawning a new set of problems. For instance, in a country like the Philippines, which is not only underdeveloped and has a high rate of population growth but also has a predominantly Catholic population, the repercussions of the Gjorgov discovery cannot easily be ignored.

For one thing, the Church considers it a sin for couples to use contraceptives because such devices interfere with the natural process of reproduction. If married people wish to limit the growth of their families, then they should adopt the "rhythm method" (which is not foolproof), or better still, abstain altogether from the act of sex. Thus the Church teaches. Obviously, the Gjorgov finding puts Catholic couples in a terrible dilemma.

(Continued)

(Continued)

The government's problem is no less serious. While before, its population control program had only possible births to contend with, today it has to reckon with the fear of possible death resulting from sexual abstention. Needless to say, such fear, by reason of the choice it entails, is likely to increase the probability of new births.

Perhaps, it is best that our government has opted for a development-oriented population program. After all, has it not said once too often that our human resources are our "most important resource"?

As we see it, the best alternative open for us is to develop the immense potential of our human resources. Let us give the masses of our people realistic opportunities to become more productive, and having made that decision, let us go further by providing them with equitable access to those essential services fundamental to their well-being, health and productivity.

Philippines Daily Express Oct 27 1979 p.10

# Women need male sperm

PHILADELPHIA, Oct 26 (AFP)

Methods of contraception which prevent sperm from coming into contact with female genital organs may encourage the development of breast cancer in women, according to a US scientist.

Risk of breast cancer was five times greater for women who never received sperm than for women using other methods of contraception, Dr Arne Gjorgov, a research worker of Philadelphia University, said.

The doctor, who is Yugoslav born, has spent two years studying the problem. He said male sperm contained biological substances which were necessary to the equilibrium of the female body.

In a report, Gjorgov recommended that condoms be abandoned as a form of contraception.

# APPENDIX 2

## Iglesia ni Cristo Membership and Birth Registration Forms

Iglesia ni Cristo
Membership List
(Do not write nickname)

( ) Formerly Listed _____ 19__
( ) New Listing Date

1. Name First Middle Last Sex 201#
2. Residence No. Street Village Town Telephone PCK# PKT# TAR#
3. Provincial Address Street Village Town/City Province
4. Birth Date Village Town/City Province
5. Status: Are you married? In which religion married? When?
6. If not married to spouse, why not?
7. Name of spouse? Spouse's religion? Spouse's residence?
8. Name of Father? His religion? His residence?
9. Mother's Name? Religion? Residence?
10. Name of Sponsor? Religion? Relation to sponsor?
11. Name of 2 relatives or friends (INC) in your local
12. Former religion? Responsibility in former religion?
13. Membership in organizations other than INC?
14. School attending? Grade level?
15. If not studying, what was highest level achieved?
16. Professor or work? Office or organization? Phone number_____
17. Are you a voter? White Barangay Zone? Polling Place? District? Town? Province?
18. Date of Baptism? Date Palimbog? First local/division member?
19. Number of children not yet baptised but registered? Number offered?
20. Responsibility in INC? Start date? End Date?
21. I certify that information is true and that no information was obtained with force, but rather with love for God and obedience to his commandments.

**Signatures:**
1. Respondent
2. Interviewer
3. Head Secretary
4. Head Deacon

ADDITIONAL INFORMATION NECESSARY FOR REVISED FORM:
1. Number of children, if any
2. Occupation of father
3. Occupation of mother
4. Explain how you were persuaded to join INC?
   Who invited you to join?
5. What convinced you to join? What appealed to you? **Doctrin?**
   Supply a personal photo for your 201 file.

mgg '78

Iglesia ni Cristo
Birth Certificate

Local _____ Division _____ Date _____

1. Name First Middle Last Sex Date of Birth
2. Name of hospital or clinic (if delivered in) Place of birth City Province Town
3. Name of father Date baptised Local and division originally listed?
4. Maiden name of mother? Date baptised? First registered in which local/division?
5. In which religion were parents married? Date of marriage? When was child offered?
6. Was this birth registered with government? Where? County, City, Province
7. Was birth registered with INC? When? Were you able to get a birth certificate from INC before? If so, when? __ _Year

I certify that this is true.

Signatures:
1. Head Secretary
2. Bishop
3. Head Deacon
4. Division Secretary

NOTE: You must write down baptism date o parents. If they don't remember, make best guess. Send only one copy to Central.

K-18 Feb. 75

## Registration of Non-Baptised Births

Child of INC Member Yes___
No ___

1. Name First Middle Last Sex Date of Birth
2. If in hospital of clinic _____ Name Place of birth City Province Town
3. Name of father Date baptised 1st local/divison
4. Name of mother Date baptised 1st local/division
5. In which region were parents married? When? When was child offered?
6. Was child registered with government? County/Province
   Who registered child? Father_____ Mother _____
7. When child was born, in which local/division were parents registered?
8. Date registered in INC? Date birth certificate from INC obtained? Sponsor?

Important: Write dates from baptism of father and mother, when child was offered, registered, and when birth certificate from INC secured. At least write year. Place K16 in 201 file of mother, father, or sponsor.

I certify this information is true and that no information was obtained with force, but rather with love for God and obedience to his commandments.

Signatures: Mother/Father/Sponsor
Registrar

Date

K-16 Feb. 75

APPENDIX 3

The Iglesia ni Cristo (INC) Integrated Family Planning Program: A proposed survey to determine fertility and contraceptive use by INC members.

Prepared by

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## INTRODUCTION

In 1973 the Iglesia ni Cristo (INC), an indigenous church in the Philippines initiated nationwide family planning services to improve their members' welfare by lowering fertility. The INC identified Biblically-based family planning policy, and mobile teams held family planning clinics in the churches. Ministers preached motivational sermons on family planning, and the highly organized church provided important highly disciplined voluntary staff support to the recruitment and follow-up of contraceptive acceptors. Funding was received from the Family Planning International Assistance (FPIA). By 1977 the INC program had expanded its services so that 50% of new acceptors were not members of INC. The INC Program Director reported less effective follow-up activities for non-INC than INC members, and donor agencies questioned whether the recent national CBD activities obviated the need for a mobile family planning program.

An early evaluation of the program in 1975 revealed that the program had tremendous organizational vitality with exceptionally high program continuation rates of over 90% at 6 months for oral contraceptive, condom, and IUD acceptors. The chief weaknesses were unreliable receipt of program funding, periodic lack of contraceptive supplies, and frequent maintenance problems of vehicles used to transport personnel and supplies to the churches for clinic sessions. In addition, INC policy of not opening their records to fellow countrymen for fear of identification and persecution of church members has led several persons to question the validity of the INC's apparent success in providing family planning services.

The most recent evaluation in the summer of 1978 showed that the centralized family planning records had not had follow-up visits recorded for 2 years--thus, preventing a repeat program continuation study of INC and non-INC acceptors.

The INC plans to develop a central registry of INC members through a nationwide registration in January 1979. The purpose of this study is to concurrently interview a probability sample of 12,000 married INC women under age 50 to determine their total fertility and detailed childbearing experience during the past 5 years, their experience with family planning, and an estimate of their future needs for family planning services. Analysis of survey results will provide limited observational evidence of fertility differentials between different birth, marriage, and church entry cohorts. It will provide a first examination of the possible impact of the INC's family planning program on fertility of church members. It will provide a baseline of INC member fertility levels for comparison with future surveys of INC fertility.

SAMPLE SELECTION

The primary sampling unit is the church cell, which is comprised of a deacon, a deaconess, and a total of 20 or fewer people in 4-6 households. INC contains about 120,000 cells. A systematic sample of 1 in 50 cells will be selected, and every married woman under 50 who is an INC member in those cells, will be interviewed. The cell deaconesses will interview the women in their own cells.

In the event that no interviews can be conducted in a selected cell, no other cell will be substituted; this will be reported as a cell non-response. If any married women under 50 in a selected cell cannot be interviewed, this will be reported as an interview nonresponse. Reasons for cell and interview nonresponses will be tabulated and reported.

INTERVIEW TRAINING

Approximately 2,400 deaconesses will conduct interviews. They will receive training in interviewing techniques through regional meetings conducted by Dr. Melanio Gabriel and his staff. As part of the training, each deaconess will interview at least one other deaconess and the results of the interviews will be reviewed by the trainers.

It is important that respondents answer questions honestly and completely. They should expect neither reward nor punishment for incorrect answers which please the interviewer. Because the interviewers have church responsibilities for the respondents, no questions will be asked about sexual or other behavior which is prescribed by the church.

DATA PROCESSING

Coding of questionnaires results will be conducted by INC staff. When possible questions will be precoded. Questions, which are not precoded, will have codes written on the questionnaire form.

Keypunching could be done either by INC (local contact?) or (from copies of questionnaires) at CDC, Atlanta. Keypunching should be 100% verified.

DATA ANALYSIS

Two options for data analysis are being discussed. The first is that the INC purchase a computer and process the data in the Philippines. This could be facilitated by the assistance of a social scientist consultant. CDC could provide such a consultant.

The second option is that an INC member take the data to CDC, Atlanta, and analyze it under the supervision of a social scientist in the Family Planning Evaluation Division. This would also provide the INC member opportunity to obtain training in statistical, epidemiologic, and demographic techniques used in evaluating family planning programs.

The pro and cons of these and other options require further discussion. However, a decision on data analysis should be determined before the survey is conducted.

VALIDATION OF SURVEY RESULTS

Approximately 3 months after the survey is completed, a 2% probability sample of respondents will be reinterviewed by Dr. Gabriel's central staff. The first and repeat interviews will be compared, item by item, at the central office, to determine the consistency of responses. The first set of questionnaires should not be modified as a result of the repeat interviews.

RESOURCES FOR THE SURVEY

The survey will be conducted concurrently with the INC's nationwide registration of INC members. The interviewing, editing, coding, and keypunching data analysis and report writing will be done by INC staff and resources.

Consultation on questionnaire design, sample selection, training of interviewers, design and supervision of data processing procedures, data analysis and report writing will be provided by the Family Planning Evaluation Division, Center for Disease Control, Atlanta, Georgia. Roger W. Rochat, M.D., Deputy Director, FPED, and Jack C. Smith, M.S., Chief, Statistical Services Branch, FPED will serve as consultants.

QUESTIONS FOR WOMEN WHO ARE MARRIED, UNDER 50, AND BAPTIZED IN INC

Introduction: Now I would like to ask you a few questions about your family.

1. What is your birth date? (Month, year) _____

2. When were you first married? (Month, year) _____

3. When were you baptized in INC? (Month, year) _____

4. In what local were you baptized? _____

5. Have you ever been pregnant? _____No _____ Yes

6. Do you think you may be pregnant now? ____No ____Yes

7. How many times have you been pregnant (including present pregnancy, if pregnant)? _____

8. How many children were born alive? _____

9-10. How many sons? ____ daughters? ____

11. How many children are alive now? _____

How many sons? _____ daughters? _____

12. Please record month and year of all live births from pregnancies which ended between January 1, 1973 and December 31, 1978: (start with most recent pregnancy; record multiple births on separate lines)

| | Date Pregnancy Ended (Month, Year) | Outcome of Pregnancy |
|---|---|---|
| a) | | |
| b) | | |
| c) | | |
| d) | | |
| e) | | |
| f) | | |
| g) | | |

13. Who attended the delivery of last live birth?

____Doctor ____Nurse ____Pilot ____Midwife Other _____

14. Where did last live birth take place?

____Home ____Clinic ____Hospital Other _____

15. Did you breastfeed your last infant? ____No (Go to Q19) ___Yes

16. How many months did (have) you breastfeed that infant? _____

17. Are you breastfeeding now? ____No ____Yes (Go to Q19)

18. Why did you stop breastfeeding?

____Pregnant ____Infant died ____Infant too old

____Infant too weak to nurse Other _____

19. Have you or your husband had a surgical operation which would prevent you from becoming pregnant? ____No (Go to Q21) ____Yes

20. What kind of operation was done, when was it done, who did it?

| | Date (Month, Year) | Place |
|---|---|---|
| Vasectomy | _____ | _____ |
| Tubal Ligation | _____ | _____ |
| Hysterectomy | _____ | _____ |
| Other | _____ | _____ |

GO TO Q23

21. Do you think there is any other reason why you may not be able physically to become pregnant? ____No (Go to Q23) ____Yes

22. Which reason best describes your situation?

___Menopause ____Past infection of tubes Other_____

23. Would you ever like to have more children than you have now?

____No Yes ____Don't know

24. Would you like to have another child as soon as possible?

___No ____Yes ___Don't know

25. Are you currently doing something to avoid pregnancy?

___No (Go to Q28) ___Yes

26. Which of the following methods are you using now? Where did you last get supplies or instruction? (Please check more than 1 if methods are used together)

| | No | Yes | Supplies/instruction |
|---|---|---|---|
| Abstinence | ____ | ____ | _____ |
| Rhythm | ____ | ____ | _____ |
| Withdrawal | ____ | ____ | _____ |
| Condoms | ____ | ____ | _____ |
| Oral Contrac. | ____ | ____ | _____ |
| IUD | ____ | ____ | _____ |
| Other (Specify) | ____ | ____ | _____ |

27. For how many months have you regularly used this (these) methods? _____

28. Have you ever used anything (else) in the past to avoid pregnancy?

____No ____Yes

29. Please indicate all method(s) you have used:

____abstinence ____rhythm
____withdrawal ____condoms
____Oral contraceptives ____IUD
Other _____

30. Thank you for your cooperation in answering these questions. Would you like to have more information about family planning methods or where you can obtain family planning services? ____No ____Yes

## APPENDIX 4

## QUESTIONS FOR INTERVIEWER TRAINING

### Bangladesh Maternal Mortality and Abortion Morbidity Survey

Part A

1. What are the purposes of the survey in which you are participating?

2. Name the 2 most common serious complications of pregnancy during the first 3-4 months of pregnancy.

3. List the 3 chief symptoms of ectopic (tubal) pregnancy.

4. List at least 4 possible complications of abortions induced by trying to insert sticks of wood into the uterus.

5. Name at least 2 serious complications that occur during the last 5 months of pregnancy.

6. Define eclampsia.

7. List at least 3 serious complications which may occur at the time of delivery.

8. List at least 3 serious pregnancy-related complications which may cause death during the 2 months following delivery.

9. Is abortion legal in Bangladesh? What does the law say?

10. What is menstrual regulation? How is it done?

11. What different Bengali words are used for abortion? What is the literal and connotative meaning of each word?

12. List all the characteristics of a complete case report of a woman who has died as a result of abortion.

13. List additional social characteristics and other details which would permit you to write a more interesting case report.

Part B

14-21. Answer the 8 attitudinal questions on approval/disapproval of abortion. Express your personal feelings honestly. Write in any special conditions for approval.

Part C

22. Write a 1-page essay describing your own personal feelings, experiences, attitudes toward abortion and its relevance to you, your family, your friends, and your country.

## ANSWERS TO SELECTED QUESTIONS USED FOR INTERVIEWER TRAINING

### Part A

1. a) To identify and characterize in detail all pregnancy-and abortion-related deaths occurring throughout Bangladesh which were known to health workers for a 12-month period (approximately the 12 months of 1978).

   b) To identify all cases of abortion-related complications known to rural FWV/LFPV workers.

   c) To identify all cases of abortion-related complications hospitalized during a recent 12-month time period.

   d) To develop indigenous research skills for studying abortion (NOTE: a-c are listed in relative order of priority).

2. a) tubal pregnancy  b) induced/septic abortion

3. Amenorrhea, lower abdominal pain on one side, scanty vaginal bleeding (Note that lactating women may not have menses between pregnancies).

4. Bleeding, uterine perforation, fever, vomiting, abdominal pain, tetanus (fits, lockjaw), secondary infertility.

5. a) Toxemia: High blood pressure, swollen legs and face
   b) Uterine rupture: Severe abdominal pain, shock (usually occurs with labor).
   c) Bleeding: e.g., painless bleeding with placenta previa

6. Eclampsia is the most serious outcome of toxemia. It is characterized by major seizures (fits), sometimes preceded by upper abdominal pain and followed by coma. The seizures may occur once or many times. Eclampsia usually happens during the last few months of pregnancy, but may occur during delivery or within 1 or 2 days after delivery.

7. a) Prolonged labor  b) Retained placenta  c) Eclampsia

8. a) Bleeding  b) Puerperal (post-partum) infection  c) Tetanus

9. Abortion is legal in Bangladesh to save a woman's life. Abortion, as defined, requires certain knowledge of pregnancy before the procedure is performed.

10. Menstrual regulation is the termination of suspected pregnancy usually within 6 weeks after the onset of the last mensen. It is usually performed by inserting a flexible catheter into the uterus and suctioning out the contents of the uterus.

11. For discussion purposes

12. See handout.

13. Occupation of woman, husband, father. Sequence of actions taken in trying to terminate pregnancy. Consequences of death for remaining family members.

APPENDIX 5

ATTITUDINAL QUESTIONS (AND PERCENTAGE OF PHYSICIANS APPROVING)
Bangladesh, November 1978

Interviewers: Ask the following questions to ascertain opinion of the respondent about abortion.

| | | Number Approving | Percent |
|---|---|---|---|
| 1. | Suppose a woman is pregnant but this pregnancy could be very dangerous to her health. In this circumstance, do you approve abortion or not? | 45 | 96.8 |
| 2. | If by chance a woman becomes pregnant before her marriage, do you approve abortion or not? | 37 | 80.4 |
| 3. | If a woman is raped and as a result of this she becomes pregnant, do you approve abortion for her or not? | 44 | 95.7 |
| 4. | If a woman is breastfeeding a very young baby and has not resumed menstration and becomes pregnant, do you approve abortion for her or not? | 28 | 60.9 |
| 5. | If a woman becomes pregnant after her oldest daughter is married and has children, do you approve of abortion for her (the pregnant grandmother) or not? | 29 | 63.0 |
| 6. | If a married woman with many children becomes pregnant and wants an abortion, do you approve of abortion for her or not? | 33 | 71.7 |
| 7. | If a widow with many children becomes pregnant after her husband's death and wants an abortion, do you approve of abortion for her or not? | 36 | 78.3 |
| 8. | Now suppose a married woman asks for an abortion for reasons acceptable to you but has not obtained agreement from her husband, do you approve of the abortion or not? | 19 | 41.3 |