

**VOLUNTARISM AND  
SATISFACTION:  
A FOCUS GROUP STUDY OF  
STERILIZATION  
AND IUD ACCEPTORS**

FAMILY DEVELOPMENT SERVICES AND RESEARCH, DHAKA

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VOLUNTARISM AND SATISFACTION :  
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I. Introduction  
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The present study was conducted, by employing a combination of Focus Group Research Techniques and indepth interviews, to study voluntarism and client-satisfaction with respect to VSC and the IUD. USAID, which is the major funding agency of the Bangladesh Government sterilization programme, conducts quarterly surveys to monitor voluntarism and satisfaction among VSC clients. During the first quarter of 1986 several questions were added to this quarterly survey designed to help verify that sterilization decisions are being made on an informed and voluntary manner. One of the purposes of the present study was to develop an additional set of multiple-choice questions that could be used in future surveys to monitor voluntarism and satisfaction of VSC clients.

Another objective of the study was to understand the role of compensation payments in the decision making and post-operative life of VSC and IUD clients. Whether the compensation payment induces some clients who want more children to accept sterilization, or whether this payment actually serves a facilitating function in the decision to accept sterilization for genuine family limitation motives ? What proportion of clients would not be able to accept the sterilization/IUD service without the compensation payment ? Answers to these questions would be helpful in improving services for the sterilization/IUD acceptors and help the concerned authorities to identify alternatives to the compensation system which would encourage people to accept sterilization as well as eliminate controversies centering around compensation payments. The study also intended to examine whether feasible alternatives to the compensation system exists and to elicit reactions of the clients to some proposed alternatives.

1.1. Objectives  
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1) The VSC Focus Groups were conducted with the following objectives:

(a) To develop a set of multiple-choice questions to be used in a National Survey for Monitoring Voluntarism and Satisfaction.

(b) To find out whether feasible alternatives to the sterilization compensation payment or any of its individual components exists.

2) The IUD Focus Groups were conducted with the following objectives :

(a) To explore the IUD decision making process including catalysts for its initiation, its duration, sources of information, and the role of IUD compensation payments (if any ) in the decision to use IUD and/or access to services,

(b) To determine what women were told about the IUD and what they know regarding, for example, the IUD model or type they are using, its duration of effectiveness, removal date, side-effective and possible complications,

(c) To document women's experience with field workers, helpers, and clinic staff and their reaction to IUD counselling, insertion and follow-up.

(d) To explore the nature and extent of women's satisfaction with IUD, reasons for discontinuation, future contraceptive intention etc.

3) The objectives of the indepth interviews were to document for a small number of cases :

(a) The decision making process involved in accepting VSC.

(b) Various influences on the VSC decision making process including payments,

(c) To explore clients reactions to service delivery and follow-up.

## 2. Method and Procedure

The study employed a combination of Focus Group techniques and indepth interviews to address the research objectives described earlier. Eighteen Focus Group sessions--10 for VSC acceptors (5 male, 5 female), and 8 for IUD acceptors were conducted. The research questions for VSC and IUD Focus Groups were slightly different. The major objectives of the VSC Focus Groups were to develop a set of multiple choice questions to be used in a future survey to help monitor voluntarism and satisfaction of the VSC acceptors and to explore if there is any feasible alternative to compensation payments. The IUD Focus Groups were conducted to understand the motivations for and attitudes toward IUD acceptance and to identify possible gaps in knowledge about IUD removal and follow-up among the IUD acceptors.

As for the VSC Focus Group Study, it was initially assumed that in an informal atmosphere, the VSC participants would fully express their feelings and opinions regarding the topics of interest. But on the basis of previous experience (Fatema Alauddin and Sorcar 1986) with Focus Group studies among rural women in Bangladesh it was discovered that some women, particularly those with low education and less exposure to the outside world might be reluctant to express themselves freely in a Focus Group situation. Secondly, in an ideal Focus Group session, a topic is thrown open for discussion where all participants are supposed to participate. But previous experience with Focus Group discussions revealed that there are some participants who take an active part in the discussion while others take a passive role. Encouraging them to take an active part in the discussion requires putting direct questions to those participants which an ideal Focus Group does not permit. Thirdly, a Focus Group session does not allow for frequent probing. Hence it was anticipated that the Focus Group sessions might not be the right forum for some women to discuss such delicate issues like sterilization and payments. It was, therefore, decided that a limited number of indepth interviews should be conducted to supplement the Focus Group findings and to see whether they would reveal any significant difference in motivations and attitudes from the focus group participants. Compared to the Focus Group discussions, indepth interviews have the advantage of establishing an intimate personal relationship (rapport) with a client and provides greater opportunities for frequent probing.

## 2.1. VSC Focus Group Study

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Ten Focus Group sessions were conducted with VSC acceptors. Of these, 5 sessions were conducted with males and 5 females. In order to have broad regional representations, as specified in the terms of reference of the proposal, at least one vasectomy and one tubectomy group was conducted in each of the four divisions of Bangladesh.

### 2.1.1. Section of Upazilas

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Two upazilas were purposely selected from each of the four divisions. For the purpose of organizing Focus Groups consisting of at least 9 VSC acceptors, only those upazilas were selected where sufficiently large number of VSC's were performed during the last three months. The selection of upazilas was guided by the following criteria :

(1) an upazila was to be selected where a sufficient number of VSC were performed within the last three months, from where a random sample of 9-12 VSC acceptors could be drawn.

(2) At least one upazila should be selected from Rajshahi Division preferably Kurigram or Lalmonirhat where economic distress was acute and an exceptionally large number of clients were reported to be sterilized.

The following upazilas were selected on the basis of the above criteria:

Name of the Upazila	Name of the Vasectomy	Number of Tubectomy	Focus Groups	Division
Dhaka	1. Sakhipur	1		
	2. Manikgonj		1	
Chittagong	1. Nabinagar	1		
	2. Sreemongal		1	
Rajshahi	1. Patgram	1		
	2. Kurigram		1	
Khulna	1. Monirampur	1	1	
	2. Bagerhat	1	1	
Total		5	5	

After the upazilas were selected -- two from each division -- vasectomy and tubectomy groups were randomly assigned to each of the upazilas, except that one additional vasectomy and one tubectomy group were assigned to each of the two upazilas of Khulna Division.

#### 2.1.2. Selection of Participants

Each Focus Group consisted of 9-12 VSC acceptors. As per terms of reference, the participants for VSC Focus Groups were selected according to the following criteria :

1. Participants should have been operated on in the months of September, October and November 1986.

2. The participants should fit, to the extent possible, the socio-demographic profile of VSC acceptors found nationally. Examination of USAID-funded quarterly survey (1986) showed that the modal age group for the vasectomy acceptors was 40-49 years and that of the tubectomy acceptors was 25-34 years.

The following steps were involved in selecting the participants who satisfied the above criteria :

1. In the first stage all clients who accepted sterilization in the selected upazila during the months of October and November 1987 were listed from the clinic register excluding those falling beyond the modal age groups mentioned above.
2. Then every n/24th case was systematically drawn from a listing to yield random sample of 24 cases.
3. If the number of cases performed in the month of October and November 1986 was less than 24, the clients operated on in the month of September were included in the sampling frame and a systematic random sample of 24 cases were drawn in the same manner as described in step 2.
4. After the random sample of 24 clients had been selected, the field organizer went on formally inviting the clients one by one until he reached 12 clients who agreed to participate in the Focus Group session on an appointed date and time. It was expected that at least 9 out of 12 participants should turn up and they actually did.

#### 2.1.3. Recruitment and Training

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Two teams of field organizers were employed to select and identify the Focus Group participants in each of the selected upazilas. Each team was comprised of two field organizers both of whom were males. Since at least two Focus Groups were to be organized in each upazila, one field organizer was assigned to organize a particular group. All four of the field organizers had the required level of education and previous requisite experience. They were trained for a week in basic research techniques, sampling, and the aims and objectives of the present study.

Two teams were employed to conduct Focus Groups in the selected upazilas. Each team was comprised of a male moderator, a female moderator, a male recorder and a female recorder. Each of the team conducted one Focus Group in one upazila of each division. The Principal Investigator and the research assistant worked as moderators for male groups, and the male field organizers worked as recorders. The female groups were moderated by female moderators and recorded by female recorders. All of the moderators and recorders had post-graduate levels of education.

The moderators and recorders were given training in Focus Group techniques for a week. The training methods included lectures by

experts, special discussion sessions with USAID experts, and use of tape recorded discussions of actual Focus Group sessions.

#### 2.1.4. Discussion Guide

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The Focus Group discussions for VSC sessions were conducted by following a discussion guide. The discussion guide was prepared after careful review of the objectives of the study. Since one of the objectives of the study was to prepare a set of multiple choice questions to be used in a survey, the Focus Group sessions aimed at testing the questions and recording the alternative response categories. The discussion guide was prepared in consultation with USAID (please see appendix-1).

#### 2.1.5. Conducting the VSC sessions

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The field organizers selected a room/house in each upazila where Focus Groups could be held every day for 1-2 hours without any interruption. The room/house was located outside the upazila health complex. It has been reported by the field workers that finding a suitable room for holding Focus Group discussion was a real problem. Since the field organizers were new in that locality, they had to take help from the local family planning officer in doing this. Another problem was that the women clients were reluctant to go to a place which was unknown to them. On one occasion, the field organizers selected a room in the dakbanglow (in Sakhipur upazila), but one woman refused to join the Focus Group there because she knew that the Chairman of her upazila, who was also a relative of the client, was living in a room in that dakbanglow. Hence, a second room was selected, but it was very near to a bus-stop. Finding no other alternative we had to conduct the sessions in that room. In all other upazilas, the sessions were conducted in an ideal atmosphere. Conducting Focus Group sessions with rural people posed other problems too. Firstly, very few rural people could appear at the appointed time because they did not have adequate time orientation and they had to come from distant villages. Some of them appeared before the appointed time and others turned up late. As a result, those who appeared earlier had to wait for others for a long time which made them disturbed. Those who came earlier liked to finish the session earlier and go home.

Secondly, most of the females had very young children who accompanied them to the Focus Groups. These children sometimes created problems for their mothers and interrupted them in

discussions. We solved the problem by taking them out-side the room with the help of an aya and satisfied them with candies/lozenges.

However, all of the Focus Group sessions were conducted according to prescribed methodology as far as practicable.

As soon as all participants appeared in the selected place, the moderator and recorder greeted them and introduced themselves to the participants. After the initial phase of introduction was over, they were taken into the discussion room which was already arranged for the purpose.

The moderator and the recorder took their seats in the centre and all participants sat around them. Then the moderator explained the purpose of the session and took sometime discussing other topics of common interest to make the participants at ease. Then gradually, the critical topics for discussion were introduced. As the discussions were going on, the recorder recorded all statements verbatim as far as possible.

## 2.2. IUD Focus Group Study

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In order to include all variations of knowledge, attitudes and behaviour relating to IUD use, its continuation and discontinuation Focus Groups were conducted with the following categories of IUD users :

1. Short term current users
2. Long term current users
3. Short term discontinuers
4. Long term discontinuers

Clients who used/had been using the device for 3 month were defined as short term current users and those who had been using the method for 1 year were defined as long term current users. Similarly, short term discontinuers were defined as those who had used the method for 3 months and then discontinued and long term discontinuers were defined as those who used the method for 1 year and then discontinued.

As per terms of reference, 8 IUD groups were to be conducted, four with current users and four with discontinuers. Hence, it was decided that one current user and one discontinuer Focus Group should be conducted in each of the divisions. It was further decided that the current user and the discontinuer Focus Groups should be conducted in two separate upazilas in each division.

2.2.1. Selection of Upazilas

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In order to minimize time and cost, the IUD Focus Groups were conducted in the same upazilas where VSC Focus Groups were conducted. Initially, two upazilas were purposely selected from each division where required number of IUD acceptors were available. Since one current user and one discontinuer IUD Focus Group was to be conducted in each division, the short term and long term groups (either current users or discontinuers) were distributed randomly in each upazila. Hence, each of the 8 upazilas should have one Focus Group of any of the four categories of clients.

However, anticipating that lists of IUD discontinuers might not be available in the upazila clinics, and it might be difficult to form groups with participants according to IUD use-status, the following alternatives were proposed to form the Focus Groups with six to nine \* participants :

1. We would try to form Focus Groups with both long and short term discontinuers.
2. If this were not possible, long term discontinuers of about six months would be tried.
3. If the 2nd alternative were not possible, any discontinuers would be included.
4. If the 3rd alternative were not possible, continuers i.e. current users and discontinuers (irrespective of duration), would be combined to form a group.

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-\* Foot note : Initially, the number of participants in each Focus Group was supposed to be 6-9. By the time we had completed collection of data from Khulna Division, the size of the group was 9-12.

### 2.2.2. Selection of Participants

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The IUD Focus Group participants were selected on the basis of the following criteria :

1. The participants were former or current copper-T 200 users
2. Women were aged 20-35 years.
3. Each group consisted of at least eight participants.

The following steps were involved in selecting the Focus Group participants from the selected upazilas :

1. In the first stage, a list of all clients belonging to a particular category (e.g. short term discontinuers or long term discontinuers) that was assigned to the selected upazila was made by using clinic records. In case of discontinuers, this list was supplemented, where necessary, by including names of clients in the upazila known to the FWA's and HA's attached to the clinic.
2. In the second stage, a sample of 24 clients (either current or former user, and short terms or long term as required for that location) was randomly selected by taking every n/24th case.
3. The field organizer responsible for organizing the Focus Group went on identifying and inviting the selected clients until he got 12 cases who agreed to participate on the appointed date and time.

### 2.2.3. Discussion Guide

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Keeping in view the objectives of the IUD Focus Group Study, the discussion guide was prepared in consultation with USAID (please see appendix-2). The Focus Group discussion were conducted by following the guide.

### 2.2.4. The Implementation of IUD Focus Group Sessions

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The IUD Focus Group sessions were conducted by following the same standard procedure as described earlier. Each Focus Groups was moderated by a female moderator and recorded by a female recorder. The discussions were simultaneously tape recorded.

### 2.3. Indepth Interviews/Case Studies

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A total of 16 indepth interviews with VSC clients were conducted in three\* divisions of Bangladesh. Half of them were males and half females. The clients were selected from the same upazilas where VSC Focus Groups were conducted. In selecting clients for sterilization Focus Groups, it was decided that at least one upazila should be selected from Rajshahi division preferably Kurigram or Lalmonirhat where economic distress was acute and an exceptionally large number of clients were reported to be sterilized in September 1986. Accordingly, Lalmonirhat and Kurigram Districts were given special preference in selecting clients for indepth interviews from where a total of 5 clients were interviewed, all of them being operated on in September-October 1986. The interviewees were selected who generally conformed to the socio-demographic characteristics of "average" VSC clients in Bangladesh.

#### 2.3.1. Criteria for selecting interview clients

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The following criteria were employed in selecting the cases :

- a) The vasectomy clients were of 35-49 years of age and the tubectomy clients were of 25-38 years of age.
- b) They conformed to the average socio-demographic characteristics of the VSC clients in Bangladesh in terms of income, education, and number of children.
- c) They were operated on in October and November, 1986.

A detailed description of the VSC clients chosen for indepth interview are presented in table-1.

#### 2.3.2. Interview Guide

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Interviews with the clients were conducted following a semi-structured interview guide, which was prepared in consultation with USAID (please see appendix-III).

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-\* The decision to conduct indepth interviews came after we completed data collection from Khulna Division.

Table 1 : Profile of Indepth Interview Clients

Location	Individuals	Sex	Age	Living Children	Monthly Income*	Education
Patgram (Rajshahi)	1	Male	49	2	500/-	0
	2	Female	29	2	450/-	0
Kurigram (Rajshahi)	3	Male	43	5	400/-	Class-III
	4	Female	30	4	900/-	0
	5	Male	40	3	500/-	0
Sreemongal (Chittagong)	6	Male	40	2	1500/-	Class-IV
	7	Female	35	2	1200/-	0
	8	Female	25	2	Husband presently unemployed	0
Nabinagar (Chittagong)	9	Male	40	2	600/-	0
	10	Female	38	5	2500/-	0
Sahkipur (Dhaka)	11	Male	45	4	360/-	0
	12	Female	25	2	600/-	0
	13	Male	35	2	500/-	0
Manikgonj (Dhaka)	14	Male	35	2	1500/-	Class-III
	15	Female	26	2	600/-	0
	16	Female	28	2	600/-	0

\*Total Family Income

### 3. Findings

#### 3.1. Findings of the VSC Focus Group Study

The objectives of the VSC Focus Groups were to :

- (a) develop a set of multiple choice questions for possible use in a national survey for monitoring voluntarism and satisfaction, and
- (b) to test and document reactions to possible alternatives to VSC compensation payment.

##### 3.1.1. Development of the Questionnaire

Initially a set of open-ended questions were prepared in consultation with USAID for testing in the Focus Group. This questionnaire, divided into two parts, consisted of 32 items. Part A consisted of 19 items on the decision making process and part B consisted of 13 items dealing with payments. The questions were translated into Bengali and tested in the Focus Groups. While testing, each of these questions were posed in and discussed in the Focus Groups and clients responses were recorded. FDSR developed a multiple choice questionnaire on the basis of the clients' responses to the aforesaid questions. The final questionnaire as suggested by FDSR is appended to this report.

However, we feel that for clarity the items in the questionnaire, the should be grouped into three sections : A -Decision making process, B-Satisfaction and C-Payments. In this reorganization, question Nos. 16,17, and 18 of section `A` of the discussion guide dealing with payments have been transferred to section `C` of the final version of the questionnaire.

A. In the questionnaire the decision making process has been dealt with elaborately and the following components have been captured -

- (a) Reasons for making the decision
- (b) Relative advantages and disadvantages of the decision
- (c) Circumstances leading to the decision
- (d) Duration of decision making process
- (e) Sources of information
- (f) Knowledge of the consequences of the decision, and
- (g) Adequacy of counselling.

We believe that the final version of the questionnaire as proposed by us is adequate to understand the decision making process.

B. We consider that a good measure of client satisfaction should take into consideration the following aspects :

- (a) Whether the client feels satisfied
- (b) Reasons for satisfaction/dissatisfaction,
- (c) Whether the client recommends the procedure for others spontaneously, and
- (d) Whether the client would like to recommend the procedure to others if asked.

In the final version of the questionnaire we have retained those questions which cover all of the above aspects.

C. In order to understand the role of compensation payment in the decision making process and its role in the life of the client after the operation, the following aspects were taken into consideration :

- (a) Awareness about the cash payment
- (b) Amount of payment received
- (c) Purpose of cash payment as perceived by the client
- (d) Role of payment in the decision making process
- (e) Role of payment in the post-operative life of the client,
- (f) Outside influences in the decision making process, particularly promises regarding monetary/material benefits.

In our final version of the questionnaire we have retained and suggested multiple choice response categories for all those questions that cover the above aspects about the payment.

### 3.1.2. Items Rejected

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In developing the final set of questions for possible use in a survey we have retained most of the questions from the original discussion guide which appear in the appendix. However, from our insight from the Focus Group sessions, and on the basis of clients responses, we have omitted the following questions from the original discussion guide :

Q: 4. (Section 'A' of the Discussion Guide ) :

"Why did you start seriously thinking about getting VSC ? "

-- This question is omitted because it evokes responses similar to questions number 1 and 3 of the same section.

Q : 9. (Section 'B' of the Discussion Guide ) :

" What did you do after the operation ? "

-- This question is omitted because it is not understood by many participants and evokes meaningless responses like 'went home.' Major purpose of this question is to understand whether the participants took adequate rest or not which could be obtained from question No.10 of the same section.

Q: 11. and 12. (Section 'B' of the discussion guide ) :

" Do you think the payment is helpful ? " " If yes, why ? "

-- These two questions have been omitted because responses supposed to be elicited by these question can be obtained from question Nos. 6 and 8 of the same section.

Q : 13. (Section `B` of the Discussion Guide ) :

" Why don't you think the payment is helpful ? "

-- This question seems to be irrelevant as there was none to think that the payment was not helpful.

3.1.3. Bengali version of the proposed questionnaire :

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As per the scope of work, a Bengali version of the final set of questions has been appended herewith ( please see appendix-V).

3.1.4. Alternatives to VSC compensation payment :

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According to the prevailing system of sterilization programme in Bangladesh, each of the VSC acceptors receives a sum of Tk.175/- as compensation for wage loss, food and travel expenses and a Saree/Lungi as surgical apparel. But recently, some quarters have raised questions about the role of this payment. They argue that the decision to accept sterilization by the poorer sections of the society is influenced by compensation payment rather than genuine motives for family size limitation. On the contrary, there are also arguments that the compensation payment does not influence the decision making process but rather encourages an early execution of the decision already taken by a client. Moreover, compensation payment enables the client to take adequate rest for some days following the operation which facilitates an early recovery from any surgical wound.

Since there are arguments both for and against the compensation payment, it was considered worthwhile to examine whether some feasible alternatives to the present system of payment could be evolved which would be acceptable to the potential client and would serve the same facilitating function.

To this end, at the initial stage, spontaneous reaction from the clients were sought to the question of whether there could be any alternatives to the cash payments. And then, some possible alternatives to payments were posed and clients' reactions to those alternatives were recorded. The responses of the Focus Group participants are presented below.

Reactions to alternatives  
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Q : 1. If the program is unable to continue providing cash payments to sterilization acceptors, what else could the program do to help VS clients ?

Spontaneous Responses  
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(a) The authority can take the responsibility of providing food to all the family members for some days following the operation-- (clients from Bagerhat, Kurigram, Sakhipur).

(b) Some permanent arrangement like provision for employment for the client and/or children may be made.

(c) Government may issue ration card ( for food ) to the VSC acceptors (A few clients).

Responses to the proposed alternatives  
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i) " Transport would be provided by the clinic and clients would be picked-up and dropped off at their homes/villages before and after the operation.

-- This alternative was accepted by two female sterilization Focus Groups ( all clients from Jessore excepting two and all clients from Kurigram) out of ten such groups of both male and females. But was rejected by most of the others on the following grounds :

(a) it will hamper their privacy;

(b) it will not be possible to provide the facility to the clients where the communication system is not suitable for movement of vehicles;

(c) it will be difficult to synchronize the convenience of the clients and the timing of vehicle movement;

ii) " The referer/helper would be responsible to arrange and to payment for clients' transportation to and from the clinic".

-- This alternative was rejected by most of the clients excepting one or two persons on the following grounds :

(a) it will leave room for misappropriation of money by the referer/helper;

(b) the clients don't trust the helpers/referers regarding money.

The mistrust expressed by the clients about the sincerity of the helpers/referers may be explained as follows :

Though the clients feel comfortable being accompanied to the clinic by the helpers/referers and are generally satisfied with their services, they are reluctant to trust the helpers or referers regarding financial matters. The Focus Group discussions as well as indepth interviews revealed some instances where the clients came to the clinic with the knowledge that sterilization would be followed by a compensation payment ranging from Tk.150/- to Tk.300/-. But in actual practice, many of them received an amount less than what they previously heard of, sometimes even less than Tk.175/-. An examination of the case studies would reveal that 4 out of 16 cases (i.e., 25% ) received an amount between Tk.15/- and Tk.160/-. These instances are sufficient to generate a sense of mistrust amount the clients about the sincerity of the family planning workers regarding monetary matters.

iii) " The hospital would provide food for the client and those who accompany him/her during their stay at the hospital."

-- This alternative was rejected by all the clients on the following grounds :

(a) it will not be justified on the part of the clients to avail this opportunity by leaving the children uncared for the home;

(b) they feel that the quality and quantity of food provided at the hospital will be inadequate;

(c) most of the clients feel that if they remain absent from home their children and other family members will go without food;

(d) this arrangement will make their operation known to others which they don't like. When the clients and their companions stay away from home the neighbors and the villages would come to know about the operation which they like to conceal from others.

iv) " The referer/helper would be responsible to arrange for, provide and pay for food for the client and those who accompany him/her during their stay at the hospital".

-- This alternative was rejected by all the clients on the ground that they don't have confidence in the sincerity of the referer/helper and so this arrangement will not work.

v) " The program would provide sufficient food for the client and their family for 'X' days following the operation when they should refrain from normal work and rest".

-- Out of ten Focus Groups of males and females, this alternative was accepted by two female groups (clients from Bagerhat and Kurigram) and one male group from Sakhipur. It was, however, rejected by most of the others on the following grounds :

(a) most of the clients feel that the food supplied by the program may be inadequate;

(b) this arrangement will make the operation known to others. In this arrangement, people from outside the village will have to come to them for supplying food. The neighbors would come to know that this is a result of undertaking the operation.

vi) " The helper/referer would be responsible to arrange/provide/pay for food for the client and family during the post-operative recovery period.

-- This alternative was rejected by all the clients on similar grounds as cited against alternatives (ii) and (iv)

vii) " The clients would remain at the hospital for 'X' days following surgery where they would be fed by the hospital and rest".

-- This alternative was also rejected by most of the clients on similar grounds as cited against alternatives (iii) and (v).

Concluding remarks on alternatives to payments

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Taking all the responses of the clients into consideration, it appears that the majority of them are infavour of the present system of cash payment. Most of them feel that whatever is paid, should be paid in cash.

However, proposed alternative No.v was accepted by three groups (Bagerhat female, Kurigram female and Sakhipur male) and rejected by 7 groups. It can, therefore, be concluded that majority of the participants disagreed with this proposal.

3.2. Findings of IUD Focus Group Study

3.2.1. Profile of IUD Acceptors

A total of 8 Focus Groups were formed with IUD clients. Each group consisted of 8-11 participants who were either continuers of short/long term, or discontinuers of short/long term or mixed. The details of the demographic characteristics of the participants have been presented in table 2.

Table 2: Location, Number of participants, IUD use status, Number of children, Age, Income and education

Location	Number of participant	IUD use status	No. of children (range)	Age range (in years)	Income range (per month)	Education (range)
1. Monirampur (Khulna*)	8	Current users(short & long term)	1-3	20-35	400/- to 1000/	Illiterate to S.S.C.
2. Bagerhat (Khulna)	8	Current users (short term)	1-4	20-35	600/- to 2000/	Illiterate to S.S.C.
3. Shakhipur (Dhaka)	10	Current users and discontinuers (Mixed)	1-5	20-35	300/- to 1000/	Illiterate to S.S.C.
4. Manikganj (Dhaka)	11	Discontinuers (Long term)	1-3	20-25	1200/-to 2000/	Illiterate to S.S.C.
5. Kurigram (Rajshahi)	9	Discontinuers (Long & short term)	1-3	20-30	600/- to 2000/	Illiterate to S.S.C.
6. Patgram (Rajshahi)	11	Current users (short term)	1-3	20-32	500/- to 1500/	Illiterate to S.S.C.
7. Nabinagar (Chittagon)	9	Current users (long and short term)	1-3	20-32	1200/-to 2000/	Illiterate to S.S.C.
8. Sreemongal (Chittagon)	10	Current users (long term)	1-4	21-32	600/- to 1500/	Illiterate to S.S.C.
	Total=76					

\* In Khulna two focus groups were conducted, both consisting of current users of different duration before methodology was slightly modified to form separate focus groups with short term and long term continuers and discontinuers

3.2.2. IUD Decision Making  
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1) Reasons for choosing IUD over other methods  
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Almost all of the women were aware of various kinds of family planning methods. The most commonly named contraceptive methods were oral pill, condom, copper-T, ligation and injection. Only 3 women from Kurigram said that they did not know of any other methods except copper-T.

It appears from the discussions that though most of the women could mention more than one method, a vast majority of them had use-experience with oral pills. One or two women reported that their husbands had used condoms before they accepted IUD. Nearly one-sixth of all women did not try any methods other than copper-T.

Those who had previous experience of using oral pills, reported excessive menstrual bleeding, feeling of giddiness, vomiting, deterioration of health, and obesity as problems for which they discontinued pills and switched over to IUD. Some women discontinued pills because it is inconvenient to follow a strict routine. Those who did not have use-experience with pills, heard of these problems from other women and opted for IUD. Some participants -- about one-sixth -- used IUD as the initial method as they considered this method as the best. They reasoned that other than feelings of giddiness, pills require taking better food which poor people cannot afford to have. In addition, copper-T would allow them to have babies at desired intervals.

It appears from the discussions that about two-thirds of all the participants wanted to have additional children and were using IUD in order to space the birth of children, and one-third did not want any more children and used IUD for limiting family size. However, during spontaneous discussions it was revealed that knowledge of ligation as a contraceptive method was fairly widespread among the women, but when probed why they had been using IUD instead of other methods, it was found that most of the women used IUD as an alternative to pills which they had used in the past. Some also switched to IUD from condom on the ground that the latter was inconvenient to use. One woman accepted IUD after having an M.R. Some women accepted IUD as they were afraid of the operation.

2) Key people involved in the IUD decision  
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The decision to accept IUD as a contraceptive method seems to be a lengthy and deliberate process. Most of the time, it involves several persons including family welfare visitor, husband and relatives. About half of the participants talked with FWVs and/or husband or relative(s) about IUD before they accepted it. About one-fifth of the participants discussion the idea with husbands and/or relatives. Some women talked with neighbors and/or friends. Only one or two women took the decision on their own and did not discuss even with their husbands.

3) Major events leading to IUD decision and duration of the decision making process

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(a) Most of the women reported that they do not have enough land or sufficient income to provide food, clothing and education to the children. So they had decided to accept IUD in order to keep the family size within limit.

Some other women reported ill health following frequent child birth and they decided to accept IUD in order to space child birth and to protect their health from deterioration. A few women accepted IUD as they do not want any more children.

(b) The decision for accepting IUD was not taken all of a sudden; rather, it was a lengthy process. Maturity (40) of the women thought of it for several months. A considerable proportion of women (24) thought of accepting IUD for about 1 year to 4 year and a few (8) women gave serious thought for several days. A few women (about 3) reported that their decision was triggered by a fear of pregnancy following the last menstruation. One woman was thinking of family planning methods from the very first day of her marriage. One or two women reported that they began to think about IUD after the birth of their last child.

4) Role of compensation payment

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The Focus Group sessions revealed that the cash payment did not play any role in the IUD decision making, but played a facilitating role in the execution of the decision. The most typical response with regard to the role of the payment in decision making was ". It is immaterial whether we get a sum of Tk.15/- or not. We have come to take IUD because it will be advantageous for us to have a small number of children".

However, the cash payment enabled them to meet transport costs. Some clients mentioned that if this payment was not available, they would have to walk down to travel to-and-from the clinic or they would have to ask their husbands for the travel cost. Only one or two women reported they purchased some rice/pulses in

addition to paying rickshaw fare.

Some women also reported that the compensation payment was inadequate as they had to spend more (i.e. Tk.20/- and above) on travel and food on the day of attending the clinic for having IUD.

About five or six women reported they were not paid any compensation payment. Only one woman said she did not accept the money as she did not need it.

5) Major anxieties/concerns/fears about IUD  
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The Focus Group discussion did not reveal any anxiety or fears of the women regarding IUD insertion. Most of the women heard that IUD was safer than any other method, and so they had decided to accept it. Some typical statements were :

" If I had any fear, I would not have accepted this method."

" Heard that there would no problem in using IUD. So I had no anxiety

6) Post-insertion experience  
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Most of the women did not have any unusual experience following insertion of IUD. Some women, however, reported mild pain as a consequence of IUD insertion. But at the same time they rationalized that it was very negligible compared to the pain which they would have to suffer during child birth.

3.2.3. Knowledge  
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The Focus Group discussions revealed that most of the women could mention the date of insertion of IUD in terms of a specific month, but could not remember the exact date. Some women (about 7 out of 76 ) could mention the exact date of insertion.

The also knew the approximate time of removal. The expected date of removal, according to them, varied from 2 years to 6 years. However, the most frequent response was that they could use the device for a period of three years from the date of insertion.

All women reported that the device used was copper-T. None of them reported of any other IUD device.

Most of the women said they could understand whether the string was

in correct position by touching with a finger at the time of using the toilet. Two women said they could ascertain the position of the string at the time of their menstruation. One woman said that she could be sure of the correct position of the string as well as of the device if they were in the same position as they had been during the previous months.

Among the current users (either short or long term), almost half of the women did not have any problem by using IUD and the other half reported problems of various kinds including abdominal pain, menstrual disorder, excessive bleeding, white discharge, deterioration of health, and lower back pain. the most frequently mentioned problem was abdominal pain, followed by menstrual disorder and white discharge. Only a few cases reported lower back pain and deterioration of health.

It was revealed that the said effects mentioned by the women were not equally serious in all cases. Some women who faced serious problems like abdominal pain and excessive bleeding contacted the clinic or visited a doctor and got rid of the problem within a month or so. For others the problem was not so serious and they were continuing the method.

The Focus Group discussions revealed that none of the women were aware of any specific warning sign which would indicate removal of the device. However, all of the current users hoped that they would be able to retain the device for about 3-4 years from the date of insertion. They also said that if they faced any serious problem during this time they would contact the clinic from where the device was inserted.

It appeared from the discussions that few women had the vague idea of an emergency sign. Only one woman made it explicit that she would consider it an warning signal if the device was not situated in the same place. Another woman told that if her body could not adjust to the device she would go to a doctor for advice.

Regarding the sources of emergency care, most of the women said that in case of any serious problem, they would first contact the family planning worker who helped them in getting the device. The second major proportion of women reported they would contact a doctor or go to the clinic from where they got the device inserted.

#### 3.2.4. Experience with service providers

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1) Who helped in going to and from the clinic ?

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It appears from the Focus Group discussions that almost all of the women, except four, came to the clinic accompanied by somebody. The socio-cultural norm in Bangladesh does not permit a woman, particularly of a younger age, to go outside home without being accompanied. Hence, they are almost invariably escorted. Moreover, most of the rural clients are not familiar with the clinic or its staff. In these circumstances, the women feel comfortable if somebody accompanies them to the clinic.

It was observed that about two-thirds of the women (47 out of 76 ) were accompanied to the clinic by the FWVs. Some women (9) reported that they were accompanied by their relatives (mostly mothers-in-law and sisters-in-law). Eight clients from Sreemongal were accompanied by Pathfinder family planning workers. Four IUD acceptors were accompanied by neighbors and a similar number came to the clinic by themselves. Two were accompanied by nurses, one by a husband and one had her device inserted at home.

2) Likes and dislikes about IUD  
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It appears that the clients liked IUD most because it enables them to have children at desired intervals. They stated that they would be able to plan for the next baby when the previous one is sufficiently grown-up.

Most of the participants did not have any dislike for the device. But some disliked the method because of excessive bleeding or menstrual bleeding for a longer period, lower back pain, abdominal pain, and weakness which they associated with the insertion of the device.

3) Experience with clinic staff  
-----

All participants were highly satisfied with the behavior of the clinic staff during the day of insertion. But some clients from Bagerhat expressed dissatisfaction with the clinic staff regarding post-insertion services. They complained that when they came to the clinic with post-insertion complaints, they were not given proper attention.

4) Future reproductive plans (current users)  
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It has already been reported that two-thirds of all the participants wanted to have additional children and were using IUD in order to space the birth of children, another one-third did not want any more children and were using IUD for limiting family size. About half of those who wanted to have a baby, did not

mention any specific interval after which they would like to have the one. Another half wanted babies at various intervals ranging from one to 5 years. The most frequently mentioned interval for having a baby was 2-3 years, followed by 1-2 years and 5 years. A few women did not mention any specific time, but wanted to have a baby when the last issue was sufficiently grown-up.

5) IUD removal

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A little over half of the current users of IUD knew that the device would have to be replaced after 3 years, but about one-fourth said that the device would have to be replaced after 2 to 3 years. A few women did not know when the device would have to be replaced and undirected that they would contact the clinic to know the time for replacement. None reported that IUD did not need to be replaced.

In discussing how the participants would remember the date for removal or replacement, about half of the women mentioned that they would remember the date by counting the Bengali month (e.g., Kartic to Kartic will make one year). A considerable proportion of women would find out the date of replacement by consulting the calendar. Among others, some would check the client-cards supplied by the clinic (e.g., Pathfinder), some would check the medical receipt supplied from the hospital/ clinic and some others would consult diary notes. (It may be mentioned that at the time of IUD insertion, sometimes clients are prescribed some medicine to be taken free of cost from the clinic. The date of these prescription (termed as receipts by the clients) help them remember the date of IUD insertion. Some educated women maintain diary notes. A few women said that they would ask their husbands or would talk to the Family Welfare Assistants to tell them the date. One woman could tell the exact date and another said she would engrave marks on the earth to remember the date.

3.2.5. Discontinuation

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Focus Groups at Kurigram and Manikganj were formed with discontinuers. The Kurigram participants were long and short term discontinuers, and those of Manikganj were only long term discontinuers. Five participants in the Sakhipur Focus Group were discontinuers two short term and three long term.

1) Reasons for discontinuation

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Focus Group discussions revealed that out of 25 discontinuers, eight clients had their IUDs removed in the clinic because of

excessive menstrual bleeding (both) in terms of longer duration and greater quantity ) and abdominal pain, six clients had their IUDs removed because of severe abdominal pain. Three women discontinued using IUD as they wanted additional children. Among others, one was experiencing difficulty in sexual union, one reached menopause, one had deterioration of health, one experienced bleeding and white discharge, one had continuous bleeding for 25 days after the insertion, one experienced amenorrhoea, one faced inconvenience due to longer thread and in another case the IUD thread was torn off.

## 2) Future contraceptive plans

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Out of 25 discontinuers, 12 participants expressed their desire to use IUD again sometime in the future. Eight women were undecided, but said that they would be thinking of using it again afterwards. Of these 8, two were currently pregnant and some others were using injection, or pill. They said they would consider reinsertion of IUD after the birth of the child or if they face any problem with the methods currently in use.

Four women clearly expressed unwillingness to use the IUD again as they had problems with it. One woman had reached menopause.

## 3) Future reproductive plans (discontinuers)

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Out of 25 discontinuers, 3 women did not want any more children and 9 would think of having additional babies sometime later on. Among others, four women wanted to have one additional child within a short time (two were already carrying), five women wanted an additional child after an interval of 2-3 years, and 4 women wanted to have one additional child after 4-5 years.

## 3.3. Case Studies

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A total of 16 case studies were conducted from among the VSC acceptors randomly selected from the same upazilas from where VSC Focus Group participants were selected. Of these 16 cases, 8 were males and 8 were females. All of these interviewees accepted sterilization during the months of Aswin-Kartik (October-November 1986 ).

The male cases were aged 35-49 years and they had 2-5 children. Three of them had primary education and the rest were illiterate. Six of the cases had a monthly income of Tk.360/- to 900/- only two case earned T.1050/- to 1500/-.

The female cases were aged 25 to 38 years. Six of them had 2

(25)

children each, one had 4 and another 5 children. They were all illiterates. Six women had a monthly family income of Tk.450/- to 900/-, one had a monthly income of T.1200/- and another had Tk.2500/-.

The case study reports follow.

Case No. 1 (Vasectomy)

Mr. Abdus Samad, S/o. Mr. Shamsher Ali  
Village- Rasulganj, Upazila- Patgram  
District- Lalmonirhat.

A. Background

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Mr. Abdus Samad, aged 49, has a wife 35 years old. He was married at the age of 30 and is father of five children. Three children died before he was sterilized. Of the deceased children, one was aborted unintentionally. Of the living children, one is a son and the other is a daughter. The age of the youngest living child is 9 years. The client is illiterate.

The client is a day labourer and, on the average, works for 10 hours per day. He seven days a week. His wife also works as a maid servant in others' house on a part time basis. They don't have any land of their own. Mr. Samad's family of four members has an approximate income of Tk.600/- per month (from all sources). The family is in extreme economic hardship, and most of the time they must borrow from others.

The client is not familiar with any other method of contraception except sterilization. He himself was sterilized on 26.10.86. He maintains a good health.

B. Decision Making

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Extreme economic hardship made him realize that he should not have any more children. So he talked to other people who have already undergone sterilization and contacted a family planning agent on his own.

Economic crisis is most acute during the month of Katrik and this crisis leads the spouses to quarrel with each other. From frequent quarreling he gets angry with the wife and, out of emotion, sometimes would like to divorce his wife and would have a second marriage. During last Katrik, he faced a situation like this and make up his mind to have a second marriage. But at the same time, he thought that a second marriage will increase the possibility of his having more children (if may be mentioned here that his present wife was sterilized two years ago). Hence, he decided to get sterilized first (in order to avoid more children) and then have a second marriage.

Before getting sterilized, he knew that sterilization is a safe and permanent method of contraception. He decided to get sterilized in order to prevent the possibility of getting further

children. However, it took him nearly two years time to execute the decision (i.e. actually getting sterilized).

The client got sterilized on his own, money did not play any role. The compensation money helped him to take better food and adequate rest during the post-operation period. He spent the money for getting food during the recuperation period. The client said that he would have got ten sterilized even if he did not receive any money as compensation.

C. Service Delivery

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In order to reach the clinic, the client had to walk about half a mile. He was accompanied to the clinic by a family planning agent/referer. He took the agent along with him as he did not know where to go or whom to see for having the operation.

At the clinic, the client was well treated and did not experience anything unusual. But, after the operation, none of the clinic staff enquired after him.

D. Payment

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The client knew that sterilization is followed by a compensation payment of T.174/- and a lungi. He also knew that the payment is made for post-operation food and rest. The client himself received a sum of Tk.174/- and a lungi and he spent the money for taking food during the recuperation period. But he considered that the compensation payment was not adequate for recuperation.

Effect of payment on client's VS decision and behavior before and after the operation :

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He would have come for the operation even if he did not receive any compensation payment but the compensation money helped him to take food and rest during the post-operation period. The client mentioned, however, that he did not have the means to arrange for medical treatment if there were any serious physical ailment following operation.

Case No. 2 (Tubectomy)

Shakhina, wife of Hasan Ali,  
Villagre-Shahebdanga, Upazila-Patgram.

A. Background

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Shakhina, aged 29, is the wife of 40 year old Hasan Ali. She was married at the age of 14 and is a mother of three children. One of her children died before her undertaking of the operation. She has two sons alive. The age of the younger one is 02 years 03 months. She does not have any experience with abortion. The client is illiterate.

The client's family is landless. She works as a maid servant in others' house and her husband is a day-labourer. She works about 4 or 5 days a week and she has to work about 10 hours a day. Total income of her family is approximately Tk. 450/- per month. Economically, they are running at a deficit. The family is getting by on loans from others.

She knows only of oral pill but did not use any temporary method of contraception. She got herself sterilized on 20.11.86. Her health is somewhat good.

B. Decision Making Process

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Her decision for getting operated on was triggered by her extreme poverty. Both she and her husband thought that it would not be possible for them to provide food and clothing for the family members if they have more children.

A long time ago, a family planning worker from a far off place told her about the operation. Then she talked to her brother's wife, also a family planning worker, about the operation. Though she first heard of the operation about one year back, she made up her mind to have it only 3/4 months ago.

In the Bengali month of Katrik, both she and her husband face extreme economic crisis for want of work. During this time they get work for 2/3 days a week for only 8/- to 15/- taka per day. However, her only saree was torn a few months back but she was not in a position to purchase a new one. When she heard that she would be given a saree and some cash money if she were to undertake the operation, she decided to have it. She thought that the money paid as compensation would help her to reimburse the loans and the saree would give her service for not less than one year. As the family was under extreme economic hardship during the month of Katrik, the knowledge of compensation payment

played a vital role in her decision for having the operation at this time.

C. Service Delivery

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The clinic is only half-a-mile away from her residence. She would the distance.

She was accompanied to the clinic by one of her relatives, who is also an employee of the clinic. The accompanying person helped her in taking care of her minor baby, as well as telling her where to go had whom to see for having the operation.

At the Clinic she received satisfactory behavior and she experienced nothing unusual there. Immediately after the operation, her relative ( the person accompanying her and a worker of the clinic ) enquired after her and wanted to know whether the client was feeling easy. That clinic worker also advised her to be careful about taking food and rest during the recuperation period.

D. Payment

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She knew that the operation would be followed by a compensation payment. But somebody told her that the compensation payment would consist of Tk.150/-, others said of Tk.200/-, and still others said Tk.160/- and a saree. She actually received Tk.160/-

The money was spent in purchasing food (e.g., rice, pulses, vegetables, eggs, milk, etc.) as well as in buying a lungi for the husband. She considered the compensation money inadequate.

Effect of compensation payment on client`s decision and behavior before and after the operation :

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The client needed the money to get the operation. Without the payment she could not/would not have had the operation because :

- (a) she could not afford to take time off work and rest after the operation.
- (b) she could not feed herself and her family during the recuperation period.

But the client also mentioned that she finally decided to have the operation only after learning about the compensation payment as she was in debt and badly needed a saree.

Case No. 3 ( Vasectomy )

Mohammad Mosiruddin (43)  
Village- Palash Bari  
Upazila- Kurigram  
District- Rangpur.

A. Background

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Mohammad Mosiruddin, now 43 years old, inherited 9 decimals of land from his father. He has erected four rooms on his land. He does not have any cultivable land, so he earns his livelihood by his own labour.

His family consists of seven members including himself. He has his wife, aged 28, and five children living with him. The eldest child is a daughter who was married a few years ago. The second child, again a daughter, studies in class V, the third child, a son, studies in class III, the other three children are aged 3 to 7 years and do not go to school.

Mohammad Mosiruddin studied up to class III and can sign his name. He works mainly as a day labourer and engages in various types of work -- ploughing the field, harvesting rice, planting rice, making roofs of straw of thatched house, etc., depending on the season of the year. During the months of Ashwin and Kartic he is mostly employed to make roofs of thatched houses and during the rainy season he does the work of jute bailing in the godown of a big businessman. He works 5 days a week and earns Tk.20/- per day. His wife is illiterate and does the household work. He says that he runs the family with extreme hardship. During the lean season (in the rainy season and in the months of Ashwin-Katric ) he has to borrow money from local people at 10% interest. Now he has an outstanding loan of Tk.1,000/-. He borrowed the money in two installments. He hopes that he will gradually repay the loan in the harvesting season.

He narrates that one of his daughters aged 15 and one son aged 13 studies in class V and III respectively, in a local school. So he sometimes gets help from his relatives. His brother-in-law gives food and lodging for the daughter and bears her educational expenses.

He married at the age of 23 and within 20 years he had six children 3 sons and 3 daughters, the last one is 3 years old. He maintains a moderate health, but his wife has menstrual disturbances and sometimes suffers from swelling of the legs ( a symptom of anemia).

He has been using balloons (condom) since the birth of the last child. He heard of this method from Rahima, an FWV attached to

this hospital. Other people also told him about this method. But he considered this method inconvenient. It also requires money to buy condoms. He thinks that it is not safe to use condoms because his wife might conceive again. But sterilization is safe and convenient. So he decided to accept sterilization.

#### B. Decision Making

-----

Extreme poverty triggered the decision to accept sterilization. He had been thinking of undergoing sterilization for two months. He was facing difficulty in maintaining the family. So he decided to stop the birth of any more children.

He himself decided to accept the VSC. But before finally coming to the hospital he talked to his wife. He also consulted his fellow-worker who supported his decision. Before finally accepting the procedure he thought about its advantages and disadvantages and then finally came to the hospital.

After he had decided to accept the procedure he consulted Rahima (FWV) who also encouraged him.

He knew that sterilization would involve a minor surgery and some pain, and that he would not have any more babies after the operation. He also knew that he would be paid Tk.175/- and a lungi after the operation.

The major motivation for his accepting sterilization was to limit family size. He used condoms for sometime, but was anxious that due to some inadvertance he might have another child. He considered using condoms as inconvenient. So he decided to accept sterilization.

He did not have money at hand at the time of operation but he had an appointment for work. But he thinks that lack of money was not the real cause of undergoing operation at that moment. Undergoing operation at this time would solve his immediate problem as well as would serve the ultimate goal of limiting the family size. He said he was given Tk.15/- instead of Tk.175/-. Rahima assured him of paying the money at a later date but he never got it. He believes that he would undergo the operation even if he was not paid any money.

#### C. Service Delivery

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His house is within one mile from the hospital. He walked to the hospital alone. He returned home on a rikshaw. He is not aware whether the hospital staff took any special care of him after the operation. But he feels that they treated him well. Nothing unexpected happened to him after the operation. He knew everything

that occurred during the operation.

Rahima, FWV, visited him some days after the operation. He often keeps in touch with her.

D. Payment

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He was aware that he would be paid Tk.175/-, but he was actually paid Tk.15/- only as rikshaw fare. He got the money through Rahima who told him that he would be paid the rest of the money at a later date. He repeatedly urged Rahima to pay the residual amount but she never paid- up.

He believes that getting Tk.175/- was not the only consideration for having the operation. His major consideration was that by this operation he would be relieved of additional burden of maintaining the family.

He would come for the operation anyway, even if payment were not available, but with the payment he expected to :

- (a) Eat better food after the operation.
- (b) Avoid hard work, and take rest for some days comfortably after the operation.

But he got Tk.15/- and could only buy some vegetables. Yet he does not repent. He says he was never interested in this money.

Case No. 4 (Tubectomy)

Asia Khatun (30)  
W/o. Saber Ali  
Belkasha, Kurigram.

A. Background

-----

Asia Khatun is now 30 years old and her husband, Saber Ali is 50 years old. They donot have any cultivable land. Saber Ali is a rickshaw puller and he earns Tk.20/- per day. Asia Khatun works as a maid servant in a neighbouring house and earns Tk.10/- per day. Together, theyearn about Tk.900/- per month and pass their days, withextreme hardship. Sometimes they have to take loans to run the family of 6 members.

She married at the age of 14. She gave birth to 5 children of whom 4 are alive at present. She lost one child before the operation. She also experienced one spontaneous abortion.

She had heard of oral pills and herbal medicine (Kabiraji), but did not use any method for contraception. She used Kabiraji medicine in an unsuccessful attempt to abort the last issue who is now three years old. She did not take pills because she heard that pills cause doziness and headache.

B. Decision Making

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She had been suffering from economic distress since her marriage. They donot haveany cultivable land and have to do manuallabour in other`s house. But the suffering increased day-by-day as the number of children increased. So ultimately she decided to limit the number of children. So when the youngest child was conceived, she wanted an abortion and took some herbal medicine from a Kabiraj. But the medicine didnt work, and ultimately the youngest child was born. It is now three years old. About 2 years ago she was pregnant again but there was a spontaneous abortion.

After that abortion she was continuously thinking of having the sterilization but she could not manage to come to the clinic before Kartic 1986.

Extreme poverty during the month of Kartic triggered the decision to accept sterilization. During that time things were so costly that the family's existence was at stake. So she accepted the procedure at this time.

Before coming to the clinic she consulted Begum Apa, an FWV who encouraged her to acept the procedure. The client works as a maid servant in Begum's house. She knew that she would receive

some money and a saree after the operation. So she thought that if she undergoes the operation in the month of Kartic she would be able to spend the money to maintain the family and buy some medicine if required.

C. Service Delivery

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Her residence is three miles from the clinic. She came to the clinic by a rickshaw and was accompanied by Begum Apa FWV. She took Begum with her because she did not know the clinic and she was afraid.

Before coming to the clinic she knew everything about the operation and nothing unexpected occurred during or after the operation. Begum Apa went to her residence to enquire about her condition. She is happy with the follow-up.

D. Payment

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Asia Khatun knew that she would receive Tk.175/- and a saree and she actually did. She thought the money was paid to enable the client to buy good food after the operation.

She herself spent the money on rickshaw fare, buying rice and pulses and one chicken for the family. She enjoyed the food with her children for three to four days. The payment was enough according to her.

The payment played a facilitating role in taking the decision by the client. She was encouraged to accept the procedure with the expectation that the money would enable her to buy food for some days after the operation and at the sometime solve the problem of any further pregnancy. Without this money she would not be able to accept the procedure though she badly needed it.

She needed the money to get the operation, because without this money she could not :

(a) afford the travel cost

(b) take rest after the operation

(c) couldnot feed the children and the family during the resting period.

Case No. 5 (Vasectomy)

Khairul (40)  
S/o. Tangru  
Village-Palash Bari  
Kurigram.

A. Background

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Khairul (40) is a day labourer who lives in a joint family consisting of 5 members including himself, his wife (25) and three children. He shares only three decimal points of land with his brother who is married and lives with his wife in the same compound. He does not have any cultivable land. Among his possessions are one cow and one goat.

As a day labourer he does various kinds of jobs, e.g., digging the earth, helping the mason, plantation of rice and similar work depending on the season of the year and availability of jobs. He earns Tk.20/- to 25/- per day and works 5 days a week. When he gets an appointment he works from 8 a.m. to 5 p.m. with about half an hour break at noon. If he fails to find employment for a single day he has to borrow money from neighbours to buy food for the family.

His wife has no employment. She cooks food for the family, looks after the children and tends the cow and the goat in the field. She also picks up branches of trees to use as fuel for cooking.

He married at the age of 17. He has two sons and a daughter. The first child is an 8 year old daughter, the second a son 4 years old, and the third is again a daughter 2 years old.

He did not use any contraceptive method before accepting sterilization. He knew of pills and condoms. He requested his wife to take pills, but she refused to take them on the plea that pills cause doziness and headache, and she would have to drink milk which they cannot afford. So he has accepted sterilization which is safe and convenient.

B. Decision Making

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He heard of sterilization from various sources. About three months ago, one of his relatives who is a referer (agent), suggested to him that if he would like to accept sterilization, he could help him. But Khairul had not yet decided to do so. But for the last month he began to think of it seriously.

Two days before the operation, Khairul had no job and no food for the family. He sold a piece of aluminium utensil ( a pot for cooking rice) for Tk.20/- and bought 4 seers of rice which kept them for two days. Then, in desperation, he accepted the sterilization to save himself and the children. He requested his wife to undergo the operation but she refused.

Extreme poverty which threatened his and his children's existence triggered the decision to accept sterilization. But the immediate problem of survival did not observe his thoughts for the future of the children. He explained that the most important consideration for having the sterilization was the future of the children. If he would have more children he would not be able to give them food. They would have to beg from others. So he decided to accept the procedure. His thinks that two children are enough.

Before coming to the hospital, he consulted a family welfare visitor who was a previous employer of the client. The FWV encouraged him. Then he consulted a village "Mahat" (greatman). He also encouraged him. Then he consulted Mr. Mojibar who is a peon of some office, who also encouraged him. Then finally he went to his relative who is a referer to accompany him to the hospital. The relative gave him tk.5/- with which he bought one seer of atta (flour) and left it home for the wife and children and then came to the hospital for operation. After the operation he returned home with rice and dal which he bought with the compensation payment.

#### C. Service Delivery

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His house is 3 miles away from the hospital. He walked to the hospital and returned by rickshaw. He was accompanied to the hospital by his relative who is a referer. He said that he took the relative with him because he had never come to the hospital before and did not know anybody in the hospital. The hospital staff treated him well. The referer told him that the doctor would give only an injection, but he knew before hand that sterilization would involve surgery. While undergoing surgery he experienced severe pain, but the doctor encouraged him not to be afraid. The FWV came to see him at his house some days after the operation.

#### D. Payment

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His relative (referer) told him that he would be paid Tk.175/- and a lungi and he actually got these things.

He spent the compensation money on transport and food. The client was aware that the money is paid to enable a man to take good food and rest for some days. With the money the client bought food which maintained them for three weeks. He also bought some eggs and milk. He took rest for two weeks. He said that the money was adequate in the sense that as soon as the food he purchased with the money was finished, there was time to get employment. The money helped tide him over the crisis.

The client reported that the information that he would get some money helped him to take the decision. He needed the money to get the operation which served the following purposes :

- (a) the operation would solve the problem of additional children and
- (b) would save the children by giving immediate relief from hunger.

Without the money he could not have the operation because :

- (a) he could not take rest after the operation
- (b) he could not feed himself and the family during the period of convalescence, and
- (c) he could not afford medical expenses if complications should arise.

Case No. 6 (Vasectomy)

Mr. Samarendra Roy, S/o. Mr. Sreekanta Roy,  
Kalighat Road, Ward No. 1, Sreemongal, Sylhet.

A. Background

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The client is 40 years old and his wife is 26. He is educated up to class IV. He got married at the age of 26 and is father of two sons. The younger child is three years old. There has been no instance of child death or abortion.

The client is landless and is a worker in a sweet shop. His wife does not work outside. He works throughout the whole week for about 16 hours a day and earns approximately Tk.1050/- per month. With this earning, he cannot maintain his family and has to take loans.

He knows about condoms and oral pills but did not practice any temporary method of contraception. The client was sterilized on 12.11.86 and is, at present, in good health.

B. Decision Making

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The client is definitely poor. But the situation that awakened him to think about limiting family size was something related to a sense of prestige. Nearly one year ago there arose a quarrel between the client's and his employer's sons regarding gathering fruits from the latter's tree. At one stage of this quarrel, the client was severely scolded by his employer in spite of the fact that the client did not take sides with his own child but rather tried to mitigate the conflict between the two children who are same age. From that event, the client thought that if a poor man like him did not have a child he would not have faced such an insulting situation. So he decided not to have any more children.

Afterwards, he talked to one of his neighbours who was a family planning clinic worker. But the final decision for having the operation was determined by the client's economic situation immediately preceding the operation. Earlier, the client had been a vegetable seller. But in the Bengali month of Sraban, he had to give up that business for want of sufficient capital. He was mostly unemployed for nearly three months. During those days of his economic hardship, he was either half-starved or passed his days without any food. At that time, the client thought that if he has the operation, he will get a sum of Tk.175/- and a lungi without incurring any expenditure from his own pocket. Being

sure of receiving Tk.175/- and a lungi, he gave effect to his decision for sterilization. The client also mentioned that he was badly in need of money at the time he got sterilized and that he would not have undertaken the operation if he did not know about compensation payment. So, poverty or economic crisis and a knowledge of getting compensation payment were the main reasons for his undertaking the operation.

The client spent the compensation payment for paying house rent and for buying essential food and clothing for the family.

### C. Service Delivery

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As the clinic is very close to the client's house, he walked. The client was accompanied to the clinic by a neighbour whose mother is a worker of the clinic. As the client himself did not know anything about the clinic, he took the neighbour along with him because that neighbour was familiar with the clinic and its staff. The accompanying person helped the client in going to the right person.

The client received good treatment at the clinic and did not notice anything unusual there. Immediately after the operation, the members of the hospital staff enquired about him and wanted to know whether he had any troubles or complaints.

### D. Payment

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The client was aware of the payment given as compensation for food and travel cost. He actually received Tk.175/- and a lungi. The compensation money was spent for paying house rent and for buying essential food and clothing for the family members. The client regarded the compensation payment inadequate.

Effect of payment on client's decision and behavior before and after the operation :

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The client said that he would not have had the operation if he had not known about compensation payment. He added, however, that the compensation money was necessary for him because without it he could not feed himself and his family members during the post-operation period.

Case No. 7 (Tubectomy)

Mrs. Narmada Namasudra, W/o. Bakul Namasudra,  
Sreemongal slum, Sreemongal.

A. Background

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The age of the client is 35 and that of her husband is 45. She is illiterate and was married at the age of 16. She is a mother of two children-- one boy and one girl. The age of her younger child is 6 years. However, before her operation, she had two instances of abortion-- one intentional and another unintentional.

The client's family is landless but her husband is a cultivator and works on other's land on a share basis. As a share-cropper, her husband earns nearly Tk.1200/- per month (taking the value of the crop into consideration). The client herself does not do any work outside. With the earnings of her husband, they cannot maintain a family of 4 members. With her husband's earning as a share-cropper, they can maintain their family for about 6 to 7 months. For the rest of the time, they borrow from others or her husband does some part time work as an agricultural labourer (if available). Normally, her husband works 10 to 12 hours a day throughout the whole week. Economically, they are somewhat solvent.

The client knows about copper-T, oral pill, and injection. She used copper-T for one year but later on, she had it removed as she wanted another baby. However, now she does not want any more children and so she was operated on 7th Ashwin, 1393 (i.e. October 1986). At present, she is in good health.

B. Decision Making

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Economic hardship and a desire to give proper care and education to the children were the reasons that triggered the decision for sterilization. She thought that with increasing number of children, not only the economic crisis is multiplied but also it gives additional pain to the mother. So she decided to effectively control the chances of getting additional children and hence got sterilized.

Regarding the operation, she talked to neighbours, a doctor and a Pathfinder office worker. She thought of having the operation for about three months. After getting an intentional abortion she felt it necessary to get

sterilized as early as possible so that she would not conceive again.

However, immediately before the operation, neither the client nor her husband had any work. They were under economic crisis and needed money. Previously she had heard that if she were operated on, she would get some money and a saree. So she thought it wise to have the operation at this time because (1) she needed money, and (2) she was in a position to take adequate rest after the operation as she did not have any work at that time.

#### C. Service Delivery

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The clinic is only two miles away from her residence and she travelled the distance by a rickshaw. She was accompanied to the clinic by a Pathfinder worker. That worker encouraged her in the face of anxiety/fear over operation and helped her to go to the right person.

#### D. Payment

-----

The client was aware of the compensation payment and also knew that the money is given for taking food and medicine after the operation. She received a sum of Tk.175/- and a saree.

She spent the money for purchasing medicine and nutritious food like eggs, milk, etc. But the compensation payment was not enough for meeting the medical expenses following her operation. She had to spend more money and that on loan.

Effect of payment on client's decision and behavior before and after the operation :

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The client needed the money to get the operation. Without the payment she would not have had the operation because :

- (a) she could not afford the travel expenses,
- (b) she could not take time off work and rest after the operation
- (c) she could not take better and nutritious food following operation,

(d) she could not afford medical expenses following operation.

The client added that she undertook the operation both for preventing the possibility of conceiving again as well as for the hope of getting compensation money. She mentioned that she would not have undertaken the operation if no payment were available.

Case No. 8 (Tubectomy)

Mrs. Rina Begum, W/o. Mr. Hashim,  
Village- Birampur, Sreemongal, Sylhet.

A. Background  
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The client is 25 years old and her husband is 40. She is illiterate and was married at the age of 15. At present, she is a mother of two children -- one son and one daughter. The age of the younger child is 01 year 03 months. She does not have any experience with abortion and none of her children have died.

The client belongs to a landless family. She herself is a housewife. Earlier, her husband worked for Petrobangla and recently in a cinema hall. But at present, her husband is unemployed with no source of income. When employed, her husband worked about 9 to 10 hours per day throughout the whole week. With his earnings they cannot maintain the family but must borrow from others. So, economically, the client's family is deficit.

Regarding contraceptive methods, the client knows about condom, oral pill, injection, and copper-T but she herself did not use any temporary method. As she does not want any more children, she was sterilized on 19.11.86. Now, she is in somewhat good health.

B. Decision Making  
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Poverty and uncertainty of income triggered the decision for sterilization. So, she talked to her husband's brother's wife and was advised about the operation. A family planning worker also met her and suggested the same thing.

The earnings of her husband is uncertain, sometimes he gets work and sometimes not. With this uncertain source of income, they fail to feed themselves and their children. And the failure to provide food to the children is very painful to the client. So, she and her husband thought it better not to have any more children. Specifically, during the time immediately preceding the operation, the client's husband did not have any employment. Moreover, the client's husband's brother is a tailor and had a sewing machine of his own. During the hard days of the family, he helped the family. But just before the client's operation her brother-in-law's sewing machine was stolen. Thus, at that time, the family was in extreme economic crisis. Nevertheless, the client herself was also afraid of conceiving again.

She started thinking about sterilization from the time of the second conception (i.e. nearly two years ago. Nearly five months after the birth of her second child, she went to the doctor for sterilization but the doctor advised her to have the operation when her second child was at least one year of age. And she did accordingly.

The client's VS decision was not influenced by her knowledge of the compensation payment. She would have had the operation even if no payment were available.

#### C. Service Delivery

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The clinic is only one mile away from the client's residence. She travelled the distance by a rickshaw. She was accompanied to the clinic by a family planning worker (Pathfinder). She accompanied that person because her husband asked her to travel to and from the hospital with that person.

She received good treatment at the clinic and did not experience anything unusual. No member of the clinic staff other than the Pathfinder family planning worker, who accompanied her, enquired about the condition of the client immediately after the operation or later.

#### D. Payment

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The client knew about the compensation payment and, according to her, it is given so that the client can take nutritious food like milk, and medicine for the betterment of her health. However, the client did not know the exact amount of the compensation payment. She herself received Tk.140/- and a saree.

The compensation money was spent in purchasing food (milk, eggs, etc.) for herself and medicine for her child. The client considered the compensation payment inadequate.

Effect of payment on client's decision and behavior before and after the operation :

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The client would have come for the operation anyway, even if the payment were not available, but with the payment she was able to :

(a) eat more/better food after the operation;

(45)

(b) avoid/refrain from work and rest comfortably after the operation.

She also added that the compensation payment helped her at the time of her economic crisis.

Case No. 9 (Vasectomy)

Sunil Chandra Sarker (40)  
Hajipur, Nabinagar  
Comilla.

A. Background

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Sunil Chandra Sarker is a forty year old carpenter. He does not possess any land except the homestead. He lives in a joint family with his mother, his younger brother, his wife and two children. His mother is too old to work and his brother is a 14 year old boy who is an apprentice in carpentry.

He works 5 days week and earns about Tk.30/- per day. He has a peak working season during the months of Sraban through Ashwin. During these months people do not have work in the field, so they stay at home and employ carpenters to make household appliances and furniture. But during the months of Baisakh-Jyaistha and Ashar he remains unemployed for under employed. In those months he passes his days in hardship and has to borrow money from local money lenders. During last Baisakh he borrowed Tk.1,200/- from a local money lender on 10% rate of interest. In addition, he borrowed 1 maund of rice. Thus he has an outstanding debt of Tk.1,800/-. He expects to repay the loan during the coming peak season ( in the month of Sraban).

He married at the age of 22. His wife is now 30 years old. He was blessed with 4 children of whom the first child and the 3rd child, both sons, are now living. The 2nd and the last child, both daughters died. His last child died about 6 months ago. The eldest living son is 12 years old and the other son is 6 years old. He decided to control birth and used pills for the last six months. The decision to use contraceptive methods was taken after the death of the last child. Since the last issue was a daughter and it did not survive, they decided not have any more babies which again could be female. So his wife began to take pills. She took pills for six months and then finally he decided to accept sterilization because it is a permanent method.

Decision Making

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It appears that he accepted sterilization after much deliberate thinking. He said that he had been thinking of accepting the procedure since the death of the last daughter. He thought the two children were enough. If additional children born to him, he will not be able to maintain them

and give them proper education. He said,

"I have seen my father's suffer a lot owing to poverty. I am also suffering. But I cannot allow my children to suffer the same lot. If more children are born, their lives will go in vain."

He learned about the importance of family planning from the radio. Some family planning workers also told him of family planning methods. But the decision was taken independently. Before finally deciding to accept sterilization he consulted some local doctors and other neighbours who had accepted the procedure.

He was not motivated by money. His economic condition is chronic. Every year there are peak seasons and lean seasons and he has to overcome it by borrowing money from others. He repays the loan gradually. There was no special economic condition which compelled him to accept sterilization during the month of Kartic. He had been thinking of limiting family size since the births of the first two children one son and one daughter and had been using pills for the last six months. He would undergo the operation during this time, even if he would not get any compensation payment.

#### Service Delivery

His home is 12 miles away from the clinic and the he came by rickshaw. He was accompanied by a female worker (FWV) on a separate rickshaw. Prior to coming to the clinic he made an appointment with the FWV to accompany him because he did not know where to go to get the sterilization services. The FWV is personally known to him for many years. The client is also familiar with all other members of FWV's family. She paid follow-up visit to his house some days after the operation. The client says that the FWV is sincere and sympathetic women who has done a lot for his welfare.

He came to the client with a full understanding about the procedure. He had a detailed discussion with one of his relatives (uncle) who is a doctor. During the operation and afterward, nothing unexpected happened to him. The members of the hospital staff treated him well. He is happy with the decision to accept the procedure.

#### Payment

He was told by the FWV that he would be paid Tk. 175/- and a lungi after operation. It was known to him even before FWV told him. He actually received Tk. 175/- and the lungi. He know that the money

(48)

was paid to compensate for wage loss and to buy good for some days so that one could recover soon. He said he bought some rice, some vitamins from the drug store and paid for milk which he buys regularly (on a monthly basis). He also paid the rickshaw fare about Tk. 40/- out of this money.

He consider the compensation money sufficient.

He said that he would have come for the operation anyway, even if the payment were not available, but with the payment he was able to :

- (a) pay the rickshaw fare (take a comfortable transport)
- (b) take better food after the operation.
- (c) refrain from work and rest longer after the operation.

Case No. 10 (Tubectomy)

Mrs. Majeda Begum (38)  
W/o. Modan Mia  
Nabinagar, Comilla.

A. Background

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Majeda Begum is now 38 years old, her husband is nearing fifty years of age. They have 3 kanis of cultivable land and get about 10 maunds of rice. The produced from the land can sustain the family for the whole year and in some years they have some surplus rice to sell. Moreover her husband trades mustard oil and earns about Tk.2000-3000 per month. So, Majeda Begums' family is solvent. Her family consists of seven members including herself, her husband and five children.

She was married at the age of 11 and now has five children -- three sons and two daughters. Her youngest child is 8 months old.

She knew of copper-T, injection and oral pills as family planning methods and has used all of them in the past.

Before the birth of the last issue, she used copper-T for one month, but at about the end of one month, it was automatically expelled. Then she tried injection. But after she had taken only one injection she found that her health was reduced and she was feeling weak. So she discontinued the injection. Then after some time she conceived the last issue. After the birth of the youngest, she took oral pills for one cycle, but she discontinued the pills because of gastric ulcer. Then again she used copper-T for three months and removed it before accepting sterilization.

B. Decision Making

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After the birth of the youngest, she thought that she should not have anymore children and she began to use copper-T, but while using copper-T she thought that she should accept the permanent method. She thought that if she would have more children she would not be able to give them proper care and education.

For her, the most important reason for taking the decision to accept sterilization was consideration for the future of the children. She already had five children. If more children were born to her, was afraid that she would not be able to give them proper care and education. She had been thinking of having the operation for the last seven months.

Her only consideration was the future of the children, though her reduced health also played some role in this decision.

She had heard of sterilization many years ago from various sources. Before accepting the procedure she discussed it in detail with a neighbour who had accepted the procedure about three months previous. For the last three months she had been seriously thinking of accepting the procedure. Consideration for money did not play any role in her decision to accept the procedure. She comes of a solvent family and there was no special circumstances prevailing in the month of Kartic which might have influenced her decision.

#### C. Service Delivery

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She lives about one mile from the hospital and came there by rickshaw on the day of the operation. When she came to the hospital she took her husband's sister with her, because she never goes out without an escort. She was treated well by the members of the hospital staff. After she returned home one FWV (Bela Apa) came to see her. FWV lives in the neighbourhood of the client's house.

#### D. Payment

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The client knew that she would receive Tk.175/- and a saree. According to her, the money was paid to enable the patient to take nutritious diet to recover from surgery.

She received Tk. 175/- and a saree. She bought chicken, eggs, and milk with the money. But she thinks that the money was not sufficient because she had to spend about Tk. 300/- for her diet.

It was very clearly indicated that the consideration for money did not influence her decision in any way. The major consideration behind her decision was to make happy family by bringing up the children in a proper manner and to protect her health. She would accept the operation without any delay even if no compensation payment were available. But since the money was paid to her, she had the following advantages:

- (a) she was able to spend the money for travel and other expenses by herself without taking from her husband,
- (b) she was able to take more and nutritious food.

Case No. 11 (Vasectomy)

Abdul Khaleque (45)  
S/o. Anser Ali  
Sakhipur  
Tangail.

A. Background

Abdul Khaleque is now 45 years old, his wife is 32. Both are illiterate. Abdul Khaleque has no land. His father had some land but he sold it to a neighbour. Now Khaleque lives in the house of this neighbour as a rayot\* on mutual understanding.

He earns his livelihood as a day labourer. Most of the time he is employed as an agricultural labourer but sometimes he digs earth or makes thatched houses for others on a daily basis. He earns Tk.15/- per day and works six days a week. He passes his days in great hardship and often has to take loans from others. During last Ashwin he borrowed Tk.100/- and gives Tk.10/- every month as interest. His wife does the household work and looks after the children.

He married at the age of 22 and now has three daughters and one son. The daughters are aged 8, 6 and 4 and the son is 2 years old.

He did not know of any method of family planning other than sterilization. He had heard of sterilization a long time ago from various sources. Later on he discussed this with his neighbour who had accepted this procedure some time ago.

B. Decision Making

The decision to accept sterilization was triggered by the large number of children combined with economic crisis. He does not want any more children because he will not be able to maintain them. He was thinking of accepting sterilization after he had 3 daughters but waited until he had a son.

He had been thinking seriously of accepting the procedure for the last 10 days. Actually he started thinking about sterilization as soon as the youngest child was 2 years old, because it was the time when his wife might conceive again. His wife proposed accepting the sterilization herself, but he did not allow her. He considered that his wife is another man's loving daughter so he cannot subject her to this suffering due to sterilization. So he himself decided to accept the procedure.

\*----- Bengali term meaning a subject under a landlord. But the person here need not pay any rent for his dwelling.

The major reason to accept the procedure during the month of Kartic is the anxiety over another pregnancy. It was the time when she might conceive again. It was a hunch based on his previous experience. He said, " It is not the special economic hardship which prompted me to accept sterilization in the month of Kartic. Every woman has her own time to conceive. My last child is now 2 years. My wife may conceive now. So I decided to accept the procedure this month. To us, the poor man, Ashwin and Kartic make no difference."

It appears that the special economic hardship in the month of Kartic is not the major reason for his accepting the operation at this time. He is always in a state of chronic poverty. Throughout the year, he lives from hand to mouth. So to him the month of Kartic is the same as any other month. He says that he had some employment in the month of Kartic, but during this period he anticipated another pregnancy which he frantically wanted to avoid. He knew that he would receive Tk.175/-before coming to the clinic. This information encouraged him to accept the procedure, because he thought he could pay for the doctor if something would happen after sterilization and he could maintain his children during the days of rest and recuperation.

#### C. Service Delivery

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His residence is about 4 miles away from the clinic he walked there. He did not bring anybody with him, because he wanted to keep this information secret.

▲  
The client was treated nicely in the clinic. He knew everything about sterilization and nothing unexpected occurred during or after the operation. An FWV paid a follow-up visit to him 5 days after the operation and he himself came to the hospital after 8 days.

#### D. Payment

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He knew, from those who had already accepted the procedure, that he would receive Tk.175/- and a lungi. He thought that this money was paid to help the sterilization acceptor take rest and good food.

He bought rice worth Tk.110/-, pigeons worth Tk.12/-, a chicken worth Tk.15/-, and pulses worth Tk.10/- and other commodities out of the compensation money. He considers this money sufficient.

The compensation money helped him to take the decision to accept the procedure. He could not afford to take rest and good food after the operation without this money. He said, he needed the money to get the operation, without the money he could not :

(a) afford to take time off work and rest after operation,

(53)

- (b) feed himself and the family during the resting period following the operation and
- (c) afford medical expenses if complications would arise.

Case No. 12 (Tubectomy)

Mrs. Khudeja Begum  
Sakhipur  
Tangail.

A. Background

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Khudeja Begum is now 25 years old and her husband, Kumur Uddin, is 30 years old. Her family consists of four members including herself, her husband and two children.

Her husband inherited 5 decimal points of land for their homestead. They do not have any cultivable land. Her husband is a peon of a local office and earns Tk.600/- per month. He works 12 hours a day with one day off a week. She is a housewife and is not employed in any gainful job. They have to spend their days in extreme hardship.

She was married at the age of 12. She gave birth to 4 children of whom 2 died before she had accepted sterilization. One of the children, a daughter, died at the age of 1-1/2 years and the other, a son, died at the age of 1 year. Of the two surviving children, one is a son and another is a daughter. The youngest child is 1 year old.

Before she accepted sterilization she knew of oral pills, but did not use them.

B. Decision Making

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Extreme poverty and anxiety for the future of the children prompted her to accept sterilization. She believes that if more children were born to them they would not be able to give them food and they would have to undergo suffering.

She began to think of having the sterilization for last 6 years. During 1980, her husband's sister accepted sterilization with only two children and she was living happily. From that example, she also thought of having the operation and discussed it with her husband. Her husband also encouraged her to do the same. But when two of her children died successively, she thought that two children are enough if they survive, and decided to accept the operation after the two surviving children were a bit grown up.

She was not motivated by the compensation payment. But the information that she would have some money facilitated her decision. She thought that she would not have to depend upon

her husband for buying food or medicine after the operation because she would have the money from the clinic.

She spent the money she received on rickshaw fare, food and medicine. Without the money she could not undergo the operation at this time. She would have to request her husband to give the money and it would delay her decision.

#### C. Service Delivery

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She lives one mile away from the clinic and came by rickshaw which cost her Tk.2/- only. Her husband accompanied her to the clinic. She took her husband with her because without him she would feel nervous. She said she never goes out without being accompanied by someone.

In the clinic, the members of the staff behaved well with her and nothing unexpected happened. She was aware of the surgery and the discomfort associated with the operation before she came to the clinic. The FWV (Parul) came to visit her some days after the operation.

#### D. Payment

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She knew that she would receive Tk175/- some medicine and a saree after the operation and she actually received the same. She knew that the money was paid to enable her to take nutritious diet and medicine. With the money she bought pigeons, bananas and other good food.

She considers the money paid to a client after the operation extremely inadequate because food items are costly. Only one pair of pigeons cost Tk.20/-. So the money runs out within a few days.

She would accept the procedure anyway but the compensation payment played a facilitating role in her taking the decision. Unless she knew that she would receive Tk.175/- she would have to ask her husband for some money, but it would be difficult for him to collect the money to buy good food and medicine, if required. Because she got the money from the clinic she had the following advantages:

- (a) she was able to accept the sterilization earlier,
- (b) she was able to travel comfortably to the clinic
- (c) she was able to eat better food after the operation,
- (d) she was able to buy medicines to help her regain her health.

Case No. 13 (Vasectomy)

Abdul Makki (35)  
Adhaipara  
Gazaria, Sakhipur.

A. Background

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Abdul Makki lives in a joint family consisting of his father, mother, his wife, 2 children and two brothers. His father is old and invalid, his mother is also very old but can do some household work. His son is 7 years old and his daughter 2 years old. His two brothers are 8 and 9 years old. All members of his family are dependent on him. He has forty decimals of land -- of which half is under cultivation. The other half contains the dwelling houses. The cultivable land is dry and yields a small crop. He gets about 30 kg. of pulses and 35 kg. of rice from his land. He has two cows which he uses for cultivation.

He maintains his family by doing various types of jobs as a daily labourer. But his main occupation is building mud-walls. He earns about Tk.40/- per day for six months (from Agrahayan to Baisakh), for the rest of the year, he remains under-employed or unemployed. However, it became clear from probing that though he normally gets employment for six months a year, even during this time, he does not get continuous employment. During the monsoon he works in other's fields. His wife never works outside home. He is most hard-up during the month of Chaitra when he has to borrow money from others. He now has an outstanding loan of Tk.1200/- for which this month he paid Tk.120/- as interest only.

Abdul Makki married at the age of 20. His wife is now 25 years old. Both of them possess good health. He says his wife did not want any more children after having one son and one daughter and so she used oral pills for 3 cycle, but discontinued without giving any reason for this. She used to get pills from a family planning worker.

B. Decision Making

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He had heard of sterilization after his marriage from various sources. About two years ago, after he already had two children, he discussed having sterilization with a female family planning worker (FWV) named Sabnam. At that time he was employed in making mud walls at the residence of the FWV. The lady advised him not to accept sterilization at this stage. But he insisted on it because he has no land and property to give to the children. The lady then advised him to

come to hear as soon as he was prepared to accept the procedure.

It appears that extreme poverty and anxiety for the future of the children triggered the decision to accept sterilization. He thought seriously for 15 days before accepting sterilization. During that period, in the month of Kartic, he had no work, no cash money at hand and no food for the family. He thought he could survive the economic distress if he would accept sterilization at this moment. He knew that he would get Tk.175/- and a lungi. This information helped him to take the decision. He thought that with this money he would be able to take nutritious food for some days, he would be able to pay for the doctor, if necessary, after the operation. Of course, he thinks that he would accept the sterilization, even without money. But he does not know when he would be able to do so. It appears that the compensation payment played a facilitating role in his making the decision.

#### C. Service Delivery

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His house is four miles away from the hospital. He came to the hospital alone. But before coming to the hospital he met the FWV (Sabnam) at her residence and requested her to receive him at the hospital. On the day of the operation the FWV helped him in getting the sterilization. He said that he would feel nervous and lonely in the hospital if she were not present. If Sabnam were not be present, he would have to have some of his friends or acquaintances accompany him because he felt nervous to go the hospital alone.

The client says all people in the hospital behaved nicely with him. Sabnam went to him a few days after the operation to enquire about his condition. He is satisfied with the follow-up service.

#### D. Payment

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He was aware that he would receive Tk.175/- and a lungi before coming to the hospital and he actually received the same. He spent the money in buying food including rice (for 5 days), eggs and pigeons. He reports that he bought 36 eggs and 5 pigeons as special food to recuperate from the operation. He thinks the money sufficient. It appears that he had a dire need of the money to undergo the operation. Without the payment he could not have had the operation because :

(a) he could not take rest after the operation

(58)

(b) he could not feed himself and the family, following the operation,

(c) he could not afford medical expenses if complications would arise.

Case No. 14 (Vasectomy)

Md. Shamsul Hoque, S/o. Md. Kaloo Mollah,  
Zinda Bahar, Dhaka Sadar, Dhaka.

A. Background

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The client is 35 years of age, having a wife 25 years old. He got married at the age of 22 and is father of three children, all daughters. One child died at the age of one month and the age of the youngest living child is 2 to 3 years. The deceased child died before the client was sterilization. The client's wife had never experienced any abortions.

Md. Shamsul Hoque undertook the operation on 28.10.86 and is, at present, in good health. He is educated up to class III. Earlier, he was a service-holder but now, a rickshaw puller. As a rickshaw puller, he works five days a week for about 7-8 hours per day. His original home is at Barisal, where he is a member of a joint family of 5 brothers. At the village, they have a house of their own and cultivable land of about three kani (kani = decimals). From land, the family gets about 150 maunds of rice per year. But, in Dhaka, Md. Shamsul Hoque lives with his wife and children only and maintains his family (wife & children ) from his own earnings as a rickshaw puller. However, occasionally, he receive some money (Tk.1000/- to 2000/- a year or so ) from his joint family at the village. So, his average monthly income from all the sources is approximately Tk.1,500/-. Economically, Md. Shamsul Hoque's is solvent. The client's wife does not do any work outside.

The client knows only about condoms and oral pills but he himself did not use any method other than sterilization. His wife also did not use any contraceptives.

B. Decision Making

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Limitation of income and an awareness of giving proper care and education to the children triggered the decision for limiting family size. However, at the time of the birth of his 3rd child (earlier two were daughters), he was expecting a son. Instead he had a daughter again. Since then, he thought that he did not require any more children.

When he thought of limiting family size ( 1 to 2 years ago), he started talking to friends and known persons who had undergone operation. He had heard about condoms and oral pills but also

came to know that those are unsafe temporary methods and that sterilization is a safe permanent method. When he was convinced, by asking many people and by observing the health and physical condition of those who have undergone operation, the client decided to undergo sterilization.

There was no apparent reason for his undertaking the operation in the Bengali month of Katrik. He was thinking of undergoing the operation for a long time, but by the time he decided to have the operation, it was Katrik.

The economic situation immediately preceding the operation was nothing unusual. He would have undertaken the operation on his own even if he did not get any compensation, but the compensation money helped him to take adequate rest and take better food after the operation. He spent the money for food and rest during the post-operation period.

#### C. Service Delivery

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The client had to travel a distance of about 8-10 miles to reach the clinic from his residence in Dhaka. He was accompanied to the clinic by a BAVS family planning worker for the sake of mental support or morale. Prior to coming to the clinic, the client did not know where to go, whom to go for the operation. The family planning worker assisted him in this respect.

The client felt satisfied with the treatment he received at the clinic at the time of his operation. The hospital staff gave due attention to him both before and after the operation. The client did not experience anything unusual while at the clinic.

#### D. Payment

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The client knew beforehand that a saree or lungi and a sum of Tk.175/- would be given as compensation. He also knew that the money is given for rest and recuperation after the operation. The client himself received Tk.175/- as compensation and spent the same for taking nutritious food during the recuperation period. He regarded the compensation money as adequate.

The payment did not have any influence on the client's decision to get sterilized, he could get it done even if he did not receive any money as compensation. But when he actually received the money after the operation, it helped him to take better food and rest during the recuperation period.

Case No. 15 (Tubectomy)

Mrs. Mamtaj, W/o. Mr. Bahadur,  
Vill. Mathigram, Manikganj, Dhaka.

A. Background  
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The client is 26 years old and her husband is 35. She is illiterate and was married at the age of 10. At present, she is a mother of two children -- one son and one daughter. The age of her younger child is 01 year 06 months. She does not have any experience of child death or abortion but once she experienced a still birth.

The client is in landless family and her husband is a day labourer. She herself also does some part-time work, if available. Her husband works about 10-12 hours per day throughout the whole week. Their total income is approximately Tk.600/- per month. With this income, they cannot maintain a family of four members. They must take loans from others. Financially, their's is a deficit family.

Regarding contraceptive methods, the client knows about oral pills, copper-T, and condoms. She herself used pills for two months but gave it up because of physical complaints such as giddy feeling, menstrual problems, etc. Now she does not want anymore children, so she was sterilized on 13-11-86. She is in good health.

B. Decision Making  
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Economic crisis for want of sufficient work and income triggered the decision for limiting family size. She talked to neighbour who was operated on earlier. That neighbour was a family planning worker and she advised the client to get operated on in order to minimize economic hardship.

As poor fellows, they cannot provide food and clothing to the children. Moreover, during the month of Katrik, poverty is maximized for want of work. So she thought that limiting family size through the operation would help her to have a happy family, being relatively free from the anxiety of providing food and clothing to too many people.

The client started thinking about having the operation since the birth of her second child (i.e. one and a half years ago). She would have undertaken the operation even if no compensation payment were available. Of course, she knew about compensation payment.

C. Service Delivery

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The clinic is one and a half miles from the client's residence. She walked the distance. She was accompanied to the clinic by her sister-in-law, husband, and the family planning worker with whom she talked earlier. She brought them along with her because she had a fear or anxiety over the operation. The provided mental support to her.

The client received good treatment at the hospital and did not experience anything unusual there. The family planning worker who accompanied her to the clinic (who is also a neighbour of the client) enquired about her both at the clinic on the day of operation and later on at the residence. None else visited her.

D. Payment

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She knew that a sum of Tk.175/- and a saree would be given as compensation. According to her, the money is given for the sake of taking better food and medicine after the operation. The client herself received Tk.175/- and a saree.

The money was spent for taking nutritious food like eggs, ghee, etc. and for purchasing rice, pulses, vegetables, etc. for the children too.

Effect of payment on client's decision and behavior before and after the operation :

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The client would have come for the operation anyway, even if no compensation payment were available, but with the payment she was able to :

- (a) eat more/better food after the operation;
- (b) refrain from work and rest comfortably after the operation.

This enabled her to be anxiety free.

Case No. 16 (Tubectomy)

Mrs. Ramala, W/o. Mr. Badruddin,  
Vill. Sharupti, Manikganj, Dhaka.

A. Background

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The client is 28 years old and her husband is 30. She is illiterate and got married at the age of 15. At present, she is a mother of two children -- one son and a daughter. The age of the younger living child is one year. She experienced one unintentional abortion before her operation.

The client belongs to a landless family. She herself is a housewife and her husband is a rickshaw puller. Her husband works about 10-11 hours per day for 405 days a week. Their total income is Tk.600/- per month (approx.). With this earning they cannot maintain the family. They must take loans from others. Financially, the client is in a deficit family.

The client knows about birth control pills but she had not used any temporary contraceptive method. She does not want children anymore and so was sterilization 4-10-86. The client is in good health.

B. Decision Making

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Poverty and a desire for giving proper care and education to the children triggered the decision for the operation. Observing her poor condition, some of the neighbour advised her to get operated on. Then she talked to one of her relatives who was sterilized earlier. She also talked to her husband who was in favour of the operation.

There was no specific reason for undertaking the operation in the Bengali month of Kartik. She was thinking of having the operation when she conceived for the first time (i.e., nearly 4 years back). At that time she gave birth to a son but she was still desiring a daughter. Three years after her son's birth, she had a daughter. She was operated on when her daughter attained one year of age.

Compensation payment did not have any role in her decision making. She decided to have the operation a long time back. In fact, when her desire for a daughter was fulfilled, she went to the doctor for the operation but the doctor advised her to have the operation when the younger child attained at least one year of age. And she did accordingly. So she would have undertaken the operation even if no payment were available.

C. Service Delivery

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The client is nearly two miles away from her residence. She travelled the distance by rickshaw. She was accompanied to the clinic by a female worker of the family planning clinic.

The clinic had a fear of operation and thought that the accompanying person will be of great help to her in this respect.

She did not receive good treatment at the hospital, especially from the nurse. When she was being operated on, the nurse asked her to get down from the bed.

Neither the family planning worker who accompanied her nor any other member of the clinic staff enquired about her after the operation. There was no follow-up service.

D. Payment

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The client was aware of the compensation payment (Tk.175/- and a saree) and, according to her, the money is given for taking better food and medicine during the recuperation period.

She received a sum of Tk.55/- and a saree (somebody at the clinic took Tk.20/- for her diet, but fed her only a few pieces of bread).

The money was spent in getting nutritious food (e.g., eggs, milk, banana, ghee, etc.) for herself, in purchasing rice and pulses for the family members, and in paying some debts. However, the client did not consider the compensation money adequate.

Effect of payment on client's decision and behavior before and after the operation :

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The client would have undertaken the operation even if the payment were not available, but with the payment she was able to :

- (a) eat more/better food after the operation;
- (b) refrain from work and rest comfortably after the operation.

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Discussion Guide for Sterilization Focus Group  
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A. Decision-Making Process  
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1. Why did you decide to have the operation ?
2. (If aware of other methods) why did you decide to choose VS over other methods ?
3. What specific event made you start seriously thinking about VS ?
4. Why did you start seriously thinking about getting VS ?
5. For how long did you give serious consideration to VS before actually getting the operation ?
6. Why didn't you get the operation sooner than you did ? (or; why did you get the operation when you did, during the month of October/Kartik).
7. When you were seriously thinking about getting VS, did you discuss the operation with anyone who had already had the operation ? (Yes/No).
8. Before the operation were you aware that you would not be able to have any more children after having the procedure done ? (Yes/No).
9. Are you happy/satisfied that you decided to have operation done ?
10. Why are you satisfied with the operation ?
11. Why are you not satisfied with the operation ?
12. Since the operation, have you recommended/suggested VS to anyone ?
13. If you were asked your opinion about VS, would you suggest/recommend VS to someone who did not want any more children ?
14. Why would you suggest VS to a person who did not want any more children ?
15. Why wouldn't you suggest VS to a person who did not want

any more children ?

16. Did anyone promise or actually give you anything for getting sterilized other than the Tk.175/- payment and a saree or lungi ?

17. What were you promised ?

18. What were you given ?

19. Is there anything you now know about VS which you wish you were told before getting the operation ?

B. Payment

-----

1. When you arrived at the hospital on the day of the operation, were you aware that you would receive a cash payment ?

2. How much taka did you think you would receive ?

3. How much taka did you receive ?

4. What is the purpose of the cash payment ?

5. Did the fact that you were going to receive the Tk.175/- payment help you in any way to decide to have the operation ?

6. Why/How did the payment help you decide to have the operation ?

7. On what did you spend the cash payment ?

8. If no payment were available, how would that have effected you ?

9. What did you do after the operation ?

10. For how long after the operation did you rest/refrain from work ?

11. Do you think the payment is helpful ?

12. Why do you think the payment is helpful ?

13. Why don't you think the payment is helpful ?

Alternatives to Payments  
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Discussion Guide  
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1. If the program is unable to continue providing cash payments to sterilization acceptors, what else could the program do to help VS clients?

(If necessary, ask participants, reactions to the following alternatives:)

- i) Transport would be provided by the clinic and clients would be picked-up and dropped-off at their home/villages before and after the operation. (N.B: Probe especially with Vasectomy clients whether this would cause problems for those who want to keep their vasectomy private).
- ii) The referer/helper would be responsible to arrange and to pay for clients' transportation to and from the clinic.
- iii) The hospital would provide food for the client and those who accompany him/her during their stay at the hospital.
- iv) The referrer/helper would be responsible to arrange for, provide and pay for food for the client and those who accompany him/her during their stay at the hospital.
- v) The program would provide sufficient food for the client and their family for "X" days following the operation when they should refrain from normal work and rest.
- vi) The helper/referrer would be responsible to arrange/provide/pay for food for the client and family during the post-operative recovery period.
- vii) Clients would remain at the hospital for "X" days following surgery where they would be fed by the hospital and rest.

Discussion Guide for IUD Focus Group  
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A. Decision-Making Process  
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1. Why was the IUD chosen over other methods ?  
(probe to determine whether women are using IUDs to space or limit births).
2. Who were the key people involved in the IUD decision ?
3. What triggered the IUD decision-making process and how long did it take ?
4. Assess what role, if any, the IUD compensation payment played in the decision-making process ?
5. What were your major anxieties/concerns/fears about the IUD.
6. Is there anything you now know about the IUD which you wish you were told prior to accepting it ?

B. Knowledge  
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(Determine how much women know about their IUD including the date inserted, type of device, how to check for her IUD string, side effects, warning signs, source of emergency care, date of removal/replacement. The objective of this session is to identify possible gaps in knowledge.)

C. Experience with the service provider  
-----

1. Who helped you get to and from the clinic ?
2. What do you like most/least about using the IUD ?
3. What are your future reproductive/contraceptive intentions or plans?
4. When (date) will you have your IUD removed? How will you remember this date ? What would make it easier to remember the date ?

D. Discontinuation (This section for groups of discontinuers only) -----

1. Why did you stop using the IUD ?
2. Would you use it again ? Why ?
3. What are your reproductive/contraceptive plans ?

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Guide for Indepth Interview  
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A. Background  
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Socio-demographic characteristics such as age, age of spouse, parity, etc; detailed information on economic status such as type of work done by client and spouse, cash or in-kind earnings, number of hours worked per day, etc; reproductive health and contraceptive history; etc.

B. Decision Making  
-----

What triggered the decision Who did client consult for VS information, how long was the process, why was VS chosen, what was known about VS prior to the operation, what role did the payment play, what was the client's economic situation immediately preceding the operation (ex. did they have cash/food on-hand, etc). Probe particularly regarding the decision to get VS at the specific time that they did, i.e. in October 1986.

C. Service Delivery  
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How far/how long was the trip to the hospital ? Who accompanied client? Why ? How was client treated at the clinic ? Did anything unexpected happen at the clinic ? What kind of following-up services did client receive ?

D. Payment  
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Were they aware a payment would be made ? What is the purpose of the payment ? Was a payment received ? How much ?

How was the money received spent ? How much was spent on each category (ex. food, transport, medicines, etc.) ? Was the payment enough ?

How did the payment effect clients' VS decision and their behavior before and after the operation ? (interviewers may want to try the following approach after asking the preceding open-ended question.)

"We would like to find out about the effect of the Tk.175/- payment on your decision to get a sterilization and on your behavior before and after the operation. I am going to read to you a list of some things other VS acceptors have said about the payment. I would like to know which, if any, of the statements most closely resembles the way you feel about the payment. You may find some, all, or none of these statements reflect the way you feel.

1. I took the money but gave it away. I did not need it.
2. The payment didn't mean anything to me. I did not need it/want it. I would have gotten the operation even if the money were not there.
3. I would have some for the operation anyway, even if the payment were not available, but with the payment I was able to :
  - 3.1. Get the operation sooner/earlier.
  - 3.2. Travel to the hospital I preferred, rather than the one closest to me (some clients may want to go to a less accessible clinic for privacy or medial quality reasons).
  - 3.3. Take faster/more comfortable/convenient transport to/from the hospital.
  - 3.4. Take a friend/relative with me to the hospital to help out.
  - 3.5. Eat more/better food after the operation.
  - 3.6. avoid/refrain from work and rest longer/comfortably after the operation.
  - 3.7. Buy medicines to help me regain my strength.
  - 3.8. Get follow-up care/treatment.
4. I needed the money to get the operation. Without the payment I could not/would not have got the operation because :
  - 4.1. I could not afford the travel.
  - 4.2. I could not afford to take time off work and rest after the operation.
  - 4.3. I could not feed myself and family during the resting period following the operation.

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4.4. I could not afford medical expenses if complications should arise.

5. I was not really interested in VS for family planning purpose but when I heard they paid Tk.175/-I decided to get the operation.

▪ Suggested questionnaire for survey study  
developed on the basis of Focus Group results ▪  
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A. Decision Making Process  
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Q.1. Why did you decide to have the operation ?

- (a) I cannot provide food and clothing to the children
- (b) I want to properly educate the children already born
- (c) To keep the family small for a comfortable living
- (d) I do not want anymore children
- (e) My husband/wife requested me to accept the sterilization
- (f) Others (specify)

Q.2. Why did you choose VSC over other methods ?

- (a) Operation is a permanent method
- (b) It is safe and has least side effects
- (c) It is convenient and economical
- (d) Other methods (e.g. pill & copper-T) require taking better/rich food which poor people cannot afford to have.
- (e) I don't know of other methods
- (f) I don't like other methods
- (f) Any other (specify)

Q..3. What circumstances/specific events made you start seriously thinking about VSC ?

- (a) Extreme poverty and economic suffering
- (b) Too many children increase the economic hardship
- (c) Too many children disturb neighbours and invite ridicule for the parents.
- (d) (Females only) Unbearable pain experienced during delivery.
- (e) Mental agony due to reported experience of child death.
- (f) Deterioration of health following reported child birth (Females only).
- (g) Others (specify)

Q.4. For how long did you give serious considerations to VSC before actually getting the operation ?

Duration of serious thinking  
-----

- (a) 1-7 days
- (b) 8-15 days
- (c) 16-29 days
- (d) 1-3 months
- (e) 4-6 months
- (f) 7-11 months
- (g) 1 yr-2 yrs
- (h) 3 yrs and above

Q.5. Why did you not get the operation sooner than you did ?  
\*(If sterilized in the month of Kartic, why ?)

- (a) At that time I had little work to do
- (b) Economic crisis was acute at that time
- (c) As winter season was ahead, there was possibility of conceiving again.
- (d) Operation at that time helps early recovery from the wound.
- (e) I did not accept the operation earlier because I did not realize its importance.
- (f) I waited until I got a son/daughter.
- (g) Others (specify)

Q.6. When you were seriously thinking about getting VS, did you discuss the operation with anyone who had already had the operation ? (Yes/No)

This question elicits positive responses from only those client who discussed with an already sterilized person, but elicits negative responses from those who discussed with other persons. The question may, therefore, be reformulated as follows :

- With whom did you discuss the operation before you accepted it ?

- (a) Discussed with none.
- (b) Husband/wife
- (c) Relative(s)
- (d) Neighbour(s)
- (e) Family Planning Worker/Physician
- (f) Agent/helper
- (g) Somebody who had already had the operation

Q.7. Before the operation were you aware that you would not be able to have any more children after having the operation ?

- (a) Yes

(b) No

Q.8. Is there anything you now know about VS which you wish you were told before getting the operation ?

(a) Nothing of this sort

(b) I was told that I will be able to resume work only after two days of operation. But it took longer time for me to resume work.

(c) If I knew details about VS earlier, I would not have done it

(d) Others (specify)

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\* Since the major Focus of the present study was on Kartic clients, the main question was clarified by referring to the Bengali month of Kartic. In a national survey, where Kartic clients would not be of special interest, the bracketed part may be omitted.

B. Satisfaction

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Q.1. Are you satisfied that you decided to have the operation ?

(a) Yes

(b) No

Q.2. Why are you satisfied with the operation ?

(a) There will be no more children

(b) I will be in a position to give proper care and education to my children.

(c) It will keep good health of the mother

(d) Any other (specify)

Q.3. Why are you not satisfied with the operation ?

(a) Dissatisfied because of ill-health following operation

(b) Death of a child after operation

(c) Others (specify)

Q.4. Since operation, have you recommended/suggested VS to anyone ?

- (a) Yes
- (b) No

Q.5. (If `no' to question 4) If you were asked your opinion about VS, would you suggest/recommend VS to someone who did not want anymore children ?

- (a) Yes
- (b) No

Q.6. (If `yes' to Q.No.5 ) why would you suggest VS to a person who did not want anymore children ?

- (a) I will suggest because by ensuring smaller number of children it will help increase family happiness.
- (b) I would suggest because it will be beneficial to them.
- (c) Others (specify)

Q.7. (If `no' to Q. No.5) Why would you not suggest VS to a person who did not want anymore children ?

- (a) I would not suggest it as I like to maintain secrecy
- (b) I would not suggest it to others as I am experiencing physical problem following operation.
- (c) Others (specify)

### C. Payments

-----

Q.1. When you arrived at the hospital on the day of the operation, were you aware that you would received a cash payment ?

- (a) Yes
- (b) No

Q.2. How much taka did you think you would receive ?  
(This should be an open-ended question as there were various responses.)

Q.3. How much taka did you receive ?  
(This should be open-ended as there were variations in the amount received.)

Q.4. What is the purpose of the cash payment ?

- (a) For taking better food and medicine after the operation.

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- (b) To compensate wage loss due to rest and recuperation following operation.
- (c) To compensate for travel and other incidental expenses incurred in getting the operation.
- (d) Its a help from the Government to the poor people.
- (e) I don't know the exact purpose.
- (f) Others (specify)

Q.5. Did the fact that you were going to received the Tk.175/- payment help you decide to have the operation ?

- (a) Yes
- (b) No

Q.6. (If 'yes' to Q. No. 5) Why/how did the payment help you decide to have the operation ?

- (a) I thought that it will enable me to take adequate rest following operation by way of providing the necessary expenses for maintaining the family.
- (b) I thought that the payment would enable me to meet the travel and other incidental expenses on the day of the operation.
- (c) It will enable me to buy food and medicine necessary for an early recovery.
- (d) I thought that the payment will help me in meeting my urgent family needs (e.g., buying food and clothing ) and in paying debt.
- (e) I thought that it would enable me to buy some capital goods (e.g., a goat/cow) or to start a business.
- (f) Others (specify)

Q.7. On what did you spend the cash payment ?

- (a) Purchased food items  
(rice/pulses/wheat/milk/eggs/banana/chicken/  
pigeon/fish/vegetables)
- (b) Spent on travel
- (c) Purchased medicine

(d) Others (specify)

Q.8. If no payment were available, how would that have effected you ?

(a) I would have done the operation anyway

(b) Without the payment I could not pay for travel and other incidental expenses on the day of operation.

(c) Without the payment I could not have compensated for wage loss on the day of operation and few days following.

(d) If no payment were available, I could not have done the operation at this time (i.e. it would have delayed me).

(e) Without the payment, I would have been unable to take rich food necessary for recuperation.

(f) Others (specify)

Q.9. Did any one promise or actually give you anything for getting sterilized other than Tk.175/- and a saree/lungi ?

(a) Yes

(b) No

Q. 10. (If 'Yes' to Q. No. 9 )  
What were you promised ?

(a) Ration card

(b) Tin sheet

(c) Wheat

(d) More than Tk.175/-

(e) Others (specify)

Q.11. What were you given ?

Though most clients received Tk.175/- and a saree/lungi, there were also wide variations in the amount received. So, it would be better to keep the question open-ended.

Q. 12. For how many days after the operation did you rest/refrain from normal work ?

- (a) One day only
- (b) 2-3 days
- (c) 4-6 days
- (d) 7-14 days
- (e) 15 days and above

Bengali version of the suggested questionnaire

সুচনা বন্ধ্যাকরন এবং সনুষ্টি  
জরীপ প্রল্পমালা  
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ক। সিদ্দানু গ্রহন প্রত্ৰিন্য়ু  
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- ১। আপনি কেন ঠিক করলেন যে অপারেশন করাবেন ?  
( নিম্নের উত্তিগুলোর যেটি আপনার বেলায় প্রযোজ্য সেটিতে টিক চিহ্ন দিন )  
(ক) সনুানদেরকে খাবার এবং কাপড় চোপড় দিতে পারিনা ।  
(খ) সনুানদের মানুষ করতে চাই ।  
(গ) পরিবারের সুখের জন্য সংসার ছোট রাখতে চাই ।  
(ঘ) আর সনুান চাইনা ।  
(ঙ) স্বামী/স্ত্রী বলেছেন তাই অপারেশন করিয়াছি ।  
(চ) অন্য কিছু ( নির্দিষ্ট করে বলুন )
- ২। অন্য পদ্ধতি না নিয়ে অপারেশন করলেন কেন ?  
( নিম্নের উত্তিগুলোর যেটি আপনার বেলায় প্রযোজ্য তাতে টিক চিহ্ন দিন )  
(ক) অপারেশন একটি স্হায়ী পদ্ধতি ।  
(খ) এটা নিরাপদ ( পার্শ্বপ্রত্ৰিন্য়ু নেই ) ।  
(গ) এটা সুবিধা জনক ও কম ব্যয় সাপেক্ষ ।  
(ঘ) অন্য পদ্ধতি ( যেমন পিল, কপারটি ) ব্যবহার করলে ভাল ভাল খাবার খেতে হয় ,  
গরীব মানুষের পক্ষে তা সম্ভব নয় ।  
(ঙ) অন্য কোন পদ্ধতি জানিনা ।  
(চ) অন্য পদ্ধতি পছন্দ করিনা ।  
(ছ) অন্যান্য ( নির্দিষ্ট করুন )
- ৩। কি পরিস্থিতিতে আপনি অপারেশন করার কথা বেশী চিন্তা করলেন ?  
(ক) চরম অভাব এবং অর্থকষ্ট  
(খ) বেশী সনুান হলে আর্থিক কষ্ট বেশী হবে ।  
(গ) বেশী বাচ্চা হলে প্রতিবেশীদের বিরণ্ড করে এবং অপরের গালিগালাছ শুনতে হয় ।  
(ঘ) ( শুধু মহিলাদের জন্য ) সনুান হওয়ার সময় খুব বেশী কষ্ট হয় ।  
(ঙ) ( শুধু মহিলাদের জন্য ) ঘন ঘন সনুান মারা যাওয়াতে মানসিক কষ্টের কারণে ।  
(চ) ঘন ঘন সনুান হওয়াতে স্বাস্থ্য খারাপ হওয়ার দরুন ।  
(ছ) অন্যান্য ( নির্দিষ্ট করুন )

৪। অপারেশনের কত দিন আগে থেকে বেশী করে চিন্তা করছিলেন ?

- (ক) ১-৭ দিন
- (খ) ৮-১৫ "
- (গ) ১৬-২৯ "
- (ঘ) ১-৩ মাস
- (ঙ) ৪-৬ "
- (চ) ৭-১১ "
- (ছ) ১-২ বৎসর
- (জ) ৩ বৎসর বা তার চেয়ে বেশী

৫। আপনি আগে অপারেশন না করিয়ে এই সময়ে কেন করালেন ?

- (ক) ঐ সময়ে কাজ কর্ম কম ছিল
- (খ) ঐ সময়ে খতাব বেশী ছিল
- (গ) শীতের আগমনে আবার সন্ধান পেতে আসার সম্ভাবনা ছিল ।
- (ঘ) ঐ সময়ে অপারেশন করলে ঘা ডাড়াটাড়ি শুকায়
- (ঙ) আগে ( এর প্রয়োজনীয়তা ) বুঝতে পারিনি ।
- (চ) একটি ছেলে/মেয়ে না হওয়া পর্যন্ত অপেক্ষা করে ছিলাম
- (ছ) অন্যান্য ( নির্দিষ্ট করুন )

৬। অপারেশন গ্রহণের পূর্বে কার কার সাথে আলাপ করেছিলেন ?

- (ক) কারো সাথেই আলাপ করিনি
- (খ) স্বামী/স্ত্রীর সাথে
- (গ) আত্মীয় সুজনের সাথে
- (ঘ) পাড়া প্রতিবেশীর সাথে
- (ঙ) চিকিৎসক/পরিবার পরিকল্পনা কর্মী
- (চ) দালাল/সাহায্যকারী
- (ছ) যারা আগে অপারেশন করিয়েছে ।

৭। অপারেশন করার আগেই আপনি কি জানতেন যে অপারেশন করার পর আপনার আর সন্ধান হবেনা ?

- (ক) হ্যাঁ
- (খ) না

৮। অপারেশন করার পর আপনার এমন কোন অভিজ্ঞতা হয়েছে বা জানতে পেরেছেন

-- যা অপারেশনের পূর্বেই আপনাকে বলা উচিত ছিল বলে আপনি মনে করেন ?

- (ক) এমন কোন অভিজ্ঞতা হয়নি  
(খ) আমাকে বলা হয়েছিল যে দুদিন বাদেই কাজ করতে পারব, কিন্তু আমাকে অনেক দিন বিপ্রাম নিতে হয়েছে।  
(গ) সব কিছু আগে জানতে পারলে, অপারেশন করাতাম না।  
(ঘ) অন্যান্য (নির্দিষ্ট করুন)

খ। সনুষ্টি

১। অপারেশন করার সিদ্ধান্ত নিয়ে আপনি কি খুশী? (আপনার অপারেশন করার সিদ্ধান্ত কি সঠিক ছিল বলে মনে করেন?)

- (ক) হ্যাঁ (খ) না

২। হ্যাঁ হলে, আপনি কেন খুশী?

- (ক) আর সন্ধান হবেনা  
(খ) সন্ধানদের ভালভাবে মানুষ করতে পারব।  
(গ) মায়ের সুস্থতা ভাল থাকবে।  
(ঘ) অন্যান্য (নির্দিষ্ট করুন)

৩। সনুষ্টি না হলে, কেন নয়?

- (ক) অপারেশনের পর সুস্থতা খারাপ হয়েছে  
(খ) অপারেশনের পর সন্ধান মারা গিয়াছে  
(গ) অন্যান্য (নির্দিষ্ট করুন)

৪। অপারেশন করার পর আপনি কি অন্য কাউকে অপারেশন করার পরামর্শ দিয়েছেন?

- (ক) হ্যাঁ (খ) না

৫। (৪নং প্রশ্নের উত্তরে 'না' হলে) সন্ধান চায় না এমন ব্যক্তি যদি আপনার পরামর্শ চায়, তাহলে আপনি কি তাকে অপারেশন গ্রহণের পরামর্শ দিবেন?

- (ক) হ্যাঁ (খ) না

৬। (৫নং প্রশ্নে হ্যাঁ হলে) কেন দেবেন?

- (ক) সন্ধান কম হলে পরিবারে সুখ থাকবে  
(খ) এতে তাদের ভাল হবে  
(গ) অন্যান্য (নির্দিষ্ট করুন)

৭। (৫নং প্রশ্নে না, হলে) কেন দিবেন না ?

- (ক) নিজের গোপনীয়তা রক্ষার জন্য
- (খ) অপারেশনের পর আমার শারীরিক অসুবিধা হচ্ছে।
- (গ) অন্যান্য (নির্দিষ্ট করুন)

গ। ঋতিপূরন

১। হাসপাতালে আসার আগেই কি আপনি জানতেন যে আপনাকে কিছু টাকা দেওয়া হবে ?  
হ্যাঁ [ ] না [ ]

২। কত টাকা পাবেন বলে জানতেন ? ----- টাকা।

৩। কত টাকা পেয়েছিলেন ? ----- টাকা।

৪। এই টাকা কেন দেওয়া হয় ?

- (ক) ভাল খাবার ও ঔষধ কেনার জন্য
- (খ) অপারেশনের পর বিশ্রাম নেওয়ায় কাজ না করতে পারায় ঋতিপূরন বাবদ
- (গ) অপারেশনের দিনে হাসপাতালে আসা যাওয়া ও অন্যান্য খরচের জন্য
- (ঘ) এটা গরীব লোকদের জন্য সরকারী সাহায্য
- (ঙ) কেন দেওয়া হয় ঠিক জানেনা
- (চ) অন্যান্য (নির্দিষ্ট করুন)

৫। অপারেশনের পর কিছু টাকা পাবেন, এই খরচটা আপনার অপারেশন গ্রহণে সিদ্ধান্ত নিতে কোন সাহায্য করেছে কি ?

হ্যাঁ ----- না -----

৬। ৫নং প্রশ্নের উত্তর হ্যাঁ হলে, কি ভাবে ?

- (ক) আমি মনে করেছিলাম যে ঐ টাকা দিয়ে কয়েকদিন সংসারের খরচ চালাতে পারব এবং বিশ্রাম নিতে পারব।
- (খ) অপারেশনের দিনে হাসপাতালে আসা যাওয়া ও অন্যান্য খরচ মিটাতে পারব
- (গ) তাড়াতাড়ি সুস্থ হওয়ার জন্য প্রয়োজনীয় ঔষধ পথ্য কিনতে পারব।
- (ঘ) পরিবারের জরুরী আর্থিক প্রয়োজন (খাদ্য বস্তু কেনা, ঋণ পরিশোধ করা) মিটাতে পারব।
- (ঙ) ঐ টাকা আরো আয়ের কাজে লাগাতে পারব (ব্যবসা করতে পারব বা গরু-ছাগল কিনতে পারব)।
- (চ) অন্যান্য (নির্দিষ্ট করুন)

৭। টাকাটা আপনি কি ভাবে খরচ করেছিলেন ?

- (ক) খাদ্য দ্রব্য কিনেছিলাম ( চাল/ডাল/গম/দুধ/ডিম/কলা/মুরগী/কবুতর/মাছ শাকশস্কি ) ।
- (খ) যাতায়াতে খরচ করে ছিলাম
- (গ) ঔষধ কিনেছিলাম
- (ঘ) অন্যান্য (নির্দিষ্ট করুন )

৮। ঋতিপূরন বাবদ যদি কোন টাকা না দেওয়া হতো তাহলে কি আপনার অসুবিধা হতো ?

- (ক) টাকা না পেলেও আমি অপারেশন করাতাম
- (খ) টাকা না পেলে অপারেশনের দিনে যাতায়াত ও অন্যান্য প্রয়োজনীয় খরচ মিটাতে পারতাম না ।
- (গ) অপারেশনের পরের কয়েকদিনের বিশ্রামের জন্য কাজ না করতে পারার ঋতি পূরন করতে পারতাম না ।
- (ঘ) ঋতিপূরন বাবদ টাকা না পেলে ঐ সময় অপারেশন করতে পারতাম না ( অর্থাৎ অপারেশন করতে দেবী হতো ) ।
- (ঙ) ঐ টাকা না পেলে অপারেশনের পর সুস্থ হওয়ার জন্য ভাল খাবার গ্রহন করতে পারতাম না ।
- (চ) অন্যান্য (নির্দিষ্ট করুন )

৯। ঋতিপূরন বাবদ ১৭৫/- ও একটি শাড়ী/লুংগী ছাড়া অন্য কিছু কেউ কি আপনাকে দিয়েছিল বা দেওয়ার জন্য ওয়াদা করেছিল ?

হ্যাঁ : [ ] না : [ ]

১০। ১নং প্রশ্নের উত্তর হ্যাঁ হলে, কি দেবে বলে ওয়াদা করেছিল ?

- (ক) রেশন কার্ড
- (খ) টিন / ঘর তৈরীর সরঞ্জাম
- (গ) গম
- (ঘ) ১৭৫/- টাকার বেশী
- (ঙ) অন্যান্য (নির্দিষ্ট করুন )

১১। অপারেশন করার পর আপনি কি পেয়েছিলেন ?

- (ক) -----
- (খ) -----
- (গ) -----

১২। অপারেশনের পর আপনি কতদিন বিশ্রাম নিয়েছিলেন < কাজ কর্ম থেকে বিরত ছিলেন > ?

ক) একদিন

খ) ২-৩ দিন

গ) ৪-৬ "

ঘ) ৭-১৪ "

ঙ) ১৫ দিন বা তার বেশী