

PN-ABX-091

PRELIMINARY RESULTS FROM THE  
CONTRACEPTIVE USE MICROSURVEY IN  
KALIKAPUR UNION,  
CHOWDDOGRAM THANA,  
COMILLA DISTRICT, BANGLADESH

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## I. EXECUTIVE SUMMARY

The purpose of this visit was to design and supervise fieldwork for a Microsurvey of Contraceptive Use to be carried out in Kalikapur Union, Chowddogram Thana, Comilla District that would provide an estimate of the contraceptive prevalence rate by method among married women under age 50. The microsurvey was carried out over the period October 25 - December 10, 1992; fieldwork took place between November 15 and December 3. Barbara Seligman, FPMD/Boston Senior Evaluation Analyst, and Mr. Khaleque Zaman, FPMD/Dhaka Senior Program Officer, worked together on the design of the microsurvey. Seligman, Zaman and FPMD Dhaka Program Officers Mssrs. Emad Uddin and Shabir supervised data collection activities. Data coding, entry, and preliminary analysis were completed in the field. The microsurvey interviewers, Mmes. Ferdousi Hussain, Sanjida Chowdhury, Sumita Chowdhury, and Gita Rani Roy, and the FPMD/Dhaka staff all deserve to be commended for their very hard work and enthusiasm, which made the microsurvey both a productive and an enjoyable experience.

The evaluation section in the Project Identification Letter (PIL) prepared by USAID/Dhaka for the 1990-1995 buy-in to FPMD to continue implementing the Local Initiative Project (LIP) includes a specific request for determining (a) the actual level of contraceptive prevalence in the areas of the project, (b) the differences between contraceptive prevalence measurements (CPR) and contraceptive method acceptance measurements (CAR), and c) the changes in method mix in the area of the project. We decided to address these requests through a single evaluation effort: the **CPR Verification Study**.

The mission and the project found it important to determine the actual level of CPR independent of the level of CAR. One of the main objective of the study was to determine the gap (differences) between CAR and CPR and to identify possible sources for explaining these differences. The specific objectives of this study are threefold:

1. Define accurate baseline measures of contraceptive prevalence rates at the union level in the project area;
2. Provide the basis for developing sound indicators of LIP service delivery activities and their impact;
3. Analyze possible sources of error affecting the quality of LIP service delivery performance data, and use the results to improve record-keeping within the project area.

Considering the research nature of this effort, it was decided to address it separately from the overall evaluation model that the FPMD Evaluation Unit, in collaboration with FPMD/Dhaka, was developing for the entire project

The contraceptive acceptance rate (CAR), as defined in the context of the Government of Bangladesh's Directorate of Family Planning, Management Information System (DFP/MIS), is a service provider-based measure of contraceptive acceptance. In the CAR, the numerator is the total number of eligible couples (ELCOS) accepting contraceptives (who may or may not be current actual users); the denominator for the CAR is the population of total eligible couples (married women of reproductive age).

CAR is a measure obtained from the programmatic service statistics in which the numerator is the number of eligible couples (ELCOS) receiving a contraceptive method and the denominator is an estimation of the total number of eligible couples in an area<sup>1</sup>. National MIS monthly reports use CAR (for Thana, Division and country levels) as the primary indicator of programmatic performance.

Thus, CAR differs from the contraceptive prevalence rate (CPR), which is defined as the rate of current contracepting female users among a total female population of reproductive age. CPRs are usually measured through population-based surveys that can provide simultaneously the numerator (users) and the denominator (total women). This is done in Bangladesh every two years, under the support of USAID/Dhaka. Unfortunately, these surveys cannot produce estimates for small areas such as those covered by the LIP.

The scope of the "CPR Verification Study" considered the following steps: first, an analysis of the accuracy of actual reports (Thana level); second, an assessment of the quality of the information entered in the Family Welfare Assistant (FWA) register; and third, a specific in-depth study (MicroSurvey) of contraceptive use. The entire analysis was carried out in Kalikapur, a union in the Choddogram Thana. The steps, in more detail, were as follows:

1. An analysis of the consistency of the Union/Thana report regarding CARs and the determination of possible sources of error. A consistent analysis was done of a sample of records in the system and it was estimated that most of the errors were produced at the Union or Thana level in the process of aggregating information from different localities and from different health workers. The analysis found that the process of data aggregation --both at the union level and at the Thana level-- seems to constitute the main source of error in the calculation of CAR, as the Family Planning Inspector (at the union level) and the Thana officer have to work with different sources of information.
2. In order to further explore the issues of to what extent the CAR was/is a good indicator of prevalence, it was decided to focus on the analysis of the FWA Register, since it is the primary source of data regarding the LIP efforts. The objective was to check the internal consistency of the information entered in the registers: checking for double registering, removing non-eligible couples from the register, etc. The

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<sup>1</sup>In the case of the LIP, the estimate of total ELCOs is assumed to be fairly accurate as it is checked through the LIP diagnostic of the area.

Register records were also to be verified against the clinical records kept by Family Welfare Visitor (that an injection, for example, was actually given; that an IUD insertion was actually performed). The experience was implemented in Kalikapur Union. This exercise indicated that the quality of the FWA register seemed to be fairly good, and it was decided to concentrate on the analysis of this register as a possible source for obtaining better estimates. After controlling for some internal error, we obtained an adjusted CAR of 55%. Two problems, however, were highlighted by the analysis of the FWA registers:

- i) A significantly high percentage of the acceptors were receiving pills. However, while they may receive the pill there is no guarantee they actually use pills; while they may report that they are using them, there is no guarantee that they are still using them. This could explain a significant portion of the differences between CAR and CPR.
- ii) Age distribution appeared skewed heavily to older women. Actually, the registers contain very few women under the age of 20. The hypothesis here was that Volunteers/FWA may be, for some unknown reason, under-registering younger women.

In order to address these two issues, it was decided to design and carry out a microsurvey in the Union of Kalikapur. The idea was to examine these two questions through the analysis of a population-based sample. The microsurvey had three objectives: first, to obtain an estimate of the current modern contraceptive prevalence rate in Kalikapur Union; second, to ascertain the level of proper pill use among current pill users; and third, to determine the levels of awareness and use of community-based family planning and maternal and child health services.

All three microsurvey objectives directly served the Local Initiative Project (LIP) by providing valuable information on use and awareness of local family planning services directly reported by the clients themselves. The microsurvey provides client level information on current use of contraception and on use of local family planning services, the expansion and enhancement of which are the focus of LIP management interventions.

Preliminary microsurvey results suggest that the contraceptive prevalence rate (CPR) for modern methods in Kalikapur Union is significantly higher than the average reported for rural Bangladesh and even higher than the average reported for Chittagong Division in the 1991 Contraceptive Prevalence Survey. As expected, the CPR is considerably lower than the most recently reported contraceptive acceptance rate (CAR) reported by the Government of Bangladesh's management information system. While CPR only considers current users, CAR includes acceptors as well as current users. CAR and CPR report similar rates of permanent contraceptive use; significant differences exist, however, between the rates of oral and injectable contraceptive acceptance and current use. Further analysis of the microsurvey results and the synthesis of findings from other evaluation studies conducted over the last

year is expected to take place during the first quarter of 1993. FPMD Boston and Dhaka will work closely to analyze the findings and to determine their implications for LIP program planning and management.

## II. BACKGROUND

The Local Initiatives Program (LIP), originally the Upazila Initiatives Project (UIP), was launched in May 1987 to strengthen the Government of Bangladesh's (BDG's) efforts to offer high quality and sustainable family planning services at the local level. LIP was designed to serve the BDG's policy of decentralization of the management of the national program. LIP aims to achieve this goal through an innovative package of observational-study tours to observe models of local family planning management approaches, carefully tailored training and team-building exercises, financial support for local family planning initiatives, and technical assistance to implement these initiatives.

During the first visit to the LIP by FPMD's Evaluation Unit Director, Dr. Jaime Benavente, and Senior Analyst, Barbara Seligman, an evaluation plan was developed for LIP (see Benavente and Seligman Trip Report, April 1992). The evaluation plan provides a framework for analyzing the project's performance in achieving its goal of decentralized management of family planning activities in the project area. Data collection instruments have since been developed for the key indicators identified in the evaluation plan. A complete baseline of measures of knowledge, attitudes, and practices (KAP) for local family planning workers<sup>2</sup> working in the project area is expected by summer 1993. These baseline measures will allow for better identification of training and support needs for the family planning workers, as well as providing a base for measuring the effectiveness of LIP interventions in strengthening community management of family planning activities.

Benavente and Seligman visited the LIP again in the summer of 1992 (See Benavente and Seligman, October 1992). The purpose of their summer visit was to begin implementation of the evaluation plan and of a contraceptive prevalence verification study, the preliminary design of which had been developed during the initial visit. During the evaluation team's summer visits the verification study focused on the assessment of the FWA register as a appropriate source of information.

This effort started with an analysis of the contents of two FWA registers from Kalikapur Union, Chowddogram Thana. The objective of this analysis was to assess the internal consistency of records and to suggest priorities for independent verification studies. This analysis was complemented with two large spot checks verifying consistency of the information recorded in the FWA registers with volunteers' maps, clinical records, and with the clients themselves. The spot checks took place in Kalikapur Union (Chowddogram

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<sup>2</sup>Local family planning workers include: Family Welfare Assistants (FWAs), Family Planning Inspectors (FPIs), and Family Welfare Visitors (FWVs).

Thana) and Shabgram Union (Bogra Thana). These spot checks served the objective of further identifying the strengths and weaknesses of the FWA records. Finally, the results from the analysis of FWA registers were examined, particularly those related to contraceptive use and age structure, the description provided by a census of women of reproductive age in the village of KK Nagar in Kalikapur Union. The content of the register was also compared with reports from individual eligible couples (ELCOs).

Preliminary results from the evaluation studies undertaken in the summer suggested that volunteers and FWAs meet regularly to exchange information about clients and to discuss issues relating to counselling and record-keeping. Most of the FWAs identified supervision of volunteers as their main task. FWAs also indicated that, in general, they understood the underlying strategy of the LIP, notably the use of volunteers and other community resources to increase the acceptability and availability of family planning services at the local level. The FWA register served as the principal source of information on LIP service delivery performance. We found that the quality of information maintained in the register seems to be adequate for case management purposes, its primary function.

However, preliminary results also suggested some weaknesses relating to record-keeping in the LIP. Chief among these are the difficulties of getting accurate age reporting, which affects the denominator in estimating contraceptive prevalence (or acceptance) rates. Second, while selection of active users from the FWA register tells us something about the accuracy of recording for active users who were recently visited by the fieldworker, our spot checks were not effective in reaching method switchers, drop outs, or eligible couples (ELCOs) who were unlikely contraceptive users and, thus, probably not recently or ever visited by fieldworkers. Third, large spot checks identified key issues related to record-keeping in the project area.

It was also found that a representative microsurvey would be needed to provide a basis for drawing sound and defensible conclusions about the usefulness of the FWA register for assessing service delivery performance in the LIP project area. The need for a representative and independent sample of married women of reproductive age (MWRA) had been discussed with FPMD/Dhaka during the evaluation team's summer visit. In September FPMD agreed that a microsurvey of between 450-500 MWRA should be undertaken in Kalikapur Union, a union that had been in the project since 1987 and which had been the focus of other FPMD evaluation studies. It was expected that the preliminary design of the microsurvey sample and questionnaire would take place in Boston. The microsurvey sample design and survey instruments would be finalized in collaboration with Mr. Khaleque Zaman, Senior Program Officer, FPMD/Dhaka. Fieldwork was planned for three weeks. Data coding, entry and preliminary analysis was expected to be completed before Seligman left Bangladesh. These tasks were completed as originally agreed. Analysis of results and their integration into program planning took place in the context of a larger synthesis of LIP evaluation findings.

### III. MICROSURVEY OBJECTIVES

The principal objective of the microsurvey was to obtain a measure of current modern contraceptive use by method among married women under age 50 in Kalikapur Union. This rate would then be compared with the reported contraceptive acceptance rate (CAR) for the union, in order to understand under what conditions CAR can be used as approximation of CPR and be a measure of improvement in service delivery.

A second objective of the microsurvey was to examine the correct use of oral contraceptives among current oral contraceptive users. According to data from FWA Registers, new use (or acceptance) of oral contraceptives has been the main reason for the increase in CAR in the union, which has increased from 20 percent in 1987 to over 50 percent in 1992. As reported in the 1990 Pill Use in Bangladesh Study, improper use of the pill in Bangladesh is a serious problem, and one that may be aggravated by the rapid expansion of pill use. Through the implementation of a limited survey that asks a few key questions on pill use, we were able to look at pill acceptance and actual use by women who are served by a fieldworker and/or volunteer. Acceptance of the pill by women who only take the method for a short time before dropping out or who never begin taking the pills at all was thought to account for some inflation of the CAR. This could explain part of the difference when compared with the contraceptive prevalence rate (CPR).

#### IV. MICROSURVEY METHODOLOGY

The microsurvey methodology was designed in such a way that sampling and non-sampling error was carefully controlled to ensure high quality results. The sample design took into account local level factors, for example the existence of an under-served area within the unit and the substandard performance of one fieldworker due to a personal tragedy, that might affect interpretation of microsurvey results. Similarly, the microsurvey controlled for non-sampling error (very likely the more important source of error in this kind of data collection activity) through the use of existing survey instruments, pilot and practice tests of the survey instruments, very close supervision of interviewers, and extensive on the job training in addition to several theoretical training sessions. Seligman did the data entry and processing while in the field. Processing the data while still in the field allowed the microsurvey team to meet with local family planning managers and providers to ask for additional information that would help us interpret unexpected results. Meetings with informants in each village in the sample also allowed us to probe for valuable information that could aid us in interpreting the microsurvey results.

Sample Design. In consideration of the total population of ELCOs in Kalikapur Union and in view of the complexity of the principal variable that the microsurvey was seeking to measure (i.e., current modern contraceptive method mix), the sample design required a sample of 350 to 500 currently married women under age 50. A sample of 609 eligible respondents was drawn from nine villages in the fully served units in Kalikapur Union, of whom 569 were interviewed.

A two-stage sample design was used for the microsurvey. The first stage sample selection of seven villages in the fully served (i.e., units assigned to a full-time FWA) LIP area in

Kalikapur Union was drawn from three clusters defined based on the CAR reported for October 1992. The clusters were defined as follows:

Cluster 1. CAR 70 percent. 108 interviews completed in two villages

Cluster 2. CAR 60-69 percent. 230 interviews completed in two villages

Cluster 3. CAR less than 60 percent. 160 interviews completed in three villages.

Open, with no full-time FWA assigned. 67 interviews completed in two villages.

The preliminary first stage sample selection was done in Dhaka and subsequently revised based on information that Seligman and Zaman obtained during their pre-microsurvey visit to the Union. The first stage sample selection described in Annex I and summarized above was finalized during the first days of fieldwork.

The second stage sample selection was done based on lists of bari<sup>3</sup> heads for the village. Zaman and Seligman met with village headmen, census volunteers and enumerators, and union parishad members to obtain the lists of bari (extended household) heads in the village; the lists were always verified with at least one other source. They used mauza (small area) maps from the 1991 Bangladesh Census of Population and Housing to help guide informants in listing bari heads. Unfortunately, the mauza defined by the census and the villages identified by FWAs do not always correspond, so the census information was sometimes not useful for the purpose of the microsurvey. The target number of respondents for each cluster and for each sample village selected in a cluster was proportional to the number of ELCOs registered in the FWA registers. Although the number of eligible respondents in each bari varied somewhat between villages, the average was approximately two. This served as our benchmark in determining the number of bari that needed to be selected from each village. Selection of bari was done randomly; in a few of the smaller villages, all the bari were selected. The English version of the bari listing form, which was used only to identify eligible respondents in the bari, is included in Annex II.1.

The sample is representative of Kalikapur Union with an estimated sampling error of +/- 5 percent. At this point we believe that the relationship between CAR and CPR observed in Kalikapur may be generalizable to other unions: (1) that have experienced an increase in CAR over a similar period of time that is of comparable magnitude, that is from 20 percent to 50 percent or higher; and (2) where the increase is substantially or entirely due to increased use of oral and injectable contraceptives.

Questionnaire Development. The microsurvey questionnaire was developed following the objectives of the microsurvey. The questionnaire used questions from the 1991 Bangladesh Contraceptive Prevalence Survey, the 1990 NGO Evaluation Survey, and the 1990 Pill Use in Bangladesh Study. Because the objectives of the microsurvey were similar to those of the three aforementioned surveys, the data items needed for analysis were also similar. For this

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<sup>3</sup>The bari is the extended family unit that typically lives in a patrilocal compound in rural Bangladesh.

reason, we were able to use questions that had already been formulated, translated into Bangla, and field tested for the vast majority of the questionnaire. As result we were able to ensure comparability with national level results (for example, for CPR, proper pill use, fieldworker visitation) as well as to control for non-sampling error that might have been introduced in question formulation and in translation from English to Bangla. Mitra and Associates, a local research firm, graciously provided us with the Bangla versions of the three questionnaires. (See Annex II.2 for the English version of the microsurvey questionnaire).

The microsurvey questionnaire was revised based on a pilot test in Ghior thana. However a more extensive pilot would have been helpful. Translation of the survey instruments into Bangla was facilitated by extensive use of questions taken from existing Bangla questionnaires. The final product was independently translated from Bangla into English to ensure its accuracy.

Microsurvey Fieldwork. Fieldwork for the microsurvey took place from November 19 to December 3, 1992. All of the interviewers had some experience interviewing and/or with data coding and data entry. Three of the interviewers were recruited and trained in Dhaka. The fourth was recruited in Comilla, and received on-the-job training and close supervision while in the field. Once in the field, one day was set aside for practice in a village that was not included in the sample. During the practice day, the interviewers carried out interviews under supervision from the supervisors or from more experienced interviewers. Extensive supervision of the interviewers continued over the course of fieldwork; on average, supervisors observed about four interviews during each day of fieldwork. Consolidation sessions were held every evening. During these sessions the supervisors reviewed the questionnaires completed during the day with the interviewers who had completed their Interviewer Assignment Sheets (see Annex II.4).

Each day interviewers were assigned specific bari from the selected sample. At the end of the day they logged their completed questionnaires and indicated those they would need to call back the next day. Using this system, a smooth and complete flow of questionnaires from interviewer to supervisor to coder and to data entry was ensured.

Data coding, entry and tabulation took place in the field. Coding was done by several of the interviewers under the supervision of Seligman and Emad, and later under the supervision of Mrs. Ferdousi. All data entry was done by Seligman. All measures were taken to make the entered data as clean as possible at the point of data entry. Preliminary results suggest that these measures paid off and that the need for data editing is minimal.

## **V. PRELIMINARY MICROSURVEY RESULTS**

Below we present preliminary and draft results from the 1992 Microsurvey of Contraceptive Use in Kalikapur Union. All figures are preliminary and subject to revision following further analysis of the data.

**Modern Contraceptive Prevalence Rate: Comparison of FWA Register, FPI Report, Population-Based Estimates, and 1991 Rural CPS by Method: 1991-1992**

The principal objective of the microsurvey was to obtain a measure of current modern contraceptive use by method for married women under 50 years of age who were usual residents of the Union (that is, who had lived in their village for most of the last six months).

Table 1.  
Modern Contraceptive Prevalence Rate: Comparison of FWA Register, FPI Report, Population Based Estimates, and 1991 Rural CPS, by Method: 1991-1992

CONTRACEPTIVE METHOD	CPR: Microsurvey <sup>4</sup> November 1992 (N=569)	CAR: FWA Register Analysis <sup>5</sup> July 1992 (N=2,527)	CAR: FPI Report <sup>6</sup> November 1992	CPR: 1991 Rural CPS	
				National Rural (N=3,077)	Chittagong (N=2,462)
PILL	19.3	30.2	33.7	13.1	9.8
INJECTABLE	5.3	12.2	16.5	4.4	2.6
STERILIZATION <sup>7</sup>	6.1	8.5	7.4	10.5	5.8
OTHER MODERN <sup>8</sup>	3.9	4.2	6.6	3.7	3.3
TOTAL MODERN	34.6	55.1	64.1	30.0	21.5
NON MODERN METHOD USERS	65.4	44.9	35.9	70.0	78.5

<sup>4</sup>Also includes currently married women whose husbands have not been at home at any time during the last six months.

<sup>5</sup>The FWA Register analysis is based on records from two of the three units in Kalikapur Union. The CAR is calculated for all registered ELCO, including those whose husbands may be away, and pregnant and sub-fecund women. The numerator for CAR differs from that used to compute CPR in that it includes acceptors and probably referrals, as well as active users.

<sup>6</sup>Based on FWA information reported by FWVs and FWAs

<sup>7</sup>Sterilization combines vasectomy and tubal ligation.

<sup>8</sup>Includes condoms, IUDs, NORPLANT, and other barrier methods.

As Table 1 illustrates, use of modern contraceptives is higher in Kalikapur Union than the average for rural Bangladesh in 1991<sup>9</sup>. The rate of oral contraceptive use is particularly high, with nearly one out of every five MWRA using the method. More than half of current modern contraceptive users are oral contraceptive users. Use of injectable contraceptives is also slightly higher than the average for rural Bangladesh in 1991. However, the prevalence of permanent method use is about seventy-five percent lower than the average for rural Bangladesh. The important role of oral contraceptives in the method mix in Kalikapur Union seems to reflect the expanded availability of the method at the village level. By contrast, methods that are not locally available, for example sterilization, may have lost ground.

The contraceptive acceptance rate (CAR) also reflects the dominant role of oral contraceptives in the method mix in the Union. However, while injectables are the second most important method according to the CAR, this was not found to be the case with CPR. According to both the FPI report for October '92 and the entry-by-entry analysis of FWA registers done in July, the CAR and CPR for sterilization are very close.

The rate of pill acceptance as reported in the most recent CAR report is approximately 80 percent higher than the current use rate reported by respondents. Analysis of under reporting of current contraceptive use in Matlab Thana, adjacent to Comilla District in which Kalikapur Union is located, suggests that the actual CPR may be between 5 and 10 percentage points above the reported rate. However, under reporting would only account for a small share of the difference between the CAR and the CPR. Apparently, many oral contraceptive "acceptors" either discontinue the method after only brief use or do not take the pills that they accept from the FWA<sup>10</sup>. Thus, the percentage of current oral contraceptive users appears to be between 55 and 62 percent of the percentage of reported acceptors. The adjustment factor for injectables in Kalikapur Union seems to be significant also; current users (that is, those who have received an injection within the three months prior to the interview) are between 35 and 48 percent of the reported percentage of acceptors. The percentage of permanent method users is approximately the same according to the microsurvey and the FWA records, so no adjustment seems to be necessary for this method.

**Source of Last Supply for Non-Clinical Methods.** The vast majority of current non-clinical method users obtained their last supply from a community-based source, primarily from either a government fieldworker or an LIP volunteer. Community-based fixed sources

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<sup>9</sup>Kalikapur Union belongs to the Comilla District in the Chittagong Division. However, contraceptive prevalence in the Comilla District seems to be significantly higher than that of Chittagong Division as a whole. Hence, it could be somewhat misleading to compare these microsurvey results to the CPR of the division as a whole. Actually, considering contraceptive prevalence, Comilla resembles more the level of Dhaka Division than that of Chittagong as a whole. Unfortunately, we do not have information for the rural area at Division level. For that reason the most meaningful comparison of the MicroSurvey results are with national rural CPRs (in Table 1). Nonetheless, we think it is useful to include CPRs for the Chittagong Division.

<sup>10</sup>Nearly 50 percent of MWRA report ever having used a modern contraceptive in Kalikapur Union. Of these, nearly three-quarters are currently using a modern method. The vast majority of the discontinued non-users report that the method they last used was the oral contraceptive.

of supply, for example depots based in volunteers' homes or satellite clinics, accounted for a smaller though important share of community-based supply.

Table 2.  
Source of Last Non-Clinical Method Supply for Current Users in Kalikapur Union

Source	%	n
Community Based Total	71.4	(404)
Community-based site:		
Depot Holder/Satellite Clinic	12.8	(73)
Doorstep: Fieldworker (FWA or volunteer)	58.6	(333)
Dispensary/Clinic/Hospital	15.5	(88)
Pharmacy/Shop/Husband/Other	12.9	(73)

Table 2 illustrates that community-based sources of supply for non-clinical methods accounted for about 70 percent of the last supply for pill, condom, or foam users in Kalikapur. This is identical to rural Bangladesh according to the 1991 CPS. Pharmacies or shops seem to be relatively more important as sources of supply for non-clinical methods in rural Bangladesh. The rural dispensary in Kalikapur Union and the thana health complex are important sources of last supply for non-clinical methods. By contrast, static union and thana level facilities only account for a very small share of usual supplies in rural Bangladesh. Note, however, that last and usual source of supply are not exactly comparable.

**Proper Pill Use.** As Table 1 shows, oral contraceptives account for the largest share of the current method mix in Kalikapur Union. The growing importance of this method in the union and in the LIP area as a whole raises concern about its proper use, especially among new users. Proper pill use and discontinuation of pill use was the subject of an extensive USAID-funded study (see Larson *et al.*, 1991). We selected several questions on pill use used by the 1990 study to allow comparison of Kalikapur Union with rural Bangladesh.

Table 3 shows that the microsurvey found a similar proportion of pill users who understand how to make the correct transition from one packet to the next compared with the 1990 Pill Use Study. The two populations are not fully comparable, however, as the Pill Use Study restricted its sample to current users of the pill who had adopted the method during the six months previous to the interview, including those women who had already abandoned the method. The microsurvey asked questions about pill usage to all women who reported that they were currently using the method.

The relatively high proportion of pill users who wait to begin a new cycle until after bleeding ends may face considerable risk of unintended pregnancy. This is especially true if bleeding is too light to notice or does not occur one month; women may fail to resume pill taking thereby increasing the likelihood of resuming normal ovulation and thus the risk of unintended pregnancy.

Table 3

Proper pill use: When to Start the Next Packet After Finishing a Cycle of Pills. Current Users of 28 Day Cycles Compared with Rural Pill Users, 1990 Pill Use Study

RESPONSES	MICROSURVEY (N=110)	RURAL PILL USERS, 1991 PILL USE STUDY (N=115)
Next Day	39.1	37.4
RESPONSES RELATED TO MENSTRUAL PERIOD		
One or More Days After Bleeding Ends	39.1	36.5
When bleeding begins	2.7	3.5
RESPONSES RELATED TO NUMBER OF DAYS AFTER FINISHING PACKET		
two to six days	8.2	2.6
seven days	4.5	12.2

**Awareness and Use of Community-Based Family Planning and MCH Services.** The microsurvey provided a unique opportunity for LIP to seek information from actual and potential clients of community-based family planning and MCH services about their use and awareness of these services. Responses are compared between the fully-served project area (i.e., where a full-time FWA is assigned) and the under-served area where no full-time FWA is presently working. Because this was the first time that FPMD asked questions about awareness and utilization of services using a structured questionnaire, some of the questions were less clearly formulated than we would have liked<sup>11</sup>. We are confident, however, that the results provide useful and new information for LIP planning in Kalikapur Union and perhaps in the greater project area. Future efforts to measure awareness and utilization of community-based services in the LIP would benefit enormously from the experience of the Kalikapur Union Microsurvey.

Table 4 illustrates the extent to which women report to be receiving services from the Program in the Kalikapur Union.

Preliminary results suggest that fieldworker visitation or volunteer contact seems to be significantly high, as 61% reported having ever been visited or contacted by these personnel. The question asked whether the woman had recently been visited by or had had contact with someone with whom she discussed family planning.

More than eighty percent of the women who had been visited or who had had contact (347) knew the name of the person with whom they had talked. The percentage who identified that person as an FWA or as a volunteer was approximately the same.

Nearly 56% of the respondents reported using and/or knowing about EPI camps/satellite clinics. The inability of respondents to distinguish between EPI camps and satellite clinics

<sup>11</sup>Unfortunately, the pilot test was not extensive enough for us to have identified some of the shortcomings of these questions before the final question was prepared.

suggests that a different methodology is needed to assess awareness of satellite clinic activities. Immunization and prenatal services are most frequently reported as having been used or as being available at the camps/satellite clinics.

Table 4  
Awareness and Use of Community-Based Family Planning and MCH Services

FP/MCH Service	Total <sup>12</sup> (N = 569)	
	%	n
Ever visited/contacted fieldworker or volunteer	61.0	(347)
Knows name of fieldworker or volunteer who visited	85.0	(295)
Source Named:		
FWA	36.9	(128)
Volunteer	47.0	(163)
Other	1.1	( 4)
Ever attended EPI Camp/Satellite Clinic	55.8	(317)
Never attended; knows about EPI Camp/Satellite Clinic <sup>13</sup>	47.0	(267)
Ever visited rural dispensary/hospital	77.1	(439)
Ever attended Utan Baithak or Health Talk	15.3	( 87)

## VI. NEXT STEPS

As indicated in the Background Section, this small-scale research was designed and implemented within the context of our overall evaluation model. In this model, we anticipated the coverage of a sample of at least 10 Unions where FWA registers were going to be analyzed in order to find ways to use their information to assess performance and to establish levels of program performance. The discrete population-based investigation was assumed to provide a point of secure verification of information from service statistics and a source for identifying ways to improve the usefulness of these statistics. Consequently, the results of the microsurvey should be considered in this larger context. Further analysis and synthesis of findings from the LIP evaluation studies that were undertaken over the course of the last 12 months is expected to be completed during the first half of 1993. Once a synthesis is prepared, it should provide a good basis for continuing with the implementation of the evaluation plan. During the year 1993, we expect to complete analyses of FWA registers data in three additional Unions and to implement microsurveys in the same Unions, so as to broaden the representativeness of the results. Combined with the analysis of service statistics, this kind of small-scale population-based investigation appears to be a very cost-effective strategy to rapidly assess LIP performance, to report program progress, and to improve our understanding of how well the LIP management strengthening activities are serving the family planning client.

<sup>12</sup>Kalikapur Union Percentage

<sup>13</sup>Question asked only of women who report not having ever attended EPI Camp/Satellite Clinic.

## Annex I

### Sample Design and Response Rates:

#### CONTRACEPTIVE USE MICROSURVEY: KALIKAPUR UNION, CHOWDDOGRAM THANA NOVEMBER - DECEMBER 1992

#### Description of Sample.

In consideration of the total population of ELCOs in Kalikapur Union (according to the 1991 census and FWA records) and in view of the complexity of the variable the Microsurvey is seeking to measure (current contraceptive method mix), the sample design requires a sample of between 350-500 currently married women under age 50. These women will be randomly selected from a sample of approximately 200 - 250 bari from six to eight villages. The sample is designed to be representative of the level of contraceptive use by method in the Union.

There are twenty-two villages in Kalikapur Union, according to the records kept by the FWC. However, the 1991 Census of Population and Housing identified only twenty villages for the Union. We used the FWC records to define clusters of villages based on the contraceptive acceptance rate (CAR) reported for the month of October 1992. Three clusters were defined:

#### Cluster 1. CAR 70-82 (20 percent: 70-100 MWRA)

Jampur, 99 ELCOs (\*)  
KK Nagar, 68 ELCOs  
Kalikapur, 163 ELCOs (\*)  
Shomoshpur, 115 ELCOs

#### Cluster 2. CAR 60-69 (44 percent: 154-220 MWRA)

Durgapur, 74 ELCOs  
Bijoypur/Nilakhi, 68 ELCOs  
Jogomohunpur, 44 ELCOs  
Parandpur, 39 ELCOs  
Shatgoria, 104 ELCOs  
Jammura, 244 ELCOs  
Dharmapur, 96 ELCOs (\*)  
Abdullapur, 302 ELCOs (\*)

#### Cluster 3. CAR < 60 (36 percent: 126-180 MWRA)

Chapua, 64 ELCOs  
Noapur, 130 ELCOs (\*)  
Sreepur, 20 ELCOs  
Bodarpur 2, 62 ELCOs  
Bangalmuni, 147 ELCOs

Madda, 70 ELCOs  
Bardhonpura, 58 ELCOs  
Sonapur, 70 ELCOs (\*)  
Kashipur, 37 ELCOs (\*)  
Chanpur, 50 ELCOs  
Badarpur (1), 82 ELCOs (\*)

The villages were originally selected for the sample based on information that was collected from the FWA registers for Kalikapur Union in July 1992. However, because of significant differences between the July and October CAR for a number of Kalikapur's villages and because of the omission of approximately one-quarter of the villages from the FWA registers to which we had access, the clusters were redefined after the original village sample selection. Fortunately, we were able to retain eight of the originally selected villages in the revised sample.

#### Sample Selection within Villages

We obtained lists of bari heads from senior or knowledgeable members of each of the villages selected for the sample. We used the 1991 Census maps to help members identify baris for the listing. On several occasions we were able to use census volunteers and enumerators to help us in preparing the list of bari heads. Because the villages are all fairly small, with the notable exception of Abdullapur, we usually needed to select more than half of the bari in the village in order to obtain the number of MWRA we needed.

#### Weighting.

If warranted, weights will be assigned to each observation to adjust for any deviations in the age structure of the sample from that found in Matlab or indicated by a number of reliable sources.

#### Matching Studies

A sample size of 500 would provide us with an oversample that would allow us to carry out matching studies for each of the FWA areas or units. Matching would allow us to verify coverage of the register.

### Response Rates

Village	Completed Interviews	Eligible Respondents Not at Home or Refusals	Nonresponse Rate Percent
Abdullahpur	149	14	10.0
Badarpur 1	29	3	9.0
Dharmapur	81	4	5.0
Jampur	54	0	0.0
Jogomohonpur	21	2	9.0
Kalikapur	54	4	7.0
Kashipur	48	6	11.0
Noapur	69	3	4.0
Sonapur	64	2	3.0

## BARI SCHEDULE

**CONTRACEPTIVE USE MICROSURVEY  
CHOWDDOGRAN THANA, KALIKAPUR UNION**

[ask to speak to the first wife]

WE ARE FROM THE LOCAL INITIATIVES PROGRAM. THIS PROGRAM ASSISTS THE GOVERNMENT OF BANGLADESH IN IMPROVING THE MANAGEMENT OF FAMILY HEALTH ACTIVITIES. WOULD YOU BE WILLING TO ANSWER A FEW QUESTIONS ABOUT YOUR BARI FOR US? THANK YOU.

IDENTIFICATION			
1. MAUZA/MOHALLA NAME _____			
2. EA CENSUS NUMBER _____			
3. NAME OF BARI HEAD AND MICROSURVEY IDENTIFICATION NUMBER ( ) _____			
INTERVIEWER VISITS	1	2	FINAL VISIT
DATE.....	_____	_____	____/____/____ <small>mm dd yy</small>
INTERVIEWER'S NAME ..	_____	_____	_____ <small>(code)</small>
RESULT (*) .....	_____	_____	_____ <small>(result)</small>
NEXT VISIT:      DATE TIME	_____	_____	_____ TOTAL NUMBER OF VISITS

\* RESULT CODES:

- 1 COMPLETED
- 2 PARTLY COMPLETED
- 3 NOT AT HOME
- 4 OTHER

(SPECIFY)

NAME	FIELD EDITED BY	OFFICE EDITED BY	KEYED BY	
DATE	_____	_____	_____	_____ keyer's code

**BARI SCHEDULE:**

**WE WOULD LIKE SOME INFORMATION ABOUT THE WOMEN WHO USUALLY LIVE IN YOUR BARI WHO ARE CURRENTLY OR HAVE BEEN MARRIED.**

<p>PLEASE GIVE ME THE NAMES OF ALL OF THE WOMEN WHO ARE CURRENTLY MARRIED OR WHO HAVE BEEN MARRIED WHO USUALLY LIVE IN YOUR BARI, STARTING WITH THE SENIOR WIFE.</p> <p>LINE NUMBER (1)</p>	<p>WHAT IS (NAME)'S CURRENT MARITAL STATUS?</p> <p>(2)</p>	<p>HOW OLD WAS (NAME) AT HER LAST BIRTHDAY?</p> <p>[use age probes*]</p> <p>(3)</p>
01	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS
02	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS
03	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS
04	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS
05	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS
06	1. MARRIED 2. WIDOWED 3. DIVORCED/ SEPARATED/ DESERTED	AGE IN _____ COMPLETED YEARS

<p><b>JUST TO MAKE SURE THAT I HAVE NOT MISSED ANY OF THE CURRENTLY OR EVER-MARRIED WOMEN:</b></p>	
<p>(1) Are there any other currently or ever-married women who may not be members of your family, such as servants, friends or lodgers, but who usually live here?</p>	<p>1. yes --&gt;ENTER NAMES IN TABLE</p> <p>2. no</p>
<p>(2) Are there any other currently or ever-married women who are guests or visitors who have been temporarily staying with you for the past six months or more?</p>	<p>1. yes --&gt;ENTER NAMES IN TABLE</p> <p>2. no</p>
<p>(3) Are there any other currently or ever-married women who usually live here who have been away for less than six months?</p>	<p>1. yes --&gt;ENTER NAMES IN TABLE</p> <p>2. no</p>
<p>(4) Are there any of the women we have listed who have been away for the past six months?</p>	<p>1. yes --&gt;DELETE NAMES FROM TABLE</p> <p>2. no</p>

CIRCLE LINE NUMBER FOR ALL CURRENTLY MARRIED WOMEN UNDER AGE 50

TOTAL NUMBER OF ELIGIBLE WOMEN IN BARI \_\_\_\_\_

TICK HERE IF CONTINUATION SHEET USED: YES \_\_\_\_\_ NO \_\_\_\_\_

INDIVIDUAL QUESTIONNAIRE  
 CONTRACEPTIVE USE MICROSURVEY  
 KALIKAPUR UNION, CHOWDDOGRAM THANA, COMILLA DISTRICT  
 CURRENTLY MARRIED WOMEN UNDER AGE 50

WE WOULD NOW LIKE TO GET SOME MORE INFORMATION FROM SOME OF THE CURRENTLY MARRIED WOMEN UNDER AGE 50 WHO LIVE HERE. I WOULD LIKE TO INTERVIEW (NAME OF WOMAN WITH FIRST CIRCLED LINE NUMBER) FIRST. THIS INFORMATION WILL BE KEPT CONFIDENTIAL. (NAME OF WOMAN), WOULD YOU BE WILLING TO ANSWER OUR QUESTIONS ABOUT YOURSELF? THANK YOU.

RECORD THE TIME AT THE START OF THE INTERVIEW	HOUR ..... ____ MINUTES..... ____
---	--------------------------------------

IDENTIFICATION	CODES
1. LINE NUMBER OF WOMAN FROM BARI SCHEDULE...	..... ____
2. NAME OF WOMAN _____	..... ____
3. NAME OF HUSBAND _____	
4. NAME OF HEAD OF BARI _____	
5. RELATIONSHIP TO (NAME OF HEAD OF BARI).....	1. FIRST WIFE 2. OTHER WIFE 3. MOTHER 4. OTHER REL- ATIVE 5. HEAD 6. NO RELATION

INTERVIEWER VISITS	1	2	FINAL VISIT
DATE.....	_____	_____	____/____/____ <small>mm dd yy</small>
INTERVIEWER'S NAME ..	_____	_____	_____ <small>(code)</small>
RESULT (*) .....	_____	_____	_____ <small>(result)</small>
NEXT VISIT:     DATE TIME	_____	_____	_____ TOTAL NUMBER OF VISITS

\* RESULT CODES:  
 1 COMPLETED  
 2 PARTLY COMPLETED  
 3 POSTPONED  
 4 NOT AT HOME  
 5 REFUSED  
 6 OTHER (SPECIFY)

**SECTION 1: RESPONDENT'S AND HUSBAND'S BACKGROUND**  
**ALL CURRENTLY MARRIED WOMEN UNDER AGE 50**

NO.	QUESTIONS AND FILTERS	CODING CATEGORIES	SKIP TO
101	FIRST I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT YOURSELF. HOW LONG HAVE YOU BEEN LIVING CONTINUOUSLY IN (NAME OF VILLAGE)?	[enter 00 if less than one year] YEARS.....__ __ ALWAYS.....95	
102	IN WHAT MONTH AND YEAR WERE YOU BORN?  [PROBE IF AGE NOT KNOWN*]	__ __ MONTH __ __ YEAR [enter 98 if month not known]	IF YEAR < 1943 THEN END INTERVIEW.
103	[interviewer: indicate whether age was self-reported or determined after probing]	[check appropriate box] __ SELF-REPORTED PROBED	
104	HAVE YOU EVER ATTENDED SCHOOL? [bangla: pill use 101a]	1. YES 2. NO -----	-->106
105	WAS IT PRIMARY SCHOOL, MADRASA, SECONDARY SCHOOL OR HIGHER THAT YOU ATTENDED LAST?  [bangla: pill use 101c]	1. PRIMARY 2. SECONDARY 3. COLLEGE/ UNIVERSITY 4. MADRASA 5. OTHER _____ (SPECIFY)	
106	DID YOUR HUSBAND EVER ATTEND SCHOOL? [bangla: see 103]	1. YES 2. NO ----- 3. DON'T KNOW ---	>108 >108

107	<p>WAS IT PRIMARY SCHOOL, MADRASA, SECONDARY SCHOOL OR HIGHER THAT YOUR HUSBAND ATTENDED LAST?</p> <p>[bangla: see 103]</p>	<p>1. PRIMARY</p> <p>2. SECONDARY</p> <p>3. COLLEGE/ UNIVERSITY</p> <p>4. MADRASA</p> <p>5. OTHER</p> <p>_____ (SPECIFY)</p> <p>DONT KNOW.....8</p>	
108	<p>DOES YOUR FAMILY OWN ANY AGRICULTURAL LAND?</p>	<p>1. YES</p> <p>2. NO</p>	
109	<p>HAS YOUR HUSBAND LIVED HERE WITH YOU AT ANY TIME DURING THE LAST SIX MONTHS (SINCE APRIL)?</p>	<p>1. YES</p> <p>2. NO</p>	

SECTION TWO: REPRODUCTION  
CURRENTLY MARRIED WOMEN UNDER AGE 50

201	<p>NOW I WOULD LIKE TO ASK YOU ABOUT ALL THE BIRTHS YOU HAVE HAD DURING YOUR LIFE.</p> <p>DID YOU EVER GIVE BIRTH TO ANY CHILDREN?</p> <p>[pill use 102]</p>	<p>1. YES</p> <p>2. NO</p>	-->208
202	<p>DO YOU HAVE ANY SONS OR DAUGHTERS YOU HAVE GIVEN BIRTH TO WHO ARE NOW LIVING WITH YOU?</p> <p>[bangla: pill use 103a]</p>	<p>1. YES</p> <p>2. NO</p>	-->205
203	<p>HOW MANY SONS LIVE WITH YOU?</p> <p>[bangla: pill use 103b]</p>	<p>___ SONS AT HOME</p> <p>[IF NONE ENTER ZERO&lt;br/&gt;&lt;00&gt;.]</p>	
204	<p>HOW MANY DAUGHTERS LIVE WITH YOU?</p> <p>[bangla: pill use 103c]</p>	<p>___ DAUGHTERS AT HOME</p> <p>[IF NONE ENTER ZEROS &lt;00&gt;.]</p>	
205	<p>DO YOU HAVE ANY SONS OR DAUGHTERS YOU HAVE GIVEN BIRTH TO WHO ARE ALIVE, BUT DO NOT LIVE WITH YOU?</p> <p>[bangla: 104a]</p>	<p>1. YES</p> <p>2. NO -----</p>	>208

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206	HOW MANY SONS ARE ALIVE, BUT DO NOT LIVE WITH YOU?  [bangla: pill use 104b]	___ SONS ELSEWHERE  [IF NONE ENTER ZEROS <00>.]	
207	HOW MANY DAUGHTERS ARE ALIVE, BUT DO NOT LIVE WITH YOU?  [bangla: pill use 104c]	___ DAUGHTERS ELSEWHERE  [IF NONE ENTER ZEROS <00>.]	
208	HAVE YOU EVER GIVEN BIRTH TO A BOY OR A GIRL WHO WAS BORN ALIVE BUT LATER DIED. IF NO, PROBE: ANY (OTHER) BOY OR GIRL WHO CRIED OR SHOWED SIGNS OF LIFE BUT ONLY SURVIVED A FEW HOURS OR DAYS?  [bangla: pill use 106a]	1. YES 2. NO-----	-->211
209	HOW MANY BOYS HAVE DIED?  [bangla: pill use 106b]	___ BOYS DEAD  [IF NONE ENTER ZEROS <00>.]	
210	AND HOW MANY GIRLS HAVE DIED?  [bangla: pill use 106c]	___ GIRLS DEAD  [IF NONE ENTER ZEROS <00>.]	
211	SL.: ANSWERS TO 203, 204, 206, 207, 209 AND 210, AND ENTER TOTAL.	___ TOTAL	
212	CHECK: JUST TO MAKE SURE THAT I HAVE THIS RIGHT, YOU HAVE HAD A TOTAL OF ___ LIVE BIRTHS DURING YOUR LIFE?	1. YES 2. NO...PROBE & CORRECT 203-211 AS NECESSARY	
213	HAVE YOU HAD A MENSTRUAL PERIOD WITHIN THE LAST MONTH?  [bfs 317]	yes 1 -- no 2	>301
214	HOW MANY MONTHS HAVE PASSED SINCE YOUR LAST MENSTRUAL PERIOD?  [bangla: modify pill use 118]	MONTHS ___	
215	ARE YOU CURRENTLY PREGNANT. I MEAN, ARE YOU CARRYING A BABY NOW?  [bangla: pill use 117b]	yes 1 no 2 unsure 3	go to 301

SECTION THREE: FAMILY PLANNING

301	HAVE YOU OR YOUR HUSBAND EVER USED A FAMILY PLANNING METHOD OR TRIED IN ANY WAY TO AVOID ADDITIONAL PREGNANCIES? [bangla: pill use 205]	1. YES 2. NO	>401
302	ARE YOU OR YOUR HUSBAND CURRENTLY USING SOME FAMILY PLANNING METHOD OR DOING SOMETHING ELSE TO AVOID ADDITIONAL PREGNANCIES? [bangla: pill use 209]	1. YES 2. NO	>307
303	[ask of women who have ever used method but who are not currently using ONLY]  WHAT METHOD DID YOU LAST USE? RECENTLY?  [bangla: adapt from pill use 210]	pill.....1 injection.....2 condom.....3 foam.....4 IUD.....5 tubal ligation.....6 vasectomy.....7 Norplant.....8 other.....9  _____ (specify)	>307 >307
304	IN WHAT MONTH AND YEAR DID YOU START TAKING (method) continuously (THE LAST TIME YOU USED IT)?	____ MONTH 19__ YEAR	
305	IN WHAT MONTH AND YEAR DID YOU STOP USING (method) (THE LAST TIME YOU USED IT)?	____ MONTH 19__ YEAR	
306	WHAT WERE THE MAIN REASONS YOU STOPPED USING (method)?  [bangla: cps89 315e]  [interviewer: probe and get all reasons experienced]		go to 401

CURRENT USERS ONLY

307	WHICH METHOD ARE YOU CURRENTLY USING?	pill.....1 injection.....2 condom.....3 foam/emko.....4 IUD.....5 tubal ligation.....6 vasectomy.....7 Norplant.....8 other.....9  _____ (specify)	>308 >319 >327 >327 >323  >323 >323 >323 >401
-----	---------------------------------------	--	--

308	<p>[IF CURRENT METHOD PILL ask respondent questions 308-318]</p> <p>WHEN DID YOU START USING THIS METHOD CONTINUOUSLY, THAT IS EVERY MONTH?</p> <p>[bangla: pill use 212b,c]</p>	<p>_____ MONTH</p> <p>19____ YEAR</p>	
309	<p>HOW MANY DAYS AGO DID YOU LAST TAKE A PILL?</p> <p>[bangla: pill use 501b]</p>	<p>_____</p> <p>DAYS AGO</p> <p>[if response is today enter 00]</p> <p>if &lt; 2 -----</p>	>310B
310A	<p>[if last pill taken 2 or more days ago]</p> <p>WHY HAVENT YOU TAKEN THE PILL IN THE LAST FEW DAYS?</p> <p>(bangla: 502 PILL USE)</p>	<p>waiting to start next cycle.....1</p> <p>no pills.....2</p> <p>take only as needed..3</p> <p>forgot.....4</p> <p>resting.....5</p> <p>husband away.....6</p> <p>side effects.....7</p> <p>has period.....8</p> <p>other.....9</p> <p>_____</p> <p>(specify)</p>	
310B	<p>EVERYONE FORGETS TO TAKE A PILL SOMETIMES. IN THE LAST MONTH HOW MANY DAYS HAVE YOU FORGOTTEN TO TAKE A PILL?</p> <p>[bangla: 503 pill use]</p>	<p>1. none</p> <p>2. once</p> <p>3. twice</p> <p>4. three times</p> <p>5. four or more times</p>	
311	<p>CAN YOU SHOW ME THE PACKET OF PILLS YOU ARE USING NOW?</p> <p>[bangla: pill use 504]</p>	<p>1. YES -----</p> <p>2. NO</p>	>313
312	<p>WHY CANNOT YOU SHOW ME THE PACKET?</p> <p>[bangla: pill use 505]</p>	<p>1. ran out</p> <p>2. husband away</p> <p>3. has period</p> <p>4. other</p> <p>_____</p> <p>(specify)</p>	go to 316b
313	<p>[interviewer: ask woman to produce packet and note the name of the brand]</p> <p>[bangla: pill use 506]</p>	<p>_____</p> <p>_____</p> <p>(BRAND)</p>	
314	<p>WHEN DID YOU GET THIS PACKET OF PILLS?</p> <p>[interviewer: if doesnt know, probe. enter 99 if unable to say even after probing]</p>	<p>_____ days ago</p>	

315	CHECK PACKET FOR PILL USE AND MARK CORRECT CODE.	<ol style="list-style-type: none"> <li>1. pills missing in order</li> <li>2. pills missing out of order</li> <li>3. no pills missing</li> <li>4. all pills missing</li> </ol>	
316a	<p>IN WHAT ORDER DID YOU TAKE THE PILLS OUT OF THIS PACKET?</p> <p>[ASK TO SHOW ON PACKET]</p> <p>(bangla: 507 pill use)</p>	<ol style="list-style-type: none"> <li>1. start at beginning</li> <li>2. start at middle</li> <li>3. start with iron tablets</li> <li>4. no special order</li> </ol>	go to 317
316b	<p>[if unable to produce packet]</p> <p>WHEN DID YOU GET THE PACKET OF PILLS YOU MOST RECENTLY FINISHED?</p>	<u>          </u> <u>          </u> DAYS AGO	
316c	<p>[interviewer: if no packet, show woman pill packet and ask her to show on packet]</p> <p>IN WHAT ORDER DO YOU USUALLY TAKE THE PILLS OUT OF THE PACKET?</p> <p>[bangla: adapt from 507 pill use]</p>	<ol style="list-style-type: none"> <li>1. start at beginning</li> <li>2. start at middle</li> <li>3. start with iron tablets</li> <li>4. no special order</li> </ol>	
317	<p>WHEN DO YOU START THE NEXT PACKET AFTER FINISHING THE LAST ONE?</p> <p>[interviewer: probe if necessary]</p> <p>(bangla: adapt 509 pill use)</p>	<ol style="list-style-type: none"> <li>1. immediately after finishes packet</li> <li>2. one day after bleeding ends</li> <li>3. two or more days after bleeding ends</li> <li>4. after two or more days of bleeding</li> <li>5. when bleeding begins</li> <li>6. two to six days after finishing packet</li> <li>7. seven days after finishing packet</li> <li>8. other</li> </ol> <p>_____</p> <p>(specify)</p>	
318	<p>have you ever recommended that a friend or relative take the pill?</p>	<ol style="list-style-type: none"> <li>1. yes</li> <li>2. no</li> </ol>	go to 327

FOR CURRENT INJECTION USERS ONLY.

319a	Can you show me your injection card?	1. yes 2. no	
319b	[for current injection users only]  WHEN DID YOU LAST HAVE AN INJECTION?	____ MONTH 19__ YEAR	IF AFTER AUGUST 20, 1992 GO TO 321
320	WHY HAVEN'T YOU HAD AN INJECTION RECENTLY?	1. husband away 2. forgot 3. side effects 4. not avail 5. other  (specify: _____)	
321	WHEN DID YOU RECEIVE THE INJECTION BEFORE THE LAST ONE?	____ MONTH 19__ YEAR	
321a	HOW OFTEN DOES A WOMAN HAVE TO RECEIVE INJECTIONS TO AVOID PREGNANCY?  [interviewer: read all responses]  [bangla: adapt from NGO FPP WD76]	Weekly .....1 Monthly.....2 Every few months...3 Once a year.....4 Not sure.....5	go to 327

FOR IUD, STERILIZATION AND NORPLANT USERS:

323	IN WHAT MONTH AND YEAR DID YOU HAVE THE INSERTION/OPERATION?	____ MONTH 19__ YEAR	
-----	--	-------------------------	--

SOURCE OF SUPPLY FOR CURRENT USERS

327	HOW DID YOU HEAR ABOUT (name of current method/name of last method)?	fldworker.....1 volunteer.....2 mass media.....3 relative.....4 friend.....5 neighbor.....6 other.....7  (specify) _____	
-----	--	--	--

329	[ interviewer: check type of last or current method:  _____ pill, condom, foam, injection ....GO TO 330  _____ IUD, ligation, vasectomy, NORPLANT.....GO TO 334]		
330A	WHEN YOU FIRST USED (METHOD) DID YOU TALK TO ANYONE ABOUT HOW TO USE (METHOD)?  [bangla: adapt 402a pill use]	1. YES 2. NO -----	>333
330B	WHO WAS THAT PERSON?  [bangla: adapt 402b pill use]	1. family planning fieldworker 2. clinic based worker 3. pharmacist 4. husband 5. female friend, relative or neighbor 6. other _____ (specify)	
333	[for current users of pill, condom, foam, or injection]  WHERE DID YOU OBTAIN (METHOD) THE LAST TIME  [bangla response categories: cps89 411]	fieldworker.....1 satellite clinic.....2 depot holder.....3 fwc.....4 thana health complex.....5 pharmacy.....6 husband got.....7 other.....8  _____ (specify)	GO TO 401
334	[for current users of IUD, NORPLANT, or sterilization]  WHERE DID THE INSERTION/STERILIZATION TAKE PLACE?	traditional doctor..1 qualified doctor....2 mobile camp.....3 depot holder.....4 clinic/hospital.....5 fieldworker.....6 satellite clinic....7 other.....8  _____ (specify)	
335	DID ANYONE ACCOMPANY YOU WHEN YOU WENT TO GET THE INSERTION/OPERATION?	YES.....1 NO .....2	>401
336	WHO ACCOMPANIED YOU?	volunteer.....1 FWA.....2 friend.....3 relative.....4 neighbor.....5 other.....6  _____ (specify)	

**SECTION 4: CONTACT WITH LIP**

401	HAS ANYONE VISITED YOU IN THE LAST THREE MONTHS TO TALK ABOUT FAMILY PLANNING?	1. yes 2. no -----	>405
402	DO YOU KNOW THE NAME OF THE PERSON WHO VISITED YOU?	1. yes 2. no -----	>403
402A	WHAT IS HER/HIS NAME?	_____ _____ (NAME)	
403	WHEN WERE YOU LAST VISITED BY (NAME)?	_____ days ago dont know...99	
403a	HOW MANY TIMES DO YOU THINK SHE HAS VISITED YOU DURING THE LAST 12 MONTHS? (bangla: NGO WB5)	Times _____	
404	Has (NAME) ever talked to you about family planning pills? (bangla: adapt from NGO WD80)	yes .....1 no .....2	>404e
404a	DID SHE TELL YOU THAT SOME WOMEN WHO USE PILLS EXPERIENCE PROBLEMS LIKE HEADACHE, DIZZINESS, OR NAUSEA? (bangla: ngo WD81)	yes .....1 no .....2	
404b	Has she ever given you family planning pills? (bangla: ngo WD82)	yes .....1 no .....2	>404e
404c	Did you use any of the pills she gave you? (bangla: ngo WD83)	yes .....1 no .....2	>404e
404d	Did she ever fail to bring your pill supply on time? (bangla: ngo WD 86)	yes .....1 no .....2	
404e	When would you like her to visit next? (bangla: ngo WD 112)	this month,now..00 next month.....01 months from now	
405	HAVE YOU EVER ATTENDED (name of woman's house where satellite clinic is held) A SATELLITE CLINIC?	yes.....1 no.....2	>408
406	WHEN DID YOU LAST ATTEND (A SATELLITE CLINIC)?	_____ DAYS AGO	

20

407	FOR WHAT SERVICE DID YOU GO TO THE SATELLITE CLINIC?  [circle all responses]	IUD insertion....1 immunization.....2 injection.....3 minor illness ...4 prenatal.....5 postnatal.....6 vitamin a.....7 scabbies.....8 ors.....9 other.....10  _____ (specify)	go to 410 - all respo nses
408	[if never attended satellite clinic]  do you know of any health/family planning services that are available in (woman's home where satellite clinic is held)?	yes.....1 no.....2	>411
409	what services are available there?  [circle all responses given]	IUD insertion....1 immunization.....2 injection.....3 minor illness ...4 prenatal.....5 vitamin a.....6 scabbies.....7 ors.....8 other.....9  _____ (specify)	
410	when was the last satellite clinic held?	___ ___ days ago  _____ months ago	
411	HAVE YOU EVER VISITED (local word for THE FWC)?	1. yes 2. no -----	>414
412	WHEN DID YOU LAST VISIT (local word for THE FWC)?	___ ___ days ago  _____ months ago	
413	FOR WHAT SERVICE DID YOU GO TO (local word for THE FWC)?	[circle all responses] 1. IUD insertion 2. immunization 3. injection 4. illness 5. other  _____ (specify)	
414	HAVE YOU EVER ATTENDED An Utan Baithak?	1. yes 2. no -----	>end
415	WHEN DID YOU LAST ATTEND An Utan Baithak?	___ ___ days ago  _____ months ago	
416	WHEN IS THE NEXT UTAN BAITHAK GOING TO TAKE PLACE ?	_____ _____	

TERMINATE THE INTERVIEW. WHEN YOU TERMINATE THE INTERVIEW (AND BEFORE YOU LEAVE THE RESPONDENT):

CHECK BACK OVER THE SCHEDULE AND MAKE SURE THERE IS AN ANSWER TO ALL APPLICABLE QUESTIONS, THAT SKIP INSTRUCTIONS ARE CORRECTLY FOLLOWED AND THAT THE RESPONSES ARE ENTERED ELIGIBLY AND IN THE CORRECT FORM.

THANK THE RESPONDENT FOR HER TIME AND COOPERATION.

RECORD TIME AT END OF INTERVIEW

\_\_\_\_\_ HOUR  
\_\_\_\_\_ MINUTES

INTERVIEWER'S COMMENTS:

SUPERVISOR'S COMMENTS:

## AGE CALENDAR

YEARS AGO	ENGLISH YEAR	BENGALI YEAR	REMARKABLE EVENT
50	1942	1349	
49	1943	1350	
48	1944	1351	
47	1945	1352	
46	1946	1353	
45	1947	1354	PARTITION OF INDIA/ PAKISTAN INDEPENDENCE
44	1948	1355	
43	1949	1356	
42	1950	1357	
41	1951	1358	
40	1952	1359	HINDU PAKISTAN RIOT
39	1953	1360	
38	1954	1361	
37	1955	1362	
36	1956	1363	
35	1957	1364	
34	1958	1365	
33	1959	1366	
32	1960	1367	
31	1961	1368	
30	1962	1369	

<b>YEARS AGO</b>	<b>ENGLISH YEAR</b>	<b>BENGALI YEAR</b>	<b>REMARKABLE EVENT</b>
30	1962	1370	
29	1963	1371	
28	1964	1372	
27	1965	1373	INDO PAKISTAN WAR
26	1966	1374	
25	1967	1375	
24	1968	1376	
23	1969	1377	
22	1970	1378	
21	1971	1379	LIBERATION WAR
20	1972	1380	
19	1973	1381	
18	1974	1382	
17	1975	1383	SEPOY REVOLUTION/ KILLING OF SHEIK MUJIB
16	1976	1384	
15	1977	1385	
14	1978	1386	
13	1979	1387	
12	1980	1388	
11	1981	1389	
10	1982	1390	



## Annex II.5

### LOCAL INITIATIVES PROGRAM: CONTRACEPTIVE USE MICROSURVEY KALIKAPUR UNION, CHOWDDOGRAM THANA NOV 15 - DEC 3, 1992

The Local Initiatives Program (LIP) will be conducting a Microsurvey in Kalikapur Union, Chowddogram Thana during the period November 15 through December 3, 1992. Kalikapur Union has been chosen as the site for the Microsurvey because of its exemplary success in managing community level family planning activities.

#### **Objectives of the Microsurvey:**

1. To measure the current level of contraceptive use among married women of reproductive age (under 50 years old) in Kalikapur Union.
2. To determine knowledge of proper use of the family planning pill among current pill users in Kalikapur Union.
3. To measure awareness and use of community family planning services among married women of reproductive age in Kalikapur Union.

#### **Use of Microsurvey results for LIP:**

Microsurvey results will be used by LIP for local planning of family planning activities in Kalikapur Union and in other LIP areas.

## **Microsurvey Fieldwork Protocols:**

We are grateful for the cooperation of all of the members of Kalikapur Union, particularly the women we will interview and the local LIP participants. LIP has recognized the remarkable success of Kalikapur Union by selecting it as a site for its in-country study tours. Family planning officials from all over Bangladesh are being brought to Kalikapur to learn about community management of family planning activities from you. We have selected Kalikapur as the first union for our Microsurvey because we believe that there is much more that we can learn from you and from the women who have been reached by your activities.

The Microsurvey is a **scientific study** that will help the LIP better understand the factors that have made the program in Kalikapur Union such a success. Because it is a scientific study, we need to ask that certain procedures be respected during the time when we are conducting interviews with currently married women in the Union. It is very important that the women we have scientifically selected to interview do not become confused or frightened by the Microsurvey. For this reason we ask that fieldworkers be assigned to villages where we will not be conducting interviews during the time of the Microsurvey.

Below we have listed the rules that we expect LIP members and participants in the Union to respect during the Microsurvey:

1. The interviews must be conducted in private between the interviewers and the respondents with occasional supervision by Mr. Zaman, Mr. Shabir, Mr. Emad and Mrs. Barbara. The interviewers are Mrs. Gita, Mrs. Ferdoussi, and Mrs. Sanjida.
2. The FWAs may not work in villages during the days when the interviews are taking place. They should be assigned to work in villages that have not been selected for the sample during the period November 16 - December 3. The schedule for Microsurvey fieldwork will be given to Mr. Ahmed, DD, Mr. Isaac, TNO, Mr. Tawfiq, TFPO and Mr. ??, the FPI.
3. Volunteers may not accompany interviewers while they are carrying out fieldwork in their villages.
4. The unit representative in the Union Parishad has been asked to accompany the interviewers to villages in his unit and to ask the cooperation of the unit for the Microsurvey.
5. The Microsurvey Team may request the assistance of Mrs. Kokun, the FWV, at some time during the Microsurvey fieldwork.

Annex II.6

SCHEDULE FOR FIELDWORK:  
CONTRACEPTIVE PREVALENCE MICROSURVEY,  
KALIKAPUR UNION, CHOWDDOGRAM THANA, COMILLA DISTRICT

Sun Nov 15 leave for BARD, Comilla  
9 am TAI

noon arrive Comilla, lunch at BARD

2 pm meet TNO, TFPO, Statistical Officer, Junior Statistical Assistant,  
FWAs

- explain Microsurvey objectives, fieldwork protocols, and fieldwork  
schedule

- collect local CAR data for sample cluster verification

- collect local area census maps for Kalikapur Union

3 pm with Junior Statistical Assistant, Mr. Romosh, Microsurvey team  
visits Jampur village to check census maps

pm Microsurvey team completes selection of villages for sample

Mon Nov 16  
8:30 am

practice interviews, Jamura village

select households for sample from sample villages

1 pm lunch

2 pm meet with Union Parishad representatives to explain Microsurvey  
objectives, field protocols, and schedule of fieldwork

pm complete selection of households from sample villages

Tues Nov 17

8:30 am travel to field

2:30 pm complete interviews for day  
return for lunch

3:30 discuss day's fieldwork, questions, problems  
orientation for coding

7 pm dinner

\* we will modify this schedule as necessary.

Nov 17 - Dec 3 interviewer schedule: preliminary and subject to

change

Fieldwork schedule:

Nov 17-18	Jampur
Nov 19-20	Sonapur
Nov 21-24	Abdullahpur
Nov 25	Kashipur
Nov 28	Noapur
Nov 29-30	Dharmapur
Dec 1-2	Kalikapur
Dec 2-3	Badarpur 1
Dec 3	Jogomohonpur

Supervisors' Schedule:

Zaman Nov 17 - 25, in the field

Shabir Nov 18 - 20, in the field

Emad Nov 21 - 25, in the field

27

**Nov 28 - Dec 3, in the field**

**Travel Schedule: Preliminary and subject to change**

**NOV 15  
8:30 am**

**leave Dhaka**

**Nov 25  
4 pm**

**leave BARD, Comilla for Dhaka**

**Nov 27  
3 pm**

**leave TAI for BARD, Comilla**

**Dec 3**

**2 pm**

**meet with TNO, TFPO, FWV, FWAs to brief on Microsurvey fieldwork and to thank for their cooperation.**

**4 pm**

**leave BARD for Dhaka**

**USAID**

Robert Cunnane, IDI, OPH

**Pathfinder Fund International/Boston**

Mr. Garcia Pepe Nunez, Director, Evaluation

**The Population Council**

Dr. Jim Phillips, Senior Associate

Mr. Peter Miller, Deputy Director, ANE OR Project

**FPMD/Dhaka**

Abu Sayeed, Project Director

Khaleque Zaman, Senior Program Officer

Md. Ali Bhuiyan, Senior Program Officer

F. M. Mostaque, Program Officer

Abdul Hossain Sikder, Program Officer

Emad Uddin, Assistant Program Officer

Mr. Shabir, Assistant Program Officer

**Technical Assistance Inc.**

Mrs. Ferdousi Hussain

Mrs. Sanjida Chowdhury

Ms. Gita Rani Roy

Ms. Sumita Chowdhury

**Ghior District**

Abu Jafar Samsuddin Fakim, Deputy Director for Family Planning

**Comilla District**

Ali Ahmed, DD

**Chowddogram Thana**

Md. Isaac, TNO

Md. Abdul Latif, Statistical Officer

Md. Romosh, Junior Statistical Officer

Mr. Tawfique, TFPO

**Kalikapur Union**

Mr. Nandon, FPI

Mrs. Konica, FWV

Mrs. Molina Rani Roy, FWA

Mrs. Shaheena, FWA

Mrs. Latifa, FWA

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