29

REVIEW BOARD ON THE USE OF HUMAN VOLUNTEERS
CRL

Date _____

Principal Investigator K.M.A. Aziz Trainee investigator(if any) _____

Application No 78-013 Supporting Agency(if Non-CRL) None

Title of study Kinship and Friendship Network in Fertility and Family Planning Decisions

Project status:
(✓) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

Circle the appropriate answer to each of the following(If Not Applicable write NA):

1. Source of Population:
   a) Ill subjects — Yes (No)
   b) Non-ill subjects — (Yes) No
   c) Minors or persons under guardianship — Yes (No)
2. Does the study involve:
   a) Physical risks to the subjects — Yes (No)
   b) Social risks — (Yes) No
   c) Psychological risks to subjects — (Yes) No
   d) Discomfort to subjects — Yes (No)
   e) Invasion of Privacy — (Yes) No
   f) Disclosure of information possibly damaging to subject or others — (Yes) No
3. Does the study involve:
   a) Use of records (hospital, medical, death, birth or other) — (Yes) No
   b) Use of fetal tissue or abortus — Yes (No)
   c) Use of organs or body fluids — Yes (No)
4. Are subjects clearly informed about:
   a) Nature and purposes of study — (Yes) No
   b) Procedures to be followed including alternatives used — (Yes) No
   c) Physical risks — Yes (No)
   d) Sensitive questions — (Yes) No
   e) Benefits to be derived — (Yes) No
   f) Right to refuse to participate or to withdraw from study — (Yes) No
   g) Confidential handling of data — (Yes) No
5. Will signed consent form be required:
   a) From subjects — (Yes) No
   b) From parent or guardian (if subjects are minors) — Yes (No)
6. Will precautions be taken to protect anonymity of subjects: — (Yes) No
7. Check documents being submitted herewith to Committee:
   NA Umbrella proposal - Initially submit an overview(all other requirements will be submitted with individual studies).
   ✓ Protocol (Required)
   ✓ Abstract summary (Required)
   ✓ Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (REQUIRED)
   ✓ Informed consent form for subjects
   ✓ Informed consent form for parent or guardian
   ✓ Procedure for maintaining confidentiality
   ✓ Questionnaire or interview schedule *

* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:

1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Board for review.

We agree to obtain approval of the Review Board on Use of Human Volunteers for any changes involving the rights and welfare of subjects before making such change.

K.M.A. Aziz
Principal Investigator

Trainee

Please return 2 copies of entire protocol to Chairman, Review Board on Use of Human

76-013
Recd 29/3/78

ABSTRACT SUMMARY

KINSHIP AND FRIENDSHIP NETWORK IN FERTILITY AND FAMILY PLANNING DECISIONS

K.M.A. Aziz
Trinidad Osteria
Shushum Bhatia

This proposal aims to look at the influence of kinship and friendship network on decisions related to childbearing, family planning acceptance and use continuation of methods. It proposes to identify the kinship and friendship structure existing in certain communities, the communication pattern that operates which affect decisions related to fertility and family planning, the modes of reinforcement and negation utilized to approve or disapprove of specific behaviour patterns and define modes of indigenous family limitation. Such goals would be achieved through selection from a village of 3 groups - acceptors, drop-outs and continuing users. This study will include unstructured interviews as well as structured interviews among the selected respondents and identified kins and friends.

(1) One village will be drawn randomly from the old contraceptive distribution area. From the prevalence survey books 90 women will be stratified into three categories -- non-acceptors, drop-outs, and continuing users for pills. Indepth interviews will be undertaken for these women, husbands, mother-in-laws and a maximum of three other most influential relatives or friends (of whom one must be a friend). For this study no child will be taken as a respondent.

(2) Psychological, social or legal risks are involved. If confidentiality of information to be obtained are not ensured then the respondent might face embarrassment or even serious misunderstanding with family members or friends.

(3) For minimizing the difficulty in obtaining information from female respondents the services of two female workers (Dais) will be utilized to assist two male field-workers during the interviewing. All interviews would be conducted in complete privacy. By ensuring confidentiality of data protection against potential risks will be provided. The personal identification of every respondent will be substituted by code.

(4) In the analysis the personal identification and address of the respondent will be absent. The record sheets will be identified by code numbers only. The explanation of the codes will be known only to the investigators.

(5) The purpose of the study will be explained to the subjects. A consent form will be signed by every respondent. They will be at liberty to refuse or withdraw at any time of the study.

(6) During the interview the areas of inquiry will include: (i) timing and number of children, (ii) contraceptive usage and beliefs (both modern and indigenous), (iii) rewards and punishments for non-conformity, (iv) degree and nature of kin interaction, (v) sources of information regarding contraceptive use.

A maximum of 90 minutes time will be needed for every interview.

(7) Through participation in this study the respondent might feel encouraged to discuss problems related to child-bearing with knowledgeable relatives and friends. The findings of this research might help in achieving the ideal family size by a couple. Such type of benefit might outweigh the risks involved in the present study.

(8) The study needs to record the age, pregnancy history and mortality history of children ever born. None of these are confidential in nature.

SECTION I - RESEARCH PROTOCOL

1. Title: Kinship and Friendship Network in Fertility and Family Planning Decisions.

2. Principal Investigators: K.M.A. Aziz, Trinidad Osteria, & Shushum Bhatia

3. Starting Date: April, 1978

4. Completion Date: September, 1978

5. Total Direct Cost: $ ~~3723.78~~ 4,121.77

6. Abstract Summary:

This proposal aims to look at the influence of kinship and friendship network on decisions related to childbearing, family planning acceptance and use continuation of methods. Specifically, it proposes to identify the kinship and friendship structure existing in certain communities, the communication pattern that operates which affect decisions related to fertility and family planning, the modes of reinforcement and negation utilized to approve or disapprove of specific behaviour patterns and define modes of indigenous family limitation. Such goals would be achieved thru selection from a village of 3 groups - acceptors, drop-outs and continuing users. Unstructured interviews will be carried out for the respondents and identified kins and friends.

Analysis will be carried out both in descriptive terms and thru the use of correlations.

7. Reviews:

a) Research Involving Human Subjects: _____

b) Research Committee: _____

c) Director: _____

d) BMRC: _____

e) Controller/Administrator: _____

SECTION II - RESEARCH PLAN

'RODUCTION

Objective: The goal of this study is to determine the processes by which the kinship and friendship network operates in affecting adoption of contraception and insuring its use-continuation.

Background: It was observed that despite aggressive programmatic measures of fertility control in Bangladesh the change in fertility was negligible. An examination of the two-year contraceptive distribution project which was initiated in Matlab thana in rural Bangladesh revealed low rates of acceptance, declining rates of continuation, and minimal impact in terms of fertility decline. Furthermore, an assessment of intervillage variation in acceptance and prevalence rates indicated that hardly any of the field workers characteristics effected a predictive value on acceptance and prevalence of contraceptive use. Although the field workers level of knowledge was significantly related to performance, this explained only 20% of the variation obtained in acceptance and prevalence. The remaining 80% remained largely unaccounted for. In this light, the social and cultural processes operating in the community which could affect both acceptance and continuation need to be identified. Aziz indicated that the "basic social structure and values of rural Bangladeshi societies are anchored in a system of kinship relations such that empirical recognition of the smallest units of kin who operate in close contact and influence one another's opinions and behaviour are of great importance in understanding the workings of rural Bangladeshi society".

Rationale: A major criticism levelled against most social service surveys (particularly the KAP) is the application of methods in cultures other than those for which they were developed. As Caldwell has aptly stated[1/] : "Too much research has been done too quickly and on too large a scale with research instruments brought directly from contemporary western society. Too often, the representatives of the non-western society in the research have been completely inculcated with western research approaches where it predetermines the range of findings and asks questions that provide the appropriate answers". There is a need to find out the real reasons people want contraceptives and the extent to which contraception has anything to do with restricting fertility. In Bangladesh, family and couple decisions are likely more tied to cultural and social

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1/John C. Caldwell, Toward a Restatement of the Demographic Transition Theory, Population and Development Review, September/December, 1976.

KMA Aziz, Kin Terminologies and Family Structure of Muslims and Hindus in Matlab Thana and Neighbourhood, M.Phil thesis. Rajshahi University, Nov. 1976.

differences than decision making by individuals. This calls for an indepth socio-anthropological analysis to determine the processes by which decisions concerning contraceptive use and continuation are brought about.

SPECIFIC AIMS

The specific aims of the study are:

1. To identify the kinship and friendship pattern of women in three contraceptive status categories - non-acceptors, drop-outs, and continuing users.

2. To determine the communication pattern operating within the kinship and friendship group and identify individuals who are influential in decisions affecting childbearing (timing as well as numbers), family planning acceptance, and continuation. The source of influence would be defined.

3. To extricate the modes of reinforcement or negation implicit or manifested that affect decisions concerning timing of childbearing, contraceptive acceptance and continuation.

4. To determine indigenous modes of family limitation and concerning mechanism of contraception as well as their sources.

METHODS OF PROCEDURE

One village will be drawn randomly from the old contraceptive distribution area. From the prevalence survey books, women will be stratified into three categories - non-acceptors, drop-outs, (6 mos. or less), and continuing users (over 6 mos. to a year) for pills. Indepth interviews will be undertaken for these women, husbands, mother-in-laws and a maximum of three other most influential relatives or friends (of whom one must be a friend). For every respondent the most influential relatives or friends will be identified within the Matlab Field Surveillance Area of CRL. Interviews will be conducted amongst their kin and friend on the following areas:

1. Timing and number of children.

2. Contraceptive usage and beliefs (both modern and indigenous).

3. Rewards and punishments for non-conformity.

4. Degree and nature of kin interaction.

5. Sources of information regarding contraceptive use.

A maximum of about 30 women in every group is expected to be included in the study. Furthermore, if an average of 5 relatives and friends could be interviewed, a total of 450 interviews will be completed.

First, there will be an indepth analysis which is descriptive in nature and will attempt to generalize the findings obtained. Likewise, specific cases will be singled out to emphasize or underscore certain points. The second part will be cross tabulations of characteristics of respondents and kins, correlational analysis to determine the degree of concordance or dissonance among kin, and a regression analysis to determine the predictability of kins factors towards acceptance and continuous use of specific methods.

Research Instrument
(For Respondent)

A. Identification

A1. Name of Respondent _____

A2. Address _____

A3. Contraceptive Use Catagory _____ Non-acceptor

_____ Continuing user

_____ Drop-out

A4. Age of wife _____ A5. No. of living children _____

A6. No. of living sons _____ A7. Education of wife _____

A8. Occupation of Husband _____

A9. Land Ownership _____ Owned

_____ rented (specify owner) _____

_____ amount of rent per bigha

_____ sharecropper (specify owner) _____

_____ mode of payment

A10. Family Structure _____ **Nuclear**

_____ Extended (specify type of composition) _____

A11. Do you receive support from relatives? _____ Yes _____ No

From, whom? _____ In what form? _____

B Identification of Kinship and Friendship Network

B1. Name 3 relative or friends (of whom one must be a friend) to whom you are closest and with whom you discussed personal matters (particularly fertility and family planning) :

Name	Relationship to respondent	Same H H Diff. H H	Frequency of meeting	Occasions for meeting	Topics of discussion

B2. Kinship universe of the respondent :

Paternal	Maternal	Affinal

Interspouse Communication

1. Do you and your spouse eat at the same time? _____ Yes _____ No
2. Do you and your spouse sleep in the same room? _____ Yes _____ No

   Same bed _____ Yes _____ No
3. How will you describe your relationship with your spouse? Could you speak easily with him? _____ Yes _____ No

   Is he friendly? _____ Yes - _____ No

   Is he supportive? _____ Yes _____ No
4. Do you have a time to discuss with your spouse? _____ Yes _____ No

   What do you usually discuss (partcularly fertility and family planning)?

   _____

   _____

FOR ACCEPTORS ONLY (Continuing users and Drop-outs)

1. From where did you learn about the family planning program? _____

   _____

2. Did you discuss this with friends and kin? _____

3. Did you consult them regarding your decision? _____ Yes _____ No

IF YES: Whom did you consult? _____

_____

How did he/she react? _____

_____

4. After acceptance, how did your husband, relations/friends react? _____

_____

FOR DROP OUTS

5. Why did you stop taking the pills? _____

_____

Was anybody influencing you in your decision, _____

_____

_____

DECISIONS RELATED TO CHILDBEARING

1. How soon should a woman have her first child after marriage, _____

2. How many children did you expect to have? _____

3. What is the age of your youngest child? _____ oldest child? _____

Are you aware of indeginous methods of contraceptives?

Method	Source of knowledge	Mode of action	Effect

Questionnaire
(FOR RELATIVES)

Name of Relation _____

Address _____

Relationship to Ego _____

Education _____ Occupation _____

Decision Related to Childbearing

1. How soon should a woman have her first child after marriage? _____
2. How many children does she except to have? _____
3. With whom do you discuss personal matters? _____
4. What is the age of your youngest child? _____ oldest child? _____

Decisions Related to F.P.

1. Have you heard of F.P.? _____
2. Are you in favour of it? _____
3. Do you favour any of your relatives to accept F.P. _____ Yes _____ No

   For what reason _____
4. If any of your relatives decide to accept contraceptives how do you react to this? _____

   _____

   Has any of your relatives accepted F.P.? How do you view this? _____

   _____
5. How do you show dissatisfaction? _____

   _____

   _____

FOR FEMALES 15-44

1. Have you accepted any method? _____ Yes _____ No
2. If yes what method did you accept? _____

   Are you still using the method? _____

What is the attitude of your husband/mother-in-law/relatives/friends about it?

_____

_____

How do they manifiest their attitude?_____

If any of your friends accept F.P. against your will how will you react?_____

_____

Contraceptive Knowledge : Are you aware of indigenous methods used by people to limit family size?

_____ Yes _____ No

Method	Source of Knowledge	Mode of action	Effects

Have you heard of the more modern methods?

Method	Mode of action	Source of Knowledge	Effects
Pills			
IUD			
Condom			
Tubectomy			
Rhythm			
Abstinence			

LIST OF RESPONDENTS

Sl. #	I. D. Numbers: D. O.	C. D	Age	No. of LC	I. T
1		V64-3-2	40	06	17.12.74
2		V64-5-2	34	10	20.10.73
3		V64-8-2	34	09	28.10.74
4		V64-36-8	20	03	3.9.74
5		V64-38-2	37	08	4.9.73
6		V64-47-6	19	02	27.8.75
7		V64-92-2	25	04	5.12.74
8		V64-94-2	21	03	9.12.74
9		V64-106-2	29	05	3.2.74
10		V64-108-2	23	03	27.9.74
11		V64-115-2	38	11	1.6.73
12		V64-141-2	32	05	13.1.74
13		V64-176-01	34	07	17.11.74
14		V64-189-2	37	11	4.4.73
15		V64-192-2	29	05	3.1.75
16		V64-215-10	18	01	5.1.74
17		V64-225-2	39	11	18.12.74
18		V64-271-2	41	10	27.9.73
19		V64-277-2	34	05	8.3.74
20		V64-279-2	21	02	6.12.74
21		V64-281-2	29	05	3.4.71

Sl. #	I D Numbers D. O.	C U	N A	Age	No. of LC	L T
22		V64-282-2		34	08	9.12.73
23		V64-284-2		29	04	3.12.73
24		V64-300-5		30	05	22.4.75
25		V64-311-2		35	07	10.3.73
26		V64-326-2		44	06	26.1.72
27		V64-329-1		25	04	8.3.74
28		V64-331-2		32	07	24.12.73
29		V64-334-1		31	07	29.10.73
30		V64-336-2		35	07	12.12.73
31		V64-342-2		29	05	8.10.71
32		V64-361-2		34	07	8.9.75
1	V64-37-6			20	02	12.9.73
2	V64-60-2			22	02	5.9.75
3	V64-84-2			35	06	10.3.74
4	V64-101-2			29	07	14.2.75
5	V64-116-2			34	10	20.11.73
6	V64-122-8			24	05	3.5.74
7	V64-129-2			31	07	15.8.74
8	V64-144-2			36	06	6.2.74

Sl. #	D. O.	C U	N A	Age	No. of LC	L T
9	V64-172-2			29	04	9.2.74
10	V64-197-2			32	05	24.11.73
11	V64-198-2			24	04	27.1.74
12	V64-239-2			35	06	30.11.73
13	V64-255-2			22	03	3.11.73
14	V64-263-2			24	03	1.3.74
15	V64-267-2			32	08	30.7.75
16	V64-278-2			24	04	26.7.73
17	V64-296-5			21	02	4.9.74
18	V64-313-2			24	02	31.10.73
19	V64-327-2			31	04	22.4.75
20	V64-338-7			18	02	22.3.75
21	V64-347-2			27	05	18.5.71
22	V64-358-2			33	07	2.6.74
23	V64-370-7			22	03	21.2.74
24	V64-373-3			18	01	17.11.74
25	V64-377-2			34	06	24.10.73
26	V64-386-2			17	01	10.2.74
27	V64-420-2			37	10	24.9.73
28	V64-455-2			15	00	
29	V64-475-2			29	05	23.9.73

Sl. #	D. O.	C U	N A	Age	No, of LC	I. T
30	V64-514-2			34	04	14.4.75
31	V64-547-2			24	03	6.4.74
32	V64-551-1			24	04	28.9.75
1			V64-1-2	24	01	23.12.72
2			V64-6-2	18	02	31.10.74
3			V64-10.2	31	04	26.2.72
4			V64-12.2	37	10	18.2.74
5			V64-12-11	29	06	20.6.74
6			V64-12-16	22	02	8.9.75
7			V64-13-2	30	04	23.1.75
8			V64-14-1	35	07	9.1.74
9			V64-32-2	32	06	9.10.74
10			V64-34-4	27	04	27.8.75
11			V64-34-8	20	00	-
12			V64-39-2	22	02	4.12.75
13			V64-41-5	15	01	26.8.75
14			V64-46-2	20	01	18.8.75
15			V64-48-2	39	06	10.5.72
16			V64-50-7	20	01	1.12.74
17			V64-50-9	20	01	9.8.75
18			V64-51-6	27	03	15.2.75

SL.No.	D O	C U	N A	Age	No. LC	L T
19			V64-52-2	26	01	99.9.72
20			V64-54-2	37	06	99.8.73
21			V64-58-8	18	00	-
22			V64-61-8	28	04	16.8.73
23			V64-61-13	34	09	9.4.73
24			V64-62-2	35	05	8.6.75
25			V64-63-2	30	04	1.3.75
26			V64-64-2	24	03	30.12.72
27			V64-75-10	17	00	-
28			V64-77-2	20	02	28.10.73
29			V64-78-8	20	02	29.1.75
30			V64-80-2	34	04	-
31			V64-85-9	18	02	13.4.75
32			V64-91-2	23	04	11.12.74
33			V64-100-3	19	01	12.6.72

INFORMED CONSENT

I want to have a detailed talking session with you aiming research on the influence of kinship and friendship network in fertility and family planning decisions. This may be helpful in providing useful knowledge on our vital population problem though your statements may be confidential and personal in certain respects. Little research has been conducted in different countries and particularly in our country involving detailed talking session on the proposed topic related to the influence of paternal, maternal, affinal relatives, and friends inside and outside the household. We have undertaken this task considering the lack of materials in the required research. We need your cooperation in achieving success in this work. I am requesting you to express your views openly without any hesitation.

Under no circumstances your name, address and given views would be disclosed to any one which could be the cause of social aor pecuniary damage.

Please sign or put your thumb impression below if you are willing to give the required information and personal opinion. There will be no difficulty in obtaining treatment or other benefits from the cholera hospital if you decide not to participate in this work. Participation in this work, continuation and discontinuation of participation would depend entirely on your personal wish.

On my own behalf I am putting signature/thumb impression voluntarily.

Signature _____

Thumb impression

Address _____

_____

Date _____

সম্মতি পত্র

পরিবার পরিকল্পনা ও সন্তান হওয়ার সংকল্পে আত্মীয় স্বজন ও বন্ধু বান্ধবের [illegible] প্রভাবের প্রভাব নিয়ে গবেষনাকল্পে আপনার সংগে বিশদ ভাবে আলাপ করতে চাই । এই বিষয়ে আপনার বক্তব্য যদিও কোন কোন দিক দিয়ে গোপনীয় এবং নিজস্ব তবুও ইহা আমাদের গুরুত্ব পূর্ন জনসংখ্যা সমস্যা সম্পর্কে প্রয়োজনীয় জ্ঞানের সন্ধান দিতে পারে । এই প্রস্তাবিত বিষয়ে ঘরে ও বাইরে পিতৃকুল , মাতৃকুল ও বিবাহ সূত্রের আত্মীয়ের প্রভাব এবং বন্ধু বান্ধবের প্রভাব নিয়ে গবেষনামূলক বিশদ আলাপ বিভিন্ন দেশে ও বিশেষ করে আমাদের দেশে কমই হয়েছে । প্রয়োজনীয় গবেষনায় এই ঘাটতি উপলব্ধি করে আমরা এই কাজে হাত দিয়েছি । এই কাজে সফলতা পেতে আপনার সহযোগিতা আবশ্যক । আপনার বক্তব্য বিনা দ্বিধায় খোলাখুলি ভাবে প্রকাশ করার অনুরোধ করছি ।

আপনার নাম ঠিকানা এবং আপনার দেয়া তথ্য ও বিবরনীর কোন কিছুই কাহারো নিকট কোন অবস্থাতেই প্রকাশ করা হবে না , যাহা আপনার সামাজিক ও আর্থিক ক্ষতির কারন হতে পারে । প্রয়োজনীয় তথ্য ও ব্যক্তিগত অভিমত দিতে রাজী হলে নীচে সই / টিপ সই দিন । আপনি এই কাজে অংশ গ্রহনে রাজী না হলেও কলেরা হাসপাতালে চিকিৎসা বা অন্য সুবিধাদি পেতে কোন অসুবিধা হবে না । এই কাজে অংশ গ্রহন এবং তাহা চালু রাখা না রাখা পুরাপুরিভাবে আপনার ইচ্ছাধীন ।

আমি আমার পক্ষে স্বেচ্ছায় সই / টিপ সই দিলাম ।

নাম সই _____

টিপ সই _____

ঠিকানা _____

_____

তারিখ _____

Section III - Budget

A. Detailed Budget

1. Personnel Service

Name	Position	% of Effort	Annual Salary	Project Requirements TAKA	DOLLARS
K.M.A. Aziz	Investigator	10%	Tk. 90,000	4,525	
T. Osteria	Co-Investigator	10%	$ 25,000		1,250
S. Bhatia	Co-Investigator	10%	$ 21,250		1,062.50
Field Assistants (2) for 4 months		100%	Tk. 18,800	12,533.34	
Dais (2) for 2 months		100%	Tk. 3,100	1,033.32	
			Sub Total:	18,091.66	2,312.50

2. Supplies and Materials

Items	Amount	Unit cost	
Stationaries			50.00
Ballpoint pens	10	Tk. 1.75	17.50
Pencils	10	Tk. 1.00	10.00
Writing Pads	10	Tk. 7.00	70.00
		Sub Total:	147.50

3. CRL Transport

10 hours of speedboat service in Matlab		1,000.00
Service of 2 country boats for 2 months		1,400.00
	Sub Total:	2,400.00

4. Mimeography 500.00

5. Food/Camp Allowance 6,000.00

TOTAL Tk. 27,139.16 $ 2,312.50

($ 1,809.27)

TOTAL $ COST $ 4,121.77