

ASIAN POPULATION STUDIES SERIES
NO. 85

**COMMUNITY COMMUNICATION NETWORKS
AND
FAMILY PLANNING BEHAVIOUR**

REGIONAL REPORT OF THE PILOT STUDY ON THE
ROLE OF COMMUNITY COMMUNICATION NETWORKS
IN THE ACCEPTANCE AND CONTINUANCE
OF FAMILY PLANNING PRACTICE

ECONOMIC AND SOCIAL COMMISSION FOR ASIA AND THE PACIFIC
BANGKOK, THAILAND



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PREFACE

This regional report is the outcome of the "Pilot study on the role of community communication networks on the acceptance and continuance of family planning practice" which was funded by the Government of Japan under the Japan-ESCAP Trust Fund. The chapters in this report synthesize the findings of the three country reports prepared by the respective study directors from India, Malaysia and the Republic of Korea. The report also gives the background of the study and instrument developed for this study. It draws heavily on the discussions that took place during the final meeting of the study directors held at Chiang Mai in September 1986. The country reports presented at that meeting were:

1. Country report of India: role of community communication network in family planning acceptance – Study of two villages in India, by G. Narayana and U. Pandey.
2. Country report of Malaysia: communication network and population interrelationships – Case study of Malaysia, by Fong Chan Onn.
3. The role of community communication networks on the acceptance and continuance of family planning practice in Korean villages, by Kyung Kyoon Chung.

These reports were revised subsequently in the light of the comments made at the meeting. This report reflects those changes. In addition to the findings, it contains a set of recommendations which can be of use for programme development and identifies new areas of research in the field.

Mr. G. Narayana, of the Administrative Staff College, Hyderabad, India, made a valuable contribution in the preparation of this report. Ms. Joung-Im Kim, of the University of Hawaii, worked as a consultant for this study and made a substantial contribution in the development of the study.

BACKGROUND AND OBJECTIVES

1. The family planning knowledge, attitudes, and practices studies more often than not pointed out the gaps between awareness levels and favourable attitudes on the one hand, and gaps between attitudes and practices, on the other. Researchers have also pointed out that the fertility and family planning behaviour of an individual is greatly influenced by the advice and support of his or her peers, the pattern of interaction between family planning field workers and recipients, and the roles of formal and informal leaders that exist in every society. However, because of the paucity of research efforts, very little is known so far of the nature and the extent of influence of community communication structure and social network dimensions on a couple's family planning decisions. The need for community-level analysis is more pressing when one considers the fact that some communities have forged ahead and adopted family planning methods, while others have lagged behind for some inexplicable reasons. Furthermore, not much is known about the processes followed by the community to reach high levels of family planning practice. To what extent this change has been generated internally and to what extent induced externally remained unclear. Another interesting aspect of family planning adoption is the variations in method preference. While some communities have largely adhered to a particular method, the same method has failed to make a dent in other communities. This complex behavioural problem therefore has to be understood and analysed to arrive at meaningful conclusions. The emergence of theoretical and conceptual formulations in terms of convergence models of communications and accompanying methodological refinement has made it possible to study this phenomenon in greater detail.

2. In reviewing such situations, the Regional Meeting on Social and Cultural Factors Affecting the Acceptance, Continuation and Discontinuation of Family Planning Practices convened by ESCAP in November 1982 concluded with the recommendation that ESCAP should initiate studies to deal with factors affecting continua-

tion and discontinuation of family planning practice, and further develop strategies for family planning programmes based on empirical findings. The Meeting also stressed the importance of developing techniques for identifying informal opinion leaders in a community who could influence couples' decision-making on the use of contraceptives and for characterizing the configuration of ideas of communities about the family planning programmes of the region.

3. To finalize the prototype as well as the country-specific designs for the study, the First Study Directors' Meeting of the Study on the Role of Community Communication Networks in the Acceptance and Continuance of Family Planning Practice was held at Bangkok in December 1984. The period following the first meeting was devoted to data collection and preliminary data analyses. The final study directors meeting was organized in 1986, to review the study reports of participating countries – India, Malaysia and the Republic of Korea – and to disseminate the research findings to the programme managers. The scope of the final meeting was expanded to include key officials connected with the information, education and communication programmes in Nepal, Pakistan, and Thailand.

4. The objectives of the study are to:

(a) Identify the extent of, and reasons for, acceptance and continuance of family planning practice through the application of an improved theoretical framework and methodological approaches;

(b) Examine the role of interpersonal networks, such as kinship, neighbours, friends and other peer group relationships in couples' decision-making on the usage of modern contraceptive methods;

(c) Investigate the role of those individuals who function as opinion leaders in communities and influence couples' decision-making on the use of contraceptives and the configuration of a community's ideas about family planning, and

develop cost-effective techniques to identify such opinion leaders;

(d) Examine the pattern and nature of interaction between family planning field workers and clients, and investigate possible effects of different types of interactions on the couples' family planning practice;

(e) Identify more efficient systems of delivery of family planning services which are compatible with recipients' psycho-social, cultural and communication environment;

(f) Examine the applicability of the research design, incorporating various newly-

developed theoretical and methodological approaches, such as network analysis and communication research paradigms.

5. This report is based on the country studies conducted in India, Malaysia and the Republic of Korea. The following section provides the main variants in research designs employed by the three country studies and subsequent sections deal with summaries of country reports separately, main findings of studies, network factors affecting family planning practice behaviour, research needs for future studies, and finally, programme policy implications.

I. RESEARCH DESIGN

A. Key elements of methodology

6. The importance of interpersonal communication in facilitating processes of change has long been recognized. Research studies in this area tried to understand these processes by relying largely on linear models of communication. Division of interpersonal communication into a sequence of series of acts like source-message-channel-receiver is a result of emphasis on destructured individual bias (Rogers and Kincaid: 1981). To overcome the deficiencies in atomistic and mechanistic models of communication, a new approach called the "convergence model of communication" has emerged. Based on experience gained from and largely influenced by systems analysis, the convergence study focuses its attention not on the individual but on interrelationships between individuals, subsystems and systems. Information is treated here as an outcome of action. When this information is perceived, shared, understood and agreed, the result is further action. For instance, in the case of family planning, an action like the acceptance of a particular family planning method by a person leads to the sharing of his or her experience with other connected members in the community. This sharing of information may result in further action such as selection and use of family planning methods by other members who remained as non-users until that point of time. So this cyclical process continues.

7. Since interpersonal relations is the central focus, the network analysis method is used to identify communication structure. The basic unit of analysis in this approach is the dyad. A dyad is composed of two individuals connected by a communication link. The information exchange potential between individuals has, therefore, become a subject of considerable debate and discussion and the concepts of strong and weak ties are used to describe the relationship (Lice and Duff: 1972; Kim: 1983). The homophyllous situation has for long been considered as an indicator of strong ties. But recent research findings have

not only questioned this proposition but also demonstrated the information exchange potential of the heterophyllous situation. So the flow of information need not necessarily depend on a high degree of integration or frequent contacts. However, such assumptions should be qualified by indicating the type of information sought and the availability of such information within the network marked by strong ties.

8. Another level of analysis above the dyad is the clique level. A clique is a subsystem whose members interact with each other more frequently than with other members in the system. A variety of factors determine the formation of cliques in a given community. Ascriptive indicators like caste, clan, and age and achievement indicators like educational levels, income categories, or sheer physical proximity determine the size, composition and characteristics of cliques. The homogeneous and heterogeneous nature of the situation and also issues involved add to the complexity. Identification of persons with maximum connectedness within the clique helps us to know about clique leaders and their role in the diffusion of information. Other communication roles performed by clique members are those of liaisons and bridges. A bridge is an individual who links one or two cliques and is a member of one of the cliques. A liaison, on the other, is an individual who links two or more cliques without being a member of any clique. There could be coalescence of roles of formal leaders and clique leaders in some situations, while in other cases they could be markedly different.

9. Based on the findings of other research studies on community communication structure with the help of the social network method, the three country studies followed certain basic assumptions to determine the family planning communication structure (Fernandez and Vancio: 1982; Lee: 1977; Kim: 1977; Kincaid and Yum: 1976; Yadav: 1967). First, the community communication structure for family planning is assumed to be different from the general communication structure. Second, the

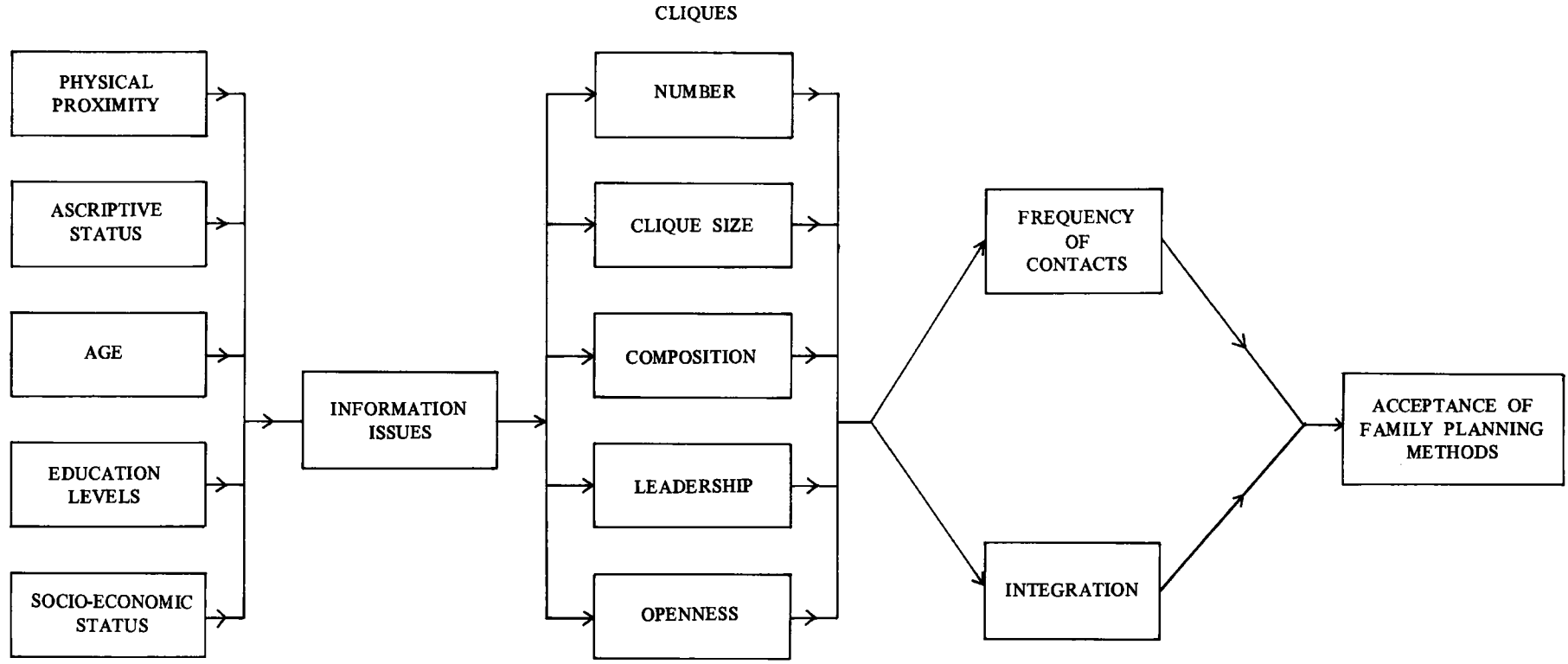


Diagram 1. Clique formation and influence on family planning acceptance

communication structures of husbands is expected to be different from those of wives. Third, interconnectedness based on frequency of interactions is hypothesized as different from structures based on closeness. Fourth, the number, size and composition of cliques and communication roles of persons are expected to vary from one village community to another based on socio-economic characteristics and the number of users of family planning methods in the cliques. Fifth, more developed or innovative villages are expected to have different types of clique formation, compared with those villages which are less developed and less innovative. Sixth, the emergence of strong leadership within a clique and the family planning status of the clique leaders are expected to influence the extent of use of family planning methods among other clique members.

10. For determining the community communication structure for family planning, individual interrelations are measured on two dimensions: one, on frequency of contacts, and the other, on extent of closeness. To identify the characteristics of clique members, information was collected on various aspects, such as socio-economic characteristics, demographic profile, inter-spouse communication, role of mass media, formal leaders, and role of service providers. The interrelatedness of these various factors, as shown in diagram 1, was examined to determine their influence on communication structure on the one hand, and the continuous and discontinuous use of family planning methods, on the other.

B. Main variants in research design

11. Though the basic conceptual framework, objectives and assumptions behind the three studies are the same, there are some main methodological differences, an inevitable feature of cross-country research work like this. The main variations are in terms of number of villages selected, number of respondents interviewed, types of questions asked, and also techniques of analysis used. Some of these methodological differences are a result of socio-economic differences between these countries, and others are based on the need to emphasize certain aspects of family planning depending on the programme context.

12. The total number of villages selected for the study varied from one country to the other. The Indian study selected two villages, the Korean and Malaysian studies eight villages each. This is largely due to the fact that the size of the villages varied in these countries. For instance, a typical Indian village is four to five times larger than a Korean one. For this reason, the number of households interviewed for the study also varied considerably. But all three studies included in the sample less developed and more developed villages (see table 1).

13. A prototype interview schedule developed separately for men and women (see annex) before launching the studies, was used with or without modifications to collect information. All studies included in their interview schedule questions on socio-economic background, demographic profile, family planning practices, inter-spouse communication, and efficacy of service providers. The main differences are in regard to questions on networks. Since the size of villages in India is unmanageable for this purpose, the Indian study divided each village into smaller units and followed the roster method for collection of information. Since the village households have no numbers, the first task carried out was to prepare a list of households in each unit and to assign a number. Based on this a roster was prepared for all the households and the husband and wife belonging to the eligible couple category in each household were asked separately to mention the frequency of interactions they usually have and the closeness of the relationships as they perceive it with all other members of the unit. Responses were coded separately for men and women to find out the communication structures of women and men in villages. The Korean study followed the same procedure, with two differences. First, instead of following the roster method, each male respondent was asked to mention the names of five persons with whom the respondent discusses general, family planning and farm development issues. Female respondents were interviewed only about the family planning network. These questions fall under the sociometry method of information collection. Second, it was assumed that there would be no need to draw a distinction between the frequency of interaction and closeness dimensions. This was a result of experience

gained from similar network studies done earlier in Korean villages. The Malaysian study, like the Indian study, collected information on a roster basis on both frequency of interactions and closeness, only from wives.

14. All three studies, however, translated the interview schedule into local languages, pre-tested the schedule in the village situation, and effected changes in the questions asked. For instance, the Indian study required two translations, because the dialects in the two villages selected for the study are different. Common to all three studies also is the recruitment of well-trained and experienced investigators for data collection. While the Indian study collected information in two stages – one on general questions and the other based on a household roster to determine the social network – the other two studies collected all the information from respondents in one stage.

15. Both the Indian and the Korean studies used NEGOPY, a computer software package for understanding community communication struc-

ture. The Malaysian study used graph theory techniques to delineate configuration of lines and point nodes in a network. While the Korean and the Indian studies treated the entire unit as a holistic entity to identify cliques and links within and between cliques, and to examine the relationship between clique formation and family planning acceptance, the Malaysian study used the household network as the central focus. The network was prepared for each household on frequency of contacts and closeness dimensions. The typical network was then selected for each community under study and further analysis was made. The Malaysian study also used statistical techniques like association, correlation and regression analysis, and an attempt was made to arrive at a mathematical model to understand communication structures. While the network method had been used in the Republic of Korea, it had never been attempted in India and Malaysia. The findings of these studies are, therefore, expected to be both interesting and valuable. A summary of the studies of all three countries is given below.

Table 1. Number of villages selected and household interviewed

| Country | Number of villages | Persons interviewed | | |
|-------------------------------|--------------------|---------------------|-----|-------|
| | | Total | Men | Women |
| 1. Republic of Korea | | | | |
| A. Developed | 2 | 198 | 95 | 103 |
| B. Less developed | 4 | 235 | 104 | 131 |
| C. Average type | 2 | 194 | 87 | 107 |
| Total | 8 | 628 | 287 | 341 |
| 2. Malaysia | | | | |
| A. Developed-FELDA | 4 | 285 | — | 285 |
| B. Less developed-Traditional | 4 | 276 | — | 276 |
| Total | 8 | 561 | — | 561 |
| 3. India | | | | |
| A. Developed | 1 | 783 | 378 | 405 |
| B. Less developed | 1 | 811 | 367 | 444 |
| Total | 2 | 1 594 | 745 | 849 |

II. SUMMARY OF COUNTRY REPORTS

A. India

16. The Indian study was conducted in two villages in Andhra Pradesh, a southern State. There are significant differences between these villages, partly for historical reasons and partly owing to the extent and nature of economic development. Regional variations could be observed in terms of the size of the villages, the languages spoken, the caste composition, and the customs practised, and socio-economic differences could be measured in terms of irrigation facilities, land ownership patterns, literacy rates, income levels, family structure, and possession of household goods (see table 2).

1. Socio-economic and demographic background

17. Tekrial, a less-developed village in Nizamabad district selected for the study, is located on both sides of a metal road connecting the towns of Hyderabad and Nizamabad. Since the village falls in the region called Telangana, long ruled by the Nizam of Hyderabad, the spoken language is a mixture of Telugu and Urdu. Nearly 1,500 persons, all following the Hindu

religion, divided into various caste groups, are inhabitants of the village. More than half the village population are from upper and middle caste groups. In contrast, Duggirala, a relatively more developed village, is located in West Godavari district, considered the rice bowl of the State. This region was, before independence, under direct British rule. Duggirala village, with a population of more than 2,000 persons, has one main village and three satellite villages called hamlets. Persons from hamlets belong predominantly to a particular caste group usually lower in status. The upper caste groups, forming one fourth of the total population, live in the main village. The majority of the lower caste members have become Christians in recent times. As a result, the long-established social equations based on caste hierarchy have undergone considerable changes.

18. Andhra Pradesh is predominantly an agricultural State with more than 70 per cent of the population directly dependent on agriculture, and the two villages under study are no exception to this. Developed villages have assured surface water irrigation facilities, absent

Table 2. Socio-economic differences between Indian villages selected for the study

| Serial Number | Indicators | Duggirala – Developed village | Tekrial – Less developed village |
|---------------|---|-------------------------------|----------------------------------|
| 1. | Population | 2,000 | 1,500 |
| 2. | Typical family structure | Nuclear | Joint |
| 3. | Female literacy rate | 50 per cent | 5.7 per cent |
| 4. | Irrigation facilities | Canal systems | Semi-arid |
| 5. | Landowners to total population | 28.2 per cent | 41.4 per cent |
| 6. | Agricultural labourers to total population | 39.4 per cent | 38.3 per cent |
| 7. | Number of desired children higher range – men | 3.3 per cent | 4 per cent |
| 8. | Number of desired children higher range – women | 2.8 per cent | 3 per cent |
| 9. | Contraceptive prevalence rate | 52.5 per cent | 24.6 per cent |
| 10. | Languages spoken | Telugu | Telugu/Urdu |

in less developed villages. In less developed villages, 41.4 per cent are landowners, while in developed village only 28.2 per cent belong to this category. Economic inequalities are as a result more pronounced in developed than in less developed villages. More than half of the total men and women are literate in developed villages and only 24.4 per cent of the men and 5.7 per cent of the women in less developed villages. Differences in literacy rates are high among men and women in less developed villages. More families, in developed Duggirala village possess facilities such as running water and electricity, and household durables like sewing machines, radios and electric fans, as is to be expected. However, more men than women in both villages considered their economic position much better now than it was before.

19. Traditionally, the Indian family structure was dominated by either joint or extended families, where several nuclear families lived together with varied kinship relations. The forces of modernization and urbanization have altered this arrangement in recent times. The more developed a village becomes, the fewer are the joint and extended families. As is to be expected, the more developed Duggirala village has more nuclear families, small-size households, and a smaller number of ever-married persons in a household. The less-developed Tekrial village, on the other hand, has more joint or extended families, large-size households and a higher number of ever-married persons per household. The dominance of tradition in Tekerial village is also evident from the marriage practices. While the average age at marriage for Duggirala women was 18 years, women from Tekrial married at the age of 14, and adherence to the practice of child marriage is a common phenomenon.

20. The differences between the desired number of children and the actual number of children is more striking in developed than in less developed villages. The average number of desired children in terms of higher range was 2.8 for developed village women and 3.3 for men. In the less-developed village, the average number of desired children at the higher range was 3 for men and 4 for women. The preference for sons

was more pronounced among men than women in both villages. While men preferred to have two sons, women would be content with one son. Women and men in both villages expressed the same opinion with regard to one daughter. Differences in the desired number of children disappeared when the question was the number of live births and the number of living children. In both villages, the average number of live births was 3.8. Developed Duggirala village, with more nuclear families, with less desire to have more than one son, and with aspirations to have a small-size family had the same number of living children on an average as that of less-developed Tekrial, with more joint families, with the desire to have more sons, and large-size families.

21. The extent of awareness of family planning methods is a function of a variety of factors like the method mix introduced and available, the emphasis given to various methods in promotional strategies and the availability of services in a socially acceptable manner. The Indian family planning programme preference for terminal methods like tubectomy and vasectomy is evident when one looks at the data on awareness levels of persons from both villages. While almost all men and women were aware of sterilization methods – both vasectomy and tubectomy – either spontaneously or when prompted, only a negligible number in both villages were aware of spacing methods like condoms, oral pills, and IUD, even after prompting. Of those who were aware of spacing methods, only a handful possessed knowledge on the usage and less than 10 persons in both villages were actual users of all spacing methods put together. Of the total eligible couples in the villages, the contraceptive prevalence rate in the developed village was as high as 52.5 per cent, and in the less-developed village, it was only 24.6 per cent, less than the State average. More than 90 per cent of acceptors in both cases were terminal method users. Vasectomy, which was once popular with men, has now been replaced by tubectomy. For most villagers, family planning is synonymous with the use of terminal methods, mostly tubectomy. Since almost all are terminal method users, the questions on continuation and discontinuation of methods have not been further analysed.

2. *Influence of interpersonal relations on family planning behaviour*

22. Interpersonal relationships have a crucial role to play in sharing one's attitudes and perception about a particular method. This is particularly so in communities where the role of the mass media is limited and literacy rates are low. The respondents in both villages were asked to give sources of advice and information on current contraceptive usage. Most users of contraceptive methods in the developed village gave self-motivation as the primary reason. In the less developed village, women relied on their husbands for information, who in turn depended on government employees, not necessarily only family planning service providers. In the case of post-operative problems, most people in both villages never approached others. Most of them considered that the advice thus obtained would not be of much help.

23. When asked about decision-making roles within the family in regard to the next child, number of children, child's education, family health and household items, the responses were both varied and interesting. Most women in Tekrial and Duggirala felt that the decision on next child had been taken jointly with their husbands. Men in Tekrial village to a large extent agreed with their wives on this point, but men in Duggirala, contrary to expectations, considered themselves as decision makers without consulting their wives. This assertion on the part of Duggirala men may be due to the fact that they were not willing to accept their declining importance as the only decision makers. Responses on decision-making styles in families are to a large extent coloured by what is normatively desirable. Keeping this in view, all these responses should be approached with caution. A similar pattern exists with regard to decisions on the total number of children and the education of children. On the health aspects, and on purchase of household goods, it was women in general who played an important role compared with men. Discussion on family planning methods was considered by men and women as too delicate or not allowed. Thus inter-spouse communication is considered desirable and practised in some areas, while in other areas, such as family planning, discussion is avoided. Decisions in a few areas like the next

child, total number of children, are the prerogative of men; choices on health aspects and household goods are largely left to women. Inter-spouse communication therefore depends to a large extent on well-defined role differentiation within a family.

24. In order to know the extent of reach of the media, the villagers were asked to indicate their awareness of family planning messages through different media such as radio, television, newspapers, pamphlets, film slides, magazines and posters. Radio being the most commonly-used source of information and entertainment in villages, most heard of family planning messages through this medium. Television has not yet reached these villages. Newspapers and magazines as a source of family planning messages are limited to literate villagers. Given the low literacy rates, only an insignificant number of villagers read newspapers. Dailies are popular with men and magazines with women. Posters and slides produced, distributed and exhibited by the Government through the media section of the department had reached only an insignificant number of people. At present, only radio has the potential to reach the maximum number of villagers compared with other mass media.

25. At the village level, the health and family welfare department has one male and one female worker serving over 5,000 people, located in more than five villages. In addition to the regular workers, every 1,000 persons in a village have one community health volunteer and one trained *dai* (midwife). One expects, given the number of workers and volunteers, close interaction with villagers. Surprisingly, only an insignificant number of villagers were aware of male or female workers, and also volunteers located in the same village. Only 15 per cent of men and women in both villages ever talked to family planning personnel. Two thirds of those who interacted with workers had met them in the preceding month. Female workers were more familiar to villagers than male workers. In such meetings, individual interaction at the villager's residence is always preferred. Most villagers expressed dissatisfaction with the inadequacy of the reach, measured in terms of the total number of villagers contacted by the field workers, the frequency of such contacts, and the quality of services.

26. Given the large size of villages, it is not possible to collect information on a roster basis for the entire village; the villages were therefore divided into small, manageable units based on physical contiguity which would also mean the same caste composition in most cases. Developed Duggirala village was divided into 14 units, and less-developed Tekrial into 9 units. For each unit, first a roster was prepared to collect information. Each individual was asked to give information on his/her relationship with other individuals in the unit on closeness and frequency of interaction dimensions. The analysis has been done for a few selected units. The Scheduled Caste and Christian units in Duggirala village and the Reddy caste unit and Multi-caste unit in Tekrial formed the basis for network analysis. Men and women were covered separately in all these selected units.

3. *Network analysis of two units in a developed village*

27. The network diagram on closeness in the scheduled caste unit showed three distinctly identifiable cliques of varying sizes. Of the total 40 women in this unit, 16 belonged to clique one and 12 each to cliques two and three. Two women who were more closely connected with other women in clique one had a similar background. Both were above 50 years, educated up to primary level, and only one of them had undergone a sterilization operation. Though there were three highly educated women in the clique, none had emerged as a leader. Similarly, in clique two, a 45-year old woman educated up to primary level was having maximum connectedness with other members. In clique three, the age of members varied from 20 to 45 years. A 25-year old Christian woman had maximum connectedness. However, all three cliques were not isolated groups. They were linked by either liaisons or bridges. A 27-year old scheduled caste woman, who is a tubectomy acceptor, acted as a liaison between cliques two and three. Similarly, there were four bridge links between cliques one and two, and one bridge link between cliques three and one. Women educated up to primary level and belonging to the above 50 years age group have emerged as clique leaders, while young women have an active role as bridges and liaisons. Highly-educated and young women have more or less remained as

ordinary members of the cliques. When frequency of interaction was used for analysis, four cliques emerged instead of the three described above for the same unit. Clique one was the largest, with 20 members, followed by 12 members in clique two, 10 in clique three, and 8 in clique four. Most of the clique leaders, women with maximum interaction links with other women in the clique, were young and educated up to primary level. In clique one, a woman who emerged as clique leader in the interaction network was considered as an isolate in the closeness network. While some of the cliques were linked by bridges and liaisons, others were not. What emerges from the above analysis is that closeness and frequency of interaction are not interrelated for this unit. Clique leaders, bridges and liaisons are different persons for networks based on these two dimensions. While old women have figured prominently as leaders in closeness, the young have replaced them when it comes to the question of frequency of interactions. In both cases, women with primary education level play a vital role compared with illiterate or highly educated members.

28. Men of the scheduled caste unit formed one large clique with 39 members on the closeness dimension (see diagram 2). Political factions in the village could be one of the main reasons for such large-size clique formation. Four of the clique members were graduates, nine had completed matriculation, eight had studied up to primary level and the rest were illiterates. The person with maximum connectedness who emerged as a leader of the clique was very old, illiterate, and an agricultural labourer. Of the total 39 members in the clique, 8 were current users of family planning. In addition to these clique members, 9 men emerged as isolates. Most of them were young, highly educated, and unemployed. None of them followed any method of family planning. The network analysis based on frequency of interactions revealed a different picture altogether. Members were divided into two small cliques consisting of 9 men in clique one and 6 in clique two. These two cliques were not interconnected either by bridge or by liaison. All other men in the scheduled caste unit emerged as isolates. Even the old scheduled caste leader in the closeness network remained as an isolate. The reverse is

true in some cases. Four men considered as isolates in the closeness network had emerged as active members in the frequency of interaction network.

29. The network analysis of men and women in the scheduled caste unit on closeness and frequency of interaction dimensions has revealed different patterns of clique formation. While the men have formed one large clique on the closeness dimension, the women are divided into small cliques (see diagram 3). There are also considerable differences on clique formation. The number of cliques in the closeness dimension are different from that on the frequency of interaction dimension. Even the membership of these cliques has varied to a large extent. The men and women considered as leaders on one dimension have no active role to play or remained as isolates on the other dimension. When men are active members of a clique, women from the same family play a less important role. The absence of this overlap in leadership roles of husband and wife has demonstrated that the family as a unit is not very important in providing leadership to different groups in the community.

30. The second unit taken for analysis is that of the Christian community in Duggirala village. Except for a few educated up to the primary level, most women of this unit are illiterate agricultural labourers. The network diagram on closeness indicated the presence of two cliques in this unit. While 27 women belonged to clique one, 20 members formed clique two. The division of members in this unit into two cliques was more or less based on the age structure. Young members of the unit were together in clique one, and the middle-aged and old became members of clique two. There were no current users of family planning in either clique. The social background of leaders was similar for both the cliques except for age differences. In clique one, the leader was 25 years of age and in clique two, 55 years old. There was also a high degree of connectedness between the cliques. There were four bridge links and one liaison link between these cliques. Four members of this unit remained as isolates. The pattern of clique formation remained more or less the same even on the frequency of interaction dimension, except for persons with

maximum connectedness in both cliques. Age seemed to have played a major role in providing a basis for clique formation, all the other characteristics being the same.

31. For men in the Christian unit, the closeness network diagram revealed only one major clique, with 52 members. A 47-year-old Christian, educated up to primary level, and current user of family planning, emerged as a central figure with maximum connection to 17 members in the clique. At least another 12 members had direct links with more than 10 persons in the clique, indicating the extent of closeness of members. The only isolate was an individual whose wife figured as clique leader. On the frequency of interaction dimension also, there was only one clique with the same members figuring in both cliques. However, the total member of isolates increased to 10 on this dimension.

32. Given the more homogeneous nature of the Christian unit, the clique formation followed a different pattern. Since all members of this unit are Christians, and landless agricultural labourers, the clique formation is on the basis of age. This is particularly evident in the case of women who are divided into two main cliques — one largely dominated by young, and the other by the middle aged. Men, however, showed less differentiation and remained in one clique. It is also important to note that the number of cliques and clique members remained the same on both closeness and frequency of interaction dimensions.

4. *Network analysis of two units in less developed village*

33. The multi-caste unit in the less developed Tekrial village consisted of 36 members. Seven different caste groups formed part of this unit. Most of them were also landowners or marginal farmers. A large number of men and women were illiterate. The network analysis on the closeness dimension showed three cliques among women members of this unit. There were 18 members in one clique, 8 members in the second, and 4 in the third. Predictably, the clique formations are on caste lines. Members of the first clique largely belonged to the Reddy caste group, while the members of the second clique were largely from backward castes. The

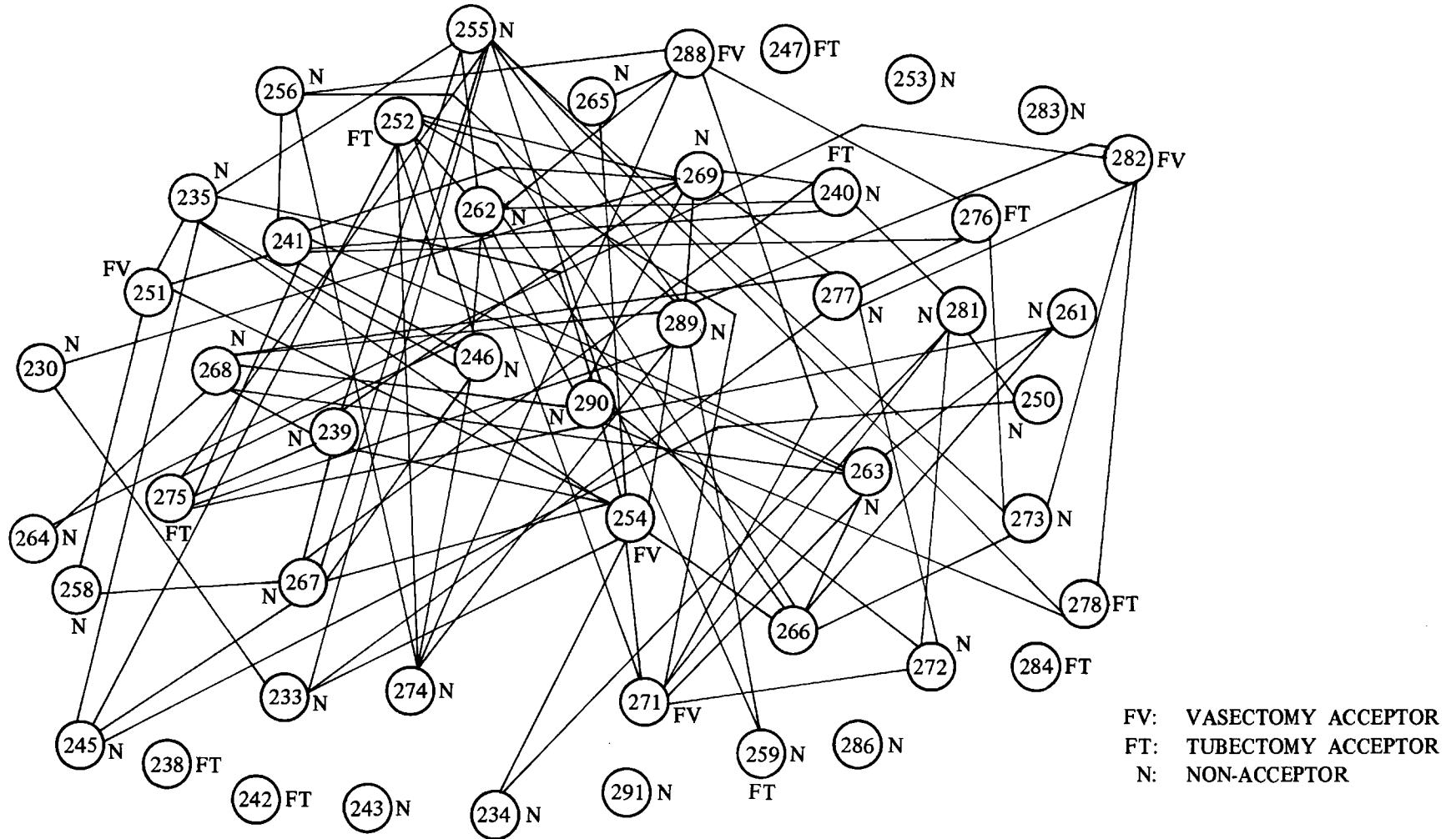


Diagram 2. Closeness network of men in the scheduled caste unit in a developed village – India

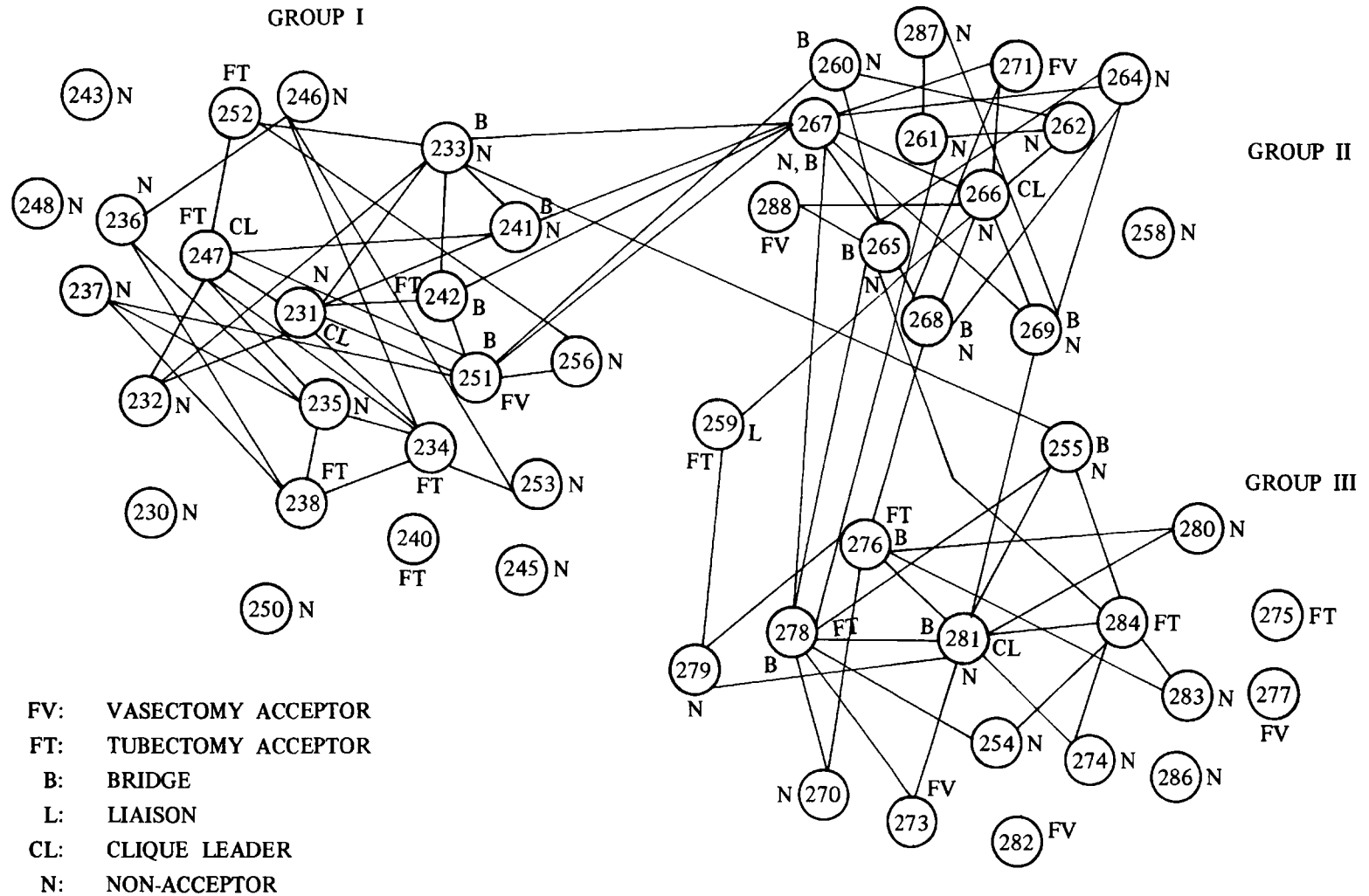


Diagram 3. Closeness network of women in the scheduled caste unit in a developed village – India .

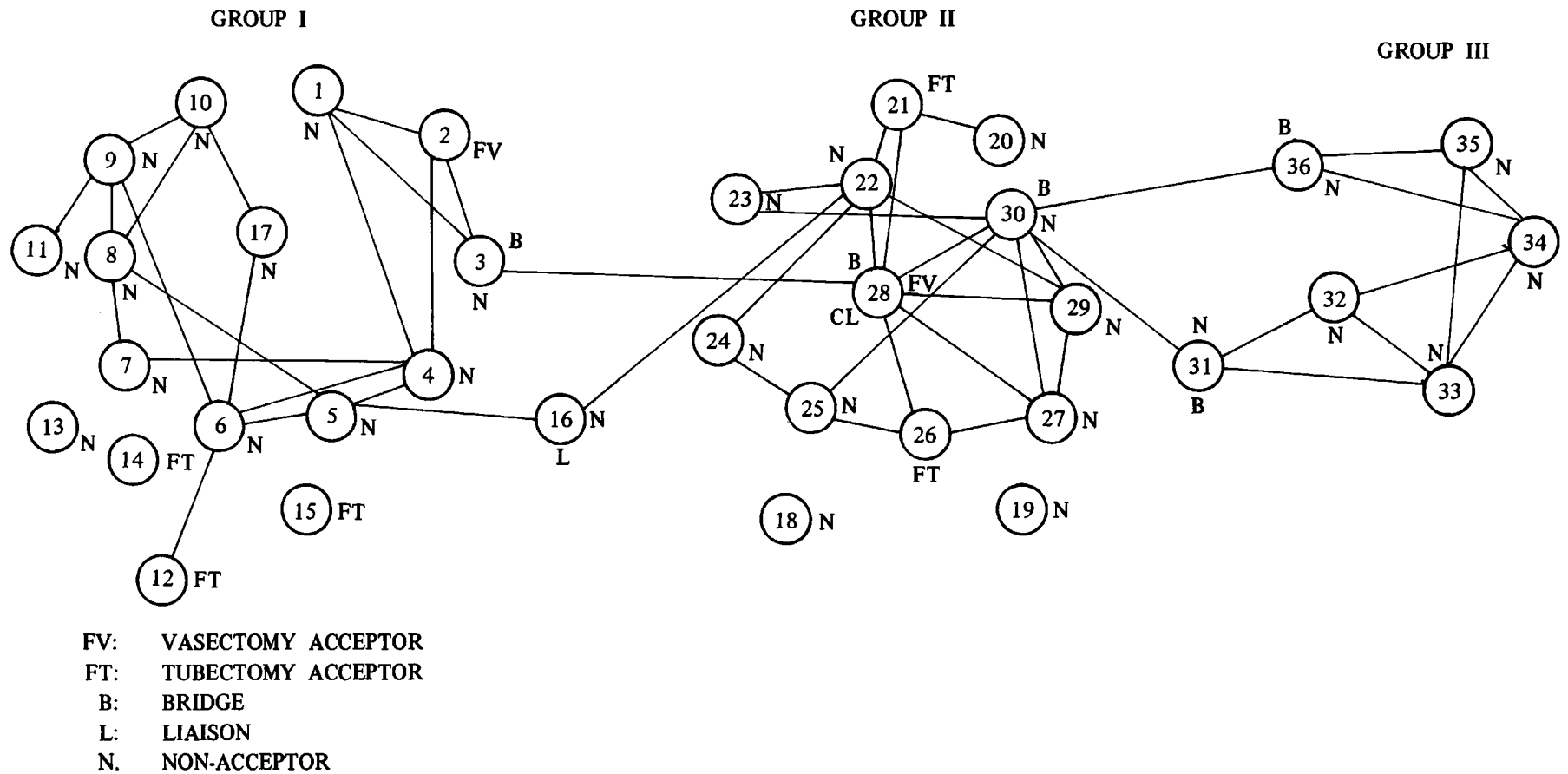


Diagram 4. Frequency network of women in the multi-caste unit in a less developed village – India

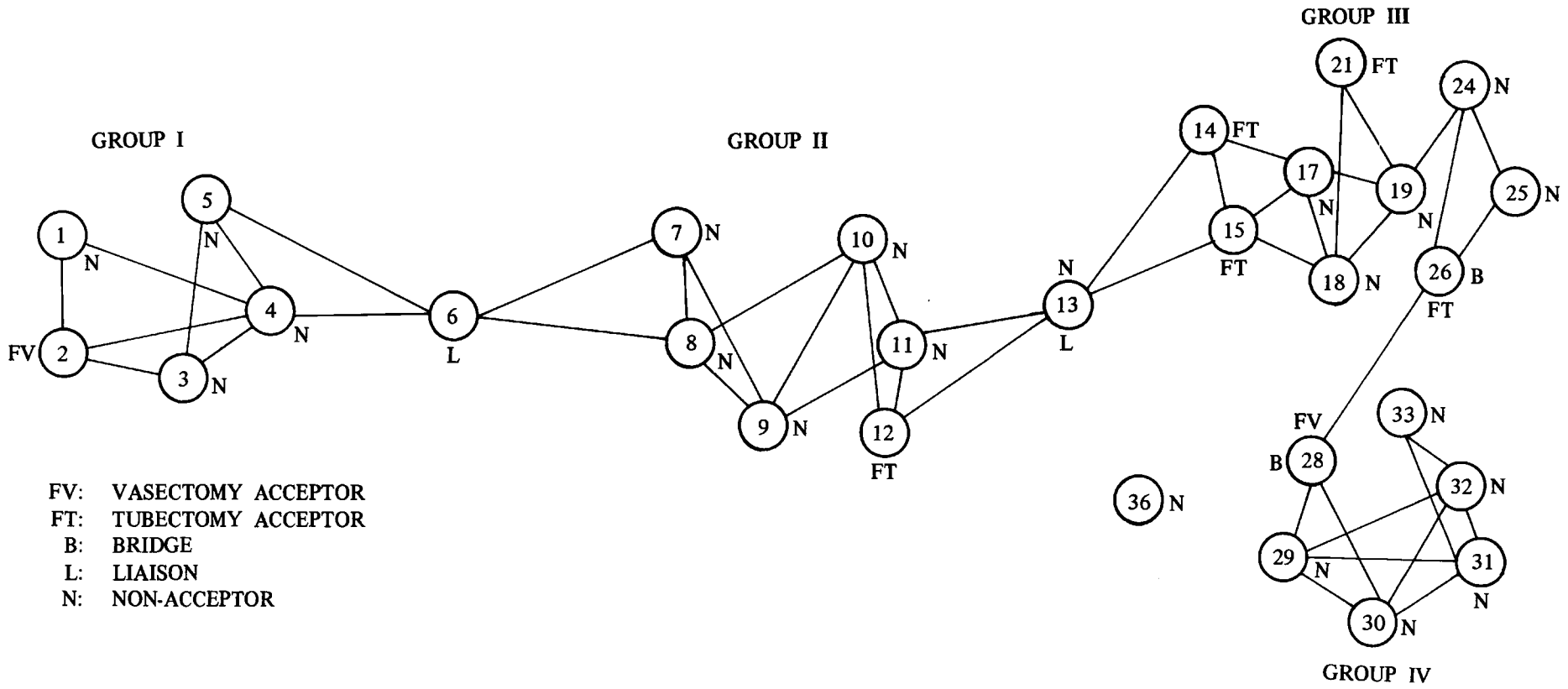


Diagram 5. Frequency network of men in the multicaste unit in a less developed village – India

third clique, very small in size, was also dominated by the Reddy caste group, with 3 out of the total 4 clique members belonging to this caste. On the frequency dimension also, the women were divided into three cliques (see diagram 4), although the size of the cliques were different from that of closeness cliques. The first clique was dominated by Reddy women while the second and third cliques consisted of the backward caste women. For understandable reasons, such as the extent of social distance in caste hierarchy, the first clique remained unconnected to the remaining two cliques, while the second and third cliques were linked by two bridges and one liaison. All these women, except two in the second group, were non-users of family planning methods.

34. Men of the multi-caste unit followed the same pattern. Of the total three cliques in this unit, two were dominated by the Reddy caste group and the third by backward castes. All those who provided liaison links between groups were men belonging to other caste groups. On the frequency dimension, men formed four small cliques of 4 to 5 members (see diagram 5). Again the division was largely on caste lines. While the first two cliques were dominated by the Reddy caste group, the other two consisted of backward castes. None of the leaders of these cliques had undergone a sterilization operation.

35. In a more heterogeneous setting, the formation of cliques is largely based on caste status. The same caste group may have more than one clique but each clique is dominated by a single caste group. The differences in land ownership also added weight to these caste-based divisions. Both men and women, on closeness and frequency of interaction dimensions, have formed into cliques, either dominated by the landowning Reddy caste group or by backward caste marginal and small farmers. In either case, age and educational qualifications have no role to play. Interconnectedness between cliques is also extremely limited.

36. The Reddy caste unit in the less developed Tekrial village which formed the basis for network analysis is a homogeneous unit. All members belong to the Reddy caste group, and are illiterate or educated up to primary level. The major differences are in the form of landownership. While a few of them are landlords,

most of the members are either small or marginal farmers. Most of the marginal farmers also work as agricultural labours in addition to their role as owner cultivators. Reddy women on the closeness dimension had formed themselves into eight small-size cliques. The size of cliques varied from 4 to 8 members. Almost all cliques, except one, consisted of Reddy women. Since the size of groups is small, none of them emerged as a clique leader. In other words, each one exhibited an equal degree of connectedness to others in the clique. Each clique also had one or two current users of family planning. There were as many as 25 isolates. Strangely, none of these cliques is connected to one another. There are no bridges or liaisons. An exactly similar pattern was repeated in cases of frequency of interaction.

37. Men of the Reddy caste unit in Tekrial were also divided into seven cliques on the closeness dimension. The size of cliques varied from a maximum of 12 members to a minimum of 4. All these cliques were dominated by the Reddy caste group, except for one clique, which consisted of Devangalu caste members. Age and landownership formed the basis for clique formation, the caste status being the same. Each clique had 2-5 current users of family planning methods. On the frequency of interaction dimension, the clique formation remained more or less the same, with similar characteristics. However, one interesting difference with the women network was the presence of bridge and liaison links between cliques. The entire unit was divided into two subsystems, with 5 cliques in one subsystem and 2 in the other subsystem. The five cliques were well connected by bridges and liaisons and the remaining two cliques were linked. Factional politics in the village was perhaps responsible for this type of interconnectedness or lack of it.

38. The more homogeneous Reddy caste unit has exhibited a division which is unique. Divided into several small-size cliques, a common practice among men and women on both the closeness and frequency of contacts dimensions, the members have equal degrees of connectedness in their cliques. So no one clearly emerges as a leader. Unlike men whose cliques are connected to some selected if not all cliques in the unit, the cliques of women have

remained completely isolated. Political factions, and village social customs which restrict interaction, would have been responsible for the formation of small groups. Both closeness and interaction as a result have largely been confined to the families living in the neighbourhood. Physical contiguity here emerges as a major factor determining clique formation.

39. Indian village social structures offer a variety of clique formation possibilities. The existence of cliques, their size and composition are largely determined by ascriptive status. Differences in cliques in terms of closeness and frequency of interaction brings us back to the question: Which of these two indicators is a reliable measure of cliques in village communities? Based on the information available on structures in these two villages, closeness seems to be more important. High and low caste or landowner and worker's frequent interactions because of their economic interdependence need not necessarily make them closer to one another. However, this aspect requires further examination under different sets of conditions.

B. Malaysia

40. Malaysia has recently announced a policy of attaining a population of 70 million by the year 2100. This is a reversal of its earlier policy of reducing the population growth rate to 2 per cent per annum by 1985 and reaching a stable population of 35 million in the near future. These changes are the result of well-defined national development objectives. The National Population and Family Development Board has a healthy and well-spaced family norm as one of its main objectives. On the economic front, a series of steps have been initiated by the Government to improve the income level of farmers by introducing new technologies. Rehabilitation of agricultural labourers in new settlements forms part of these agrarian reforms and the Federal Land Development Authority (FELDA), established in 1956, was entrusted with the responsibility. By the end of 1974, FELDA had developed over 300 land schemes covering an area of over 600,000 hectares, with a clear emphasis on cash crops. All these schemes have introduced a division in rural areas between traditional rural areas and FELDA new settlements. So this study looks into both types of

area by selecting four traditional communities and an equal number of FELDA communities. Information was collected from a total of 561 households, consisting of 285 households in FELDA settlements and 276 households in traditional areas.

1. *Socio-economic and demographic background*

41. The traditional and FELDA areas are similar as regards some socio-economic characteristics and different as regards others. Both communities are more or less similar in terms of age structure and educational levels. The mean age of FELDA settlers is 38 years, and of traditional communities, 41 years. Both traditional and FELDA settlers have 6-7 years of education. Here the similarities end. Significant differences are noticeable in terms of average household incomes. The average household income of FELDA settlers is \$550 per month and their traditional counterparts earn only \$220 per month. Similarly, FELDA households have 5.6 living children on an average compared with 7.2 living children per family in traditional areas.

42. There are also significant differences in terms of family planning prevalence and fertility rates between these communities. FELDA communities in general have slightly higher family planning prevalence rates and lower fertility rates. The contraceptive prevalence rate for FELDA areas is 52.3 per cent, while the corresponding value for traditional areas is 48.2 per cent. While the fertility rate for FELDA areas is 301 per 1,000 population, that for traditional communities is 321 per 1,000 population. The relationship between socio-economic characteristics and fertility behaviour has been examined. The age of housewife duration of marriage, level of education, and household income have a positive association with contraceptive prevalence rates in both types of communities. The same variables are negatively associated with general fertility rates.

2. *Interpersonal relations*

43. Interpersonal relationships and interaction play a major role in the diffusion of information. Women in traditional communities were equally dependent on their husbands, in-laws and other relatives for family planning informa-

tion. In contrast, the FELDA women mentioned nurses and family planning extension workers as major sources of family planning information. More developed and organized infrastructure facilities in the FELDA region might be the reason for these differences. Women belonging to younger age groups in both types of communities interacted more with nurses and family planning workers, while the older age group depended on husbands, in-laws and relatives. Similarly, women with higher levels of education considered husbands, nurses and workers as major sources of information. Those who interacted with nurses and workers considered the advice rendered by them useful and positive. However, the reach of family planning field workers was confined to only 30 per cent of total households in both types of community. In terms of frequency of contacts, the gap between the first and second visits by the workers was nearly two months. Although the workers have a major role to play, the services have not yet reached a significant number of households.

44. The majority of wives in the FELDA area discussed family planning with their husbands. Of the total, 60.4 per cent of the wives in the FELDA area and 40.2 per cent in traditional communities discussed it with their husbands. The younger the age group and the higher the level of education, the greater was the possibility of discussion of family planning with husbands. Most decisions on selection of a particular family planning method and on continuation and discontinuation of method use were jointly taken by wives and husbands in both types of communities. Nearly 61 per cent of the women in the FELDA area and 41 per cent in the traditional area considered the joint decision-making process as a dominant feature of their households.

45. Network analysis has been done for FELDA as well as for traditional communities of find a frequent communication network and typical housewife network. The frequent network is measured in terms of number of interactions, while the typical housewife network has been worked out on the extent of integrativeness. The FELDA and traditional community settlements have been divided into low and high fertility areas. From each type of community,

one high and one low fertility area have been selected to analyse frequent and typical networks. There is, however, an interesting variation on how these communities have been organized. FELDA areas, being new settlements have formal structures evolved around them by the development of administration to facilitate interaction. These formal groups and group leaders are not included in the network analysis, where the emphasis is on knowing about the informal flow of information.

3. *Network analysis of high and low fertility FELDA villages*

46. In Gemas, Negri Sembilan, a low-fertility FELDA settlement, the frequent communication network of a housewife consisted of nine members (see diagram 6). Though the members of this household network were located in different parts of the village, the interactions among them were very frequent. In general, the attitudes of group members towards family planning were positive. Out of the total nine members in the group, seven were users of family planning methods. Of the remaining member, one was recently married and the other was old enough to practise family planning. The key person in the group was a mother of two children and current family planning user. Similarly, the typical housewife network in this village consisted of five or six members, with a very high level of integration among members. The typical closeness network,* as was the case with the frequent network, was highly positive towards family planning.

47. Typical and frequent communication networks in Kampung Gajah, Johore, a high-fertility FELDA area, showed different results. The frequent communication network consisted of six members, with very low levels of connectedness (see diagram 6). Even the communication links between this group and the formal structure were extremely limited. Only three out of a total of seven members were family planning users. The group leader, a 30-year-old mother of three children, was a non-user. After the first child, she adopted family planning but discontinued its use as it was not acceptable to her

* The typical network is arrived at by taking into account the most common characteristics shared by the individual household networks.

friends. The typical housewife network consisted of four to five members, with a low degree of integration among members. Most members belonged to younger age categories, hence the desire to have more children.

4. *Network analysis of high and low fertility traditional villages*

48. In the traditional rural areas, where the formal structure to facilitate interaction is non-existent, the network patterns have not been different. In Bahau, a low-fertility traditional area, the largest frequent communication network had seven members, all of whom exhibited high levels of connectedness with very frequent interaction on matters related to village welfare. They were also involved in common economic activities, such as mixed farming to supplement the household income. Out of the total seven members, five were family planning users. The group leader had been using family planning methods for several years. As was the case with the above network, the typical housewife network in this village consisted of six members, with a high degree of integration among members. There was hardly any difference in these two types of network group.

49. The frequent communication network in Kualu, Johore, a high-fertility area, was made up of seven members. Interconnectedness was extremely low. Members interacted within the group infrequently, but also with other members in the village. Lack of credibility of the village head was one of the main reasons for this isolation. There were also no shared economic activities, though most belonged to low-income categories. The group members in general were either neutral or negative towards family planning. Only two out of seven members were family planning users. The leader of the group with seven children had never used any family planning method. The typical housewife communication network was also made up of six members with a low degree of integration. The characteristics exhibited by the typical network were similar to those of the frequent network.

50. Further analysis to examine the relationship between the communication network and family planning practice has been done with the help of statistical techniques like correlation,

association and regression analyses. Duration of current family planning practice, number of children even-born, and attitudes towards family planning are positively and significantly inter-related with each other. The larger the frequent communication networks, the longer are the links among its members. The larger the frequent communications networks, the lower is the degree of integrativeness. However, frequent communication networks are found to be influencing family planning practice more than extent of cohesiveness among members. At community level, size and integrativeness are considered as indicators of openness. Large-size, less integrated structures are expected to be more open to external influences, particularly from the field workers. However, there is only marginal relationship between the extent of community openness and family planning acceptance. On the other hand, communities with frequent communication networks that have a higher percentage of family planning users tend to have long and consistent use of family planning methods and lower marital fertility rates.

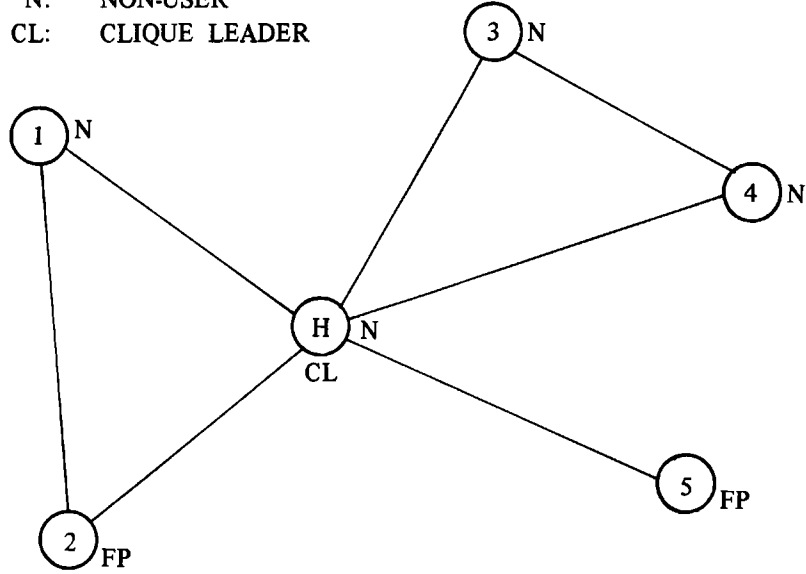
C. The Republic of Korea

51. The Republic of Korea has one of the most successful family planning programmes in the developing world. The contraceptive prevalence rates are, however, not uniformly high for all villages. While some villages have registered 68.2 per cent contraceptive users, others show only a 23.1 per cent prevalence rate. Not enough work has been done to enable understanding of these differences between equally homogeneous communities located next to each other. Eight villages with different contraceptive prevalence rates were selected for the study to try to understand the influence of communication networks on the extent of use of contraceptive methods.

1. *Socio-economic and demographic background*

52. There is a strong influence of socio-economic and demographic factors on acceptance and use of family planning methods in the villages selected for the study. The levels of education have a strong positive relationship with continuous and discontinuous users and non-users of family planning methods. The higher the

FP: USER
 N: NON-USER
 CL: CLIQUE LEADER



Frequency network of women in high-fertility traditional community – Malaysia

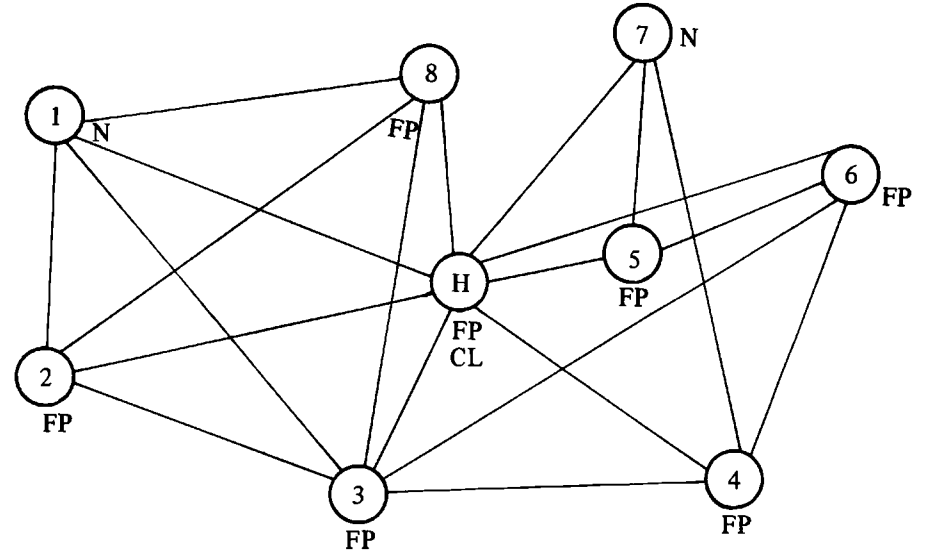


Diagram 6. Frequency network of women in low-fertility FELDA community – Malaysia

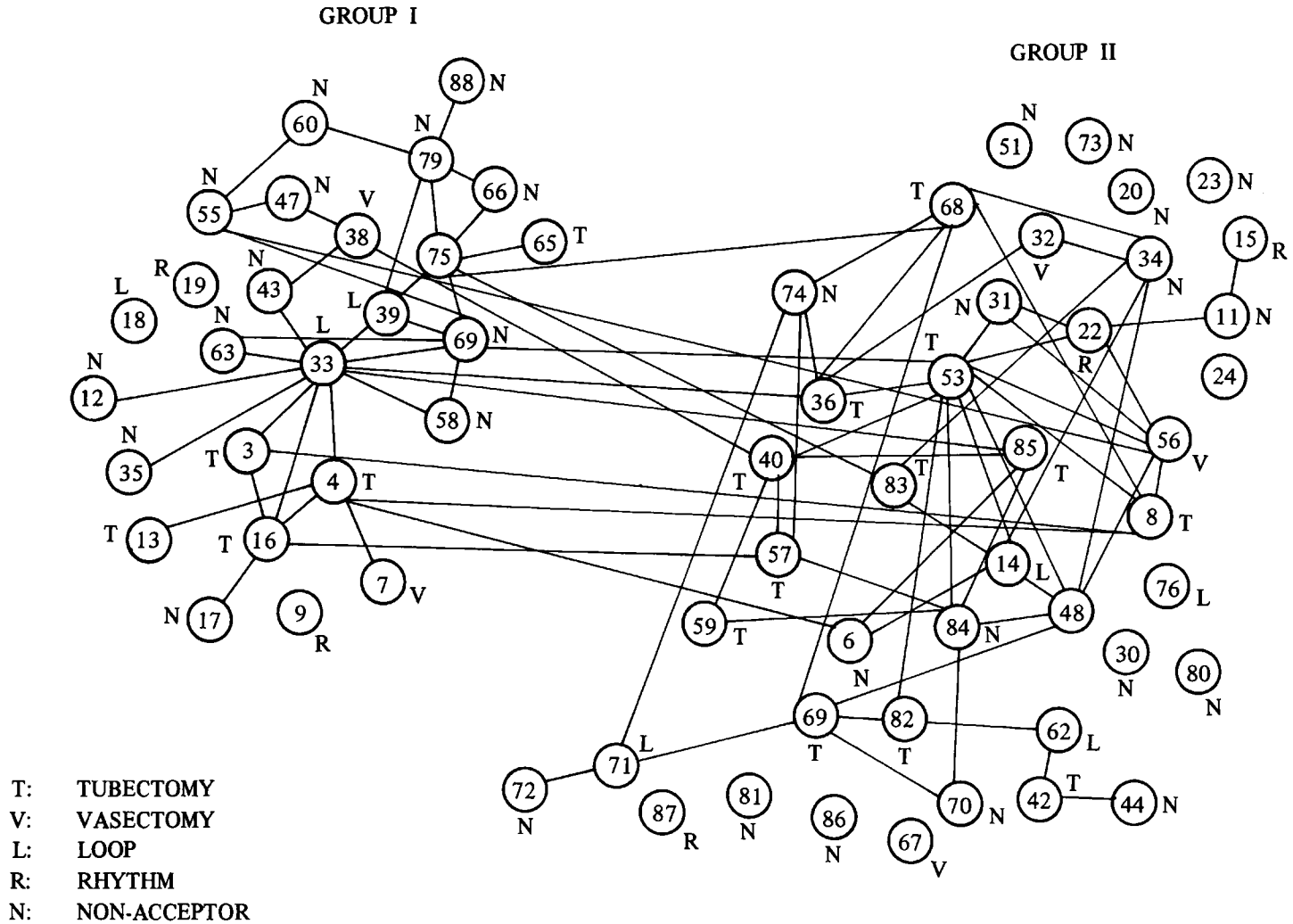


Diagram 7. Communication network of women in Oryuli village – Republic of Korea

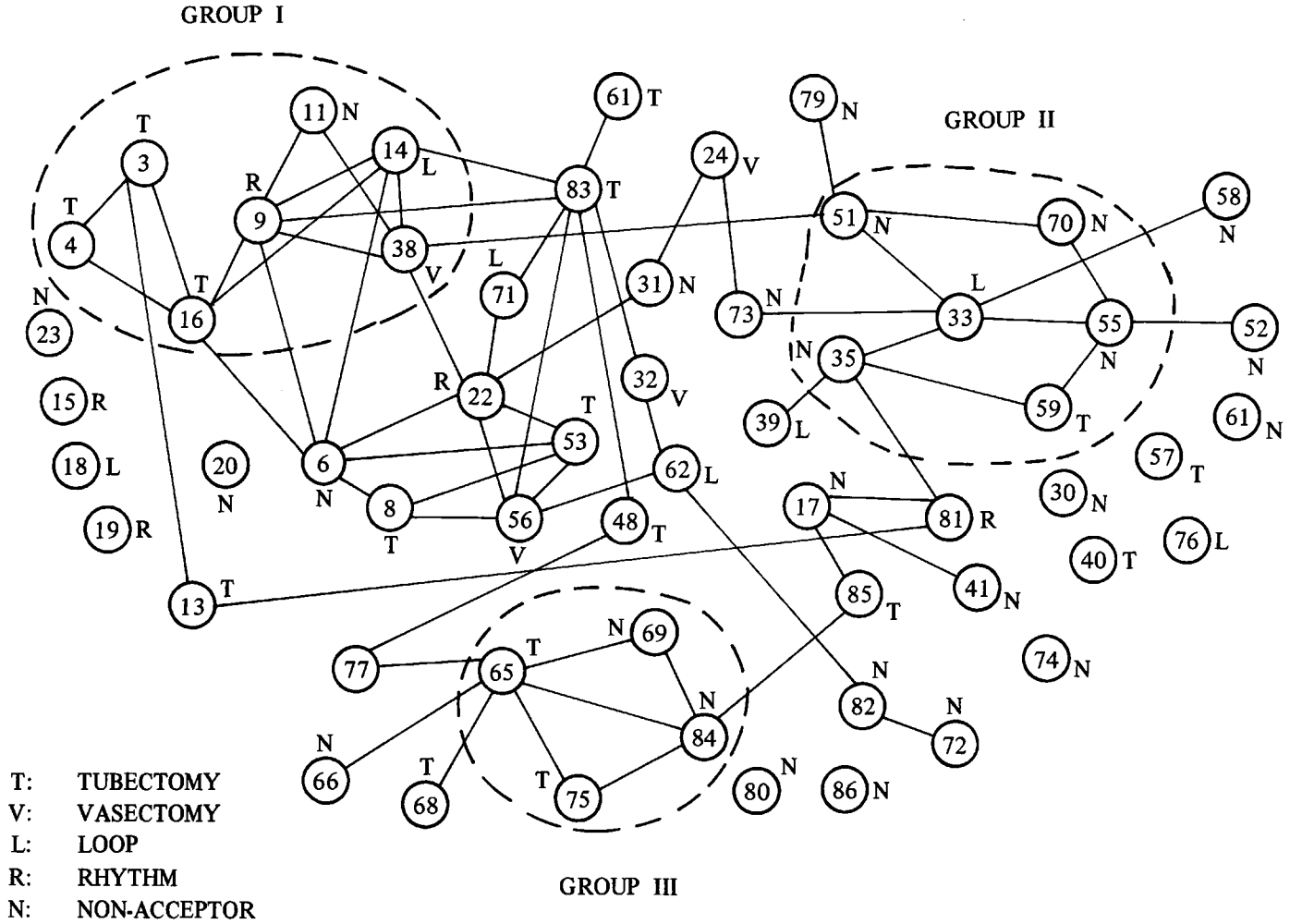


Diagram 8. Communication network of men on family planning in Oryuli village – Republic of Korea

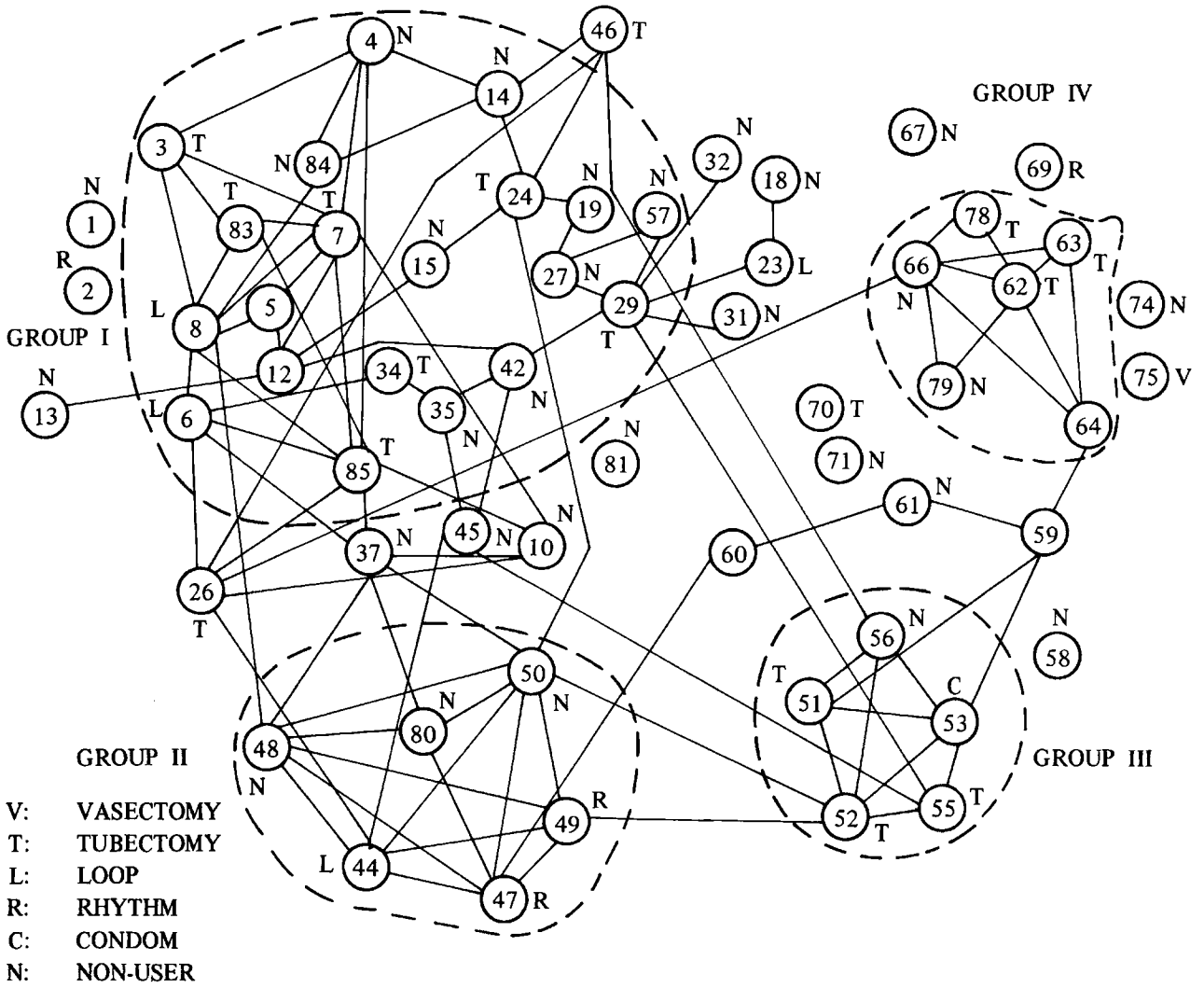


Diagram 9. Communication network of women on family planning in Oaem Li village – Republic of Korea

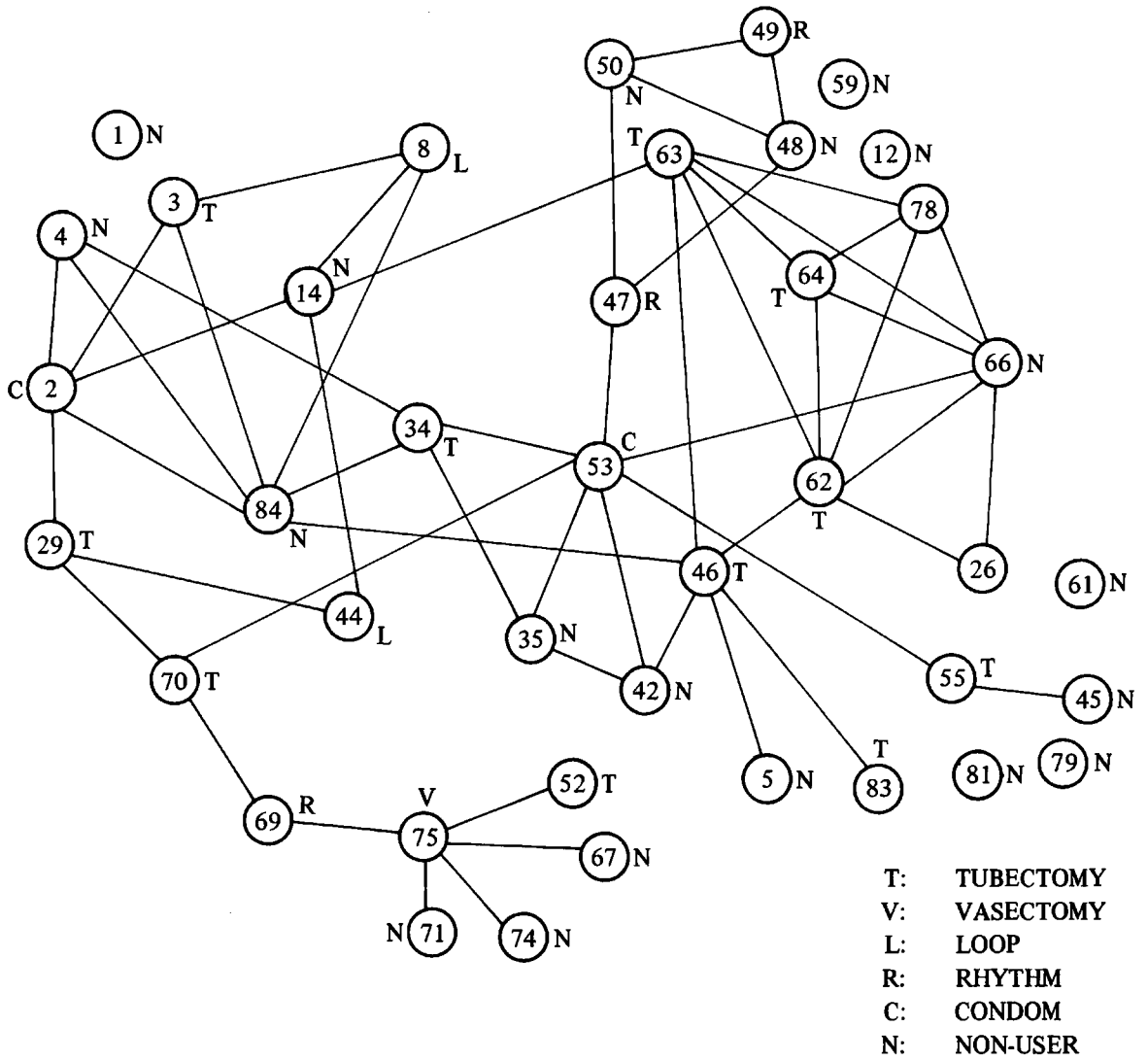


Diagram 10. Communication network of men on family planning in Oaeam Li village – Republic of Korea

level of education, the greater is the continuous use. Similarly, preference for sons has a strong positive relation with the use of family planning methods. However, those with one or two sons are more favourably inclined towards family planning than those with no sons or with more than two sons. Income levels have not come in the way of use of family planning methods. Current users are more or less equally divided into all income categories.

53. Though three quarters of women exhibited positive attitudes towards family planning, particularly in favour of the "Stop at Two" message, the majority remained non-users or discontinuous users of family planning methods. Only a quarter of total women in villages were visited frequently by field workers, while the visits were done rarely to 43 per cent of households. But there has been no significant relationship between frequency of visits of field workers and use of family planning methods. Nearly two thirds of female respondents discussed family planning with their husbands either "from time to time" or "frequently": the more frequent the inter-spouse communication, the higher the continuous use of family planning methods.

54. One of the interesting features of Korean villages is preference for and identification with a particular family planning method by the majority of the village community. These method preferences have varied from village to village. The field workers found it easy to identify these villages by calling them the "Oral pill village", or "Condom village" or "IUD village". Of the eight villages selected for study, the IUD is more popular in Eungam, Daepan, and Oryu Li villages, the condom in Oae Am I-Ku village, the rhythm method in Oae Am 1 village, and oral pills in Oae Am 2 village. At present, the preference for female sterilization is increasing considerably. All villages, except two, showed this trend.

2. *Network analysis of Oryuli village*

55. Of the eight villages selected for study, network analysis was done for only three. The size of cliques in all five villages was considered too small to arrive at any meaningful conclusions. Oryuli village, also known as "miracle village", was selected for study because the

village is known for self-development efforts. Out of the total 88 households in the village, 63 wives and 58 husbands were interviewed. Earlier studies of the village showed the presence of two cliques closely knit with a high degree of cohesiveness by the presence of a strong and effective leader. The present study also found two cliques in the village as can be seen from diagram 7. Mrs. Chung, who provided the leadership, moved out of the village in 1978. The absence of a strong leader resulted in several changes in the characteristics of the cliques. Nearly 16 women who were members of the cliques previously moved out to become outsiders or isolates. Oryuli village is dominated by the Kang clan and, as might be expected, the clique formation was centred around Kang families. Most members of cliques were members of Kang families and conversely the majority of isolates were non-Kang members. There was no relationship between location of residence and clique membership. Members belonging to affluent as well as very poor families were not members of any clique and remained outsiders. Women belonging to the same age and educational level categories tended to be together in the same group. The leader of the first clique was 44 years old, a primary-school educated, middle-income woman belonging to the Kang clan. She is an IUD user and also leader of the village mother's club. The leader of the second clique was 30 years old, graduated from middle school, and adopted female sterilization. Husbands of both leaders played no formal role in the community.

56. The network analysis of men in this village has a totally different picture to offer on family planning. There were three groups, with six members in each group (see diagram 8). Members of these groups were also not well connected. Most men remained as isolates and preferred no discussion on family planning. In contrast to this, when asked about persons with whom they regularly converse to determine the general network, the men were divided into three major cliques with only six isolates. In the area of farming, all of them formed into a big clique, with four members emerging as leaders of the group. This clearly shows that the networks are different for different types of activities, and family planning does not figure prominently.

3. *Network analysis of Oaeam village*

57. Oaeam village selected for the study has two parts: one, upper village, and the other, Oaeam Coal. Of the total 86 households in the village, 59 women and 39 husbands were interviewed. Oaeam village was considered by the local administration as the most conservative of all villages in the locality. Many of the efforts made to develop this village were successful. There were four small groups among women in this village, with as many as 23 isolates (see diagram 9). So a considerable number of women preferred not to be part of any group. The leader of the Mother's Club in the village was not elected by the villagers but the leadership was thrust upon her: naturally she had neither credibility nor influence. Clique formation in this village was influenced by neither socio-economic status nor clan membership. Age, educational qualifications and, above all, physical proximity played a significant role.

58. Men in this village played a more important role than women. For purposes of daily conversation, men were divided into three cliques (see diagram 10). The wives of these clique leaders were either isolates or less active in their groups. This might be due to the fact that discussion on family planning is still considered taboo in this village. On farming business, husbands formed themselves into two cliques with 12 persons as outsiders mostly doing liaison work. A key member of a family planning network was also a prominent figure in the general network of the village.

4. *Network analysis of Eungam village*

59. Eungam, the third village, was randomly

selected for the study. Out of 55 households in the village, 34 women and 37 men were interviewed. No specific clan dominates the village. There were three cliques among the women. Physical proximity, socio-economic status, and clan membership did not play a major role in clique formation in this village. The presence of several highly-educated women seemed to be the key factor, followed by age of the women. Two out of the three cliques in this village were dominated by middle-school graduates. No one emerges as a strong leader in all these three cliques. On the general network, husbands were divided into two main cliques with only one isolate. In regard to family planning, there was only one clique, with 17 men as outsiders. While the general network had several strong leaders, none of them emerged as leader in family planning network.

60. The extent of economic development, age, education, and clan membership determine the clique formation in Korean villages. When a village is dominated by a particular clan group, the cliques are also dominated by the same clan members. A large number of isolates in such conditions are non-clan members. Strong clique-level leadership plays an important role in influencing the family planning behaviour of clique members. When the clan does not play an important role, the age and education levels of members have a significant influence on clique formation. Men in general have given less importance to family planning than women. As a result, there are a large number of small groups among men compared with women on family planning issues.

III. COMPARABILITY OF FINDINGS

61. Socio-economic, cultural, and programme-based differences notwithstanding, all three countries have reached the same conclusions on aspects useful for understanding a couple's family planning behaviour and arriving at alternate strategies of service delivery. However, the extent of similarities and differences depends on the level of generalities one looks for. While similarities have been emphasized on comparable findings, enough attention is also given to the details on differences. The major aspects on which similarities exist are the influence of socio-economic background, familial characteristics, inter-spouse communication, and field workers on family planning behaviour.

62. The desire for larger households and a higher number of children is greater in less developed than in developed villages. Both Korean and Indian developed villages have preferred a lower number children on average. Average household size is much larger in less developed villages than in developed villages in both Malaysia and India. Similarly, contraceptive prevalence rates and number of current users of family planning methods are much higher in developed than in less developed villages in all three countries. Preference for sons is a common feature of both societies. This is true of developed as well as less developed villages. In the Republic of Korea, the large majority of those with two sons are current users of family planning. In India, preference for sons is equally strong among men and women but there is no agreement on the number of sons one should have. While the preference of men is for two or more sons, women are content with only one son. Based on the findings given above, the following conclusions could be drawn: (1) the extent of development has a strong influence on the desired household size, the number of children, and the nature of the family structure; (2) the desire for children is, for various cultural and economic reasons, common to all societies; (3) the extent of development does not diminish the value of children; (4) those who have already reached the

desired number of sons become family planning adopters; (5) there could be differences among men and women with regard to the number of sons desired, and these differences vary from one cultural setting to another.

63. Socio-economic characteristics, particularly the educational levels of women, have a strong influence on family planning behaviour. In villages where the educational level of women is high, the contraceptive prevalence rate is also high. The level of education determined the continuous use of family planning in the Republic of Korea. The higher the level of education, the greater is the possibility of continuation. In Indian villages the female literacy rate is extremely low, particularly in less developed villages. This is a major constraint for the promotion of family planning. These observations tell us that: (1) female literacy should be given enough importance to improve family planning performance; (2) the higher the level of education of a woman, the greater are the chances of her continuous use of methods.

64. Though most women in all three countries have positive attitudes towards family planning, there is a considerable gap in all three countries when it comes to the question of use of methods. However, the gap is much wider in Indian villages than in Korean villages. In addition to low literacy rates, this is due to lack of emphasis on and non-availability of spacing methods. A large majority of Indian villagers have never heard of oral pills or condoms or IUD. The only method everyone knows and relies upon is sterilization. Such situations have made questions on continuous and discontinuous users less relevant and less useful. In contrast, the method mix in Korean society is very effective. The following conclusions can be drawn from this: (1) it is possible to reduce the gap between positive attitudes or desire to have small families and family planning practice, provided the programme strategies promote more than one method; (2) programme variables intervene in family planning behaviour of couples.

65. Inter-spouse communication to varying degrees is an important common factor in all the countries. In villages in the Republic of Korea, two thirds of women discussed with their husbands selection and continuation of family planning methods. Highly-educated young Malaysian housewives rely on their husbands for family planning information. In India, developed village women discuss less with their husbands compared with their counterparts in less developed villages. There is also less communication between husbands and wives on family planning than on subjects like purchase of household items, children's education, etc. Some useful conclusions can be drawn from the above analysis: (1) inter-spouse communication is dependent on cultural factors and levels of education of women; (2) for various cultural reasons, inter-spouse communication on family planning is less common than on other subjects considered important by the family; and (3) the higher the degree of inter-spouse communication, the greater is the possibility of continuous use of family planning methods.

66. Though there are considerable differences in the organization structure, extension education strategies, and worker-population ratios, the reach of services through family planning field workers is extremely limited in all three countries. In Korean villages where the level of reach of field workers is maximum compared with the other two countries, they have not played a major role in the diffusion of family planning information. Similarly, the Indian women consider themselves as decision makers and do not rely on field workers for either information or advice; where such advice was sought, it was considered "not very useful". In Malaysia, those women who interacted with field workers, particularly in developed villages, considered their advice useful. These observations help us to reach the following conclusions: (1) the reach of field workers is extremely limited; (2) owing to low reach and also due to low levels of credibility, no information is exchanged or, when information is received, it is considered less useful; and (3) field workers play a role of facilitator and provider of services rather than of initiator and motivator.

67. Community communication structures in both Indian and Korean villages have shown that

women have different structures compared with men. Size and number cliques vary between men and women. When men in the village consider family planning as the prerogative of women, usually the clique size among men is small – with 6 to 8 members – and no strong leader has emerged from those small groups. In contrast, in such situations women tend to have a small number of large-size cliques with a high degree of interconnectedness and strong clique leadership.

68. Clique formation varies according to the issue under discussion. The Korean study has clearly shown that the size, composition and role of leaders of cliques are considerably different for general topics, family planning and farming. Men in the Republic of Korea showed more interest in discussing issues related to farming and least interest in family planning. Usually cliques formed for farming are larger in size and lower in number, with the least number of isolates. The opposite is true of family planning cliques. This shows that clique formation is dependent to a large extent on the felt need of villagers for exchange of information.

69. In general, clique formation, size, composition and leadership have remained the same at the household level in Malaysian villages, on both the frequency of interaction and closeness dimensions. The same is not true of India. In most cases, the number of cliques, size of cliques, and leaders varied on the closeness and frequency of interactions dimensions. Those who figured prominently on the closeness dimension did not find a place in the frequency of interaction dimension and *vice versa*. Sometimes, the most connected individuals on the frequency of interaction dimension have become isolates on the closeness dimension. These differences are more apparent in the heterophyllous situation. More convergence between communication structures based on frequency of interactions and closeness is observed in homophyllous situations. This particular aspect requires further work and analysis.

70. Ascriptive status has played a different role in different situations. In a village where the numerical strength of the caste or clan is a dominant force to reckon with, the cliques and also clique leadership are dominated by that particular caste group or clan. As a result, most

of the isolates in these communities are members not affiliated to the dominant caste or clan. In such cases, the cliques are not usually isolated units but highly connected by persons playing the communication roles of liaisons and bridges. Similarly, in a multi-caste and multi-clan situation, the clique formation is largely determined by the clan or caste affiliations. Here the inter-connection between cliques is also extremely limited. So the cliques tend to be more or less closed and isolated groups.

71. In homophyllous situations where a particular caste or clan group dominates, the clique formation is either based on age or level of education. More young tend to form a clique as opposed to the middle-aged. The main reason could be preference for horizontal groupings. In many cases there is a congruity between age and educational qualifications. The more educated are usually from the younger generation. In such cases, there is an overlap between these variables. Where such coalescence has not been achieved, the educational qualifications tend to take precedence over age. The highly educated, however, do not play a major role as active members. But in less literate societies like India, the age category is given priority in clique formation. Both these aspects, however, recede to the background in a more heterophyllous situation.

72. The size and number of cliques in each community is a function of a variety of factors. Heterophyllous situations produce more cliques than homophyllous situations. The need for and interest in exchange of information among most villagers produce a lower number of cliques than in situations where such need is absent. Large

cliques usually have more persons centrally connected than small cliques. Therefore, large cliques have more than one leader and no one person usually emerges as a strong leader in small cliques. There could also be differences in the extent of connectedness within the cliques and between the cliques, depending on the size and number of cliques.

73. When a group of high ascriptive status with high-income levels forms a unit for analysis, the clique formation is entirely different. Most of these community members tend to remain as isolates or form into small cliques of four to five persons without any interconnectedness between cliques. Here the physical proximity plays a dominant role. Persons usually form cliques with neighbours. Prestige and status associated with each family in a traditional setting could be the main reason for this. This has been amply demonstrated by the Reddy caste group unit in less developed villages in India. The experience is more or less the same for both men and women.

74. A complex set of factors thus determines the formation of cliques. Ascriptive status, age, education, heterophyllous or homophyllous situation, economic status, and issues under discussion have a role to play. The number of persons emerging as clique leaders, the number of persons playing various communication roles, and the linkages between cliques depend on the setting in which clique formation takes place, and also on the size, number and characteristics of cliques. What is more interesting is the influence of the same set of common factors, such as ascriptive status, age, education and physical proximity that determine clique formation in all three countries.

IV. INFLUENCE OF NETWORK FACTORS ON FAMILY PLANNING BEHAVIOUR

75. In the preceding section, the influence of family planning as a subject matter on formation and characteristics of cliques has been discussed. In this section, the influence of cliques on acceptance and continuance of family planning methods by clique members is considered. There is considerable evidence from all three studies to show, although statistically not compiled, that family planning behaviour is shaped by the characteristics of cliques. This is particularly so because the family planning demand is internally generated and the field workers hardly have a role to play.

(1) If persons with maximum connectedness in a clique accept family planning, the other members also adopt family planning. This is particularly true of certain cliques. The scheduled caste unit cliques in India belong to this category. Here not only have a large number of women adopted sterilization, but their counterpart men's clique has 9 vasectomy acceptors. In the same village, the other cliques have no current users of family planning. In Eungam village in the Republic of Korea, most of the non-acceptors are isolates, while current users are members of one clique or other. Similarly, in Gemas in Malaysia, out of the total nine members in the frequent communication network of a housewife, seven are current users of family planning methods. This clearly indicates that persons with maximum connectedness influence each other on family planning behaviour. Further support for this observation comes from isolates who have largely remained non-users of family planning methods. All the three cliques mentioned above shared certain common characteristics. Their clique size is neither large nor small; most members are middle-aged, a sizeable number of women are literate; and the extent of clique integration is high. Given all these factors, the members of the clique influence each other's behaviour positively.

(2) Contrary to the above experience, less-connected cliques have exhibited no positive inclination towards family planning. Reddy

women in the less developed village in India, Kuali women in Malaysia, and Oaeam village in the Republic of Korea fall into this category. They also share some common characteristics. Their cliques are small in size, have a large number of isolates, and are not well connected to one another. Age, socio-economic status, educational qualifications and level of development varied.

(3) Strong clique-level leadership influences the family planning behaviour of other clique members, particularly when the clique leader is a current user of family planning methods. Leadership again is a function of maximum connectedness. Oryu Li village in the Republic of Korea provides a good example of this. The leader not only influenced the family planning behaviour of women but also provided the initiative for several self-development efforts in the village. Another example comes from a group of women in a Korean village who frustrated the efforts of field workers when the leader was convinced of the side-effects of IUD. The field worker could succeed in motivating other members only when the leader was first convinced. A leadership that emerges naturally in the clique is different from leadership thrust on people through formal administrative procedures. The latter is not expected to yield results, as was the experience in less developed Korean and Malaysian villages. When a clique leader is also a formally designated leader in the village, the changes are expected to be far more effective.

(4) The Korean study also demonstrates that the selection of methods is influenced by cliques members and/or leaders. There are cliques predominantly using a particular family planning method. This could not be corroborated by other studies. In the Indian situation, there is only one method, i.e. sterilization, mostly tubectomy. Since there are no variations in method use it is difficult to comment on this aspect further. But such cases show the extent of influence of cliques on family planning behaviour.

(5) Young literate women in most village communities have played the roles of liaisons and bridges. There is no evidence to show that their roles are effective in influencing the behaviour of other cliques. When cliques leaders act as bridges, they seem to exert more effective influence on other cliques. These aspects require further evidence before valid conclusions can be reached.

(6) Attempts have been made to prove these findings statistically. Since the sample size is small, no generalizations could be made. Suffice it to say here that the family planning behaviour of women is to a large extent influenced by connectedness within the clique, leadership of cliques, and characteristics of cliques.

V. NEED FOR FURTHER STUDIES

76. This study is the first in the ESCAP region to use new methodological tools, to wrestle with new concepts and to test new theoretical propositions. In India and Malaysia, no studies of this nature, to examine the influence of the convergence theory of communication with the help of the social network method on acceptance and continuance of family planning practice, have been attempted before. In the Republic of Korea, a few such studies have been conducted. It is hoped that these studies will help to open up new intellectual vistas, and kindle enough interest among researchers to find answers to difficult and complex behavioural problems. Although a beginning has been made, more efforts are needed before the communication structures in various societies are fully understood in their holistic perspective. Some of the suggestions for future research based on the experiences gained so far are as follows:

(1) To begin with, there is an immediate need to look into two aspects: at the theoretical level and at the methodological level. Concepts interchangeably used in network analysis are numerous and mind-boggling. The standardization of concepts would be useful to understand the phenomenon under study and helpful to compare results with similar studies.

(2) At the methodological level, the collection of information through the roster technique and use of the NEGOPY computer programme to analyse data are difficult and time-consuming. As has been demonstrated in the Korean study, the sociometry method of data collection would

be easy to handle and perhaps equally effective. The NEGOPY computer programme is not easily accessible. An effort should therefore be made to identify new and simple techniques for network analysis and to test them in the field. These two refinements would be of considerable help for new research studies in this area.

(3) At the substantive level, information on clique characteristics available from these studies, given the vast number of villages in these countries, is not sufficient to arrive at categorization of cliques, to compare cliques of different types, and to draw conclusions on clique behaviour. More studies, in different rural community settings, would help to arrive at reasonably valid generalizations.

(4) Communication roles in cliques and outside cliques require further attention and analysis particularly for knowledge about their influence on family planning practice behaviour.

(5) The process of diffusion of information followed within a clique or between cliques to induce behaviour changes requires further analysis. Unless the process part, in addition to the use of statistical techniques, is given importance, most explanations might appear tautological in nature.

(6) Finally, emphasis on changes in formation and leadership of cliques over a period of time needs to be studied to ensure that in convergence models attention is paid to the dynamic rather than static aspects of community communication structures.

VI. PROGRAMME POLICY IMPLICATIONS

77. The findings of all three country studies have profound policy implications. Some of them fall into the category of long-term strategies, while others are relevant for improving the service delivery aspects in order to increase levels of family planning performance. Major policy implications are given below:

(1) One of the most crucial variables is education of women. This particular factor not only influences clique formation to a large extent but also the communication roles of clique members. This vital aspect requires more attention and also allocation of more resources.

(2) Family planning field staff are at present expected to visit households in order to provide information and services. This individualistic approach not only poses a problem in terms of coverage but also makes the achievement of programme objectives difficult. Field staff, therefore, should recognize the importance of community communication structures such as cliques, clique leadership, and interconnectedness of cliques to promote family planning in village settings.

(3) Community orientation of field workers could be achieved by introducing convergence models of communication, which deal with the village as a holistic unit, and acceptance of family planning by an individual as the basis for exchange of information in the community, in both basic and orientation training programmes meant for workers. Particular emphasis should be given to identification of cliques and clique leadership in such training programmes. The present emphasis on linear models of communication, like source-message-channel-receiver concepts, used in the training programmes should be de-emphasized.

(4) At the community level, identification of cliques should pose no problem to field staff if they ask a few questions such as: Have you ever discussed family planning with a person who is a current family planning user? Have you ever discussed family planning with others in the village? Whom do you contact in the village for

information on family planning or selection of methods?

78. A few questions of this nature would help field workers to arrive at the names of persons who are prominent members of the community or cliques. Better programme results could be achieved by concentrating on these selected individuals for exchange of family planning information than on all individuals in the community. This would also help to reduce the workload of family planning field staff. The network structures thus constructed may not be as accurate as those of specialists who use sophisticated techniques, but they are useful for making the workers think about community-level communication structure and search for key persons who can deliver results.

79. Some of the countries have tried to introduce or have introduced volunteers to reduce the workload of family planning field staff and to make services more accessible to community members. In most cases, the volunteer population ratio was arbitrarily worked out. For instance, in India the Village Health Guide scheme of one volunteer per 1,000 population was introduced a decade ago. Recently, a new scheme to have one volunteer per 100 families has been announced. This could be avoided if a typical clique size in the village context is known, and the volunteer population ratio is based on the clique size. The volunteer force thus formed would be immensely more helpful in the diffusion of family planning information.

80. There is a need to encourage similar studies by the Governments in the region to understand the complex behavioural issues involved in acceptance and continuance of family planning methods. Such an understanding would be of immense help to programme managers in improving the performance levels of field workers and in achieving programme objectives. The Population Division of ESCAP, which initiated the action in this direction by undertaking the three country studies, will approach and assist the Governments in the region in design and analysis of social network studies.

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ANNEXES

Annex I PROTOTYPE QUESTIONNAIRE FOR EVER-MARRIED MEN

THE ROLE OF COMMUNITY COMMUNICATION NETWORKS
IN THE ACCEPTANCE AND CONTINUANCE OF
FAMILY PLANNING PRACTICE

**THE ROLE OF COMMUNITY COMMUNICATION NETWORKS
IN THE ACCEPTANCE AND CONTINUANCE OF
FAMILY PLANNING PRACTICE**

PROTOTYPE QUESTIONNAIRE FOR EVER-MARRIED MEN

COUNTRY: _____

| | | | | |
|-------------------|-------------------|------------------|-------------------------------|---------------|
| State/Province | Country | Village | Address/House No. | Home Tel. No. |
| | | | | |
| ED Number | Dwelling Number | Household ID No. | Name of the Head of Household | |
| | | | | |
| Respondent ID No. | Respondent's Name | Wife's ID No. | Wife's Name | |
| | | | | |

| INTERVIEW VISIT RECORD (*AFTER 4TH VISIT, REPORT TO SUPERVISOR) | | | | |
|---|---|---|---|---|
| Number of Visit* | 1 | 2 | 3 | 4 |
| Name of Interviewer | | | | |
| Date Visited | | | | |
| Time Started | | | | |
| Time Finished | | | | |
| Time Spent (in minutes) | | | | |
| Result of Interview/Visit** | | | | |
| Date and Time of Next Visit Arranged | | | | |

****Code For Result of Interview/Visit (CIRCLE APPROPRIATE CODE):**

| | |
|--|------------------------------------|
| 1. Interview completed. | 4. Refusal; no interview obtained. |
| 2. Interview partially complete, appointment made for revisit. | 5. Nobody at home. |
| 3. Appointment made for visit. | 6. Respondent not at home. |
| | 7. Other (SPECIFY): _____ |

| | NAME | DATE |
|------------------|------|------|
| Field Supervisor | | |
| Editor | | |
| Coder | | |
| Keypuncher | | |

Introduction by the Interviewer

Hello, my name is _____ (YOUR OWN NAME) _____. We are doing an important study for the _____ (AGENCY) _____ in order to find out the opinions of people in your community about family life. I would like to emphasize that the information you provide during this interview will be kept **STRICTLY CONFIDENTIAL** and used **ONLY ANONYMOUSLY** for research purposes. Any information identifying individuals will be removed from this questionnaire as soon as our coding procedure is completed. After that time, any individuals will be identified **ONLY BY NUMBERS**, with no further possibility of identifying individuals.

A. RESPONDENT AND HIS FAMILY

First, I would like to ask you a few questions about you and your family.
(NOTE THE LOCATION OF INTERVIEW HERE):

State/Providence: _____

County: _____

Village: _____

Street Address/House No.: _____

A1. Do you live in this house?

1. Yes

2. No



| |
|--|
| <p>A2. Where do you live? (OBTAIN FULL ADDRESS)</p> <p>State/Providence: _____</p> <p>County: _____</p> <p>Village: _____</p> <p>Street Address/House No.: _____</p> |
|--|

A3. Since when have you lived in _____
(ADDRESS AS RESPONDED ABOVE IN A1 OR A2)

A4. What is your usual occupation?
(NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Professional/technical worker
2. Proprietor, landlord, manager administrator, official
3. White collar workers, clerical and sales
4. Farmer, farm labourer, fisherman
5. Skilled and semi-skilled worker or foreman
6. Unskilled manual worker
7. Other (SPECIFY): _____
8. None (unemployed)

A.5 What is your own ethnic background?
(NOTE: COUNTRIES WILL ADOPT APPROPRIATE CLASSIFICATION)

1.

2.

3.

4.

5.

etc.

(NOTE FOR THE KOREAN QUESTIONNAIRE: QUESTIONS A6-A8 NEED TO BE MODIFIED TO DISTINGUISH BETWEEN AGES IN SOLAR AND LUNAR CALENDAR)

A6. How old are you now?

_____ years old

A7. In what month and year were you born? (IF THE RESPONDENT SAYS "DON'T KNOW," PROBE AND WRITE ESTIMATED MONTH AND YEAR)

_____ 19_____
(MONTH) (YEAR)

A8. How old is your wife now?

_____ years old

A9. Have you ever attended any informal or formal school?

1. Yes

2. No (SKIP TO A13)



A10. What was the highest level of school you attended?

1. Some primary

2. Completed primary

3. Some secondary

4. Completed secondary

5. Some college

6. Completed college

7. Other (SPECIFY): _____

A11. Did you obtain any specialized training after you attended that school?

1. Yes

2. No (SKIP TO A15)

A12. What was that specialized training?

_____ (SKIP TO A15)
(SPECIALIZED TRAINING)

A13. Can you read, say a newspaper or a magazine?

1. Yes

2. No (SKIP TO A15)

A14. Can you write, say a letter?

1. Yes

2. No

A15. What was the highest level of school your wife attended?

0. Never attended any school

1. Some primary

2. Completed primary

3. Some secondary

4. Completed secondary

5. Some college

6. Completed college

7. Other (SPECIFY): _____

A16. Are you currently living with your wife, widowed, divorced, or separated?

1. Currently living with wife

3. Widowed

2. Separated

4. Divorced

A17. If you were just getting married now and had no children yet, how many children would you like to have? (ACCEPT RANGE)

_____ Children

A18. Of these, how many would you want to be boys, and how many girls?

_____ boys _____ girls

Doesn't matter

Other (SPECIFY): _____

A19. Are you satisfied with the number of children you have now?

1. Yes (SKIP TO A22)

2. No

A20. (IF NO): Would you like to have any more children?

1. Yes

2. No (SKIP TO A22)

A21. (IF YES): Do you want to have one right away?

1. Yes

2. No

A22. Judging from your wife's and your physical condition, can your wife become pregnant if you wanted a child?

1. Yes

2. No

3. Not sure

A23. (IF NO): Why not?

1. because respondent was sterilized

2. because wife was sterilized

3. because wife is subfecund

4. other (SPECIFY): _____

B. INTERPERSONAL COMMUNICATION NETWORK

Now I would like to ask you a few questions about your relationships with other men in this village. I would like to emphasize again that the information you provide in this questionnaire will be **STRICTLY CONFIDENTIAL** and used **ONLY ANONYMOUSLY** for research purposes. Any information identifying individuals will be removed from this questionnaire as soon as our coding procedure is completed. After that time, any individuals will be identified **ONLY BY NUMBERS**, with no further possibility of identifying individuals.

(FOR B1 AND B2, USE THE ROSTER)

B1. How often do you talk to (NAME) ?

(GO THROUGH THE ROSTER AND NAME EACH MAN IN THE VILLAGE. RECORD THE FREQUENCY ON THE ROSTER, USING THE FOLLOWING CODES):

0. Don't know him.
1. Less than once a month.
2. At least once a month.
3. At least twice a month.
4. At least once a week.
5. At least three times a week.
6. At least once a day.
7. Several times a day.

B2. How close are you personally with (NAME) ?

(GO THROUGH THE ROSTER *AGAIN* AND NAME EACH MAN IN THE VILLAGE. RECORD THE FREQUENCY ON THE ROSTER, USING THE FOLLOWING CODES):

0. Don't know him.
1. Not close at all.
2. Moderately close.
3. Very close.
4. Extremely close.

C. FAMILY PLANNING KNOWLEDGE, ATTITUDE AND PRACTICE (ALL TYPES)

(C1 THROUGH C4: USE THE *FAMILY PLANNING KNOWLEDGE CHART* ON THE NEXT PAGE.)

- C1. There are many family planning methods for preventing pregnancy. Which methods have you ever heard about?

(USE THE *FAMILY PLANNING KNOWLEDGE CHART* TO RECORD THE ANSWER. PLEASE DO NOT READ OUT THE CONTRACEPTIVE METHODS LISTED IN THE CHART. CHECK EACH METHOD NAMED SPONTANEOUSLY UNDER "SPONTANEOUS." IF THE RESPONDENT IS NOT ABLE TO NAME ANY METHOD SPONTANEOUSLY, THEN READ OUT THE METHODS ONE BY ONE TO SEE IF HE REMEMBERS HAVING HEARD ABOUT THE METHOD. CHECK EACH METHOD RECALLED AFTER NAMING THE METHOD UNDER "AFTER NAMING THE METHOD".)

- C2. (FOR THE METHODS CHECKED IN C1 ABOVE): Can you explain to me how each method that you have heard about is actually used?

(PROMPT IT WITH EACH METHOD THAT RESPONDENT MENTIONED IN C1. CHECK "KNOW" IN THE CHART, ONLY IF HE CAN ADEQUATELY EXPLAIN IT.)

- C3. How many couples in this village do you know of currently using the methods that you mentioned above as having heard about?

(PROMPT IT WITH EACH METHOD THAT RESPONDENT MENTIONED IN C1. RECORD THE ACTUAL NUMBER GIVEN FOR EACH METHOD IN THE CHART. RECORD "0", IF NONE MENTIONED.)

- C4. Where can you go to obtain each of the methods that you have heard about?

(RECORD THE ORDER IN WHICH THE SOURCES ARE MENTIONED. FOR INSTANCE, IF "HEALTH CENTER" IS NAMED FIRST, "FIELD WORKER" SECOND AND "PHARMACY" THIRD, PUT "1" UNDER "HEALTH CENTER", "2" UNDER FIELD WORKER", "3" UNDER "PHARMACY", ETC. IF ONLY ONE SOURCE IS NAMED, HOWEVER, JUST PUT "1" UNDER THE CORRESPONDING SOURCE HEADING. IF ANY SOURCES OTHER THAN THOSE SPECIFIED IN THE QUESTION ARE GIVEN, SPECIFY THE SOURCE(S) AND PUT THE APPROPRIATE ORDER UNDER "OTHER".)

- C5. Do you think that each of the methods that you mentioned is good for your health or bad?

(USE THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART* TO RECORD THE ANSWER. PROMPT WITH EACH METHOD THAT RESPONDENT MENTIONED IN C1.)

- C6. How effective do you think is each of the methods that you mentioned? Very effective? Moderately effective? Not very effective?

(USE THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART* TO RECORD THE ANSWER. PROMPT WITH EACH METHOD THAT RESPONDENT MENTIONED IN C1.)

FAMILY PLANNING KNOWLEDGE CHART (FOR QUESTIONS C1 THROUGH C4)

| QUESTION METHOD | C1. Ever heard about the method | | C2. Know how to use that method | | C3. Number of persons using the method | C4. Where can you go to obtain the supplies and/or services for that method? | | | | | | |
|-------------------------------------|---------------------------------|------------------------|---------------------------------|---------------|--|--|-----------------|------------|------------|-------------|-----------------|--------------|
| | 1. Spontaneous | 2. After naming method | 1. Know | 2. Don't know | Number of persons given | 1 Fieldworker | 2 Health center | 3 Hospital | 4 Pharmacy | 5 Neighbour | 6 Other specify | 7 Don't know |
| Oral Pill | | | | | | | | | | | | |
| *Jelly, cream, foam, foaming tablet | | | | | | | | | | | | |
| Condom | | | | | | | | | | | | |
| Vasectomy | | | | | | | | | | | | |
| Tubal-ligation | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | |
| Injection | | | | | | | | | | | | |
| Induced Abortion | | | | | | | | | | | | |
| Menstrual regulation | | | | | | | | | | | | |
| *Diaphragm, tampon, sponge | | | | | | | | | | | | |
| Rhythm | | | | | | | | | | | | |
| Abstinence | | | | | | | | | | | | |
| Withdrawal | | | | | | | | | | | | |
| Douche | | | | | | | | | | | | |
| Other (SPECIFY) | | | | | | | | | | | | |

(*CIRCLE WHICH METHOD)

C7. Have you or your wife ever practiced any method of family planning in order to prevent pregnancy?

1. Yes



2. No



C8. Which methods have you or your wife ever used?
(CHECK ALL THE METHODS NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)
(SKIP TO C11)



C9. Some people use a method only for a short period of time.

Have you or your wife tried any contraceptive method(s) just for a short time?

1. Yes (IF YES ASK C8)

2. No

3. Don't know

C10. Do you think you or your wife may try any contraceptive method(s) in the future?

1. Yes (SKIP TO C32)

2. No

3. Not sure; Don't know
(SKIP TO C32)

**FAMILY PLANNING ATTITUDE & PRACTICE CHART (FOR QUESTIONS
C5, C6, C8, C13, C14, C16, AND C17)**

| QUESTIONS METHOD | C5 Good/bad for your health | | C6 How effective | | | C8 Ever used | C13 Currently used | C14 Since when used current method | | C16 Used before the current one | C17 When stopped using method in C16 | |
|--|--------------------------------------|-----|------------------------|------------|-------------|--------------------|--------------------------|---|------|--|---|------|
| | Good | Bad | Very | Moderately | Not very | | | Month | Year | | Month | Year |
| Oral pill | | | | | | | | | | | | |
| *Jelly, cream, foam, foaming tablet | | | | | | * | * | | | | | |
| Condom | | | | | | | | | | | | |
| Vasectomy | | | | | | | | | | | | |
| Tubal-ligation | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | |
| Injection | | | | | | | | | | | | |
| Induced abortion | | | | | | | | | | | | |
| Menstrual regulation | | | | | | | | | | | | |
| *Diaphragm, tampon, sponge | | | | | | * | * | | | | | |
| Rhythm | | | | | | | | | | | | |
| Abstinence | | | | | | | | | | | | |
| Withdrawal | | | | | | | | | | | | |
| Douche | | | | | | | | | | | | |
| Other (SPECIFY) | | | | | | | | | | | | |

(*NOTE WHICH METHOD USED)

C11. Are you or your wife currently using any contraceptive method(s)?

1. Yes (SKIP TO C13)

2. No

(SEE QUESTIONS A19, A20, AND A22: ASK ONLY IF RESPONDENT DOES NOT WANT ANY MORE CHILDREN AND STILL CAN GET PREGNANT: ASK THE FOLLOWING QUESTION OTHERWISE SKIP TO C31)

C12. I recall that you said earlier that you do not want any more children; and still can get pregnant. But you are not using any contraceptive method(s). Is there anything you do to prevent you from getting pregnant?

(SKIP TO C31)

C13. Which method(s) are you or your wife using currently?

(CHECK THE METHOD(S) NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)

C14. Since when have you been using this method(s)?

(RECORD THE MONTH AND YEAR IN THE CORRESPONDING CELL IN THE CHART)

C15. Did you or your wife use any other method(s) before the current method(s)?

1. Yes

2. No (SKIP TO C22)

C16. Which method(s) did you use before the current method(s)?

(CHECK THE METHOD(S) NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)

C17. How long ago did you stop using that method(s)?

(RECORD THE MONTH AND YEAR IN THE CORRESPONDING CELL IN THE CHART)

C18. How many months passed between the time you stopped using this method and began using your current method?

_____ months

C19. Before you stopped using it, did you go anywhere to get advice or information?

1. Yes

2. No
(SKIP TO C22)

3. Don't know
(SKIP TO C22)



C20. (IF YES): Where did you obtain advice or information? (FIRST SOURCE)
Anywhere else? (SECOND SOURCE);
Anywhere else? (THIRD SOURCE).

CIRCLE THE APPROPRIATE NUMBER (ANSWERED)

| SOURCE | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|--|--------------|---------------|--------------|
| Nowhere | 1 | 1 | 1 |
| My wife. | 2 | 2 | 2 |
| Other family members. | 3 | 3 | 3 |
| Relatives | 4 | 4 | 4 |
| In-laws. | 5 | 5 | 5 |
| Friends or neighbours | 6 | 6 | 6 |
| Health clinic or hospital | 7 | 7 | 7 |
| FP field worker | 8 | 8 | 8 |
| Other (SPECIFY): _____ . | 9 | 9 | 9 |
| Don't know or don't remember | 10 | 10 | 10 |

C21. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN C20)
Specifically whom did you talk to before you quit using it to get advice or information?

(OBTAIN NAMES AND RECORD THEM IN *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION D: IF NONE, THEN LEAVE BLANK)

C22. Before you started using your current contraceptive method, where did you go to get advice or information about it? (FIRST SOURCE)
 Anywhere else? (SECOND SOURCE)
 Anywhere else? (THIRD SOURCE)

| SOURCE | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|---|--------------|---------------|--------------|
| Nowhere, already know enough | 1 | 1 | 1 |
| To my wife | 2 | 2 | 2 |
| To other family members | 3 | 3 | 3 |
| To relatives | 4 | 4 | 4 |
| To in-laws | 5 | 5 | 5 |
| To friends or neighbours | 6 | 6 | 6 |
| To the health clinic or hospital | 7 | 7 | 7 |
| To the family planning field worker | 8 | 8 | 8 |
| Information on TV, radio, newspaper pamphlets, or other mass media | 9 | 9 | 9 |
| Other (SPECIFY): _____ . . . | 10 | 10 | 10 |
| Don't know or don't remember. | 11 | 11 | 11 |

C23. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN C22):
 Specifically whom did you talk to beforehand to get advice or information about it?

(RECORD IN *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION D; IF NONE, THEN LEAVE BLANK)

C24. During the last 12 months, have you ever had any problems or doubts about the method that you are using currently?

1. Yes

2. No
(SKIP TO C29)



C25. Please describe to me the type of problem or particular questions which you had. (NOTE ALL PROBLEMS MENTIONED VERBATIM)

C26. Where did you go to get help/information about the problem(s) you mentioned above? (FIRST SOURCE). Any other places or persons including your wife, family members, relatives, friends or neighbours? (SECOND SOURCE). Any others? (THIRD SOURCE).

(IF MULTIPLE SOURCES OF INFORMATION ARE MENTIONED, RECORD UP TO THREE SOURCES) (CIRCLE THE CORRESPONDING NUMBER ANSWERED)

| SOURCES OF HELP/INFORMATION | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|---|--------------|---------------|--------------|
| Nowhere, kept it to myself (SKIP TO D30) | 1 | 1 | 1 |
| Talked to my wife. | 2 | 2 | 2 |
| Talked to other family members. | 3 | 3 | 3 |
| Talked to relatives. | 4 | 4 | 4 |
| Talked to in-laws. | 5 | 5 | 5 |
| Talked to friends/neighbours. | 6 | 6 | 6 |
| Visited the health clinic/hospital. | 7 | 7 | 7 |
| Talked to the family planning fieldworker . . . | 8 | 8 | 8 |
| From TV, radio, newspaper, pamphlet, or other mass media | 9 | 9 | 9 |
| Other (SPECIFY: _____) .. | 10 | 10 | 10 |
| Don't know or don't remember. | 11 | 11 | 11 |

C27. What was the outcome? (SAME ORDER AS C26)
(CIRCLE THE CORRESPONDING NUMBER ANSWERED)

| OUTCOME | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|--|--------------|---------------|--------------|
| No help at all. | 1 | 1 | 1 |
| Some help, but not enough. | 2 | 2 | 2 |
| Solved problem/answered my question. | 3 | 3 | 3 |

C28. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN C26); Specifically whom did you talk to about your problem or to get information or advice?

(RECORD NAMES ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION D)

C29. What is your present opinion about the contraceptive method which you are currently using?

1. Very satisfactory, no problems
2. Somewhat satisfactory, but some problems
3. Not satisfactory at all

C30. During the next 12 months, do you intend to continue using this method or stop using it?

1. Continue (SKIP TO C34)
2. Stop using
3. Don't know

C31. (FROM C30 OR C12: FOR CURRENT USER OR EVER USER):

Do you think you might try another method in the future?

1. Yes
2. No (SKIP TO C34)
3. Not sure; Don't know

C32. (FROM C31: FOR CURRENT USER OR EVER USER, ASK):

Where would you go to get advice about another method?

(FROM C10: FOR NEVER USER, ASK):

Where would you go to get advice about a contraceptive method?

1. Nowhere, already know enough
2. Talk to my husband
3. Talk to other family members
4. Talk to relatives
5. Talk to in-laws
6. Talk to friends or neighbours
7. Visit the health clinic or hospital
8. Talk to the family planning field worker
9. Look for information on TV, radio, newspaper, pamphlets, or other mass media
10. Other (SPECIFY): _____
11. Don't know

C33. Whom would you talk to in order to get information or advice? Please give me their names.

(OBTAIN NAMES, AND RECORD THEM ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION D; IF NONE, LEAVE BLANK)

C34. If you heard a rumor in your village that your method of family planning contraception might be harmful to your health or cause a bad side-effect, which persons in this village would you go to for their opinion and advice?

(OBTAIN NAMES, AND RECORD THEM ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION D; IF NONE, LEAVE BLANK)

C35. Sometimes women intentionally interrupt a pregnancy because they do not want the baby. Do you approve or disapprove of induced abortion?

1. Approve 2. Disapprove 3. Don't know

Although people hold certain opinions about birth control or family planning generally, they sometimes feel differently about it in certain circumstances. In the following circumstances, do you approve or disapprove of using family planning contraceptives?

C36. To prevent further pregnancies after having all the children wanted.

1. Approve 2. Disapprove 3. Don't know

C37. To control the spacing or timing of births after the first child is born.

1. Approve 2. Disapprove 3. Don't know

C38. To delay the birth of one's first child.

1. Approve 2. Disapprove 3. Don't know

C39. To avoid an unwanted pregnancy before one gets married.

1. Approve 2. Disapprove 3. Don't know

C40. Have you heard or seen anything about family planning through the following? If so, how often?

(PLEASE READ LIST)

| Source | Never | Hardly ever | A few times a year | Nearly every month | Nearly every week |
|---------------------------|-------|-------------|--------------------|--------------------|-------------------|
| Radio | 0 | 1 | 2 | 3 | 4 |
| Television | 0 | 1 | 2 | 3 | 4 |
| Daily newspaper | 0 | 1 | 2 | 3 | 4 |
| Magazines | 0 | 1 | 2 | 3 | 4 |
| Posters. | 0 | 1 | 2 | 3 | 4 |
| Film/slides. | 0 | 1 | 2 | 3 | 4 |

C41. Through which particular media of communication do you think people in your village would like to get information on family planning?

(PLEASE READ LIST)

| | Yes | No |
|---|--------------------------|--------------------------|
| Radio | <input type="checkbox"/> | <input type="checkbox"/> |
| Television | <input type="checkbox"/> | <input type="checkbox"/> |
| Performing media like song, drama, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Posters/hoarding | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibition | <input type="checkbox"/> | <input type="checkbox"/> |
| Pamphlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Newspapers | <input type="checkbox"/> | <input type="checkbox"/> |
| Word of mouth (interpersonal communication) | <input type="checkbox"/> | <input type="checkbox"/> |
| Films (movies) | <input type="checkbox"/> | <input type="checkbox"/> |

D. OPINION LEADERSHIP AND FAMILY PLANNING COMMUNICATION NETWORK

Often in a village, there are certain individuals to whom many people go for advice and information about various matters. Such individuals tend to influence others in the community informally, and are usually called opinion leaders. (NOTE: FOR D1, D2 & D3, OBTAIN *FULL NAMES AND VERIFY WITH THE ROSTER OF VILLAGE MEN OR THE ROSTER OF VILLAGE WOMEN*)

D1. Whom do you think are such opinion leaders about children's education in this village? Please name as many as appropriate.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

D2. In this village, whom do you think are the opinion leaders about health-related matters in general? Please name as many as appropriate.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

D3. In this village, whom do you think are the opinion leaders about family planning? Please name as many as appropriate.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(FOR D4 THROUGH D11, USE THE *FAMILY PLANNING COMMUNICATION NETWORK CHART*) INSTRUCTIONS FOR THE *FAMILY PLANNING COMMUNICATION NETWORK CHART*:

D4. RECORD NAMES IN COLUMN 1 IN THE ORDER WHICH THEY ARE GIVEN FROM QUESTIONS C21, C23, C28, C33, AND C34.

D5. LEAVE COLUMN 2 BLANK FOR CODING ID #'s LATER.

D6. CHECK THE QUESTION NUMBER WHICH PRODUCED EACH NAME GIVEN IN COLUMNS 3 THROUGH 7.

AFTER ALL THE NAMES HAVE BEEN GIVEN AND RECORDED, ASK THE FOLLOWING FOUR QUESTIONS ABOUT EACH ONE:

D7. What is the relationship of this person to you?
(CODE ANSWER IN COLUMNS 8 & 9. IF ONLY ONE TYPE OF RELATIONSHIP IS MENTIONED, USE COLUMN 8. IF TWO TYPES ARE MENTIONED, USE BOTH COLUMNS.

- | | |
|-----------------|---------------------------|
| 1. Relative | 5. Co-worker |
| 2. In-law | 6. Village Official |
| 3. Friend | 7. Other (SPECIFY): _____ |
| 4. Acquaintance | |

D8. Was the advice that (NAME) gave you about family planning positive, neutral, or negative?
(RECORD THE ANSWER NEXT TO NAME IN COLUMN 10, USING THE FOLLOWING CODES)

- | | | |
|-------------|------------|-------------|
| 1. Positive | 2. Neutral | 3. Negative |
|-------------|------------|-------------|

D9. Do you think (NAME) is currently practicing family planning; is currently not practicing but has practiced before; or never used any family planning methods?
(RECORD THE ANSWER IN COLUMN 11, USING THE FOLLOWING CODES)

1. currently practicing family planning.
2. currently not practicing; but has practiced before. (SKIP TO D11)
3. never used any family planning methods. (SKIP TO SECTION E)
4. don't know. (SKIP TO SECTION E)

D10. (IF CURRENT USER) What do you think is the method that (NAME) is using now?
(RECORD THE METHOD) (SKIP TO SECTION E)

D11. (IF EVER USER) What do you think is the method that (NAME) used before? (RECORD THE METHOD)

RESPONDENT ID # _____

VILLAGE ID # _____

FAMILY PLANNING COMMUNICATION NETWORK CHART
(SEE INSTRUCTIONS)

| Col. 1 | Col. 2 | Cols. 3-7 | | | | | Col. 8 | | Col. 9 | Col. 10 | Col. 11 | Col. 12 |
|------------|-----------|---|-----|-----|-----|-----|--------------------|-----|--------------|--------------------|-------------------------------------|----------------------------|
| D4 NAME | D5 ID# | D6 Question no. which produced each name in D4. | | | | | D7 Relationship | | D8 Advice | D9 FP status | D10 Method currently using | D11 Method ever used |
| | | C21 | C23 | C28 | C33 | C34 | 1st | 2nd | | | | |
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(USE AS MANY CHARTS AS NECESSARY)

E. COMMUNICATION WITH FAMILY PLANNING SERVICE PERSONNEL (INCLUDING FIELDWORKERS, CLINIC PERSONNEL, VILLAGE PHARMACIST, ETC.)

E1. What are the names of the family planning service personnel (including fieldworkers, clinic personnel, pharmacist, etc.) for your village?

| NAME | DESIGNATION/TITLE | CHECK IF CORRECT |
|-------|-------------------|--------------------------|
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |
| _____ | _____ | <input type="checkbox"/> |

E2. Have you ever talked to any of the family planning service personnel in your village?

1. Yes
2. No (SKIP TO F10)
3. Don't Know (SKIP TO F10)

E3. (IF YES TO E2): Which family planning service personnel have you talked to? Please name all the family planning service personnel to whom you have ever talked. (LIST THE NAMES GIVEN; AND ASK THE FOLLOWING QUESTIONS ABOUT EACH NAME GIVEN):

- E3a) How competent professionally do you think he/she is? Very competent, moderately competent, or not competent?
- E3b) How trustworthy do you think he/she is? Very trustworthy, moderately trustworthy, or not trustworthy?
- E3c) Based on what you know about him/her, how similar do you think he/she is to yourself? Very similar, a little similar, different, or very different?
- E3d) In what ways is he/she similar to you? (MULTIPLE RESPONSES ALLOWED)
- E3e) In what ways is he/she different from you? (MULTIPLE RESPONSES ALLOWED)
- E3f) How often have you talked to him/her?

| NAME | E3a. PROFESSIONAL COMPETENCE | E3b. TRUSTWORTHINESS | E3c. SIMILAR/DIFFERENT | E3d. SIMILAR IN TERMS OF | E3e. DIFFERENT IN TERMS OF | E3f. FREQUENCY OF CONTACT |
|------|------------------------------|---|---|--|--|--|
| | | 1. VERY COMPETENT 2. MODERATELY COMPETENT 3. NOT COMPETENT 4. DON'T KNOW | 1. VERY TRUSTWORTHY 2. MODERATELY TRUSTWORTHY 3. NOT TRUSTWORTHY 4. DON'T KNOW | 1. VERY SIMILAR 2. A LITTLE SIMILAR 3. DIFFERENT 4. VERY DIFFERENT 5. DON'T KNOW | 1. RELIGIOUS 2. SOCIAL CLASS/CASTE 3. MARITAL STATUS/PARITY 4. AGE 5. EDUCATIONAL BACKGROUND 6. OTHER (SPECIFY) | 1. RELIGIOUS 2. SOCIAL CLASS/CASTE 3. MARITAL STATUS/PARITY 4. AGE 5. EDUCATIONAL BACKGROUND 6. OTHER (SPECIFY) |
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E4. When was the last time that you talked to any of the family planning service personnel?

_____ months and _____ days ago

E5. Who was it that you talked with most recently?

(NAME OF THE SERVICE PERSONNEL)

E6. Where did you talk to him/her?

1. By myself in my own home.
2. By myself somewhere else in the village.
3. With a few other people in my own home.
4. With a few other people at someone else's home.
5. With a small group at a village meeting place.
6. With all the village men at the meeting place.
7. In the clinic
8. Pharmacy
9. Other (SPECIFY): _____

E7. Have you ever asked him/her for information or advice about anything?

1. Yes 2. No (SKIP TO E10) 3. Don't know (SKIP TO E10)



E8. (IF YES): What type of information or advice have you asked him/her about?

1. about contraceptive methods
2. about side-effects of contraceptive methods
3. about availability of services
4. about rumors about contraceptive methods
5. other (SPECIFY): _____

E9. How satisfactory was the information/advice which he/she gave you?

1. very satisfactory
2. somewhat satisfactory
3. not very satisfactory
4. not satisfactory at all

E10. Do you think the family planning services available in this village are adequate?

1. Yes
(SKIP TO SECTION F)

2. No
↓

3. Don't know
(SKIP TO SECTION F)

E11. (IF NO): Why not?

F. FAMILY COMMUNICATION AND DECISION MAKING

F1-F8. In your family, who generally makes the decisions about the following family and house-keeping matters?

(USE THE *FAMILY COMMUNICATION AND DECISION MAKING CHART*)

- F1. Who generally makes the decision about when to have the next child, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F2. Who generally makes the decision about spacing between children, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F3. Who generally makes the decision about the number of children to have, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F4. Who generally makes the decision about children's education, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F5. Who generally makes the decision about family health, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F6. Who generally makes the decision about buying major furniture, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F7. Who generally makes the decision about buying children's clothes, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?
- F8. Who generally makes the decision about other housekeeping matters, you, your wife, you and your wife jointly, your father, your mother, whole family jointly, or someone else in your family?

FAMILY COMMUNICATION AND DECISION MAKING CHART

(CHECK AN APPROPRIATE BOX FOR EACH QUESTION)

| DECISION ABOUT | By | | | | | | |
|---------------------------------|------------|------|------------------------|--------|--------|----------------------|------------------|
| | Respondent | Wife | Husband & wife jointly | Father | Mother | Whole family jointly | Others (SPECIFY) |
| F1. When to have the next child | | | | | | | |
| F2. Spacing between children | | | | | | | |
| F3. Number of children to have | | | | | | | |
| F4. Children's Education | | | | | | | |
| F5. Family Health | | | | | | | |
| F6. Buying major furniture | | | | | | | |
| F7. Buying children's clothes | | | | | | | |
| F8. Other house-keeping matters | | | | | | | |

F9. When you and your wife's views about family affairs are extremely different, whose view is usually followed?

1. Wife's
2. Mine
3. We compromise
4. Other (SPECIFY): _____

F10. Have you and your wife discussed when to have your next child?

1. Yes

2. No (SKIP TO F13)

F11. (IF YES): Was the nature of your discussion?

1. We jointly agreed about what to do.
2. I told my wife what we would do.
3. My wife told me what we would do.
4. We disagreed about what to do. (SKIP TO F16)
5. Other (SPECIFY): _____
(SKIP TO F16)

**F12. (IF ANSWERED F1, F2, or F3 to F11)
What did you decide to do? (SKIP TO F16)**

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Just have one whenever it happened.
4. Try not to have another one.
5. Other (SPECIFY): _____

F13. (IF NO TO F10): Why didn't you discuss it?

1. Too delicate/embarrassing a matter to discuss.
2. Not supposed to discuss it.
3. Expected to have our next child right away.
4. Didn't know about family planning at the time.
5. Don't know or don't remember.
6. Other (SPECIFY): _____

F14. (IF NO TO F10): What is your views about having your next child?

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Have one whenever it happened.
4. Try not to have another one.
5. Other (SPECIFY): _____

F15. (IF NO TO F10): What do you think is your wife's views about having your next child?

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Have one whenever it happened.
4. Try not to have another one.
5. Other (SPECIFY): _____

F16. (IF NEVER USED CONTRACEPTIVES, SKIP TO SECTION G)

(IF EVER USED CONTRACEPTIVES, ASK): Did you and your wife discuss beforehand the use of your current (or last) contraceptive method?

1. Yes



2. No



3. Don't know
(SKIP TO F19)

F17. (IF YES): What was the nature of your discussion?

1. We jointly agreed not to use any method.
2. We jointly agreed which method to use.
3. I told my wife which method to use.
4. My wife told me which method we would use.
5. We disagreed about which method to use.
6. Other (SPECIFY): _____

(SKIP TO F19)

F18. (IF NO): Why didn't you discuss it?

1. Too delicate/embarrassing a matter to discuss.
2. Not supposed to discuss it
3. It's my responsibility alone.
4. It's my wife's responsibility alone.
5. Don't know or don't remember.
6. Other (SPECIFY): _____

F19. What were your views about your choice of current (or last) contraceptive method at that time?

1. Approved.
2. Disapproved.
3. I didn't know anything about it.
4. I didn't care one way or the other.
5. Other (SPECIFY): _____
6. Don't know.

F20. What do you think were your wife's views about your choice of contraceptive method at that time?

1. Approved.
2. Disapproved.
3. I didn't know anything about it.
4. I didn't care one way or the other.
5. Other (SPECIFY): _____

F21. When you quit using your last contraceptive method, did you discuss it with your wife before stopping?

1. Yes



2. No

(SKIP TO SECTION G)

3. Don't know

(SKIP TO SECTION G)

F22. (IF YES): What was the nature of your discussion with your wife?

1. We jointly agreed not to use it any longer.

2. I told my wife to stop using it any longer.

3. My wife told me we would quit using it.

4. We disagreed about whether to quit or not.

5. Other (SPECIFY): _____

G. BACKGROUND INFORMATION

I would like to ask a few more questions about you and your family.

G1. Compared to most families in this village, would you say that your family is economically better off, worse off, or in about the same position as they are?

1. My family is much better off.

2. My family is somewhat better off.

3. My family is in about the same position.

4. My family is somewhat worse off.

5. My family is much worse off than others.

6. Don't know

G2. What is your religious preferences?

(NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Catholic

2. Protestant

3. Muslim

4. Buddhist

5. None

6. Don't know

7. Other (SPECIFY): _____

G3. What is your wife's religious preferences? (NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Catholic
2. Protestant
3. Muslim
4. Buddhist
5. None
6. Don't know
7. Other (SPECIFY): _____

THANK YOU VERY MUCH FOR YOUR TIME AND CO-OPERATION IN GIVING US INFORMATION. THE INFORMATION YOU GAVE US IS GOING TO HELP OUR RESEARCH A GREAT DEAL.

**H. INTERVIEWER'S REPORT
(TO BE COMPLETED BY THE INTERVIEWER AFTER THE INTERVIEW IS FINISHED)**

H1. Person(s) other than the respondent who were present at the interview.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

H2. Degree of co-operation

| | |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Not so good | <input type="checkbox"/> Bad |

H3. Reliability of the answers

| | |
|--|--|
| <input type="checkbox"/> Very reliable | <input type="checkbox"/> Partly reliable |
| <input type="checkbox"/> Mostly reliable | <input type="checkbox"/> Not reliable at all |

H4. The respondent's attitude during the interview

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Very much at ease | <input type="checkbox"/> Not at ease |
| <input type="checkbox"/> Generally at ease | <input type="checkbox"/> Very uneasy |

H5. Socio-economic evaluation of the respondent's family

| | | |
|---------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Upper Middle | <input type="checkbox"/> Middle |
| <input type="checkbox"/> Lower middle | <input type="checkbox"/> Lower | |

H6. Other remarks (WRITE ABOUT PARTICULAR ANSWERS THAT ARE THOUGHT TO BE UNRELIABLE)

H7. Describe characteristic features of the respondent and the location of the household on the map for your later reference.

H8. Interviewer's Name _____

Interviewer's Number _____

(TO THE INTERVIEWER: REMEMBER TO PUT DOWN THE TIME SPENT ON THE INTERVIEW. ALSO MAKE SURE THAT YOU HAVE ASKED ALL THE QUESTIONS)

Annex II
PROTOTYPE QUESTIONNAIRE
FOR
EVER-MARRIED WOMEN

THE ROLE OF COMMUNITY COMMUNICATION NETWORKS
IN THE ACCEPTANCE AND CONTINUANCE OF
FAMILY PLANNING PRACTICE

**THE ROLE OF COMMUNITY COMMUNICATION NETWORKS
IN THE ACCEPTANCE AND CONTINUANCE OF
FAMILY PLANNING PRACTICE**

PROTOTYPE QUESTIONNAIRE FOR EVER-MARRIED WOMEN

COUNTRY: _____

| | | | | |
|-------------------|-------------------|------------------|-------------------------------|---------------|
| State/Province | County | Village | Address/House No. | Home Tel. No. |
| | | | | |
| ED Number | Dwelling Number | Household ID No. | Name of the Head of Household | |
| | | | | |
| Respondent ID No. | Respondent's Name | Husband's ID No. | Husband's Name | |
| | | | | |

| INTERVIEW VISIT RECORD (*AFTER 4TH VISIT, REPORT TO SUPERVISOR) | | | | |
|---|---|---|---|---|
| Number of Visit* | 1 | 2 | 3 | 4 |
| Name of Interviewer | | | | |
| Date Visited | | | | |
| Time Started | | | | |
| Time Finished | | | | |
| Time Spent (in minutes) | | | | |
| Result of Interview/Visit** | | | | |
| Date and Time of Next Visit Arranged | | | | |

****Code For Result of Interview/Visit (CIRCLE APPROPRIATE CODE):**

| | |
|---|------------------------------------|
| 1. Interview completed. | 4. Refusal; no interview obtained. |
| 2. Interview partially complete, appointment made for revisit. | 5. Nobody at home. |
| 3. Appointment made for visit. | 6. Respondent not at home. |
| | 7. Other (SPECIFY): _____ |

| | NAME | DATE |
|------------------|------|------|
| Field Supervisor | | |
| Editor | | |
| Coder | | |
| Keypuncher | | |

Introduction by the Interviewer

Hello, my name is (YOUR OWN NAME). We are doing an important study for the (AGENCY) in order to find out the opinions of people in your community about family life. I would like to emphasize that the information you provide during this interview will be kept STRICTLY CONFIDENTIAL and used ONLY ANONYMOUSLY for research purposes. Any information identifying individuals will be removed from this questionnaire as soon as our coding procedure is completed. After that time, any individuals will be identified ONLY BY NUMBERS, with no further possibility of identifying individuals.

(IF NECESSARY, SHOW THE OFFICIAL LETTER OF INTRODUCTION FROM YOUR AGENCY.)

A. INFORMATION ON MEMBERS OF THE HOUSEHOLD

A1. How many persons are living in your household? _____ persons

| A2. Please give me the names of the persons who usually live in your household. (LIST THE RESPONDENT FIRST) | A3. What is your relationship with this person? | A4. Is this person male or female? | | A5. How old is he/she? | A6. Has he/she ever been married? | |
|--|---|------------------------------------|--------|------------------------|-----------------------------------|----|
| | | MALE | FEMALE | | YES | NO |
| 1. | RESPONDENT | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

JUST TO MAKE SURE I HAVE A COMPLETE LISTING:

If Continuation Sheet Used, Tick Here

A7. Are there any other persons who usually live here that we have not listed?

1. Yes (ENTER EACH ADDITIONAL MEMBER IN THE TABLE ABOVE.)

2. No

A8. Are there any other persons living in this household?

1. Yes (ENTER EACH ADDITIONAL MEMBER IN THE TABLE ABOVE.)

2.

A9. So there are a total of _____ persons living in this household, is that correct? (IF THE TOTAL NUMBER IS NOT CORRECT, CLARIFY.)

A10. Of these persons living in this household, _____ have ever been married, _____ males and _____ females. Is that correct? (IF THE NUMBERS ARE NOT CORRECT, CLARIFY.)

(PREPARE A SEPARATE QUESTIONNAIRE FOR EACH ONE OF THE MARRIED MEMBERS OF THIS HOUSEHOLD: AND SET AN APPOINTMENT TIME FOR EACH PERSON AND NOTE IT ON HER/HIS QUESTIONNAIRE ON THE FIRST PAGE.)

B: RESPONDENT AND HER FAMILY

First I would like to ask you a few questions about you and your family. (NOTE the LOCATION OF INTERVIEW HERE):

State/Province: _____
County: _____
Village: _____
Street Address/House No. _____

B1. Do you live in this house?

1. Yes

2. No



| |
|--|
| <p>B2. Where do you live? (OBTAIN FULL ADDRESS)</p> <p>State/Province: _____</p> <p>County: _____</p> <p>Village: _____</p> <p>Street Address/House No. _____</p> |
|--|

B3. Since when have you live in _____
(ADDRESS AS RESPONDED ABOVE IN B1 OR B2)

B4. What is your usual occupation?
(NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

- 1. Professional/technical worker
- 2. Proprietor, landlord, manager administrator, official
- 3. White collar workers, clerical and sales
- 4. Farmer, farm labourer, fisherman
- 5. Skilled and semi-skilled worker or foreman
- 6. Unskilled manual worker
- 7. Housewife
- 8. Other (SPECIFY): _____
- 9. None (unemployed)

B5. What is your husband's usual occupation?
(NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Professional/technical worker
2. Proprietor, landlord, manager administrator, official
3. White collar workers, clerical and sales
4. Farmer, farm labourer, fisherman
5. Skilled and semi-skilled worker or foreman
6. Unskilled manual worker
7. Other (SPECIFY): _____
8. None (unemployed)

B6. What is your own ethnic background?
(NOTE: COUNTRIES WILL ADOPT APPROPRIATE CLASSIFICATION)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- etc.

B7. What is your husband's ethnic background?
(NOTE: COUNTRIES WILL ADOPT APPROPRIATE CLASSIFICATION)

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
- etc.

(NOTE FOR THE KOREAN QUESTIONNAIRE: QUESTIONS B8-B11 NEED TO BE MODIFIED TO DISTINGUISH BETWEEN AGES IN SOLAR AND LUNAR CALENDAR.)

B8. How old are you now?

_____ years old

B9. In what month and year were you born? (IF THE RESPONDENT SAYS "DON'T KNOW," PROBE AND WRITE ESTIMATED MONTH AND YEAR)

_____ 19 _____
(MONTH) (YEAR)

B10. How old is your husband now?

_____ years old

B11. Have you ever attended any informal or formal school?

1. Yes

2. No (SKIP TO B15)



B12. What was the highest level of school you attended?

1. Some primary

2. Completed primary

3. Some secondary

4. Completed secondary

5. Some college

6. Completed college

7. Other (SPECIFY): _____

B13. Did you obtain any specialized training after you attended that school?

1. Yes

2. No (SKIP TO B17)

B14. What was that specialized training?

_____ (SKIP TO B17)
(SPECIALIZED TRAINING)

B15. Can you read, say, a newspaper or a magazine?

1. Yes

2. No (SKIP TO B17)

B16. Can you write, say, a letter?

1. Yes

2. No

B17. What was the highest level of school your husband attended?

0. Never attended any school

1. Some primary

2. Completed primary

3. Some secondary

4. Completed secondary

5. Some college

6. Completed college

7. Other (SPECIFY): _____

Now, I have some questions about your married life.

B18. Are you currently living with your husband, widowed, divorced, or separated?

1. Currently living with husband
2. Separated
3. Widowed
4. Divorced

B19. In what month (season) and year were you married to your current husband?

(MONTH) (SEASON) 19
(YEAR)

_____ Don't know

B20. How old were you when you got married to your current husband?

_____ years old

B21. (ASK ONLY IF SEPARATED):
In what month (season) and year were you separated?

(MONTH) (SEASON) 19
(YEAR)

B22. Have you been married only once, or more than once?

1. Only once (SKIP TO B29)
2. More than once

B23. In what month (season) and year were you married to your last husband?

(MONTH) (SEASON) 19
(YEAR)

_____ Don't know

B24. How old were you when you got married to your last husband?

_____ years old

B25. In what month (season) and year were you widowed/divorced?

(MONTH) (SEASON) 19
(YEAR)

B26. Were you married only once, or more than once?

1. Only once (SKIP TO B29)
2. More than once

B27. How old were you when you married the first time?

_____ years old

B28. In what month (season) and year was that?

(MONTH) (SEASON) 19
(YEAR)

B29. (ASK ONLY IF SEPARATED/WIDOWED/DIVORCED):

Just to make sure I have this right, you have been separated/widowed/divorced for _____ years and _____ months. Is that correct?

(CHOOSE THE RIGHT CATEGORY AMONG SEPARATED/WIDOWED/DIVORCED. CHECK BELOW IF SEPARATED/WIDOWED/DIVORCED FOR LESS THAN TEN MONTHS):

Separated/widowed/divorced for less than ten months

(IF SEPARATED/WIDOWED/DIVORCED FOR TEN MONTHS OR LONGER, SKIP TO B31.)

B30. (IF CURRENTLY MARRIED OR SEPARATED/WIDOWED/DIVORCED FOR LESS THAN TEN MONTHS): Are you pregnant now?

1. Yes

2. No

B31. If you were just getting married now and had no children yet, how many children would you like to have? (ACCEPT RANGE)

_____ children

B32. Of these, how many would you want to be boys, and how many girls?

_____ boys

_____ girls

doesn't matter

other (SPECIFY): _____

Now, I would like to ask you about the children you have borne so far.

B33. Have you ever given birth to a live child?

1. Yes

2. No (SKIP TO B41)

B34. How many of your children are living with you in this house?

(RECORD ONLY THOSE THE RESPONDENT HAS BORNE AND EXCLUDE ADOPTED CHILDREN OR STEP-CHILDREN)

_____ children

B35. How many of them are boys?

_____ boys

B36. How many of them are girls?

_____ girls

B37. How many of your children are not living with you now?

_____ children

B38. How many of them are boys?

_____ boys

B39. How many of them are girls?

_____ girls

B40. Have you ever given birth to any sons or daughters who later died, including the ones who died immediately after birth?

1. Yes

2. No (SKIP TO B42)

Yes
↓
B41. How many of your sons and daughters have died?

_____ children

(SUM THE ANSWERS GIVEN TO B34, B37 AND B41, AND THEN ASK):

B42. Then you have borne a total of _____ children. Is that correct?

(IF THE NUMBER IS WRONG, ASK QUESTIONS B34 THROUGH B41 AGAIN. IF THE NUMBER IS CORRECT, PROCEED TO QUESTION B43).

B43. Are you satisfied with the number of children you have now?

1. Yes (SKIP TO B46)

2. No



B44. (IF NO): Would you like to have any more children?

1. Yes 2. No (SKIP TO B46)



B45. (IF YES): Do you want to become pregnant right away?

1. Yes 2. No

B46. Have you become pregnant during the last three years?

1. Yes

2. No

C. INTERPERSONAL COMMUNICATION NETWORK

Now I would like to ask you a few questions about your relationships with other women in this village. I would like to emphasize again that the information you provide in this questionnaire will be **STRICTLY CONFIDENTIAL** and used **ONLY ANONYMOUSLY** for research purposes. Any information identifying individuals will be removed from this questionnaire as soon as our coding procedure is completed. After that time, any individuals will be identified **ONLY BY NUMBERS**, with no further possibility of identifying individuals.

(FOR C1 AND C2, USE THE ROSTER)

C1. How often do you talk to (NAME) ?

(GO THROUGH THE ROSTER AND NAME EACH WOMAN IN THE VILLAGE. RECORD THE FREQUENCY ON THE ROSTER, USING THE FOLLOWING CODES):

0. Don't know her.
1. Less than once a month.
2. At least once a month.
3. At least twice a month.
4. At least once a week.
5. At least three times a week.
6. At least once a day.
7. Several times a day.

C2. How close are you personally with (NAME) ?

(GO THROUGH THE ROSTER *AGAIN* AND NAME EACH WOMAN IN THE VILLAGE. RECORD THE CLOSENESS ON THE ROSTER, USING THE FOLLOWING CODES):

0. Don't know her.
1. Not close at all.
2. Moderately close.
3. Very close.
4. Extermely close.

VILLAGE ID# _____

RESPONDENT ID# _____

ROSTER OF VILLAGE WOMEN

| ID NO. | NAME | C1. FREQUENCY | C2. CLOSENESS | ID NO. | NAME | C1. FREQUENCY | C2. CLOSENESS |
|--------|------|---------------|---------------|--------|------|---------------|---------------|
| | | | | | | | |
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D. FAMILY PLANNING KNOWLEDGE, ATTITUDE AND PRACTICE (ALL TYPES)

(D1 THROUGH D4: USE THE *FAMILY PLANNING KNOWLEDGE CHART* ON THE NEXT PAGE.)

D1. There are many family planning methods for preventing pregnancy. Which methods have you ever heard about?

(USE THE *FAMILY PLANNING KNOWLEDGE CHART* TO RECORD THE ANSWER. PLEASE DO NOT READ OUT THE CONTRACEPTIVE METHODS LISTED IN THE CHART. CHECK EACH METHOD NAMED SPONTANEOUSLY UNDER "SPONTANEOUS." IF THE RESPONDENT IS NOT ABLE TO NAME ANY METHOD SPONTANEOUSLY, THEN READ OUT THE METHODS ONE BY ONE TO SEE IF SHE REMEMBERS HAVING HEARD ABOUT THE METHOD. CHECK EACH METHOD RECALLED AFTER NAMING THE METHOD UNDER "AFTER NAMING THE METHOD".)

D2. (FOR THE METHODS CHECKED IN D1 ABOVE): Can you explain to me how each method that you have heard about is actually used?

(PROMPT IT WITH EACH METHOD THAT RESPONDENT MENTIONED IN D1. CHECK "KNOW" IN THE CHART, ONLY IF SHE CAN ADEQUATELY EXPLAIN IT.)

D3. How many couples in this village do you know of currently using the methods that you mentioned above as having heard about?

(PROMPT IT WITH EACH METHOD THAT RESPONDENT MENTIONED IN D1. RECORD THE ACTUAL NUMBER GIVEN FOR EACH METHOD IN THE CHART. RECORD "0," IF NONE MENTIONED.)

D4. Where can you go to obtain each of the methods that you have heard about?

(RECORD THE ORDER IN WHICH THE SOURCES ARE MENTIONED. FOR INSTANCE, IF "HEALTH CENTER" IS NAMED FIRST, "FIELD WORKER" SECOND AND "PHARMACY" THIRD, PUT "1" UNDER "HEALTH CENTER," "2" UNDER FIELD WORKER," "3" UNDER "PHARMACY," ETC. IF ONLY ONE SOURCE IS NAMED, HOWEVER, JUST PUT "1" UNDER THE CORRESPONDING SOURCE HEADING. IF ANY SOURCES OTHER THAN THOSE SPECIFIED IN THE QUESTION ARE GIVEN, SPECIFY THE SOURCE(S) AND PUT THE APPROPRIATE ORDER UNDER "OTHER".)

D5. Do you think that each of the methods that you mentioned is good for your health or bad?

(USE THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART* TO RECORD THE ANSWER. PROMPT WITH EACH METHOD THAT RESPONDENT MENTIONED IN D1.)

D6. How effective do you think is each of the methods that you mentioned? Very effective? Moderately effective? Not very effective?

(USE THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART* TO RECORD THE ANSWER. PROMPT WITH EACH METHOD THAT RESPONDENT MENTIONED IN D1.)

FAMILY PLANNING KNOWLEDGE CHART (FOR QUESTIONS D1 THROUGH D4)

| QUESTION METHOD | D1. Ever heard about the method | | D2. Know how to use that method | | D3. Number of persons using the method | D4. Where can you go to obtain the supplies and/or services for that method? | | | | | | |
|-------------------------------------|---------------------------------|------------------------|---------------------------------|---------------|--|--|-----------------|------------|------------|-------------|-----------------|--------------|
| | 1. Spontaneous | 2. After naming method | 1. Know | 2. Don't know | Number of persons given | 1 Fieldworker | 2 Health center | 3 Hospital | 4 Pharmacy | 5 Neighbour | 6 Other specify | 7 Don't know |
| Oral Pill | | | | | | | | | | | | |
| *Jelly, cream, foam, foaming tablet | | | | | | | | | | | | |
| Condom | | | | | | | | | | | | |
| Vasectomy | | | | | | | | | | | | |
| Tubal ligation | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | |
| Injection | | | | | | | | | | | | |
| Induced Abortion | | | | | | | | | | | | |
| Menstrual regulation | | | | | | | | | | | | |
| *Diaphragm, tampon, sponge | | | | | | | | | | | | |
| Rhythm | | | | | | | | | | | | |
| Abstinence | | | | | | | | | | | | |
| Withdrawal | | | | | | | | | | | | |
| Douche | | | | | | | | | | | | |
| Other (SPECIFY) | | | | | | | | | | | | |

(*CIRCLE WHICH METHOD)

D7. Have you or your husband ever practiced any method of family planning in order to prevent pregnancy?

1. Yes

2. No



D8. Which methods have you or your husband ever used?

(CHECK ALL THE METHODS NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)

(SKIP TO D11)

D9. Some people use a method only for a short period of time.

Have you or your husband ever tried any contraceptive method(s) just for a short time?

1. Yes (ASK D8)
2. No
3. Don't know

D10. Do you think you or your husband may try any contraceptive method(s) in the future?

1. Yes (SKIP TO D33)
2. No
3. Not sure; Don't know (SKIP TO D33)

D11. Are you or your husband currently using any contraceptive method(s)?

1. Yes (SKIP TO D13)

2. No



(SEE QUESTIONS B43, B44, AND B45: ASK ONLY IF RESPONDENT DOES NOT WANT ANY MORE CHILDREN AND STILL CAN GET PREGNANT: ASK THE FOLLOWING QUESTION OTHERWISE SKIP TO D32)

D12. I recall that you said earlier that you do not want any more children; and still can get pregnant. But you are not using any contraceptive method(s). Is there anything you do to prevent you from getting pregnant?

(SKIP TO D32)

D13. Which method(s) are you or your husband using currently?

(CHECK THE METHOD(S) NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)

**FAMILY PLANNING ATTITUDE & PRACTICE CHART (FOR QUESTIONS
D5, D6, D8, D13, D14, D16 AND D17)**

| QUESTIONS METHOD | D5 Good/bad for your health | | D6 How effective | | | D8 Ever used | D13 Currently used | D14 Since when used current method | | D16 Used before the current one | D17 When stopped using method in D16 | |
|---------------------------------------|--------------------------------------|-----|------------------------|------------|-------------|--------------------|--------------------------|---|------|--|---|------|
| | Good | Bad | Very | Moderately | Not very | | | Month | Year | | Month | Year |
| Oral pill | | | | | | | | | | | | |
| *Jelly, cream, foam foaming tablet | | | | | | * | * | | | | | |
| Condom | | | | | | | | | | | | |
| Vasectomy | | | | | | | | | | | | |
| Tubal ligation | | | | | | | | | | | | |
| IUD | | | | | | | | | | | | |
| Injection | | | | | | | | | | | | |
| Induced abortion | | | | | | | | | | | | |
| Menstrual regulation | | | | | | | | | | | | |
| *Diaphragm, tampon, sponge | | | | | | * | * | | | | | |
| Rhythm | | | | | | | | | | | | |
| Abstinence | | | | | | | | | | | | |
| Withdrawal | | | | | | | | | | | | |
| Douche | | | | | | | | | | | | |
| Other (SPECIFY) | | | | | | | | | | | | |

(*NOTE WHICH METHOD USED)

D14. Since when have you been using this method(s)?

(RECORD THE MONTH AND YEAR IN THE CORRESPONDING CELL IN THE CHART)

D15. Did you or your husband use any other method(s) before the current method(s)?

1. Yes

2. No (SKIP TO D23)

D16. Which method(s) did you use before the current method(s)?

(CHECK THE METHOD(S) NAMED ON THE *FAMILY PLANNING ATTITUDE AND PRACTICE CHART*)

D17. How long ago did you stop using that method(s)?

(RECORD THE MONTH AND YEAR IN THE CORRESPONDING CELL IN THE CHART)

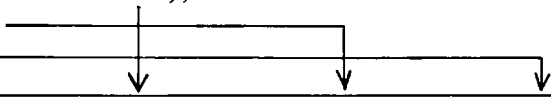
D18. How many months passed between the time you stopped using this method and began using your current method?

_____ months

D19. Why did you stop using this method? (FIRST REASON);

Any other reasons? (SECOND REASON);

Any other reasons? (THIRD REASON).



| REASON | FIRST REASON | SECOND REASON | THIRD REASON |
|---|--------------|---------------|--------------|
| To switch to another method | 1 | 1 | 1 |
| Wanted to have more children | 2 | 2 | 2 |
| Became pregnant | 3 | 3 | 3 |
| The method became unavailable | 4 | 4 | 4 |
| It became inconvenient to use | 5 | 5 | 5 |
| Too expensive to continue | 6 | 6 | 6 |
| My husband objected to it | 7 | 7 | 7 |
| My family/relatives objected to it | 8 | 8 | 8 |
| Thought I couldn't get pregnant anymore | 9 | 9 | 9 |
| Too old; past menopause | 10 | 10 | 10 |
| Became ill and had to stop | 11 | 11 | 11 |
| Afraid of possible side-effects | 12 | 12 | 12 |
| Experienced side-effects/illness due to the contraceptive method | 13 | 13 | 13 |
| No particular reason; just quit | 14 | 14 | 14 |
| Other (SPECIFY): _____ | 15 | 15 | 15 |
| Don't know or can't remember | 16 | 16 | 16 |

D20. Before you stopped using it, did you go anywhere to get advice or information?

1. Yes

2. No
(SKIP TO D23)

3. Don't know
(SKIP TO D23)



D21. (IF YES); Where did you obtain advice or information? (FIRST SOURCE);
Anywhere else? (SECOND SOURCE);
Anywhere else? (THIRD SOURCE).

(CIRCLE THE APPROPRIATE NUMBER ANSWERED)

| SOURCE | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|---------------------------------------|--------------|---------------|--------------|
| Nowhere | 1 | 1 | 1 |
| My husband. | 2 | 2 | 2 |
| Other family members. | 3 | 3 | 3 |
| Relatives. | 4 | 4 | 4 |
| In-laws | 5 | 5 | 5 |
| Friends or neighbours | 6 | 6 | 6 |
| Health clinic or hospital | 7 | 7 | 7 |
| FP field worker. | 8 | 8 | 8 |
| Other (SPECIFY): _____ | 9 | 9 | 9 |
| Don't know or don't remember. | 10 | 10 | 10 |

D22. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN D21):
Specifically whom did you talk to before you quit using it to get advice or information?

(OBTAIN NAMES AND RECORD THEM IN *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION E: IF NONE, THEN LEAVE BLANK)

D23. Before you started using your current contraceptive method, where did you go to get advice or information about it? (FIRST SOURCE);
 Anywhere else? (SECOND SOURCE);
 Anywhere else? (THIRD SOURCE).

| SOURCE | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|--|--------------|---------------|--------------|
| Nowhere, already knew enough. | 1 | 1 | 1 |
| To my husband. | 2 | 2 | 2 |
| To other family members. | 3 | 3 | 3 |
| To relatives. | 4 | 4 | 4 |
| To in-laws. | 5 | 5 | 5 |
| To friends or neighbours. | 6 | 6 | 6 |
| To the health clinic or hospital. | 7 | 7 | 7 |
| To the family planning field worker. | 8 | 8 | 8 |
| Information on TV, radio, newspaper pamphlets, or other mass media. | 9 | 9 | 9 |
| Other (SPECIFY): _____ .. | 10 | 10 | 10 |
| Don't know or don't remember. | 11 | 11 | 11 |

D24. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN D23):
 Specifically, whom did you talk to beforehand to get advice or information about it?

(RECORD IN FAMILY PLANNING COMMUNICATION NETWORK CHART IN SECTION E: IF NONE, THEN LEAVE BLANK)

D25. During the last 12 months, have you ever had any problems or doubts about the method that you are using currently?

1. Yes
↓

2. No
(SKIP TO D30)

D26. Please describe to me the type of problem or particular questions which you had.
(NOTE ALL PROBLEMS MENTIONED VERBATIM)

D27. Where did you go to get help/information about the problem(s) you mentioned above? (FIRST SOURCE). Any other places or persons including your husband, family members, relatives, friends or neighbours? (SECOND SOURCE). Any others? (THIRD SOURCE). (IF MULTIPLE SOURCES OF INFORMATION ARE MENTIONED, RECORD UP TO THREE SOURCES) (CIRCLE THE CORRESPONDING NUMBER ANSWERED)

| SOURCES OF HELP/INFORMATION | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|---|--------------|---------------|--------------|
| Nowhere, kept it to myself (SKIP TO D30) | 1 | 1 | 1 |
| Talked to my husband. | 2 | 2 | 2 |
| Talked to other family members | 3 | 3 | 3 |
| Talked to relatives. | 4 | 4 | 4 |
| Talked to in-laws. | 5 | 5 | 5 |
| Talked to friends/neighbours | 6 | 6 | 6 |
| Visited the health clinic/hospital. | 7 | 7 | 7 |
| Talked to the family planning fieldworker . . . | 8 | 8 | 8 |
| From TV, radio, newspaper, pamphlet, or other mass media | 9 | 9 | 9 |
| Other (SPECIFY): _____ | 10 | 10 | 10 |
| Don't know or don't remember. | 11 | 11 | 11 |

D28. What was the outcome? (SAME ORDER AS D27)
(CIRCLE THE CORRESPONDING NUMBER ANSWERED)

| OUTCOME | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE |
|-------------------------------------|--------------|---------------|--------------|
| No help at all. | 1 | 1 | 1 |
| Some help, but not enough | 2 | 2 | 2 |
| Solved problem/answered my question | 3 | 3 | 3 |

D29. (IF ANSWERED 2, 3, 4, 5, 6, 7 AND/OR 8 IN D27): Specifically, whom did you talk to about your problem or to get information or advice?

(RECORD NAMES ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION E)

D30. What is your present opinion about the contraceptive method which you are currently using?

1. Very satisfactory, no problems
2. Somewhat satisfactory, but some problems
3. Not satisfactory at all

D31. During the next 12 months, do you intend to continue using this method or stop using it?

1. Continue (SKIP TO D35)
2. Stop using
3. Don't know

D32. (FROM D31 OR D12: FOR CURRENT USER OR EVER USER):

Do you think you might try another method in the future?

1. Yes
2. No (SKIP TO D35)
3. Not sure; Don't know

D33. (FROM D32: FOR CURRENT USER OR EVER USER, ASK):

Where would you go to get advice about another method?

(FROM D10: FOR NEVER USER, ASK):

Where would you go to get advice about a contraceptive method?

1. Nowhere, already know enough
2. Talk to my husband
3. Talk to other family members
4. Talk to relatives
5. Talk to in-laws
6. Talk to friends or neighbours
7. Visit the health clinic or hospital
8. Talk to the family planning field worker
9. Look for information on TV, radio, newspaper, pamphlets, or other mass media
10. Other (SPECIFY): _____
11. Don't know

D34. Whom would you talk to in order to get information or advice? Please give me their names. (OBTAIN NAMES, AND RECORD THEM ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION E; IF NONE, LEAVE BLANK)

D35. If you heard a rumor in your village that your method of family planning contraception might be harmful to your health or cause a bad side-effect, which persons in this village would you go to for their opinion and advice?

(OBTAIN NAMES, AND RECORD THEM ON THE *FAMILY PLANNING COMMUNICATION NETWORK CHART* IN SECTION E; IF NONE, LEAVE BLANK)

(FOR D36 AND D37, USE THE *REASONS FOR NON-USE OF CONTRACEPTION CHART* BELOW. IF THERE ARE MULTIPLE REASONS, OBTAIN UP TO THREE REASONS)

D36. (IF NEVER TRIED ANY METHOD) Why not? (FIRST REASON); Any other reasons? (SECOND REASON); Any other reasons? (THIRD REASON).

D37. (IF NOT A CURRENT USER) Why are you or your husband not using any contraceptive method now? (FIRST REASON); Any other reasons? (SECOND REASON); Any other reasons? (THIRD REASON).

REASONS FOR NON-USE OF CONTRACEPTIVE CHART

| REASON | (CIRCLE THE CORRESPONDING NUMBER ANSWERED) | | | | | |
|--|--|---------------|--------------|------------------------------------|---------------|--------------|
| | D36 Never used because | | | D37 Not currently using because | | |
| | FIRST SOURCE | SECOND SOURCE | THIRD SOURCE | FIRST REASON | SECOND REASON | THIRD REASON |
| Don't know any method or know how to use | 1 | 1 | 1 | 1 | 1 | 1 |
| I want to have more children | 2 | 2 | 2 | 2 | 2 | 2 |
| Recently pregnant/breastfeeding | 3 | 3 | 3 | 3 | 3 | 3 |
| Methods and services not available, or don't know where to get them. | 4 | 4 | 4 | 4 | 4 | 4 |
| Methods are too inconvenient to use | 5 | 5 | 5 | 5 | 5 | 5 |
| I cannot afford any method. | 6 | 6 | 6 | 6 | 6 | 6 |
| My husband objects/will not let me. | 7 | 7 | 7 | 7 | 7 | 7 |
| My family (or relatives) objects | 8 | 8 | 8 | 8 | 8 | 8 |
| Not sure I can get pregnant, it has been so long | 9 | 9 | 9 | 9 | 9 | 9 |
| Cannot get pregnant, too old, past menopause. | 10 | 10 | 10 | 10 | 10 | 10 |
| I do not know of any suitable method. | 11 | 11 | 11 | 11 | 11 | 11 |
| Afraid of possible side-effects | 12 | 12 | 12 | 12 | 12 | 12 |
| Other (SPECIFY): _____ | 13 | 13 | 13 | 13 | 13 | 13 |
| Don't know; no reason. | 14 | 14 | 14 | 14 | 14 | 14 |

D38. Sometimes women intentionally interrupt a pregnancy because they do not want the baby. Do you approve or disapprove of induced abortion?

1. Approve 2. Disapprove 3. Don't know

Although people hold certain opinions about birth control or family planning generally, they sometimes feel differently about it in certain circumstances. In the following circumstances, do you approve or disapprove of using family planning contraceptives?

D39. To prevent further pregnancies after having all the children wanted.

1. Approve 2. Disapprove 3. Don't know

D40. To control the spacing or timing of births after the first child is born.

1. Approve 2. Disapprove 3. Don't know

D41. To delay the birth of one's first child.

1. Approve 2. Disapprove 3. Don't know

D42. To avoid an unwanted pregnancy before one gets married.

1. Approve 2. Disapprove 3. Don't know

D43. Have you heard or seen anything about family planning through the following? If so, how often?

(PLEASE READ LIST)

| Source | Never | Hardly ever | A Few times a year | Nearly every month | Nearly every week |
|---------------------------|-------|-------------|--------------------|--------------------|-------------------|
| Radio | 0 | 1 | 2 | 3 | 4 |
| Television | 0 | 1 | 2 | 3 | 4 |
| Daily newspaper | 0 | 1 | 2 | 3 | 4 |
| Magazines | 0 | 1 | 2 | 3 | 4 |
| Posters. | 0 | 1 | 2 | 3 | 4 |
| Film/slides. | 0 | 1 | 2 | 3 | 4 |

D44. Through which particular media of communication do you think people in your village would like to get information on family planning?

(PLEASE READ LIST)

| | Yes | No |
|---|--------------------------|--------------------------|
| Radio | <input type="checkbox"/> | <input type="checkbox"/> |
| Television | <input type="checkbox"/> | <input type="checkbox"/> |
| Performing media like song, drama, etc. | <input type="checkbox"/> | <input type="checkbox"/> |
| Posters/hoarding | <input type="checkbox"/> | <input type="checkbox"/> |
| Exhibition | <input type="checkbox"/> | <input type="checkbox"/> |
| Pamphlets | <input type="checkbox"/> | <input type="checkbox"/> |
| Newspapers | <input type="checkbox"/> | <input type="checkbox"/> |
| Word of mouth (interpersonal communication) | <input type="checkbox"/> | <input type="checkbox"/> |
| Films (movies) | <input type="checkbox"/> | <input type="checkbox"/> |

E. OPINION LEADERSHIP AND FAMILY PLANNING COMMUNICATION NETWORK

Often in a village, there are certain individuals to whom many people go for advice and information about various matters. Such individuals tend to influence others in the community informally, and are usually called opinion leaders. (NOTE: FOR E1, E2 & E3, OBTAIN *FULL NAMES* AND VERIFY WITH THE *ROSTER OF VILLAGE WOMEN* OR THE *ROSTER OF VILLAGE MEN*.)

E1. Whom do you think are such opinion leaders about children's education in this village? Please name as many as appropriate.

| | |
|--|--|
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| | |

E2. In this village, whom do you think are the opinion leaders about health-related matters in general? Please name as many as appropriate.

| | |
|--|--|
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| | |
| | |

E3. In this village, whom do you think are the opinion leaders about family planning? Please name as many as appropriate.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(FOR E4 THROUGH E11, USE THE *FAMILY PLANNING COMMUNICATION NETWORK CHART*)

INSTRUCTIONS FOR THE FAMILY PLANNING COMMUNICATION NETWORK CHART:

- E4. RECORD NAMES IN COLUMN 1 IN THE ORDER WHICH THEY ARE GIVEN FROM QUESTIONS D22, D24, D29, D34, and D35.
- E5. LEAVE COLUMN 2 BLANK FOR CODING ID #'s LATER.
- E6. CHECK THE QUESTION NUMBER WHICH PRODUCED EACH NAME GIVEN IN COLUMNS 3 THROUGH 7.

AFTER ALL THE NAMES HAVE BEEN GIVEN AND RECORDED, ASK THE FOLLOWING QUESTIONS ABOUT EACH ONE:

E7. What is the relationship of this person to you?
(CODE ANSWER IN COLUMNS 8 & 9. IF ONLY ONE TYPE OF RELATIONSHIP IS MENTIONED, USE COLUMN 8. IF TWO TYPES ARE MENTIONED, USE BOTH COLUMNS.

- | | |
|-----------------|---------------------------|
| 1. Relative | 5. Co-worker |
| 2. In-law | 6. Village Official |
| 3. Friend | 7. Other (SPECIFY): _____ |
| 4. Acquaintance | |

E8. Was the advice that (NAME) gave you about family planning positive, neutral, or negative?
(RECORD THE ANSWER NEXT TO NAME IN COLUMN 10, USING THE FOLLOWING CODES)

- | | | |
|-------------|------------|-------------|
| 1. Positive | 2. Neutral | 3. Negative |
|-------------|------------|-------------|

E9. Do you think (NAME) is currently practicing family planning; is currently not practicing but has practiced before; or never used any family planning methods?
(RECORD THE ANSWER IN COLUMN 11, USING THE FOLLOWING CODES)

- 1. currently practicing family planning.
- 2. currently not practicing; but has practiced before. (SKIP TO E11)
- 3. never used any family planning methods. (SKIP TO SECTION F)
- 4. don't know. (SKIP TO SECTION F)

E10. (IF CURRENT USER) What do you think is the method that (NAME) is using now?
(RECORD THE METHOD) (SKIP TO SECTION F)

E11. (IF EVER USER) What do you think is the method that (NAME) used before? (RECORD
THE METHOD)

RESPONDENT ID # _____

VILLAGE ID # _____

FAMILY PLANNING COMMUNICATION NETWORK CHART
(SEE INSTRUCTIONS)

| Col. 1 | Col. 2 | Cols. 3-7 | | | | | Col. 8 | | Col. 9 | Col. 10 | Col. 11 | Col. 12 |
|------------|-----------|---|-----|-----|-----|-----|--------------------|-----|--------------|--------------------|-------------------------------------|----------------------------|
| E4 NAME | E5 ID# | E6 Question no. which produced each name in E4. | | | | | E7 Relationship | | E8 Advice | E9 FP status | E10 Method currently using | E11 Method ever used |
| | | D22 | D24 | D29 | D34 | D35 | 1st | 2nd | | | | |
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(USE AS MANY CHARTS AS NECESSARY)

F. COMMUNICATION WITH FAMILY PLANNING SERVICE PERSONNEL (INCLUDING FIELDWORKERS, CLINIC PERSONNEL, VILLAGE PHARMACIST, ETC.)

F1. What are the names of the family planning service personnel (including fieldworkers, clinic personnel, pharmacist, etc.) for your village?

| NAME | DESIGNATION/TITLE | CHECK IF CORRECT |
|------|-------------------|--------------------------|
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |
| | | <input type="checkbox"/> |

F2. Have you ever talked to any of the family planning service personnel in your village?

1. Yes
2. No (SKIP TO F10)
3. Don't know (SKIP TO F10)

↓

F3. (IF YES TO F2): Which family planning service personnel have you talked to? Please name all the family planning service personnel to whom you have ever talked. (LIST THE NAMES GIVEN; AND ASK THE FOLLOWING QUESTIONS ABOUT EACH NAME GIVEN):

- F3a) How competent professionally do you think he/she is? Very competent, moderately competent, or not competent?
- F3b) How trustworthy do you think he/she is? Very trustworthy, moderately trustworthy, or not trustworthy?
- F3c) Based on what you know about him/her, how similar do you think he/she is to yourself? Very similar, a little similar, different, or very different?
- F3d) In what ways in he/she similar to you? (MULTIPLE RESPONSES ALLOWED)
- F3e) In what ways is he/she different from you? (MULTIPLE RESPONSES ALLOWED)
- F3f) How often have you talked to him/her?

| | F3a. PROFESSIONAL COMPETENCE | F3b. TRUSTWORTHINESS | F3c. SIMILAR/ DIFFERENT | F3d. SIMILAR IN TERMS OF | F3e. DIFFERENT IN TERMS OF | F3f. FREQUENCY OF CONTACT |
|-------------|---|---|--|--|--|--|
| NAME | 1. VERY COMPETENT 2. MODERATELY COMPETENT 3. NOT COMPETENT 4. DON'T KNOW | 1. VERY TRUSTWORTHY 2. MODERATELY TRUSTWORTHY 3. NOT TRUSTWORTHY 4. DON'T KNOW | 1. VERY SIMILAR 2. A LITTLE SIMILAR 3. DIFFERENT 4. VERY DIFFERENT 5. DON'T KNOW | 1. RELIGIOUS 2. SOCIAL CLASS/ CASTE 3. MARITAL STATUS/ PARITY 4. AGE 5. EDUCATIONAL BACKGROUND 6. OTHER (SPECIFY) | 1. RELIGIOUS 2. SOCIAL CLASS/ CASTE 3. MARITAL STATUS/ PARITY 4. AGE 5. EDUCATIONAL BACKGROUND 6. OTHER (SPECIFY) | 1. AT LEAST ONCE A MONTH 2. 9-11 TIMES A YEAR 3. 5-8 TIMES A YEAR 4. 1-4 TIMES A YEAR 5. LESS THAN ONCE A YEAR |
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F4. When was the last time that you talked to any of the family planning service personnel?

_____ months and _____ days ago

F5. Who was it that you talked with most recently?

(NAME OF THE SERVICE PERSONNEL)

F6. Where did you talk to him/her?

1. By myself in my own home.
2. By myself somewhere else in the village.
3. With a few other people in my own home.
4. With a few other people at someone else's home.
5. With a small group at a village meeting place.
6. With all the village women at the meeting place.
7. In the clinic
8. Pharmacy
9. Other (SPECIFY: _____)

F7. Have you ever asked him/her for information or advice about anything?

1. Yes 2. No (SKIP TO F10) 3. Don't know (SKIP TO F10)



F8. (IF YES): What type of information or advice have you asked him/her about?

1. about contraceptive methods
2. about side-effects of contraceptive methods
3. about availability of services
4. about rumors about contraceptive methods
5. other (SPECIFY): _____

F9. How satisfactory was the information/advice which he/she gave you?

1. very satisfactory
2. somewhat satisfactory
3. not very satisfactory
4. not satisfactory at all

F10. Do you think the family planning services available in this village are adequate?

1. Yes
(SKIP TO SECTION G)

2. No
↓

3. Don't know
(SKIP TO SECTION G)

F11. (IF NO): Why Not?

G. FAMILY COMMUNICATION AND DECISION MAKING

G1-G8. In your family, who generally makes the decisions about the following family and house-keeping matters?

(USE THE *FAMILY COMMUNICATION AND DECISION MAKING CHART*)

- G1. Who generally makes the decision about when to have the next child, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G2. Who generally makes the decision about spacing between children, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G3. Who generally makes the decision about the number of children to have, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G4. Who generally makes the decision about children's education, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G5. Who generally makes the decision about family health, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G6. Who generally makes the decision about buying major furniture, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G7. Who generally makes the decision about buying children's clothes, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?
- G8. Who generally makes the decision about other housekeeping matters, you, your husband, you and your husband jointly, your father-in-law, your mother-in-law, whole family jointly, or someone else in your family?

FAMILY COMMUNICATION AND DECISION MAKING CHART

(CHECK AN APPROPRIATE BOX FOR EACH QUESTION)

| DECISION ABOUT | By | | | | | | |
|---------------------------------|------------|---------|------------------------|---------------|---------------|----------------------|------------------|
| | Respondent | Husband | Husband & wife jointly | Father-in-law | Mother-in-law | Whole family jointly | Others (SPECIFY) |
| G1. When to have the next child | | | | | | | |
| G2. Spacing between children | | | | | | | |
| G3. Number of children to have | | | | | | | |
| G4. Children's education | | | | | | | |
| G5. Family health | | | | | | | |
| G6. Buying major furniture | | | | | | | |
| G7. Buying children's clothes | | | | | | | |
| G8. Other house-keeping matters | | | | | | | |

G9. When you and your husband's views about family affairs are extremely different, whose view is usually followed?

1. Mine
2. Husband's
3. We compromise
4. Other (SPECIFY): _____

G10. Have you and your husband discussed when to have your next child?

1. Yes

2. No (SKIP TO G13)

G11. (IF YES): Was the nature of your discussion?

1. We jointly agreed about what to do.
2. My husband told me what we would do.
3. I told my husband what we would do.
4. We disagreed about what to do. (SKIP TO G16)
5. Other (SPECIFY): _____
(SKIP TO G16)

G12. (IF ANSWERED 1, 2, or 3, to G11):
What did you decide to do? (SKIP TO G16)

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Just have one whenever it happened.
4. Try not to have another one.
5. Other (SPECIFY): _____

G13. (IF NO TO G10): Why didn't you discuss it?

1. Too delicate/embarrassing a matter to discuss.
2. Not supposed to discuss it.
3. Expected to have our next child right away.
4. Didn't know about family planning at the time.
5. Don't know or don't remember.
6. Other (SPECIFY): _____

G14. (IF NO TO G10): What is your views about having your next child?

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Have one whenever it happend.
4. Try not to have another one.
5. Other (SPECIFY): _____

G15. (IF NO TO G10): What do you think is your husband's views about having your next child?

1. Have one as soon as possible.
2. Wait at least 2 years after our last child was born before getting pregnant again.
3. Have one whenever it happened.
4. Try not to have another one.
5. Other (SPECIFY): _____

G16. (IF NEVER USED CONTRACEPTIVES, SKIP TO SECTION H)

(IF EVER USED CONTRACEPTIVES, ASK): Did you and your husband discuss beforehand the use of your current (or last) contraceptive method?

1. Yes

2. No

3. Don't know
(SKIP TO G19)



G17. (IF YES): What was the nature of your discussion?

1. We jointly agreed not to use any method.
2. We jointly agreed which method to use.
3. My husband told me which method to use.
4. I told my husband which method we would use.
5. We disagreed about which method to use.
6. Other (SPECIFY): _____

(SKIP TO G19)

G18. (IF NO): Why didn't you discuss it?

1. Too delicate/embarrassing a matter to discuss.
2. Not supposed to discuss it.
3. It's my husband's responsibility alone.
4. It's my responsibility alone.
5. Don't know or don't remember.
6. Other (SPECIFY): _____

G19. What were your views about your choice of current (or last) contraceptive method at that time?

1. Approved.
2. Disapproved.
3. I didn't know anything about it.
4. I didn't care one way or the other.
5. Other (SPECIFY): _____
6. Don't know

G20. What do you think were your husband's views about your choice of contraceptive method at that time?

1. Approved.
2. Disapproved.
3. I didn't know anything about it.
4. I didn't care one way or the other.
5. Other (SPECIFY): _____

G21. When you quit using your last contraceptive method, did you discuss it with your husband before stopping?

1. Yes

2. No
(SKIP TO SECTION H)

3. Don't know
(SKIP TO SECTION H)



G22. (IF YES): What was the nature of your discussion with your husband?

1. We jointly agreed not to use it any longer.
2. My husband told me to stop using it any longer.
3. I told my husband we would quit using it.
4. We disagreed about whether to quit or not.
5. Other (SPECIFY): _____

H. BACKGROUND INFORMATION

I would like to ask a few more questions about you and your family.

H1. Is your house owned or rented?

1. Owned

2. Rented

3. Others (SPECIFY): _____

H2. How many rooms does your home have?

_____ rooms

H3. Do you have the following in your home? (NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

| | Yes | No |
|---------------------------------|-----|----|
| Running water..... | 1 | 2 |
| Electricity..... | 1 | 2 |
| Tile roof..... | 1 | 2 |
| Sewing machine..... | 1 | 2 |
| Radio..... | 1 | 2 |
| Electric fan..... | 1 | 2 |
| Television..... | 1 | 2 |
| Telephone..... | 1 | 2 |
| Refrigerator..... | 1 | 2 |
| Bath tub with heated water..... | 1 | 2 |

H4. Compared to most families in this village, would you say that your family is economically better off, worse off, or in about the same position as they are?

1. My family is much better off.
2. My family is somewhat better off.
3. My family is in about the same position.
4. My family is somewhat worse off.
5. My family is much worse off than others.
6. Don't know

H5. What is your religious preference? (NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Catholic
2. Protestant
3. Muslim
4. Buddhist
5. None
6. Don't know
7. Other (SPECIFY): _____

H6. What is your husband's religious preference? (NOTE: COUNTRIES WILL ADOPT AN APPROPRIATE CLASSIFICATION)

1. Catholic
2. Protestant
3. Muslim
4. Buddhist
5. None
6. Don't know
7. Other (SPECIFY): _____

THANK YOU VERY MUCH FOR YOUR TIME AND CO-OPERATION IN GIVING US INFORMATION. THE INFORMATION YOU GAVE US IS GOING TO HELP OUR RESEARCH A GREAT DEAL.

**I. INTERVIEWER'S REPORT
(TO BE COMPLETED BY THE INTERVIEWER AFTER THE INTERVIEW IS FINISHED)**

11. Person(s) other than the respondent who were present at the interview.

| | | |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

12. Degree of co-operation

| | |
|--------------------------------------|-------------------------------|
| <input type="checkbox"/> Very good | <input type="checkbox"/> Good |
| <input type="checkbox"/> Not so good | <input type="checkbox"/> Bad |

13. Reliability of the answers

| | |
|--|--|
| <input type="checkbox"/> Very reliable | <input type="checkbox"/> Partly reliable |
| <input type="checkbox"/> Mostly reliable | <input type="checkbox"/> Not reliable at all |

14. The respondent's attitude during the interview.

| | |
|--|--------------------------------------|
| <input type="checkbox"/> Very much at ease | <input type="checkbox"/> Not at ease |
| <input type="checkbox"/> Generally at ease | <input type="checkbox"/> Very uneasy |

15. Socio-economic evaluation of the respondent's family

| | | |
|---------------------------------------|---------------------------------------|---------------------------------|
| <input type="checkbox"/> Upper | <input type="checkbox"/> Upper Middle | <input type="checkbox"/> Middle |
| <input type="checkbox"/> Lower middle | <input type="checkbox"/> Lower | |

16. Other remarks (WRITE ABOUT PARTICULAR ANSWERS THAT ARE THOUGHT TO BE UNRELIABLE)

17. Describe characteristic features of the respondent and the location of the household on the map for your later reference.

18. Interviewer's Name _____

Interviewer's Number _____

(TO THE INTERVIEWER: REMEMBER TO PUT DOWN THE TIME SPENT ON THE INTERVIEW. ALSO MAKE SURE THAT YOU HAVE ASKED ALL THE QUESTIONS)

