

Childlessness in Bangladesh rural areas

Research proposal

Issue:

The experiences of childlessness in Bangladesh rural areas.

Group members:

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Introduction

Infertility is defined as “the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse” [1]. The global burden has barely improved between 1990 to 2010-1.9% primary infertility and 10.5% secondary infertility [2]. Infertility affects both men and women and can cause social and personal discomfort such as depression, and discrimination as well as decreased quality of life [3].

There are about 14 million infertile couples in South Asia and Farely and Baisey report an infertility rate of approximately 15% [4]. In Bangladesh, the state ideology is to control fertility due to the challenges of overpopulation, hence infertility is not on the political agenda or policy discourse despite its grave implications [5]. For Bangladeshi women for example, the consequences of childlessness are social, familial, emotional, economic, and medical [6]. There are a number of documented reports on the experience of or response to childlessness in various communal and patriarchal contexts as in Bangladesh. However these tend to be narrow- focusing on one aspect of the problem, or only looking at the experience of childlessness from a single perspective- especially women only. Additionally, to the best of our knowledge there is yet no research that has explored possible mechanisms by which the potential negative effects of childlessness can be mitigated.

A possible reason for this gap in knowledge and action could be the predominance of inter- or multidisciplinary research approaches which unintentionally limit the scope in the understanding of this issue and fail to connect knowledge generated into action for societal benefit. This research therefore proposes a transdisciplinary study to explore the experiences of childlessness in multiple stakeholder including those who remotely influence or are influenced by its effects. Additionally it is necessary to take this inquiry a step forward by testing possible approaches to improve the quality of life in childless families using existing resources available in the communities.

Research question

What are the experiences of childlessness in Bangladesh?

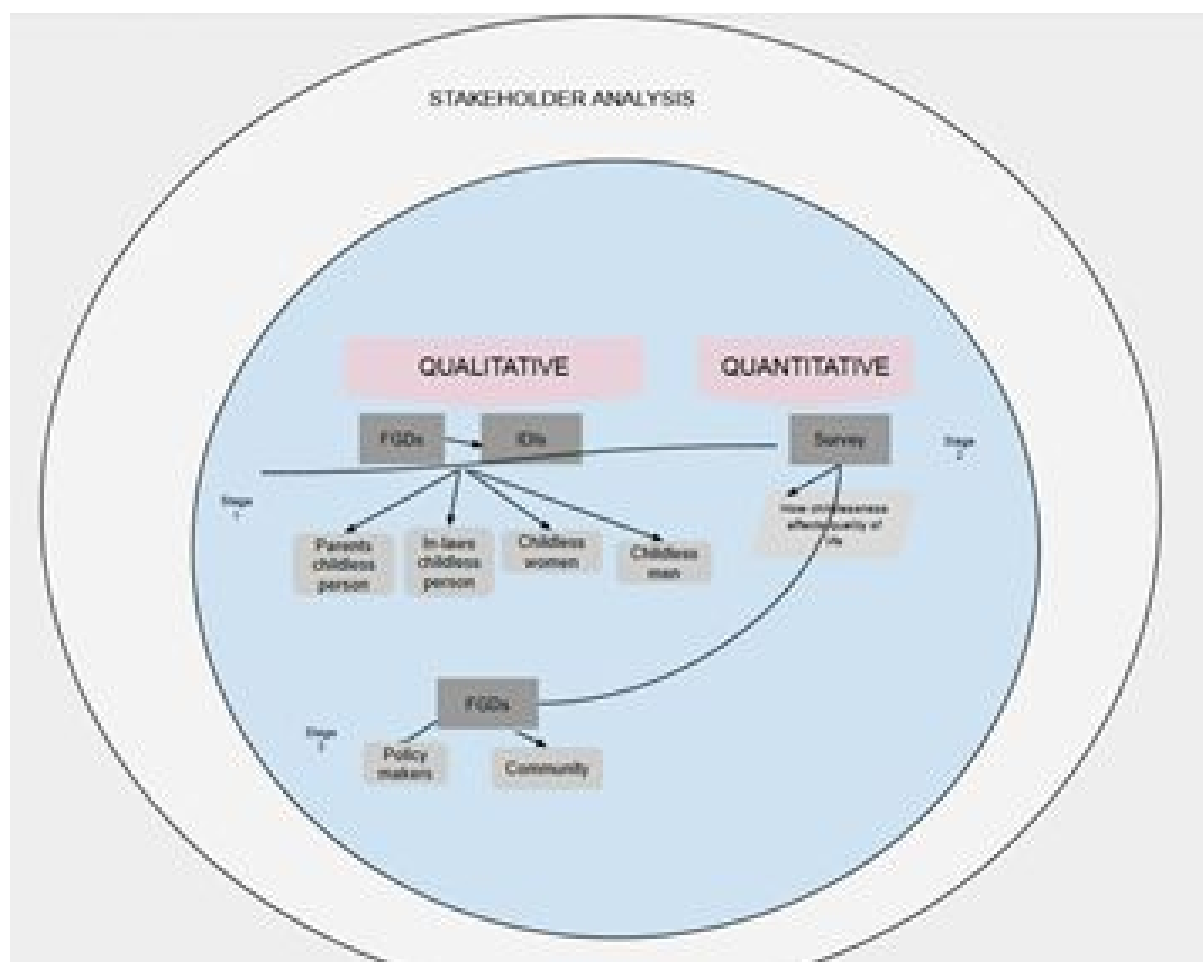
Research objectives

- To explore and describe the experiences of childlessness.
- To determine which individual and collective factors contribute to the experiences of childlessness.
- To explore which individual and collective strategies exist to confront the negative aspects of childlessness.
- To explore individual and collective approaches which could mediate the negative experiences of childlessness.
- To evaluate how childlessness affects quality of life.

Methodology

In collaboration with NGO <name> in Bangladesh, with whom our research institute has a long-standing collaboration, we developed a non-exhaustive stakeholder analysis (see attachment 1). The analysis is informed by a literature review and a community observation. The stakeholder analysis is iterative and dynamic, meaning the list of key stakeholders is fluid (informed by ongoing interviews).

Study conducted at two rural areas: 1) <name> and 2) <name>



This study consists of three stages (see figure 2). The qualitative component of this study consists of two interconnected stages: 1) exploring the experiences of childlessness 2) exploring ways to improve existing experiences of childlessness. The first stage will exist of a series of four FGDs with four keys groups of homogeneous people (childless women / childless men / parents of childless women / parents childless men). All four groups will consist of 6-10 people. Ideas how to improve their experiences with childless will be discussed. The FGDs will be recorded after informed consent, transcribed and analyzed with MAXqda. Emerging themes from the analysis of these FGDs will then be used to design the discussion guide for the in depth interviews (IDIs) to be conducted with seven identified respondents for each of the four separate groups: childless women, childless men and the parents and in-laws of childless person. in total, 28 in-depth interviews will be conducted. Respondents will be interviewed at a private location recommended by the respondent and would take at least one hour. All the interviews will be open and semi-structured.. All the interviews will be recorded after informed consent, transcribed in full and analysed using MAXqda.

The second stage will be developed based on the results in the first stage to examine the extent to which the quality of life is impacted due to childlessness. The survey will be based on a

collection of existing quality of life surveys adapted and adjusted to the Bangladesh context with input from the NGO. The number of surveys to be conducted will be calculated with a desired confidence level of 95% and a power of 80%, with the prior supposed population-specific proportions being informed by the results of the FGDs; since scant data exist regarding sub-group specific proportions for our survey items of interest, the exact number is unknowable until after the FGDs.

The results of the surveys will feed into a third stage which will be a discussion guide for two FGDs with homogenous groups of both policy makers and community members. Within the FGDs opportunities to improve the experiences of childlessness and ways how politics and community can help, are explored. All two groups consist of 6-10 people. These FGDs will also be recorded after informed consent, transcribed and analyzed with MAXqda.

Timeline

This project will be implemented in a period of 18 months. The first quarter of the project will be used for community entry and stakeholder analysis and consensus. The results of this process will be used to refine the qualitative data collection of stage 1, which is expected to take a minimum of 4 months. Data analysis will be conducted over a month which will in turn contribute to the design and scope (ie, number of respondents) of the survey in stage 2. A multivariate analysis will be conducted using in open-source statistical software to define key themes that are needed for further exploration. The quantitative component of this study will take about 5 months. The identified key themes will be used to design a discussion guide on recommendations and options for the FGDs in stage 3 which are aimed to influence policy and community actions. The results will be compiled and compared with the results of stage 1 and 2 over a three-month period to inform an intervention design which will then be communicated to the communities.

Timeline					
Activity	Quarter 1 (month 1 to 4)	Quarter 2 (month 5 to 8)	Quarter 3 (month 9 to 12)	Quarter 4 (month 13-16)	Quarter 5 (month 17-18)
Community Entry & Stakeholder analysis					
1a. FGDs					
1b. IDIs					

2. Survey					
3. FGDs					

Ethics

This research will seek ethical approval from the Institutional Review Boards of both (1) Vrije Universiteit as well as (2) the Bangladeshi Ministry of Health and Family Welfare. Additionally, informal approval and ethical feedback will be sought from (3) community leaders and study participants in Bangladesh. Prior to study participation, all research subjects will be asked to provide informed consent (the “information” being presented in their language). Given the uncertainty regarding the outcome of the study, neither benefits nor risks will be presented; however, the discussion on consent will briefly cover the sensitive of the research topic, and subjects will explicitly be told that their non-participation will incur no negative effects. Given the iterative nature of the research (ie, the survey content will not be designed until after the first round of focus group discussions and in-depth interviews), updated research protocols and research frameworks will need to be revised, submitted and reviewed regularly by the aforementioned three parties.

References

1. The International Committee for Monitoring Assisted Reproductive Technology (ICMART) and the World Health Organization (WHO) Revised Glossary on ART Terminology (2009).,
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4. Farely, T. M. M., and E. M. Baisey (1998). The Prevalence of an Etiology of Infertility. Proceedings, African Population Conference, November 28, 1988, Dakar, Senegal.
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6. Nahar, P., and A. Richters (2011). Suffering of Childless Women in Bangladesh: The Intersection of Social Identities of Gender and Class. Anthropology and Medicine 18:327–338.