**THESIS PROPOSAL**

**ON**

**Functional disabilities and its association with modern family planning methods among women of reproductive age group in Bangladesh: A secondary analysis**

**Dr Md Saifullah**

**ID# 183-5091-080**

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**MASTER OF PUBLIC HEALTH PROGRAM**

**DEPARTMENT OF PUBLIC HEALTH**

**SCHOOL OF HEALTH & LIFE SCIENCES**

**NORTH SOUTH UNIVERSITY**

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**The Thesis Proposal Entitled**

**Functional disabilities and its association with modern family planning methods among women of reproductive age group in Bangladesh: A secondary analysis**

is submitted to the Department of Public Health, North South University for the partial fulfillment of the requirements of the degree ofMaster of Public (MPH)

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| Defense Date: | Students Signature …………………… |

**NORTH SOUTH UNIVERSITY**

**DEPARTMENT OF PUBLIC HEALTH**

**MASTER OF PUBLIC HEALTH**

We, the members of the Thesis Proposal Defense Committee have carefully evaluated the following thesis proposal and recommended to the Dean, School of Health & Life Sciences, for approval.

**Functional disabilities and its association with modern family planning methods among women of reproductive age group in Bangladesh: A secondary analysis**

Submitted by Dr Md Saifullah, ID: 183-5091-080 for the partial fulfillment of the requirements of the degree of Master of Public Health (MPH)

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**EXECUTIVE SUMMARY**

Efficient family planning enables individuals to manage their reproductive health effectively and avoid unintended pregnancies by providing them with information and services. However, individuals with disabilities encounter obstacles in accessing these services, resulting in unintended pregnancies and a diminished ability to make informed reproductive choices. Family planning methods, also referred to as contraception or birth control, encompass a range of techniques designed to prevent unwanted pregnancies. This research aims to evaluate the utilization of modern family planning methods among women with and without functional limitations, focusing on age groups and residential areas. Data will be gathered from the MICS 2019 survey. Before computing descriptive statistics such as mean, median, standard deviation, and frequency will help understand the data distribution and identify anomalies. Inferential statistical tests, including chi-square or logistic regression for Hypothesis 1 and independent samples t-test or ANOVA for Hypothesis, will be utilized to examine associations between variables. Interpreting statistical results will take into account factors such as p-values, effect sizes, and confidence intervals. We expect to find a significant association between contraception use and functional limitations among women, supporting our hypothesis that women with functional limitations may face challenges in meeting their contraceptive needs compared to those without such limitations.

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**CHAPTER I**

**INTRODUCTION**

**1.1 Introduction**

Family planning enables individuals to take charge of their reproductive health and prevent unintended pregnancies by granting them access to both services and information. (Program et al., 2009). Yet, individuals with disabilities face numerous hurdles in reaching these services, leading to unintended pregnancies, decreased autonomy over their reproductive health, and a decline in their overall quality of life. While birth control has historical roots, effective and safe methods emerged predominantly in the 20th century (Kantorová et al., 2020).

The findings of this study are crucial for guiding evidence-based interventions to address the challenges faced by individuals with disabilities in accessing family planning services and information. This, in turn, will lead to improvements in reproductive health outcomes within this population. The global disability action plan outlined by the World Health Organization (WHO) emphasizes the significance of prioritizing disability in public health, human rights, and development initiatives. Disability is intricately connected to human rights issues, as people with disabilities frequently encounter inequalities and experience various violations of their rights, such as violence, abuse, discrimination, and a lack of independence (WHO, 2023). Article 25 of the Convention ensures that individuals with disabilities have the right to access healthcare services and programs that are of the same standard and are either free or affordable, including those about sexual and reproductive health (SRH) (UN, 2006).

Research efforts regarding the reproductive health of women with disabilities intensified in the 1990s following a conference supported by the National Institutes of Health (NIH) on the reproductive health of people with physical disabilities (Mosher et al., 2017). Over time, there has been a burgeoning body of evidence regarding family planning specifically tailored to women and girls with disabilities, with this body of evidence deemed to be of medium size (Fraser & Corby, 2019).

Individuals with disabilities, often marginalized within society, frequently encounter exclusion from family planning (FP) education, primarily due to the erroneous assumption that they are not sexually active (Mekonnen et al., 2020). Attitudes toward disability can significantly impact an individual's life experiences and opportunities, affecting their ability to seek, access, and utilize maternal health services. Several studies have emphasized that stereotypes and misconceptions about the sexual and reproductive lives of people with disabilities act as barriers to accessing sexual and reproductive health (SRH) services (Babik & Gardner, 2021).

Currently, there is insufficient comprehension of the contraceptive experiences faced by women with different types of disabilities. This uneven utilization underscores the necessity for additional research to enhance understanding of attitudes toward and utilization of family planning among individuals with disabilities.

**1.2 Justification of the Research**

The demographic makeup of a nation holds significant importance, as both overpopulation and underpopulation can present challenges for a country. Individuals within a nation must possess knowledge of family planning methods to effectively manage population dynamics.

This study seeks to address this gap by providing valuable insights into this important issue. Moreover, there exists limited research concerning contraceptive care for individuals living with disabilities, alongside a dearth of clinical guidelines for contraceptive methods suitable for individuals with diverse disabilities and conditions (Verlenden et al., 2019).

The Federal Ministry of Health (FMOH) has initiated a needs assessment aimed at enhancing family planning (FP) programs for individuals with disabilities. The findings of this study will provide a solid basis for creating evidence-based treatments to remove barriers that keep people with disabilities from getting information and services related to family planning. Fundamentally, addressing the disproportionate barriers that people with disabilities face when trying to access family planning services, closing the current research gap, and directing the development of evidence-based interventions to enhance reproductive health outcomes all depend on looking into the attitudes toward and use of family planning among people with disabilities.

**1.3 Operational Definitions**

**Family planning:**  Family planning refers to the management of childbirth and the spacing between pregnancies, predominantly through the utilization of contraception or voluntary sterilization methods.

**Exposure to mass media:** Exposure to mass media quantifies the percentage of women aged 15-49 who engage with newspapers, magazines, radio, or television at least once a week.

**Functional difficulties:** Functional difficulties pertain to women aged 18-49 experiencing impairments necessitating assistive devices, and encountering challenges across various domains such as vision, hearing, mobility, self-care, communication, and memory.

**1.4 Research Question (s)**

* What percentage of women with disabilities use modern family planning?
* Are there notable differences in the use of modern family planning techniques between rural and urban areas where women with disabilities reside?
* Does a person's level of education have a significant impact on whether or not they use modern family planning techniques and status of disabilities?

**CHAPTER II**

**LITERATURE REVIEW**

**2.1 Literature Review**

Among this group, nearly 200 million face significant challenges in their daily functioning. Looking ahead, disability is anticipated to become a more pressing issue due to its escalating prevalence. As stated by the United Nations Development Program, approximately 80% of individuals with disabilities reside in developing countries (WHO, 2011).

The World Report on Disability, a collaborative effort between the World Bank and WHO, suggests that the actual number of children, adults, and elderly individuals living with disabilities in Ethiopia is around 15 million, representing approximately 17.6% of the population (WHO, 2011; World Bank, 2011). Consequently, the healthcare system has tended to exclude individuals with disabilities from seeking and accessing SRH services.

A study explored the initial encounters of women with different types of disabilities when seeking contraceptive care, highlighting the need for customized approaches to meet their awareness needs. For example, providing a visually impaired woman with a paper pamphlet may not be practical and could potentially be harmful to women with disabilities. Increased attention to addressing the reproductive healthcare needs of women with disabilities is essential for improving healthcare equality and standards (Horner-Johnson et al., 2021).

Ethiopia's inaugural national survey on fertility and family planning, carried out in 1990, indicated that merely 4% of women in their reproductive years were utilizing any form of family planning methods, with fewer than 3% opting for modern contraceptives. Over the course of a decade, from 1990 to 2000, the contraceptive prevalence rate (CPR) doubled, reaching approximately 8.2% by the year 2000. Subsequently, there was a remarkable and rapid escalation in CPR after 2000, with a subsequent Ethiopian Demographic and Health Survey (EDHS) in 2005 reporting a twofold increase in CPR, reaching 14.7%. This upward trajectory persisted, and by 2014, contraceptive prevalence had surged to 42% (Yirga Tejeji & Berhane Assefa, 2017).

In Nepal, a study with 293 young individuals aged 15-30 with visual, hearing, or physical impairments discovered that just 38% of participants viewed the nearest sexual and reproductive health (SRH) service center as physically accessible and accommodating to disabilities. Indicative characteristics of physical accessibility and disability friendliness included having amenities like ramps, railings, elevators, appropriate toilets, access to sign language interpreters, provision of written materials in Braille or large text, and facilities situated on the ground floor with sufficient space for movement (Kassa et al., 2016).

Research conducted in Uganda observed that individuals with disabilities frequently experienced extended waiting times at healthcare facilities to obtain family planning services, primarily because of insufficient healthcare staff. The study highlighted that while lengthy queues are prevalent, particularly in public health centers in Uganda, the lack of accommodation for individuals with physical disabilities posed a barrier to accessing sexual and reproductive health services (Ahumuza et al., 2014). A multi-country study spanning Ethiopia, Uganda, and Rwanda revealed that conversations regarding sexuality matters between parents and young individuals with disabilities were significantly infrequent. Merely 22% of participants reported discussing topics related to sex and family planning with their parents (Kassa et al., 2016).

In culturally conservative environments, discussing sexuality, particularly for younger and unmarried girls, can be viewed as taboo. Research conducted in Jordan with parents of adolescents aged 12-18 with Down syndrome unveiled cultural obstacles to addressing subjects such as masturbation, sexuality, and family planning. These discussions were deemed particularly shameful for parents when involving girls. Misunderstandings about asexuality can result in cases of intimate partner violence (IPV) and other forms of violence being disregarded. For instance, research carried out among young people with disabilities in Senegal highlighted a heightened susceptibility to sexual violence, thereby increasing the likelihood of unintended pregnancies, particularly among young girls with hearing impairments (Van Der Heijden, 2014).

**CHAPTER III**

**RESEARCH METHODS**

**3.1 Objectives**

**3.1.1 General**

This study's main objective is to assess the use of modern family planning techniques by women, comparing those who have functional issues to those who do not, with an emphasis on age groups and residence areas.

**3.1.2 Specific**

* Assessing how frequently women with disabilities use modern family planning methods.
* Comparing how differently disabled women live in rural and urban areas when it comes to using current family planning techniques.
* Determining the variables of education level that may have an influence on the adoption of modern family planning techniques by women with disabilities.

**3.2 Conceptual Framework**

**Independent Variables**

**Dependent Variable**

Use of modern contraceptive methods

Person with Disabilities (vision, hearing, mobility, self-care, & communication)

,

**Socio-demographic variables**

* Urban and Rural Geographic Areas
* Administrative Divisions (Barisal, Chattogram, Dhaka, Khulna, Rangpur, Rajshahi, Mymensingh, and Sylhet)
* Age Groups (15-29, 30-39, and 40-49 years)
* Educational Attainment (None, Primary, Secondary, and Higher)
* Educational Level of Husband/Partner (<=2 and >2)
* Number of Children Living in Household (Bengali and Others)
* Economic Status (Poor, Middle, and Rich)
* Religious Affiliation (Islam and Others)
* Household Size (<=4 and >4)
* Access to Mass Media (Yes and No)

Yes

No

**Cofounders**

**3.3 Study Design**

The MICS survey utilizes a two-stage cluster sampling method, randomly selecting households with children under the age of five. In 2019, the MICS was conducted with a sample of 61,242 households, achieving a response rate of 99.4%. It provides a comprehensive overview of the health status of children and women across the seven administrative divisions of Bangladesh: Dhaka, Chittagong, Sylhet, Rajshahi, Rangpur, Barisal, and Khulna. Districts were identified as the primary sample strata for sample selection during the second stage of the survey (MICS (2019) Bangladesh 2019 MICS Report).

**3.4 Target Population & Sample Population**

68,711 women between the ages of 15 and 49 were found to be living in the households that were questioned. 64,378 of the women in this group were successfully questioned, yielding a 93.7% response rate in the households surveyed.

**3.5 Study Site & Area**

Bangladesh ranks among the most densely populated nations globally and grapples with widespread poverty. The country experiences a tropical climate dominated by seasonal monsoons, featuring mild winters and hot, humid summers.

**3.6 Sample Size**

In the MICS 2019 survey, the population of Bangladesh was sampled using Enumeration Areas (EAs) obtained from the 2011 Population and Housing Census conducted in Bangladesh.

4,333 women were excluded from the sample as they did not meet all the criteria for inclusion.

The survey was effectively conducted among a total of 61,242 households, achieving a response rate of 99.4 percent.

A total of 64,400 households from 3,220 Enumeration Areas (EAs) were chosen, with selection probabilities proportional to the size of each EA.

3,158 households were excluded from the sample due to not meeting all the criteria for inclusion.

Among the households surveyed, a total of 68,711 women aged between 15 and 49 years were identified.

Out of these, 64,378 women were effectively interviewed, resulting in a response rate of 93.7 percent within the surveyed households.

13,257 women were excluded from the sample because they were either unmarried or ineligible to utilize any form of contraceptive methods.

1,016 women were excluded from the sample because there was no information available regarding their functional difficulties.

Dysfunctional

n = 48633

Functional Difficulties

n = 1472

50,105 women between the ages of 18 and 49 have information available regarding their functional difficulties.

51,121 women between the ages of 15 and 49 were currently married and eligible to utilize various forms of contraceptive methods.

**3.7 Data Management & Analysis Plan**

**Data Preparation:** Clean and preprocess the MICS data to ensure its suitability for analysis, including addressing missing values, outliers, and any other irregularities.

**Summary Statistics:** Compute descriptive statistics for the variables under examination, encompassing measures like mean, median, standard deviation, and frequency distributions. These analyses aid in understanding the data distribution and identifying any anomalies or outliers.

**Statistical Analysis:** To explore hypotheses, apply inferential statistical tests. Potential procedures for testing Hypothesis 1 could be logistic regression or chi-square to examine the relationship between education level and the use of modern family planning techniques. For Hypothesis 2, the use of an ANOVA or independent samples t-test could be used to evaluate how differently urban and rural populations use modern family planning methods.

**Interpretation of Results:** Analyze statistical test results by taking into account variables like confidence intervals, effect sizes, and p-values. A p-value of less than five percent usually means that there is little possibility the results are the result of chance.

**3.8 Inclusion and Exclusion Criteria**

**Inclusion Criteria**

1. Married women in reproductive age group (15-49 years).
2. Those who are willing to participate in the study.

**Exclusion Criteria**

1. Those who are not willing to participate in the study.
2. Unmarried women in reproductive age group.
3. Data will not be collected from the widows and divorced women.
4. No information on functional difficulties

**3.9 Quality Control & Quality Assurance**

Before collecting data from respondents, an amicable atmosphere is established, and the objectives of the data collection are communicated to the respondents. Throughout the data collection process, efforts are made to engage with respondents using the local Bangla language.

**3.10 Expected Outcomes**

We anticipate that there will be a notable correlation between the use of contraception and women experiencing functional limitations. Our hypothesis posits that women with functional limitations are more susceptible and may struggle to fulfill their contraceptive needs compared to women without such limitations.

**3.11 Work Plan**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Activities** | **May**  **2024** | **June**  **2024** | **July**  **2024** | **Aug**  **2024** | **Sep**  **2024** | **Oct**  **2024** | **Nov**  **2024** | **Dec**  **2024** |
| **Study Design** |  |  |  |  |  |  |  |  |
| **Literature Review** |  |  |  |  |  |  |  |  |
| **Proposal Development & approval** |  |  |  |  |  |  |  |  |
| **Data Management & Analysis** |  |  |  |  |  |  |  |  |
| **Report Writing** |  |  |  |  |  |  |  |  |
| **Thesis Submission & Approval** |  |  |  |  |  |  |  |  |
| **Printing, Binding & Submission** |  |  |  |  |  |  |  |  |

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# APPENDICES

# APPENDIX-A

# QUESTIONNAIRE

Currently, married?

1. Yes 2. No

Are you pregnant now?

1. Yes 2. No

Are you currently doing something or using any method to delay or avoid getting pregnant?

1. Yes 2. No

Have you ever done something or used any method to delay or avoid getting pregnant?

1. Yes 2. No

**The Washington Group Short Set on Functioning (WG-SS)**

VISION

[Do/Does] [you/he/she] have difficulty seeing, even if wearing glasses? Would you

say… [Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

HEARING

[Do/Does] [you/he/she] have difficulty hearing, even if using a hearing aid(s)? Would

you say… [Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

MOBILITY

[Do/Does] [you/he/she] have difficulty walking or climbing steps? Would you say…

[Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

COGNITION (REMEMBERING)

[Do/does] [you/he/she] have difficulty remembering or concentrating? Would you say…

[Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

SELF-CARE

[Do/does] [you/he/she] have difficulty with self-care, such as washing all over or

dressing? Would you say… [Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

COMMUNICATION

Using [your/his/her] usual language, [do/does] [you/he/she] have difficulty

communicating, for example understanding or being understood? Would you say…

[Read response categories]

1. No difficulty

2. Some difficulty

3. A lot of difficulty

4. Cannot do at all

What is your area of residence?

1. Urban 2. Rural

What is your geographic location (Division)?

1. Barisal 2. Chattogram 3. Dhaka 4. Khulna 5. Rangpur 6. Rajshahi 7. Mymensingh 8. Sylhet

What is your age?

Level of Education?

1. None 2. Primary 3. Secondary 4. Higher

Number of living children in the household?

Ethnicity of the household head?

1. Bengali 2. Others

Wealth index quintile of the household?

1. Poor 2. Middle 3. Rich

The religion of household?

1. Islam 2. Others

Sex of household head?

1. Male 2. Female

Household size?

Accessibility to mass media?

1. Yes 2. No

Husband/partner’s education level?

1. None 2. Primary 3. Secondary 4. Higher

# APPENDIX-B

# QUESTIONNAIRE (BENGALI)

 বর্তমানে বিবাহিত?

1. হ্যাঁ 2. না

আপনি কি এখন গর্ভবতী?

1. হ্যাঁ 2. না

আপনি কি বর্তমানে কিছু করছেন বা গর্ভবতী হওয়ার বিলম্ব বা এড়াতে কোনো পদ্ধতি ব্যবহার করছেন?

1. হ্যাঁ 2. না

আপনি কি কখনও কিছু করেছেন বা গর্ভবতী হওয়ার বিলম্ব বা এড়াতে কোনো পদ্ধতি ব্যবহার করেছেন?

1. হ্যাঁ 2. না

ওয়াশিংটন গ্রুপ শর্ট সেট অন ফাংশন (WG-SS)

ভিশন

[কি/কি] [আপনি/সে/সে] চশমা পরলেও দেখতে অসুবিধা হয়? আপনি কি

বল... [প্রতিক্রিয়া বিভাগ পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

শ্রবণ

[কি/কি] [আপনি/সে/সে] শ্রবণযন্ত্র ব্যবহার করলেও শুনতে অসুবিধা হয়? হবে

আপনি বলেন... [প্রতিক্রিয়া বিভাগ পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

গতিশীলতা

[কি/কি] [আপনার/সে/সে] হাঁটতে বা সিঁড়ি বেয়ে উঠতে অসুবিধা হয়? আপনি কিছু বলতে চান…

[প্রতিক্রিয়া বিভাগগুলি পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

উপলব্ধি (মনে রাখা)

[কি/কি] [আপনার/সে/সে] মনে রাখতে বা মনোযোগ দিতে অসুবিধা হয়? আপনি কিছু বলতে চান…

[প্রতিক্রিয়া বিভাগগুলি পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

নিজের যত্ন

[করে/করেন] [আপনি/সে/সে] স্ব-যত্ন করতে অসুবিধা হয়, যেমন পুরোটা ধোয়া বা

ড্রেসিং? আপনি কি বলবেন... [প্রতিক্রিয়া বিভাগগুলি পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

যোগাযোগ

[আপনার/তার/তার] স্বাভাবিক ভাষা ব্যবহার করা, [করেন/করেন] [আপনি/সে/তার] অসুবিধা হয়

যোগাযোগ, উদাহরণস্বরূপ বোঝা বা বোঝা হচ্ছে? আপনি কিছু বলতে চান…

[প্রতিক্রিয়া বিভাগগুলি পড়ুন]

1. কোন অসুবিধা নেই

2. কিছু অসুবিধা

3. অনেক অসুবিধা

4. একেবারেই করতে পারবেন না

আপনার বসবাসের এলাকা কি?

1. শহুরে 2. গ্রামীণ

আপনার ভৌগলিক অবস্থান (বিভাগ) কি?

1. বরিশাল 2. চট্টগ্রাম 3. ঢাকা 4. খুলনা 5. রংপুর 6. রাজশাহী 7. ময়মনসিংহ 8. সিলেট

আপনার বয়স কত?

শিক্ষার স্তর?

1. কোনটিই নয় 2. প্রাথমিক 3. মাধ্যমিক 4. উচ্চতর

পরিবারে জীবিত শিশুদের সংখ্যা?

পরিবারের প্রধানের জাতিসত্তা?

1. বাংলা 2. অন্যান্য

পরিবারের সম্পদের সূচক কুইন্টাইল?

1. দরিদ্র 2. মধ্যম 3. ধনী

গৃহের ধর্ম?

1. ইসলাম 2. অন্যান্য

বাড়ির প্রধানের লিঙ্গ?

1. পুরুষ 2. মহিলা

পরিবারের আকার?

গণমাধ্যমে প্রবেশযোগ্যতা?

1. হ্যাঁ 2. না

স্বামী/সঙ্গীর শিক্ষার স্তর?

1. কোনটিই নয় 2. প্রাথমিক 3. মাধ্যমিক 4. উচ্চতর