

## Community Participation in Family Planning in Bangladesh: Prospects and Strategies

M. Ataharul Islam<sup>1</sup>  
M. Mazharul Islam  
M. Asaduzzaman Khan

**Abstract:** This paper analyzes community views concerning how to increase the effective community participation in the Bangladesh Family Planning Program (FPP) in order to make it sustainable and self-reliant. Study data was collected through literature review, focus group discussions and observations of selected successful programs. Several important observations about effective community participation in family planning include the need for political commitment of the government, integration of health and family planning services, and formation of local committees for monitoring, planning and evaluation are important. Findings also indicate that rewards should be offered for achieving family planning and maternal and child health targets.

### Introduction

The family planning program (FPP) in Bangladesh has been considered a success story in a setting without much socio-economic development. With the concerted effort of the Government of Bangladesh (GoB) and Non-Governmental Organizations (NGOs), the contraceptive prevalence rate has increased from eight percent in 1975 to 54 percent in 1999-2000 (Mitra et al., 2000). At the same time the total fertility rate has declined from over six births to 3.3 births.

The family planning program infrastructure in Bangladesh that has been developed since 1975 is maintained primarily by donor support and managed by a top-down approach. Experience has shown that family planning services promoted from the top by external agents may work for sometime, but typically does not become self-sustaining once the initial support is reduced or withdrawn. It is also notable that in many cases the initial external support may not be readily available, resulting in a growing concern about the sustainability of the existing program. Community participation is widely believed to be a solution for many of these problems.

In recent years, community participation has been recognized as an important element for sustainability, effectiveness and optimal use of health and family planning programs, particularly among poor and under-served populations in developing countries. Both governments and donor agencies in developing countries have become increasingly aware of the importance and need for active local participation in the light of unsatisfactory performance of health, family planning and development programs and their limited impact on the welfare of the intended beneficiaries (Bhatt, 1985; Stone, 1992). Specific to Bangladesh, there is a growing realization that the innumerable problems the nation will face in the future may be so big and unique that no existing government and non-government mechanisms will be able to address them adequately without effective participation from community members.

Community participation has a variety of definitions. However, despite the different ways in which the term has been understood and interpreted and the great diversity in the objectives sought, the common ingredients of most definitions of community participation include population involvement (i) in the *decision-making* processes; (ii) in *implementing* programs, (iii) in *sharing of benefits* of development programs, and (iv) in efforts to *evaluate* such programs (Askew, 1989; Rifkin, 1990; WHO, 1991). While observers have often recommend community participation to increase program success, practical guidelines for community participation are rarely documented in the policy or scientific literature (Askew, 1989).

Bangladesh has a long tradition of community participation in certain development activities. In the recorded social history of the country, there are many instances of the people working together on a self-help basis in building houses, doing community rehabilitation work after natural disasters, constructing water drinking and irrigation facilities, constructing dams, roads and other public facilities. However, very little is known about community participation in family planning activities in Bangladesh, with the exception of some limited support for satellite or community clinics in response to persuasion either from government or non-government organizations (Bhuiya and Ribaux, 1996). The objective of this study is to examine the current extent of and future prospects and strategies for community participation in family planning in Bangladesh from community perspectives. The outcomes of the study may have important policy implications to make Bangladesh family planning program sustainable and self-reliant.

---

<sup>1</sup> M. Ataharul Islam, Ph. D. and M. Mazharul Islam, Ph.D. are Professors and M. Asaduzzaman Khan is an Assistant Professor, Department of Statistics, University of Dhaka, Dhaka 1000, Bangladesh, Fax: +880-2-8615583  
E-mail: mmazhar@du.bangla.net

## **Methodology**

The materials for this study were collected through literature reviews, focus group discussions and observations of selected successful programs that are directly or indirectly associated with the family planning program. The literature review provided information on issues related to current status of family planning programs generally as well as prospects and challenges in Bangladesh. The objectives of the focus group discussions were to understand the views and opinions of program managers, service providers, community leaders and clients concerning how to:

- (i) increase the level of participation of the community in the family planning program, and
- (ii) increase local resources for a sustainable family planning program.

The stakeholders chosen for the studies were: (i) clients, (ii) community leaders, (iii) service providers, and (iv) *Thana*<sup>2</sup>officials.

The focus group discussions were conducted in Family Planning Program areas designated as low, medium and high performing. The designated areas were selected on the basis of Contraceptive Acceptance Rate (CAR) report of the Management Information System (MIS) unit of the Family Planning Directorate and Pathfinder International, Bangladesh. A level of contraceptive acceptance rate less than 45 percent was labelled as low, 45-60 percent as medium and greater than 60 percent as high performing. Considering one focus group for each category of stakeholders and one focus group from each of the low, medium and high performing area, there were 12 focus group discussions held in all.

In each focus group, six to eight participants were included. The clients were chosen from among the users of various modern methods of contraception. The service providers included Family Welfare Assistants (FWAs) and Family Welfare Volunteers (FWVs) of the selected Unions. A union is the lowest unit of the administrative hierarchy. The focus groups of *Thana* Officials was composed of: (i) *Thana Nirbahi*<sup>3</sup> Officer (TNO) (the chief executive government officer in the *Thana*), (ii) *Thana* Education Officer (TEO), (iii) *Thana* Family Planning Officer (TFPO), (iv) *Thana* Health and Family Planning Officer (THFPO), (v) Medical Officer for Maternal and Child Health, (vi) Public Health Engineer, and (viii) Non-government Organization (NGO) Official (if any). The group of local community leaders consisted of: (i) the Chairman of the Union *Parishad*<sup>4</sup>, (ii) a male member of Union *Parishad*, (iii) a female member of Union *Parishad*, (iv) a local school teacher (both male and female), (v) a social worker, (vi) a village leader, (vii) a local businessman, and (viii) an *Imam* (religious leader) of a mosque. The focus groups for *Thana* officials were conducted at *Thana* and the rest of the focus groups at the Union levels. The focus groups were conducted by a group of experts.

In addition to focus groups, case studies were also employed to increase knowledge on this issue. There are many localized NGOs and assistance programs providing health and family planning services in different areas in Bangladesh that involve community participation. Many of these programs are now well cited for their success in increasing contraceptive use and continuation within their working areas. For this study, we selected four such successful programs as case studies. The research team visited all the four programs to observe their activities and collect information on determinants of program success, especially the elements of community participation.

### ***Community Views on Participation in Family Planning in Bangladesh***

To assess the current extent and future scope of community participation within the national family planning programs in Bangladesh, we sought input from communities through extensive interview and focus groups with several different types of persons including policy makers, program managers, field-workers, community leaders and community members. Irrespective of GoB or NGO areas, the participants in the interview and focus groups similarly viewed population growth as a serious problem affecting food, housing, communication, environment and the overall health situation. However, most of the participants expressed that education is the most important factor for development. The improvement of education will result in improvement in other sectors including the Family Planning Programs.

The participants of the focus groups also provided useful information regarding the existing FP service delivery system, including advantages and limitations. The principal advantage of the existing system, as viewed by the participants, is service delivery at the home. This system helps maintain client privacy. Other expressed advantages included services received free of cost, availability of a variety of contraceptive methods, and close proximity of satellite clinics.

On the other hand, study participants also mentioned many problems of the existing FP delivery system. These include: problems of transportation in low performing areas, distance to the health and family planning service delivery centres, social conflicts among women of different social classes who do not want to go to someone else's house for services, problems recovering the costs of the FP methods, inadequate number of satellite clinics, inadequate number of

---

<sup>2</sup> *Thana* is a Bengali word meaning Sub-district

<sup>3</sup> Bengali word '*Nirbahi*' means executive

<sup>4</sup> *Parishad*<sup>4</sup> is a Bengali word that means council

FWVs and FWAs given the increasing number of eligible couples during, and infrequent visit of FWVs and FWAs. Another important issue is the lack of service facilities and referral for treatment of side-effects.

While discussing community participation in general, participants cited many examples among rural communities in Bangladesh. However, these examples are primarily related to activities other than family planning, such as education, employment, religious affairs, and construction of roads and bridges. The participants did put forward some suggestions for enhancing the FP activities in Bangladesh. Some of the suggestions are very general, but some of the suggestions are distinctly specific and help us understand the background elements necessary for initiating the process of community participation in this field. It is worth mentioning that the views of the participants in the focus groups were generally similar regardless what level performing area they came from. Hence, to avoid repetition we have summarized the findings in this section without making any special reference to the level of performance in family planning programs of the areas under consideration. The suggestions as made by the community leaders, service providers and clients are:

- (i) Participation of educated people and/or the local elite would increase motivation for community participation.
- (ii) Creation of an association in the community involving the elected Chairman and members of Union *Parishad*, and local elite to monitor these activities would increase participation. The local population will be involved in this association through monthly meetings to exchange views.
- (iii) A committee should be formed comprised of local elite to decide who will provide land and money for enhancing program activities, such as building a hospital/clinic. On the basis of a consensus among all, the wealthy will contribute more and the poor people less in order to implement these activities.
- (iv) A community group should be formed to further discuss the issue. The most respected person in the group is to be made the chief. The meetings of the group can be held in the evenings and the problem will be discussed in the meetings.
- (v) The supplies of contraceptives can be made through an alternative system. The supplies should be stored in someone's home and everyone in the community should be informed about the alternative system. The person who will be assigned to store supplies should be trained for advantages and disadvantages of the family planning methods. Some volunteers should be recruited to help this person.
- (vi) The Chairman, members, local elite (businessmen, GOB and NGO officials, school teachers etc.) should be given formal responsibilities to continue the maternal and child health and family planning (MCH&FP) activities locally. Their work should be monitored and supervised by government officials. A network needs to be developed for those who cannot afford to buy the services.
- (vii) Local unemployed youths are to be involved through the formation of a committee with the help of Chairman and members of Union *Parishad*. The FP programs can be linked with income generating activities and everyone in the community should be involved with the process. The responsibilities need to be stated clearly and members of the committee must share different responsibilities.
- (viii) Political commitment is essential and program activities should be focused around the Union *Parishad*. The local elected Member of the Parliament (MP) should be the chief patron and a committee can be formed comprising of ten members including Chairman and members of Union *Parishad*, local elite, and the local religious leaders. They are to be provided with training on family planning and its administration. A package system can be introduced in small cluster of communities within Union *Parishad*. All those involved with the system should be accountable and the system of accountability and rewards might be an integral part. The *Thana* level officials would monitor and supervise the progress and in case of any help they would provide necessary backup support. To make this system successful, the complexities and weaknesses need to be simplified and the monitoring and supervision should be strengthened. The job description of the officials associated with mother and child health and family planning (MCH&FP) needs to be redesigned and provision for rewards and punishments should be an integral part for measuring the success and failure of the system in a locality.

Another major concern of the existing system is the increasing cost associated with the family planning program in Bangladesh in order to maintain even the current level of success. If we summarize the views of the participants, some important features emerge:

- (i) Some users can afford to pay for contraceptives but some others do not have the means to purchase the family planning methods.
- (ii) The prevailing attitude in the community is in favor of purchasing services for health.
- (iii) If consumer cost is introduced for contraceptives, initially there may be some resistance, but eventually the couples who are strongly motivated to limit their family size would purchase family planning methods.

- (iv) The pricing should be introduced in phases, starting with only partial cost recovery in small amounts.

The suggestions listed above provide us with some elements of community participation that can be incorporated in the existing system. In sum, the important suggestions are:

- (i) The committees should involve educated people, local community leaders, elected representatives, religious leaders etc.
- (ii) The activities are to be performed at the local level under the supervision of the local committees.
- (iii) The local committees are to be empowered in the decision making process and their work is to be supervised and monitored by the GOB officials.
- (iv) The committees can be assigned with greater responsibilities in order to enhance the IEC (information, education and counselling) campaign through mass media and inter-personal communication through family planning field workers.
- (v) The pricing of methods can be introduced in phases.

### ***Success Stories of Community Participation in FP and Lesson Learned***

To identify the success factors of some programs associated directly or indirectly with family planning program in Bangladesh, the following successful programs were visited and information was obtained from officials, workers and beneficiaries regarding the elements of a success as well as the extent to which such success may be replicated in other programs. A brief discussion of the successful programs is presented below.

#### ***1. Family Planning Facilitation Program (FPFP)***

The Family Planning Facilitation Program (FPFP) was initiated in Nilphamari district in 1995 at the request of GOB as per recommendations of the FP fortnight held in 1993. The purposes of this facilitation program were to (i) strengthen the process of action plan for family planning, (ii) provide management support, and (iii) raise awareness at the Union (group of villages) and village levels. Each Union *Parishad* has an elected Chairman and several members.

The family planning facilitation program is one of several projects under the Health and Population Division of the Bangladesh Rural Advancement Committee (BRAC). BRAC is a nation-wide NGO with variety of development programs. The process of family planning facilitation is achieved in two steps: (i) formation of a family planning committee involving community leaders for motivation and creation of demand, and (ii) implementation of an action plan through problem solving (e.g. advocacy to neutralize pressure groups). The service delivery system for this program is a cluster approach. Three Unions constitute one cluster. One Program Organizer is assigned for each cluster who makes contact with government officials, local elite and supervises the work in his/her cluster. Three female Program Assistants and many female Depot Holders assist each Program Organizer. Each Depot Holder covers 150-200 eligible couples (ELCOs). Program Assistants keep contact with program managers, other NGO officials and the Chairman and members of the Union. Depot Holders keep regular contacts with clients and potential clients as well as with senior program personnel and community leaders.

#### ***Lesson learned from Family Planning Facilitation Program***

- (i) *Functioning of Committees:* The family planning committees ensure active support of the government officials at the *Thana* level and elected representatives of the community at the Union level.
- (ii) *Regular Meetings:* Through regular meetings with her clients, the Depot Holder is able to keep up to date about client needs and improve provision of services.
- (iii) *Contact among Workers:* Regular contact with government workers at the grass-roots level and program assistants help Depot Holders in providing services. It is also helpful for the Depot Holders to be able to refer clients to FWVs for side-effects and other problems.
- (iv) *Benefits to the Community:* The community participants share the benefits of the program with access to family planning services and supplies.
- (v) *Transformation to Formal Community Participation Approach:* Finally, it is possible to transform the Depot Holder approach for initiating a formal community participation in the small clusters centering around a Depot Holder with the help of FP committee. It is evident that the program benefits largely from holding of *Thana* and Union FP committees through active participation by the *Thana* administration, and elected members of the Union *Parishad*.

## 2. Local Initiative Program (LIP)

The Local Initiative Program (LIP) was introduced in Debidwar *Thana* of the Comilla district in 1989. The program is considered one of the most successful family planning programs in Bangladesh. The approach was based on similar programs in Indonesia. At the lowest level, the program is run by a number of volunteers called LIP volunteers. The selection of LIP volunteers is made from among the village women on the basis of willingness, young age, intelligence, less preoccupation and membership of any women's or development organization. The LIP volunteers are provided with basic training for three days and refresher training after every six months. There is monthly on-the-job training conducted by the Family Welfare Assistant of the government program. The number of LIP volunteers in Debidwar was 615, each covering 50-60 eligible couples. They receive monthly incentives from the program.

Tasks of a volunteer are: (i) preparation of an eligible couples map; (ii) home visits to distribute supplies to the clients and then work as a Depot Holder; (iii) referral of clients to the health centers; and (iv) collection of supplies from government workers (family welfare assistant) during monthly meetings.

One of the important characteristics of the Local initiative program is the active participation of the local Member of the Parliament (MP) in their activities. The MP attends the development and family planning committee meetings whenever possible and gives necessary directives. The *Thana* Family Planning Officer (TFPO) of Debidwar is the key person who initiates plans for improving the family planning program activities in his *Thana*. He has established good working relations with the *Thana* administration, Member of Parliament, Union *Parishad* Chairmen and members, and family planning workers. The TFPO has the key role in making the *Thana* family planning committee functional and takes personal initiative to solve problems at the grass-roots level.

### *Lesson learned from Local Initiative Program*

- (i) *Role of Volunteers:* LIP volunteers act as a liaison between family welfare assistants and eligible couples and it is one step forward towards community participation.
- (ii) *Better Communication:* The volunteers are better informed about problems of their clients and they have better scope to communicate the problems to family welfare assistants and family welfare volunteers, thus the community benefits from volunteers to a greater extent.
- (iii) *Personal Initiative:* One of the key elements of the success of the program in Debidwar is the personal initiative of the *Thana* Family Planning Officer. This has been further strengthened by the interest of the local Member of Parliament and the *Thana*.
- (iv) *Training, Monitoring and Supervision:* Training, monitoring and supervision are also instrumental to the success of the program.
- (v) *Timely Recognition for Better Performance:* Timely recognition for better performance can be instrumental in improving the quality of services at different local level units. One of the Union *Parishad* Chairmen of Debidwar was announced to be the recipient of the government award for his contributions to the family planning activities in his Union but ultimately he was not given the award formally. This might have caused discouragement in the process of community participation in Debidwar to some extent.

## 3. Sasthya Shebika Project (SSP)

The *Sasthya Shebika* (female health facilitator) project under the Reproductive Health and Disease Control Program (RHDPC) of the Bangladesh Rural Advancement Committee (BRAC) has been operating since January 1996 in three *Thanas* (Dinajpur Sadar, Fulbari, and Parbotipur) in the Dinajpur district (situated in the northern part of Bangladesh). The *Sasthya Shebikas* are expected to: (i) provide essential health care services during the antenatal and postnatal periods (ii) diagnose Tuberculosis and ARI in the catchment area and provide medicine in consultation with a physician working at a BRAC Health Center and follows-up on regular basis, (iii) prevent diseases through immunization, (iv) disseminate basic information on health, nutrition and family planning, and (v) conduct immunization and growth monitoring sessions.

### *Lesson learned from Sasthya Shebika Project*

- (i) *Role of Sasthya Shebika :* The Reproductive Health and Disease Control Program involves the community and the *Sasthya Shebika* as the nucleus of family planning and disease control activities in the community.
- (ii) *Incentives to Sasthya Shebika:* The *Sasthya Shebikas* are actively involved with income generating activities. They can get loans from BRAC and have incentives to contribute to the community.
- (iii) *Integration of Family Planning and Disease Control:* The integration of family planning and disease control increases the efficiency of the program and has been accepted readily by the community. The status of *Sasthya Shebika* is also elevated due to her role in identifying individuals with health problems,

as she contributes to improve the health situation in her locality. As a result, she can perform better in rendering services for family planning as well.

- (iv) *Collaboration between Government and NGOs:* The collaboration with government workers makes it easier for the *Sasthya Shebika* to carry out her work in her catchment area.
- (v) *Functioning of Family Planning Committees:* The Government of Bangladesh and NGO officials play a vital role in enhancing maternal and child health and family planning activities. This is made possible through making *Thana* and Union level FP committees functional in the project areas.
- (vi) *Extending Participation of Community:* The decision making process is still initiated from the top (i.e. the clients cannot decide about the programs in their locality). Hence the community participation is not optimally realized. However, the *Sasthya Shebikas* can act as a nucleus around whom the process of community participation can take place in a more broader form.

#### 4. Swanirvar Program

The *Swanirvar* (a Bengali word meaning self-reliance) program has been operating since 1975 in order to improve the socio-economic conditions of the poor people. This program, supported by Pathfinder International, is designed to achieve self-reliance in rural areas. The family planning component was introduced in 1979 and the *Swanirvar* programs are currently operating in 138 *Thanas* nation-wide.

In the *Swanirvar* project *Thanas*, the work is conducted under the supervision of a *Thana* Organizer. The project staff includes a Family Welfare Visitor, a Field Supervisor, a Clinical Assistant and volunteers. The volunteers are selected on the basis of the following characteristics: (i) must be female, married and a user of contraceptive; (ii) must have eight years or more schooling; (iii) number of children should not exceed two; (iv) certificate from the UP Chairman. A volunteer covers 220-560 eligible couples depending on the size of area. The volunteers provide home-based services for family planning and health. In addition, they work as depot-holders as well. They assist in conducting satellite clinics and extended program on immunization (EPI) sessions. The volunteers earn Tk.400-600 monthly and they get travel allowances. The Family Planning Association of Bangladesh supplies pills, condoms and injectibles to the *Swanirvar* program.

*Swanirvar* officials work very closely with the family planning committees at the *Thana* and Union levels. Monthly staff meetings are held regularly at the *Swanirvar* Project office and the volunteers attend these meetings. Government family planning workers, the family planning inspector (FPI) and local elite also take part in these meetings. The meetings cover emerging problems and formulation of necessary action plans. Some occasional emergency meetings are also held with the elected members of the Union *Parishad*, religious leaders, teachers, and the local elite. The volunteers arrange group meetings for males and newly wed couples.

#### *Lesson learned from Swanirvar program*

- (i) The *Swanirvar* program appears to have initiated an effort of community participation through high levels of volunteer involvement.
- (ii) The *Swanirvar* officials try to make the *Thana* and Union *Parishad* family planning committees functional.
- (iii) Treatment of diseases makes a volunteer more acceptable to the community, but the training is believed to be inadequate.
- (iv) Cost recovery is a positive aspect of the program. It is evident from the *Swanirvar* program that cost recovery can be increased substantially with the introduction of a more effective approach.
- (v) The linkage between government and *Swanirvar* officials and workers seems to be weak. This weakness may have crippled the growth of the program to some extent.

#### **Conclusion**

The study findings indicate that the process of community participation in family planning activities exists in Bangladesh in a very limited scale under some localized programs. Family planning programs activities are mostly performed by government or non-government organizations following a top-down approach in the management. The communities consider family planning activities as the responsibility of the government and, traditionally, this has been considered as something to be kept private. However, there is strong support for maternal and child health activities to be brought under the purview of community participation as expressed by the participants of the focus groups. It was also observed that if family planning activities are performed jointly with health services then it could be more acceptable for a community involvement. There are instances of attempts to involve the community to some extent under some innovative programs, and some success has been achieved through these pilot programs. However, the sustainability of these existing programs is questionable if current support is withdrawn.

Some important points have emerged from the findings that can accelerate the process of community involvement in FP in Bangladesh that are listed below:

- (i) *Functioning of Committees:* The first step towards involvement of the community is to make both the *Thana* and the Union level family planning committees functional. This involves participation from government officials, elected representatives and the local elite to some extent. The active participation of elected representatives can accelerate the involvement of the community without facing challenges from various interest groups.
- (ii) *Role of Union Parishad:* The Union *Parishads* can be made the center of all the activities of maternal and child health and family planning. The elected representatives (Chairman and members) should be given specific responsibilities and they should be accountable for the enhancement of these activities in their respective localities. A Union can be subdivided into several working units and within each working unit several clusters can be defined where volunteers will provide supplies and will refer to the health centers in complicated cases.
- (iii) *Integration of Family Planning and Health Services:* The activities of family planning can be integrated with health care through involving volunteers for small communities. The work should be monitored and supervised by workers, elected representatives and government officials. The local elite can also contribute (particularly those who are educated) substantially for enhancing these activities.
- (iv) *Pricing of Family Planning Commodities:* The pricing of family planning commodities can be introduced in phases for partial cost recovery and the salary of the volunteers can be linked with performance. The salary of a worker can be realized through the selling of essential drugs and charging a small fee from the patients as is practiced by some NGOs.
- (v) *Management of Side-effects:* Management of side-effects of family planning methods and pregnancy related problems remain to be a major concern for enhancing the family planning activities in Bangladesh. This requires strengthening the role of family planning committees such that supervision and monitoring of the services in these regards can be under the jurisdiction of elected representatives and local elite.
- (vi) *Involvement of local Elites:* Local elites (educated and influential people in the community) are respected in the community and common people listen to them. If they come forward with the help of the elected representatives, then maternal and child health, as well as family planning activities, can be strengthened and community can contribute to raise adequate funds for solving health and family planning problems.
- (vii) *Linkage Among Stakeholders:* The linkage among volunteers/workers, government officials, elected representatives, community leaders, and users of health and family planning services needs to be redefined in light of existing problems. The supervision and monitoring, holding of satellite clinics and extended program on immunization sessions, group discussions, identification of major diseases at an early stage and referral for adequate treatments, etc. require specific modifications in the sharing of responsibilities by stakeholders.
- (viii) *Rewards:* There should be a provision of rewarding the best workers, Chairmen, community leader and the government officials on the basis of their performance in achieving the targets for family planning and maternal and child health services. These rewards should be given without delay through ceremonies with adequate coverage in media. The successful leaders should be honored and their contributions are to be recognized by the government. For workers at the grass roots level, the rewards can be given in the form of both crests and cash or promotion. Similarly, crests can be given to the outstanding leaders and elected representatives. Most successful government officers can be rewarded with both increments in salary as well as recognition at the time of promotion to a higher position.

**Acknowledgement:** This paper is the outcome of collaborative research between the Department of Statistics, University of Dhaka and the Research Triangle Institute (RTI) and Future Group International of USA with funding from the USAID. The National Institute of Population Research and Training (NIPORT) co-ordinated the study. The authors greatly acknowledge the sincere help, co-operation and fruitful comments of Dr. Dannis Chao of RTI, Dr. Ahmed Al Sabir, Director, Research, NIPORT, Dr. M. Alauddin, Country Representative of Pathfinder International, Bangladesh, and other members of Technical Review Committee.

## References

- Askew, I.1988. A comparative analysis of community participation projects in South Asia with policy and program recommendation for family planning Associations. London: International Planned Parenthood Federation.
- \_\_\_\_\_.1989. Organizing community participation in family planning projects in South Asia. *Studies in Family Planning*. 20(4):185-202.
- \_\_\_\_\_ and A. R. Khan.1990. Community participation in national family planning programs: some organizational issues. *Studies in Family Planning*. 21(3):127-142.
- \_\_\_\_\_ and C. Lenton.1987. Community participation in family planning: some suggestions for organizational development and management change. London: International Planned Parenthood Federation.
- Bangladesh Bureau of Statistics.1991. *Statistical Yearbook of Bangladesh*, Dhaka: Bangladesh. Government of Bangladesh: 537-95.
- Bhatt, A.1985. Case studies of community participation in population and health program in South Asia - A Research Guideline, J.S.
- Bhuiya, A. and C. A. Ribaux.1997. Rethinking community participation: prospects of health initiatives by indigenous self-help organizations in rural Bangladesh. Dhaka: Bangladesh. International Centre for Diarrhoeal Diseases Research, Bangladesh (ICDDR,B).
- Cleland, J.1996. Community participation in family planning. Family planning, health and family well-being. United Nations:145-255.
- Hye, H. A. and M.A. Quddus.1990. Community Participation: Case studies of population and health program in Bangladesh. Comilla: Bangladesh. Bangladesh Academy for Rural Development (BARB).
- Rifkin, S. B.1990. Community participation in maternal and child health/family planning programs: An analysis based on case study materials. Geneva: Switzerland. World Health Organization.
- Stone, L.1992. Cultural influences in community participation in health. *Social Science and Medicine*. 35(4):408-418.
- Suyono, H. and M. S. Shutt.1989. Strategic planning and management of population programs: Indonesia case study. Jakarta: Indonesia. National Family Planning Co-ordination Board.
- World Health Organization (WHO).1991. Community involvement in health development: Challenging health services, Geneva: Switzerland. WHO *Technical Report Series*. No. 809.