

Conversation with Monica Dashen¹

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The Conversation series in SJAOS focuses on work and endeavors that go beyond a particular individual with statistical interest. In this Conversation conducted on May 20, 2016 between Monica Dashen and Katherine Condon, we learn about Monica's experiences on a volunteer project with Statistics Without Borders (SWB) in the Inle Lake region of Myanmar (formerly known as Burma). The project focused on maternal and infant care service delivery supported by Global Community Service Foundation (GCSF).²

As background for this piece, we have included some background regarding location of project (see Fig. 1) to show where the project was located and a

timeline of selected events regarding Myanmar/Burma. In addition, we learned that Monica had been to Burma as an 8-year old child with her family when her father (American theoretical physicist Roger Dashen (1938–1995)) gave several lectures in India and Burma in 1973. More recently, Monica, her husband and three of her children visited Burma in the summer of 2012, before Monica became involved in the SWB project being discussed in this Conversation.

Interviewer: Before we get to the specific project, let's talk about yourself briefly. What is your background and training? How did you learn about Statistics Without Borders (SWB)? and How did you first get involved with SWB?

Going backwards, I first learned about Statistics Without Borders (SWB)³ through *Amstat News*.⁴ I spoke to Cathy (Furlong) about the process. I put my hat in the ring for a couple of calls. I was selected for the Iraqi Mortality project but when the team got together, the beginning of ISIS activities had started, so the project was put on hold. Then, a couple of months later, on my own initiative, I spoke to Global Community Service Foundation (GCSF) and found out about their need for a program evaluation of the work they

¹The views and opinions expressed in the conversation are those of the interviewee and do not necessarily reflect the policy or position of the Statistical Journal of the International Association for Official Statistics nor IOS Press.

²Global Community Service Foundation (GCSF) is a small charity, located in Virginia, that provides health and education oriented services in Myanmar and Vietnam. For more information: <http://globalcommunityservice.org/>.

³Statistics Without Borders (SWB) is an outreach program of the American Statistical Association where over 1000 members provide technical pro-bono support to non-government organizations, academics, governments and so forth. For more information, see Conversation with Cathy Furlong [5] and their website at: <http://community.amstat.org/statisticswithoutborders/home>.

⁴*Amstat News* is the monthly membership magazine of the American Statistical Association (ASA), bringing ASA members news and notices of the ASA, its chapters, its sections, and other members. (<http://magazine.amstat.org/>).

| YEAR(S) | EVENT |
|--|---|
| IMPORTANT DATES FOR MYANMAR/BURMA | |
| 1886-1941 | British Occupation of Burma |
| 1942-1945 | Japanese Occupation of Burma (WWII) |
| 1945-1947 | British re-occupy Burma |
| 1948 | Burma Gains Independence – Democratic Rule |
| 1962-2015 | Military Rule |
| 1989 | Name Changed to “Myanmar” |
| 2014 | U.S. President Obama visits |
| 2015 (Nov) | Transition to Democratic Rule (Elections Held) |
| IMPORTANT DATES FOR GCSF STUDY | |
| 1995 | GCSF starts charitable work in Inle Lake region |
| 2010 | GCSF begin maternal and infant care program |
| 2014 | Evaluation data collection occurs – GCSF study |



Fig. 1. Background information – Location and important dates for Myanmar/Burma and GCSF Study.

had been sponsoring in selected villages in the Inle Lake region of Burma/Myanmar with respect to maternal and infant care.

[GCSF] has been running a small charity in the Inle Lake area of Myanmar. In 1995, GCSF started building homes in the area and, in 2010, launched a maternal and infant care program. Retired government midwives (dubbed GCSF midwives) regularly travel to a prescribed set of villages and distribute prenatal vitamins, as well as advise the women about getting tetanus shots and worm pills from their local government midwife [2].

As for my own background, like my dad,⁵ I opted to obtain a Ph.D. (from Columbia University). However, I opted to earn my degree in applied psychology instead of physics. Applied psychology is different from clinical psychology in that it is experimental. My dissertation advisor was Ernie Rothkopf. He had recently moved from Bell Labs to Columbia University where he was in the process of finishing up some work on a voice recognition project. While I played a small role in that project, it gave me important training in examining and presenting data to inform audiences.

I tried teaching at a university for a year or so after graduating. I found that I didn't really enjoy it. I learned about a job in the federal government, packed up and headed south. I spent almost 15 years at Bureau of Labor Statistics (BLS) – Office of Survey Methods

and Research. I left the BLS to become a stay-at-home mom. I now enjoy applying my skills to humanitarian projects. I am learning all sorts of things. For example, in a refugee project that I am working on, I just read a book about hard to reach populations. For the study in Myanmar/Burma, I read a lot about medical care in developing countries while designing the questionnaire for GCSF, as well as, the historical books about Burma.

Interviewer: Can you tell the readers about the background of the project for the development of Maternal and Infant Care Survey for evaluating the effectiveness of the program and finding ways to scale up the program? How did you learn about this project?

In the midst of planning a family trip to Burma (Summer 2012),⁶ I learned about the work of Global Community Service Foundation (GCSF). In Fall 2013 when my kids were older and I was a stay-at-home mother, I contact GCSF to find out more about their work. I learned that they were in the process of applying for USAID funding and needed to conduct a program evaluation⁷

⁵American theoretical physicist Roger Dashen (1938–1995) – https://en.wikipedia.org/wiki/Roger_Dashen and <http://www.nasonline.org/publications/biographical-memoirs/memoir-pdfs/dashen-roger.pdf>.

⁶At the time Monica's family consisted of a husband and three children – the oldest 11 years old and a set of twins age 8 years old. Monica remembers doing a lot of preparation for the trip; as Burma at the time did not have ATMs and credit cards were not widely used. She said that she “traveled like my parents did and brought everything with us. [We brought] all sorts of medications, as well as cash. So, we spent very little money once we were there.”

⁷Like many small charities, the organization focused its limited funding to activities focused on the actual provision of services to the community and less on administrative data that would be important for evaluating the program, such as which villages the GCSF-

We partnered together to formulate an evaluation of the Maternal and Infant Care program that GCSF had been sponsoring and brought the project into SWB. The collaboration between myself, SWB and GCSF

...sought to find out whether the GCSF program matters and identify critical knowledge gaps of maternal and infant care among mothers and health care workers. The plan was to compare the main part of Inle Lake, serviced by GCSF, to the lower part, not serviced by GCSF. Using the two-stage cluster sampling method, SwB interviewed 322 females capable of having children about their fertility history, medical care, knowledge, and beliefs [2].

I worked with SWB staff to get this project going. I was involved in all phases of the project ranging from study and questionnaire design, data collection, processing, and analysis, as well as, the final write-up. GCSF provided knowledge about the Burmese culture and had “boots on the ground,” (i.e., providing the medical care for mothers and babies on the lake).

Interviewer: What intrigued you most about this project?

What interested me most was the comparison between myself as a mother and these mothers in the Inle region of Myanmar. We were in the same boat – so to speak – in that we were caring and raising our children. However, due to community infrastructure and country economy, they did things differently from me.⁸ I think that was what began my interest in this project and throughout the project. In addition, I had worked at Bureau of Labor Statistics where I was involved in several surveys that fed into the CPI (Consumer Price Index)⁹ – while I had a sense of how to do a survey, I did not know about health care in developing countries, so I had to read a lot.

sponsored midwives went to and what services were provided by GCSF-sponsored midwives. Monica saw that she could help GCSF with their data and evaluation needs.

⁸One such difference was the worrying about childcare – Monica said that “When a woman marries, she typically lives with her mother-in-law. Day care struggles are irrelevant in such a situation. In addition, I saw a lot of middle school aged children playing in the fields during the day, while my middle school aged kid would be in school.”

⁹The Consumer Price Index (CPI) is a measure of the average change over time in the prices paid by urban consumers for a market basket of consumer goods and services.

Interviewer: Now that the project has been completed, what did you find most fascinating about this project?

I spoke to a lot of other public health people about my findings, and they were not surprised about my findings. For instance, government midwives with 1–2 years of training were the primary source of family health care, not just maternal care. Any health concerns, even cancer, were brought to the attention of these government midwives first. Doctors are available but more costly and fewer in number. I guess what surprised me the most was how little support these village women had for the care of their children. For example, when we asked the women to identify the danger signs of pneumonia. I tried to think about how I would answer this question with regard to my own children. That is, if there was something wrong with my children, I would know there was something wrong and call the doctor. While for these women, that was not always an option. Not only was it a matter of having the money to see a doctor, but these women may not have reliable phone service to call a doctor. As a result, these women may rely on a non-skilled health worker who could potentially provide incorrect information.

[Monica and I chatted a little about the social construction of illness and health care that she found while doing the field work for this study, as the medical knowledge about illness and disease is not necessary universally constructed, but is constructed and developed within the community or culture by claim-makers and interested parties. Particularly, I was reminded of work done by Young and Garro [6] who studied health care choices of residents residing in a Mexican village. Young and Garro’s [6] village population also had limited access to sources of Western health care and thus, had to use their own “medical knowledge” to evaluate the severity of an illness or health condition. Young and Garro [6] documented how villagers evaluated the meaning, severity and potential consequences of an illness, as well as how they constructed (categorized) different types of illnesses or health conditions faced by villagers, and described the role illness played in the lives of these villagers in order to choose the appropriate “treatment” regimen, i.e., whether or not a Western health care physician should be called to attend the unwell villager.]

Interviewer: In your article in Amstat News, you focused on the areas of questionnaire design and survey implementation, are there any other areas of the project development that you would like to comment on? Or would you like to elaborate further on these two areas?

I think it was the lack of information about the data needs for survey implementation and the need for following exactly interview protocol. As I mentioned in *Amstat News* piece,

The lack of records proved to be an obstacle in the initial data analyses, and no pre-natal care differences were found between the GCSF and non-GCSF-sponsored villages. Turning back to the records, it became apparent that the exact number of times midwives visited each village to distribute vitamins or perform checks was unknown. Eventually, SwB identified those villages served the longest – five years. The three villages served for less than two years were dropped from the analyses. Looked at this way, the data showed the GCSF program does matter. Mothers from GCSF-sponsored villages reported receiving more pre-natal care services than those from non-GCSF-sponsored villages [2].

Thus, part of the process of doing an evaluation well is convincing the organization that the collection of a variety records and information that may not directly seem to be associated with the specific variable of interest is very important. For example, it was not clear to GCSF staff why I asked for a map of the villages served, not just any map, but a map of where the villages served and not served were located.

At the time, such foundational data for this project was very spotty. The information that I was able to find at the beginning of this study was based on World Health Organization reports from the 1970s.¹⁰

[NOTE: Demographic and Health Survey (DHS) Program just finished a Standard DHS survey 2015–2016 for Myanmar. No data is currently available from this survey yet and there are no DHS publications for Myanmar.]¹¹

¹⁰<http://www.who.int/countries/mmr/en/> and http://www.who.int/maternal_child_adolescent/epidemiology/profiles/maternal/mmr.pdf.

¹¹Demographic and Health Survey (DHS) Program (USAID) can be found at: <http://dhsprogram.com/what-we-do/survey/survey-display-454.cfm>.

Interviewer: In a blog piece for Statistics Without Borders, you wrote about the low refusal rate that you received, would you like to elaborate further on this area of the project?

Yes, doing these interviews face-to-face certainly helped. GCSF had a presence in parts of the Inle Lake region, since they had been building houses since 1995. More recently, in 2010 they launched a maternal and infant care program. So, when we arrived with GCSF-sponsored personnel, the ladies were all smiles. Yet, as I mentioned in the blog piece,

I am still stunned by the low refusal rates. Our plan was to compare the main part of Inle lake, serviced by GCSF, to the lower part not serviced by GCSF. The lower part recently opened up to outsiders because the ethnic rebels, who controlled the area, signed a peace treaty with the government officials. Refusal rates were low in both regions of the lake.

....

In the full survey, a mom, crying with her children in tow, begged the supervisor to interview her, as the team began packing up. The supervisor declined and the mom left in tears. I was stunned to hear this story, as surveys in America are sometimes viewed as a nuisance. I shrug off requests by stores and restaurants to complete an online customer satisfaction survey. Burmese moms really wanted to be involved and were willing to spend the time.

Interviewer: In your Amstat News piece you also mentioned the concept of “gift giving” as another means of improving the response rate for this study. What did you give as a gift for these women’s participation and how was this gift decided on for the study?

The idea came from one of the in-country staff who was doing the logistics for us. To you and I the particular fragrance of these “rose-scented soaps” is something one might associate with a powder room soap. It would not seem like something special, but it is a bar of soap in a beautiful box decorated in gold and red. Perhaps, I should have called our survey “the SOAP survey”!

These women did not have an awful lot – making about \$1 or \$2 a day and these boxes of soap in western-terms were no more than about 50 cents for a box. However, for these participants it was an act of respect and honor. We also gave these boxes of

rose-scented soap to those who helped us find village women to participate in the study.

There was a missionary there who could have given us “lice soap” to give out, or I suggested that we could give out pedia-lite (useful for rehydrating infants and children who have severe diarrhea), as these were “practical” gifts, but our in-country personnel argued that these two types of “gifts” while seemingly practical to American eyes, would have been seen as disrespectful in these Burmese women’s eyes and would not honor them. Our interviewers also gave out lipstick too.

It was important to us that we do no harm, as this area was just opening up to the west. Having a low non-response rate was also important for us going forward, so we paid attention to those things that would be respectful and honor the people we were surveying. We did not have any problems for our study. We found that they had a lot to say.

Interviewer: It is also evident that a local or cultural knowledge of the community one is studying is very important in developing an appropriate study, did your family experience in what was then Burma, now Myanmar, help you on this study?

As a child in 1973, I visited Burma with my family. I fondly remember riding around in an old WWII jeep and hearing the Queens English. My father, who was a Physics professor here in the US, actually gave a lecture at what was then called Rangoon Tech University, after having visited India. It was a quick lecture stop before we flew up to Mandalay.

What I remember about that visit was how hospitable the people were – which also speaks to the very low non-response rate for this current study. The tour guides we had when I was child would play with us (Monica was 8-years old at the time), taking us to the rubber plantation. They were very family-oriented and child-oriented, made the visit very enjoyable and fun. The same thing happened when I visited with my own family in summer 2012, we went to an elephant farm. My children played volley ball and cards with our tour guide while my husband and I rested. The people are very family-oriented; they are kind and generous.

For this study, I knew that the people in the study area would be welcoming but with some distance as I was a Westerner. I also knew that everything for the survey either had to come from the U.S. or be set up ahead of time. This was because it was difficult to get

things there, one couldn’t just go to the local Target and pick up something one had not thought of. So I brought out two huge suitcases of stuff from the United States. We spoke with the in-country staff to have everything set up before we arrived. It was beautifully set up and we just went.

Interviewer: Are you still involved with this partnership and have you been able to follow-up with working on this project with regard to the survey suggestions? – For example, in your article, you stated that the survey showed the need for additional medical training for auxiliary midwives and community health care workers, and village women. Have you had chance to see whether this has been or is being implemented?

The director of GCSF who I worked with on this study recently retired, but before she retired, she went back out with the new director. She spoke to USAID, and GCSF is still in the running for funding. USAID has a history of funding both little and big projects. There is not much more for me to do on this project except keep my fingers crossed for the continued success of GCSF and their work in the Inle Lake region.

Otherwise, I came back from the study site (Inle Lake region) with all the data that was collected in November (2014) and gave the tabulations to GCSF in February (2015). Immediately afterwards, GCSF began to think about implementing many of the findings from the tabulations.¹²

Interviewer: What lessons learned did you take away from your experience in this project, as a volunteer with Statistics Without Borders?

I’m having some of the same set of struggles that I had with a new project that I had with the Myanmar project. However, I am much more patient this time. For example, I have realized that one sometimes has to explain repeatedly, why certain things are important for an evaluation study with regard to data collection and pieces of information. Two examples of this during my experience in the Myanmar study were as follows. The first was with regard to being 100-percent sure where each of the villages were that were being served by the GCSF sponsored midwives and the second was with regard to asking for characteristics of the non-sampled villages that we were comparing to the sampled villages.

¹²The recommendation for additional medical training for auxiliary midwives, community health care workers, and village women located in non-GCSF villages is awaiting the USAID funding.

Interviewer: You and colleagues have two articles on this project (Chu, et al., In press a; In press b). Do you believe there are any further products that could come out of this project? For example, something similar to what came out of SWB project post-crisis Typhoon Haiyan, that would be helpful for others working on developing surveys and projects such as yours? The volunteers in this SWB project developed a 20-page guide and report that contained helpful information for emergency managers and won a Da Vinci Award from Humanity Road in 2014.

Yes, I read the guide and report containing helpful information for emergency managers. They did a lot of work distilling relevant tweets. We too provided a handbook on how to conduct a small scale study for organizations which had a particular need, which might not be covered in a large scale study, such as a DHS study, or methods handbook, in addition, the handbook included discussion of financial issues. For example, it cost GCSF approximately \$3500 to run this entire survey, with the exception of international airfares. That was a stretch for GCSF. I had to map out where the costs would be, based on records. However, doing this kind of mapping out of costs and record-keeping will increase overhead costs (i.e., see Footnote 7).

While the Inle Lake region itself is fairly stable, other regions particularly around the Burmese borders are not. Such regions have poorer healthcare available. For this reason, I felt it was important to ask the mothers whether they moved within the last five years and if so from where. I had to fight for that questions on the survey. I was told by GCSF folk that the people in this region didn't move, but I wanted to learn this from the participants. As it turns out, some participants did move from within the lake area.

Interviewer: Is there anything else regarding this project that we have not talked about that you would like to bring up now?

Yes, asking for help from knowledgeable sources was very important. Although sometimes help may not be initially forthcoming from individual sources, it is the asking for help that is important, which then builds trust. For example, with regard to this project, I found that the DHS personnel were very helpful. In addi-

tion, there was also a reporter who was born in Yangon and runs a Burmese-American newspaper. For me to get ready for this project and to understand the pilot data, I peppered the reporter with questions about the Burmese education system and calendar system. From him I learned that the Burmese graduate from high school in the 10th grade. Initially, he seemed reluctant to talk to a stranger about his home land. However, as he learned more about the project and GCSF, he became less reluctant to answer my many questions. I suspect this was also the case for the DHS personnel.

This concludes our Conversation with Monica Dashen and the volunteer project evaluating maternal and infant care service delivery in the Inle Lake region of Myanmar and supported by GCSF and Statistics Without Borders (SWB).

Resources

- If you are interested in discussing possible projects with Statistics without Borders, you can complete a form at: <http://community.amstat.org/statisticswithoutborders/gethelpwithanewproject>.
- If you are interested in volunteering with Statistics Without Borders (SWB), you can find out more at: <http://community.amstat.org/statisticswithoutborders/getinvolved>.

References

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