

ETHICAL REVIEW COMMITTEE

Principal Investigator Sushila Zeitlyn Trainee Investigator (if any) 22  
 Application No. 87024 Supporting Agency (if Non-ICDDR,B) FORD FOUNDATION  
 Title of Study Patterns of Child Feeding Project status:  
and Health Seeking Behaviour in Bangladesh ( ) New Study  
 ( ) Continuation with change  
 ( ) No change (do not fill out rest of form)

Provide the appropriate answer to each of the following (If Not Applicable write NA).

- Source of Population:**
- (a) Ill subjects Yes  No
  - (b) Non-ill subjects Yes  No
  - (c) Minors or persons under guardianship Yes  No
- Does the study involve:**
- (a) Physical risks to the subjects Yes  No
  - (b) Social Risks Yes  No
  - (c) Psychological risks to subjects Yes  No
  - (d) Discomfort to subjects Yes  No
  - (e) Invasion of privacy Yes  No
  - (f) Disclosure of information damaging to subject or others Yes  No
- Does the study involve:**
- (a) Use of records, (hospital, medical, death, birth or other) Yes  No
  - (b) Use of fetal tissue or abortus Yes  No
  - (c) Use of organs or body fluids Yes  No
- Are subjects clearly informed about:**
- (a) Nature and purposes of study Yes  No
  - (b) Procedures to be followed including alternatives used Yes  No
  - (c) Physical risks Yes  No  NA
  - (d) Sensitive questions Yes  No  NA
  - (e) Benefits to be derived Yes  No  NA
  - (f) Right to refuse to participate or to withdraw from study Yes  No
  - (g) Confidential handling of data Yes  No
  - (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes  No  NA

5. Will signed consent form be required:

- (a) From subjects Yes  No
- (b) From parent or guardian (if subjects are minors) Yes  No  NA

6. Will precautions be taken to protect anonymity of subjects Yes  No

7. Check documents being submitted herewith to Committee:

- NA Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
- Protocol (Required)
- Abstract Summary (Required)
- Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
- Informed consent form for subjects
- Informed consent form for parent or guardian
- Procedure for maintaining confidentiality
- Questionnaire or interview schedule \*

\* If the final instrument is not completed prior to review, the following information should be included in the abstract summary:

1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
2. Examples of the type of specific questions to be asked in the sensitive areas.
3. An indication as to when the questionnaire will be presented to the Cttee. for review.

(PTO)

I agree to obtain approval of the Ethical Review Committee for any changes involving the rights and welfare of subjects before making such change.

Sushila Zeitlyn  
Principal Investigator

OCT 28 1987

Trainee

87-024  
25/10/87

SECTION-I : RESEARCH PROTOCOL

1. Title : PATTERNS OF CHILD FEEDING AND HEALTH SEEKING BEHAVIOUR IN BANGLADESH
2. Principal Investigator : Dr Sushila Zeitlyn  
Co-Investigator : Dr Diana Silimperi  
Consultants : Dr KMA Aziz  
Dr Andre Briend
3. Stating Date : January 01, 1988
4. Completion Date : December 31, 1988
5. Total Direct Cost : a) US \$24,200  
b) Ford Foundation
6. Scientific Programme Head:

This protocol has been approved by the  
Community Medicine Division



Signature of the Associate Director

Date 22.10.87

7. Abstract Summary:

This research will investigate attitudes to child feeding and health seeking behaviour and will assess the extent to which household structure and maternal education influence these processes. For comparative purposes this study will be conducted in two phases, firstly in a rural area followed by six months in a poor urban area in Dhaka. The ways that health education messages are understood and passed on will be studied. The relationship between maternal education and

the decision making powers of women within the household with regard to feeding, weaning and the allocation of food to infants will be examined. The extent to which feeding patterns are shaped by the division of labour and the seasonal demands for women's work will be observed. The seasonal availability of suitable weaning foods will also be studied.

8. Reviews:

- a) Ethical Review Committee : \_\_\_\_\_
- b) Research Review Committee : \_\_\_\_\_
- c) Director : \_\_\_\_\_

## SECTION-II : RESEARCH PLAN

### A. INTRODUCTION

It will form part of a larger study to be conducted by ICDDR,B scientists that will contribute to research proposed by John Cleland of the London School of Hygiene and Tropical Medicine. The aim of Cleland's proposal is to investigate the association between maternal education and child survival and to identify causal mechanisms. The Cleland proposal is to carry out research in four countries, one of which is Bangladesh. ICDDR,B has been asked to participate and a committee of scientists chaired by Dr. Silimperi, has been formed to undertake the research, which includes this protocol.

#### 1. Objective

The main objective of this protocol is to investigate attitudes to breastfeeding, weaning and health seeking behaviour and to assess social influences and constraints on these processes. The three social variables that will be considered are:

- 1) maternal education
- 2) household structure
- 3) the demands for womens' labour in tasks other than child care

The study will investigate the extent to which these variables differ in the rural and urban environments.

## 2. Background

Breast feeding and weaning are almost universal aspects of human behaviour and at the same time they are subject to a range of cultural variation. The term weaning refers to the regular feeding of additional food to the breast fed child. Weaning begins with the first of these additions and ends with the cessation of breast feeding. In many societies weaning is seen as a problematic process as well as being a time of social significance. This study will examine some of the variables that influence patterns of breast feeding and weaning.

The weaning process in many communities is problematic because of high levels of "weanling diarrhoea" due to the difficulty in providing nutritious and hygienically prepared additions. Nevertheless at some stage exclusive breastfeeding fails to meet the nutritional requirements of developing children. It is this problem that has been referred to as "The Weanling's dilemma" (Rowland 1986). It has however been demonstrated that continued breast feeding enhances survival due to the anti-infective properties of breast milk and because sick children will continue to suckle when they are too weak to take other food. Continued breast feeding during periods of acute diarrhoea protects children (Hoyle et al. 1980). Hoyle noted the difficulties that health workers as well as mothers had in getting sick children to take any food, other than breast milk.

Various anthropological studies refer to beliefs that rural Bangladeshi people have about the value of breast milk. Maloney and Aziz (1981) like Rizvi (unpublished thesis) refer to the idea

that breast milk is a God given gift that is regarded as highly beneficial. At the same time it is seen as being highly susceptible to malign influence and may thus be seen to cause diarrhoea (Lindenbaum 1985, Blanchet 1980, Rizvi ibid.). Rizvi and Blanchet both describe the kinds of food that mothers should avoid. They also note the practice of withholding the breast for the first few days of life. Blanchet also describes how lactating mothers are susceptible to "batash" or bad air that may attack them and poison their milk if they do not seclude themselves carefully. Although the above authors make interesting references to this subject none of them deals with it in depth.

Other studies have concentrated solely on breast feeding (Khan 1980 and Huffman et al. 1980). Khan's findings are broadly consistent with those of Huffman in the overall picture given of the median duration of breast feeding and the ages at which solid foods were introduced. Huffman and colleagues considered suckling patterns and noted variations that they associate with four factors: mother's occupation, education, socio-economic status and maternal health. They also noticed a seasonal trend in actual time devoted to suckling which was reduced between November and February. It is interesting to note that in Matlab there is a seasonal increase in mortality rates at this time. It is possible that suckling patterns are causally related to the seasonal demands for womens' labour and to the availability of suitable weaning foods. This knowledge has useful implications for those advising mothers on weaning.

Huffman found that suckling time was inversely associated with socio-economic factors and with infant nutritional status.

Another interesting finding was that educated women tended to suckle for shorter periods than their less educated counterparts. Huffman's study also dealt with the reasons for weaning and for discontinuing breast feeding.

The most common reason for discontinuing breastfeeding was the death of the child, the second was a new pregnancy, the other two reasons quoted were "insufficient milk" and the "infant's age". Within the group that responded with "insufficient milk" 59% were in fact pregnant. The response of "insufficient milk", like that of the "infant's age" is clearly a matter that could be socially determined and that requires further investigation to understand what these statements mean to mothers and who determines them. In order to understand what leads to the decision to wean we need to know what these concepts mean to women themselves.

Gender has not as yet been found to determine the age of the cessation of weaning. Once solid foods are introduced, however, gender becomes a factor that influences survival. The observation that female infants receive less food than male, is made by KMA Aziz (1979). Koenig and D'Souza (1986) demonstrate that in the crucial period from 1-4 years female mortality rates exceed those of males by almost 50%. They point out that it is a phenomenon that is peculiar to certain parts of South Asia and that in Bangladesh it is evident from about the age of fifteen months. Koenig and D'Souza show that girls receive significantly less foods than boys and that as breast milk diminishes there is less chance of it being replaced by alternate sources of nutrition for

girls. They conclude that : "Perhaps the most interesting and unresolved issue concerns the underlying motivations which give rise to the sex-biased behaviour presumably responsible for these mortality differences" (Koenig and D'Souza 1986:19). They speculate that economic factors influence parental decisions but this is not supported by evidence and remains a question that demands further detailed research into parental motivation.

The observation that female children receive less food than males is supported by other studies such as that by Brown et al. 1982. Anthropological studies of other parts of the subcontinent provide interesting explanatory data that can usefully be compared to Bangladesh. Pettigrew's work on feeding patterns in the Southern Punjab, for example shows how the primary weaning food, which is buffalo milk, is only available at certain stages of the buffalo's reproductive cycle. Decisions about its distribution are made by the senior woman in the extended household. Most milk is sold or consumed by visitors and men in the household. As in Bangladesh, marriages are exogamous and virilocal, which means that wives come into their husbands' communities as outsiders and have relatively little power in the early stages of marriage when their children are young. She documents the way in which conflicts within the household effect the life chances of the youngest members of the household (Pettigrew 1982). Nicholas and Inden (1977) and Aziz (1979) have produced extensive works on the kinship systems of Bengal and Bangladesh respectively. These provide a good general background for a more detailed study of relationships within the household and in particular of relationships between women. This study will



relate to the research that reveals a link between maternal education and child survival by testing Caldwell's hypothesis that maternal education brings about a change in the traditional balance of family relationships involving a shift in the locus of power from traditional authority figures such as the child's paternal grandparents, to the mother herself. Caldwell suggests that the way in which maternal education operates to promote child health is by increasing the mother's control over her children within the family (Caldwell 1979).

Lindenbaum (1985) also studied the link between child survival and maternal education in the Matlab area. Her work concentrates on the meaning of education for rural women in Bangladesh and she discusses the social and psychological changes it brings about. She found that schooling gives women confidence and status so that they are more able to take independent action. "Women dwell upon the power it gives them to act independently, and in their own interest". (ibid:19) Through education women gain access to a network of other educated people who can provide information and help when it is needed. Education, she says, protects young women from exacting labour during their growing years and may raise the age at which they first marry so that they begin child bearing later and in a better physical condition, thus producing babies of greater birth weight. Lindenbaum says, "They also may experience greater success in breast feeding, especially if they return home for the birth of the first child, a custom many women aspire to since they eat and rest better in their own home". (ibid:15) It is interesting that

in this context Lindenbaum refers to a woman's parents' home as her "own" rather than her husband's home. Although this contradicts Islamic ideals which emphasize that a woman belongs to her husband's lineage group after marriage, it is nevertheless consistent with the ambiguity in a woman's social position recorded in many other ethnographies of the subcontinent (Sharma 1980, Bennet 1983). This suggests that the relationships that women maintain with their natal kin are also important in determining their children's survival at times of illness and crisis. With the exception of Rizvi's unpublished work the studies that have been quoted deal with rural populations and there has been little detailed work on the urban situation in Bangladesh. Rizvi found that the basic dietary patterns were the same in both the rural and the urban contexts that she studied. There has however, been no detailed anthropological study of household structure and decision making in relation to child-care feeding and health seeking behaviour in the urban Bangladeshi context.

### 3. Rationale

Good feeding practices are crucial for child health. Understanding the social framework that surrounds and influences these processes will facilitate health planning and enable health workers to promote good practice in a way that is socially acceptable. Better knowledge of existing ideas and beliefs can make health messages more appropriate. An understanding of control and decision making with regard to children, within the family would enable health educators to target information more

effectively. Finally, a detailed comparative study of household structure and child care will increase our understanding of the mechanisms through which maternal education operates to enhance infant survival. A comparative study of the rural and urban contexts will give insight into the ways that changes occur.

## B. SPECIFIC AIMS

This study will provide a detailed ethnography of the network of relations surrounding mothers and young children. It will focus on feeding, decision making and the division of labour at various points in the year. Ideas about breast feeding, weaning and the perception of health messages will be documented. The data will be used to test the following hypotheses:

- (1) Maternal education changes the balance of power within the household, giving mothers more control over child care and the allocation of food.
- (2) Decisions about the sufficiency of a mother's breast milk and the introduction of weaning foods are not always taken by the mother herself.
- (3) Maternal education changes ideas about health, making women more receptive to new health and nutrition messages.
- (4) Feeding patterns are directly related to the division of labour within the household, the seasonal demands for labour and the availability of suitable weaning foods.
- (5) Moving from the rural to the urban context changes the structure of the household and the ways in which child care decisions are made.

### C. METHODS AND PROCEDURES

This study will be carried out in two phases of six months. The first phase will be initiated in Chandpur. The second phase will be conducted using comparable methods and numbers in a poor urban setting. The study population in each case will be relatively small and the investigations will focus on not more than 50 mothers of children under three and their extended families.

#### Research Methods

(1) The principal research methods will be participant observation. This will mean that the investigator will live in a bari of between 5-10 households throughout the study periods and will closely but unobtrusively observe the relationships within and between the bari households.

An initial survey of 2 hundred households will be made in each of the study areas to collect data on occupation of household head, size & type of dwelling and maternal education. On the basis of this a representative bari will be selected for the researcher to live in, containing between 5-10 households from varying socio-economic strata.

These 2 groups of households will form the nucleus of each study group and through their kin relations in other bars a wider group of 50 mothers will be selected. These will consist of women from each socio-economic category. Socio-economic categories will be determined according to

occupation, income, ownership of land, beasts and movable property as well as the size and type of dwelling. Care will also be taken to ensure that this group of 50 mothers with children under five includes younger and older mothers as well as those with varying numbers of children. Because educated mothers are a relatively small minority in the population, women with schooling will be purposely selected for so that the study group will include at least 25% of educated mothers. This group will be sub-divided into those with more or less than 5 years schooling. By selecting the mothers in this way it will be possible for the researcher to study the relationships that women maintain outside the bari they live in.

(2) Formal observations will also be conducted by the investigator and her research assistant. These will involve twelve hour observations of twenty five of the mothers in both rural and the urban contexts. They will focus on feeding: a) the frequency and duration of breast feeds, b) the frequency and content of all other feeds. If possible the observers will also note and record:

- a. The mother's work schedule.
- b. The family's feeding pattern, including the order that people eat in, when, what and with whom.
- c. The mothers interactions with other household members will also be noted.

### (3) Interviews

As well as being contacted in the process of the participant observation it is also planned to interview each of the hundred mothers at least twice. The purpose of this will be to gather detailed data on their histories and their attitudes to certain key topics. These broad headings are outlined in the Interview Plan in Appendix A. The interviewers will work with these broad themes in mind but will aim to create an informal situation that will encourage reflection and will not discourage spontaneous "diversions". The questions asked will be open ended and the timing of the interviews will be flexible and, at the mothers' convenience. Interviews are also planned with a selection of other household members and these will cover similar topics. These interviews will be taped and brief notes will record key data on the context of the interview.

### D. SIGNIFICANCE

This research will enlarge our knowledge of the ways that infant feeding and weaning are perceived by people in a Bangladeshi community.

- (1) It will thus enable health educators to provide effective and appropriate messages that strengthen existing good practices in nutrition and healthcare and enhance child survival.
- (2) It will provide detailed data on household structure and the network of relationships surrounding young children

and their mothers, thus enabling health workers to target health information more effectively. A detailed understanding of the household and the way that decisions about children are taken will enable us to identify the factors influencing infant feeding and health seeking behaviour.

- (3) It will increase our understanding of the mechanisms by which maternal education acts to promote child health either by influencing maternal ideas and behaviour or by influencing the mother's relative status and decision making power within the household and the community which allows her to promote her children's health more effectively.
- (4) The study will increase knowledge of the relationship between lactation, seasonal work patterns and food resources in both the rural and the urban settings. Which will be useful to those advising women on weaning.
- (5) This work will give a valuable insight into health seeking behaviour and the ways that health providers are perceived by the communities they serve. It will provide comparative data on behaviour in the rural and urban contexts.

## REFERENCES

- Aziz, K.M. Ashraful. 1979. Kinship in Bangladesh (Monograph Series No.1), Dhaka: ICDDR,B.
- Aziz, K.M. Ashraful. 1985. Life Stages, Gender and Fertility in Bangladesh, Dhaka: ICDDR,B.
- Baer, E.C. and Winikoff, B. Breastfeeding Program, Policy and Research Issues.
- Bennet, L. 1983. Dangerous Wives and Sacred Sisters. New York: Columbia University Press.
- Blanchet, T. 1984. - Women, Pollution and Marginality: Meanings and Rituals of Birth in Rural Bangladesh. Dhaka: University Press.
- Blanchet, T. Forthcoming Publication on Marriage in Bangladesh.
- Briend, A. 1987. Breast-Feeding and Child Survival in Rural Bangladesh. ICDDR,B.
- Brown, K.H. et al. Consumption of Foods and Nutrients by Weanlings in Rural Bangladesh. Am. J. Clin. Nutr. 36, 878, 1982.
- Cain, M.T. 1977. The Economic Activities of Children in a village in Bangladesh. Population Development Review, 3, 1977.
- Cain, M.T. 1978. The Household Cycle and Economic Mobility in Rural Bangladesh. Population Development Review, 4, 421, 1978.
- Caldwell, J.C. 1979. Education as a Factor in Mortality Decline: An Examination of Nigerian Data. Population Studies, 33, 3. Printed in Great Britain.
- Carstairs, G.M. 1957. The Twice Born: A study of a Community of High Caste Hindus. London : Hogarth Press.
- Chen, Lincoln C. et al. Sex bias in the family allocation of food and health care in rural Bangladesh. Pop. and Dev. Rev. 7, No.1. p.55.
- Hoyle, B., Yanus and Chen. L. 1980. Breast-feeding and food intake among children with acute diarrhoeal disease. Am. J. Clin. Nutr. 33.
- Huffman, S.L. et al. 1980 Breast-feeding patterns in rural Bangladesh. Am. J. Clin. Nutr. 33; 144-151.
- Inden, R.B. and Nicholas, R.W. 1977. Kinship in Bengali Culture. Chicago: University of Chicago Press.



- Islam, M.N. and Ali, Y. 1983. Patterns of infant feeding in North Bangladesh. Bangladesh Paediatrics, 7, 31.
- Jorgensen Vibeke. 1983. Poor Women and Health in Bangladesh. Dhaka:SIDA.
- Kabeer Naila, 1985. Do Women gain from High Fertility. In Women, Work and Ideology in the Third World. ed. Haleh Afshar. London : Tavistock Publications.
- Khan Moslemuddin. 1980. Infant Feeding Practices in Rural Mehran Comilla, Bangladesh, Am. J. Clin. Nutr. Vol.33. 1980.
- Koenig, M.A. and D'Souza, S. 1986. Sex Difference in Mortality in Rural Bangladesh. Soc. Sci. Med. Vol. 22, No.2. pp. 15-22.
- Lindenbaum, S. 1976. The Last Course: Nutrition and Anthropology in Action. ed. T.K. Fitzgerald.
- Lindenbaum, S. 1985. The Influence of Maternal Education on Infant and Child Mortality in Bangladesh. ICDDR,B Special Publication No. 23. Dhaka : ICDDR,B.
- Miller, B.D. 1981. The Endangered Sex. Ithaca: Cornell University Press.
- Miller, B.D. 1984. Daughter neglect, Womens Work and Marriage. Medical Anthropology Spring 1984.
- Maloney, C. and Aziz, K.M.A. and Profulla, C. Sarkar. Beliefs and Fertility in Bangladesh. 1981. Dhaka : ICDDR,B.
- Pettigrew, J. 1982. Weaning Practices and Childhood Illness in the Southern Punjab. Development Research Digest. pp. 15-21, Part No.7. Sussex : Institute of Development Studies.
- Pettigrew, J. 1986. Child Neglect in Rural Punjabi Families. Journal of Comparative Family Studies. Vol. XVII, No.1 (Spring 1986).
- Rizvi, Najma. Food Avoidance during Postpartum period among Muslim Women in Bangladesh. In A Child's Horizon, The Journal of UNICEF in Bangladesh. Vol. 1 (No:1) 1976 : 25-29.
- Rizvi, Najma. Rural and Urban Food Behaviour in Bangladesh: An Anthropological Perspective to the Problem of Malnutrition. Published on demand by University Microfilm Int. 300 N Zeeb Rd. Ann Arbor Mi.
- Rowland, MGM. The Weanlings Dilemma; Are we making progress. Acta Paediatrica Scan Suppl. 323:33-42. 1986.
- Schaffer, Terisita C. Profile of Women in Bangladesh. 1986. Dhaka: USAID.

Sharma, U.M. 1980. Woman, Work and Property in North-West India  
London: Tavistock Publications.

## ABSTRACT SUMMARY FOR ETHICAL REVIEW COMMITTEE

The purpose of this study is to investigate attitudes to breastfeeding weaning and health seeking behaviour and to assess the social influences on these processes. The three variables that will be considered are: 1) maternal education, 2) household structure and 3) the demands for womens' labour in tasks other than child care. The study will be carried out in two phases of six months. The first phase will be conducted in Chandpur and the second will be carried out in a poor urban area of Dhaka. The relationship between maternal education and the decision making powers of women within the household with regard to feeding, weaning, and allocating food to children will be examined. The extent to which feeding patterns are shaped by the division of labour and seasonal demands for womens' work will be examined. The main method of research will be participant observation by the principal investigator who will live in a bari in each of the study areas. She and her research assistant will also conduct formal observations of half the study group and will conduct informal but detailed interviews with each of the study group mothers.

- (1) The study population in each case will focus on not more than fifty mothers.
- (2) The study does not involve any potential risk to participants.
- (3) Not applicable.
- (4) According to standard anthropological convention the names of the subjects, their village or any identifying characteristics will not be published or available to the public. Each subject will be allocated a number and records will use this as reference.
- (5) All the mothers in the study group will be asked to sign a consent form. The study involves no risk to the subjects and the nature of anthropological research demands that the subjects understand and accept that their participation is voluntary. Intrusive or unwelcome interviewing and observation will be avoided and the investigators will not enter any house without invitation. The purposes of the research will be honestly and carefully explained to the subjects. This is not a medical study and no physiological tests, measurements or procedures will be carried out. If however, the researcher or her assistant come across sick individuals in the course of the study who ask for their help they will do their best to help and to refer and to transport them to the appropriate health centre.

SECTION-III : BUDGET

A. DETAILED BUDGET

3100 LOCAL SALARIES

DESIGNATION	LEVEL	POSITIONS	MAN-MONTHS	RATE/MONTH	AMOUNT
Principal Investigator (Consultant)	NOC	1	12	900	10800
Research Assistant	GS4	1	12	180	2160
Secretary	GS5	1	4	250	1000

SUB-TOTAL = \$13960

3500 TRAVEL LOCAL

Land Transport 2000

SUB-TOTAL = \$2000

3700 SUPPLIES AND MATERIAL

Drugs 200  
 Stationary 300  
 House Keeping 600

SUB-TOTAL = \$1100

4000 OTHER COSTS

House Rent 300  
 Printing 100  
 Hospitality 400  
 Service charges (Porter + Aya) 1200

SUB-TOTAL = \$2000

4800 INTERDEPARTMENTAL SERVICES

Transport : Dhaka - Matlab 1300  
 Water Transport Matlab 1000  
 Xerox 200  
 Medical Illustration 200

SUB-TOTAL = \$2700

0300 OFFICE EQUIPMENT

3 Tape Recorders + batteries 400

SUB-TOTAL = \$400

TOTAL PROJECT COST

21760

INDIRECT COSTS 15%

3790

TOTAL = \$25550

B. BUDGET SUMMARY

CODE	EXPENSE CATEGORY	AMOUNT
3100	Local Salaries	13,960
3500	Travel Local	2,000
3700	Supplies and Material	1,100
4000	Other Costs	1,400
4800	Interdepartmental Services	2,700
0300	Office Equipment	400
	Indirect Costs 15%	3,790
		-----
	TOTAL PROJECT COST.	\$25,550
		=====

CONSENT FORM

In association with ICDDR,B I am working on a project to find out more about how mothers feed and care for their children. I will be living in your area for some months and will be visiting families because I want to hear your views and learn about the ways you keep your children healthy. This information will be useful to other mothers and to health workers. I may sometimes tape record your observations or make notes so that I will remember what you say but your name and identity will be confidential and you will be free to withdraw at any time from this work.

If you agree to help in this work please sign or make your mark here.

আমি আনুষ্ঠানিক উপাধায় গবেষণা কেন্দ্রের  
সাথে কিছু কাজ করছি। আমি আপনার  
সম্বন্ধে জানতে চাই যে, কিভাবে আমাদের  
কিছুদিনের খাওয়ার এবং যত্ন নেয়। আমাদের  
কিভাবে কিছুদিনের স্থায়ী জল রাখতে  
বিদ্যে জানতে আমরা বিস্ময় আপনাকে।  
এখন তথ্য অন্যান্য আমাদের তথ্য কিছুদিনের  
সঠিকভাবে পরিকল্পনা করতে পারেন।  
আমি আপনার সমস্ত শ্রম এবং কিভাবে  
আপনি কিছুই যত্ন নেয় তা দেখে তথ্য  
সংগ্রহ করব। আপনার কথাবার্তা ও সমস্ত  
শ্রম রাখার জন্য আমরা আমরা  
টুপে রেকর্ডের ব্যবস্থা করতে পারি বা  
খাওয়ার তা সঠিক রাখতে পারি।

এবং যে কোন অবস্থায় আপনার নাম ও পরিচয়  
প্রদান রাখা হবে। সমস্ত দায়িত্ব অবশ্যই  
আপনার স্বর্ণ স্বীকৃতি রয়েছে। ইচ্ছা করলে  
আপনি তথ্য সংগ্রহ করতে পারেন বা  
পারেন। বা যে কোন সময় আমরা  
করে সমস্ত প্রয়োজনীয় বিবরণ সংগ্রহ করতে পারেন।

## APPENDIX A

### MAJOR AREAS TO BE COVERED IN INTERVIEWS

- (1) **MOTHER'S LIFE HISTORY:** Birth, family, childhood, education, health, marriage, relations between natal kin group and her husband's kin group, physical distance between their respective bars. Full account of present household - space it occupies, occupations and incomes of members, property, division of labour, budgeting, educational level of all members.
- (2) **FEEDING:**  
When was breastfeeding initiated - ideas about colostrum, sufficiency of milk, supplementary foods, weaning, who advises mother and who decides on timing of weaning? Who prepares and allocates food in the house? What order do people eat in?
- (3) **NUTRITIONAL NEEDS:** How do you tell that a child is thriving or failing to thrive? How do infants' needs change as they grow? Do boys and girls have different nutritional needs? If they do in what ways do they differ? Do men and women have different nutritional needs? What foods do pregnant women and nursing mothers need and what do they usually get?
- (4) **HOSPITALITY:** How often are guests from outside the household entertained? Who are the most frequent visitors? What are they given? Is milk usually given to young children or to visitors?



- (5) HOPES AND EXPECTATIONS FOR CHILDREN: Education, work, marriage? How will their lives be different from their parents?
- (6) PERCEPTIONS OF CHILDREN: Growth and development? How do they learn? What should they learn and from whom?
- (7) KINSHIP AND DECISION MAKING: Control of resources, budgeting, mobility. Who makes decisions about children? Who takes them to the health worker? Relationships within the conjugal household, relationships with mothers' natal kin frequency of visiting? Which relations are turned to in times of crisis? If there are conflicting ideas about child care who decides? How is work shared in the household? Who minds the children? With whom do they sleep? What are the respective roles and duties of the different members of the kin group perceived to be? How are these changing?
- (8) ILLNESS: How do you decide that a child is ill? Who decides that a child needs help from a health worker outside the household? Who takes the decision to buy medicines or special food for a sick child? Who takes the child to the health worker? Who decides which health worker? What causes illness in young children? Which kinds of health workers are most appropriate for which health problems? Which kinds of health workers are the most sympathetic?