

Library (2)

Date 27/11/88

ETHICAL REVIEW COMMITTEE, ICDDR,B Library, Dhaka 1212

Principal Investigator C. Lenders
M. Siddiqi
Registration No. 88032
Title of Study Risk Factors for Breast
Feeding Cessation in Dhaka Urban Slums.

Trained Investigator (if any) _____
Supporting Agency (if Non-ICDDR,B) _____
Project status:
(X) New Study
() Continuation with change
() No change (do not fill out rest of form)

Give 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

(d) Sensitive questions Yes No

(e) Benefits to be derived Yes No

(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

5. Will signed consent form be required:

(a) From subjects Yes No

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

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

7. Check documents being submitted herewith to Committee:

___ 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.

To obtain approval of the Ethical Review Committee for any changes affecting the rights and welfare of subjects before making such change.

Principal Investigator _____ Trainee _____

NOV 28 1988

(PTO)

88032
27/11/88

SECTION - I : RESEARCH PROTOCOL

(1) Title: Risk Factors for Breast Feeding Cessation in Dhaka Urban Slums

(2) Principal Investigator (s): C. Lenders
M. Siddiqi

Co-Investigator (s): A. Briend
D. Silimperi

(3) Starting Date: January 1989.

(4) Completion Date: June 1989.

(5) (a) Total Direct Cost: TK. 51518

(b) Source of founding: Belgian development corporation

(6) Scientific Program Head:

This protocol has been approved by the CHID
Working Group.

A. Maad

Signature of the Scientific Program Head

Date:

27/11/88

(7) Abstract Summary: The purpose of the following case-control study is to determine the risk factors for breast feeding cessation in the Dhaka urban slums. Currently, little information is available about breast feeding patterns of the urban slum population in Bangladesh. This study will allow us to identify risk factors for breast feeding cessation in order to develop an appropriate community educational intervention program. The study will be carried out in two areas of Dhaka where the Urban Volunteer Programme of ICDDR,B has community-based nutritional rehabilitation centers.

(8) Reviews:

(i) Ethical Review Committee:

(Approved/Not Approved)

(ii) Research Review Committee:

(Approved/Not Approved)

(iii) Director's signature and remark, if any.

SECTION - II : RESEARCH PLAN

A. INTRODUCTION

1. OBJECTIVE :

- 1.1 To identify risk factors for breast feeding cessation in an urban slum population
- 1.2 To describe common breast feeding practices in an urban slum population
- 1.3 To identify appropriate information for community educational interventions in order to promote and maintain adequate prolonged breast feeding practices

2. BACKGROUND:

The superiority of breast feeding is clearly recognised. It is a determinant in child health and survival. Unfortunately, there is a trend towards shortening breast feeding duration and increasing bottle feeding, especially in urban areas (20). This trend is in opposition to the well established protective role of breast feeding against the incidence and prevalence of infection (40). Morbidity and mortality of young children are associated with both the absence of breast feeding and the decrease in the duration of breast feeding (7).

Breast feeding patterns and risk factors for its cessation have been examined by many authors (Table 1). There is little consistency in the definitions of breast feeding used by different authors. It is not always stated whether or not an article describes total or exclusive breast feeding patterns. The word "lactation" is sometimes used instead of breast feeding. Risk factors for weaning or for bottle feeding are interpreted in terms of breast feeding discontinuation. No initiation of breast feeding is considered by some authors as breast feeding suspension. In addition, many differences are observed in sample choice, age of the infant, mothers background, manner in which the questions are asked, etc. The studies mentioned are mainly descriptive. Bivariate analysis are the most commonly used method and very few studies calculate the level of significance. Only one study (25) gives odd ratios for breast feeding over non-breast feeding. Given all of these variations, it is difficult to make any comparisons between studies.

Breast feeding during the first year of life seems to be the norm in most Asian countries (29), as is the case in rural Bangladesh (19). The World Fertility Survey from 1976 shows that 90 percent and 77 percent of the infants at 6 and 12 months respectively are breast fed in urban Bangladesh. More recently however, a decline of breast feeding has been observed in urban Bangladesh (21). The pattern of breast feeding reported by Khan in 1980 for the urban poor is very similar to this observed in Sutrapur urban slums of Dhaka in October 1988 (FIG.1). He also reported that 40 to 50 percent of the urban poor children between 6 and 12 months of age were bottle fed against 90 percent in urban elite children at the same age. In urban areas, only 17 percent of the children are exclusively breast fed at 6 months and 45 percent partially breast fed according to UNICEF Country Basic Data Enquiry, 1985 (5). In the same USAID-Bangladesh report (5), it was noted that more than half of the mothers of the malnourished children treated in one Nutrition Rehabilitation Unit of Dhaka were bottle fed. Bottle feeding thus appears to play an important role in this group but we have no information on the influence of advertising by the infant food industry and formula companies in Bangladesh (5). In Cameroon, listening to the radio has been reported as a significant factor for bottle feeding (15). Although, a great variety of work has been published on breast feeding in rural Bangladesh, very little information is available concerning breast feeding practices in Dhaka urban slums during the last decade.

3. RATIONALE

Developing countries suffer from the "Poverty Syndrome" (24). The rapid increase of urbanisation with the spreading slum areas will aggravate this poverty syndrome. The population of Dhaka slums is expected to double by 2010 (12,a). Furthermore, the children living in urban slums are more at risk for falling into the well-known vicious cycle of malnutrition and infection. Breast feeding duration and attitudes in a slum context are crucial for child morbidity and survival. An increase in the duration of breast feeding and a delay in the weaning period are suggested by several authors as one solution for improved children growth and survival in such circumstances (10) (31). Information about the risk factors for breast feeding cessation, the decision-makers and the attitudes about bottle feeding in the slums areas will facilitate the development of appropriate educational programmes. No case control study on risk factors for breast feeding cessation has been done in this kind of population.

The reason for the selection of some risk factors (Table 2) from those found in the literature is explained here after. Risk factors found significant in previous studies will be examined with the following exceptions: migration, socio-economic status, early contact with baby, delivery place and prenatal class, mother's experience in breast feeding and time consumption. The reasons for omitting these factors is as follows. The Centre For Urban Studies (12) does not report any important differences in socio-economic status in the slum population of Dhaka. Urban migration is too common a factor to be taken in account (81% have not lived in Dhaka urban slums since birth). The large majority of the mothers deliver at home and keep their infant with them. The time spent on breast feeding depends mainly on maternal occupations outside the house. The parity of the mother seems to be more appropriate consideration than the experience of breast feeding per se.

However, some risk factors not found significant in previous studies (Table 1) have been considered: gravida, maternal and child illness, physical fatigue, age for first supplement introduction and bottle feeding. The significance of these risk factors has not been mentioned in the studies done in Bangladesh but an association has been suggested or described. The physical tiredness of breast feeding perceived by the mothers has been proposed as a risk factor in some studies but no significant value has been calculated. We propose to relate the later with the nutritional status of the mothers using the arm circumference as a simple indicator for maternal nutritional status.

The age range of the children chosen in this study is between 6 and 12 months. In Matlab, the reasons for breast feeding cessation were different considering the children in the first year of life against children in the second year of their life. Breast feeding cessation becomes to be quite an important phenomena from six months of age in Dhaka urban slums (21). The identification of risk factors will be accurate if the study population is confined to within these age limits.

Table 1: Risk Factors for Breast feeding Cessation

1. Demographic

Maternal age*-----	BA3, BA4, BRA2 **, MEX2, PHIL2*, SWE2*
Marital status-----	BA2, BRA2**, SWE**
Sex of the child-----	BA3
Parity*-----	BA3, BRA2**, CA1*, EN1**
Number of children alive-----	BA3, BA4,
Gravida-----	BA1, BA2, KEN1, MEX2, PHIL1, SAA1, TA1,
Contraception-----	PHIL1,
Migration*-----	PHIL2*

2. Socio-economic

Mother's education*-----	BA2*, BA3, BA4, BRA2**, MA1, MEX2, PHIL2*, SWE2*,
Father's education-----	USA3**
Mother's occupation*-----	BA3, BA4, CA1, EN1, IN1*, MA1, MEX2**, PHIL1, PHIL2*, SWE2,
Family income*-----	BA2*, BRA1*, BRA2**, USA1*,

3. Medical aspect

Maternal illness-----	BA1, BA2, CA1, EN1, IN1, KEN1, PHIL1, SAA1, SWE2, TA1, USA1**,
Breast disease-----	CA1, EN1, IN1, MEX2, SWE2,
Child illness-----	BA1, BA2, CA1, EN1, IN1, KEN1, MEX2, PHIL1, SAA1, SWE2, TA1,
Early contacts with baby*-----	CA1*, SWE1*, USA2**,
Low birth weight baby-----	BRA1**
Delivery place*-----	BRA2*, BRA&MA1,
Prenatal care-----	BRA2**,
Prenatal class*-----	CA1*,
Physical tiredness-----	EN1, SWE2,
Psychological-----	EN1, SWE2,
Child death-----	BA2,

4. Social influence

Family*----- BRA2**, CA1*, USA1*
Health seeking behaviour----- BRA&MA1, IN1, MEX2,
Radio*----- USA3*,
Breast figure----- SWE2,
Ethnicity----- MA1,

5. Miscellaneous

Mother experience in breast
feeding*----- SWE2*,
Not enough milk----- BA1, BA2, CA1, EN1, IN1, KEN1,
MEX2, PHIL1, SAA1, SWE2, TA1,
Baby cannot digest----- EA1,
Milk salty----- PHIL1,
Baby refusing breast milk----- BA1, CA1, EN1, IN1, KEN1,
MEX2, PHIL1, SAA1, TA1,
Baby old enough----- BA2, KEN1, MEX2, TA1,
Age for supplements----- IN1, MEX2**,
Child's ability to eat food----- SAA1,
Bottle feeding----- BRA&MA1, SAA1,
Against breast feeding----- IN1,
Inconvenient----- SWE2,
Time consuming*----- BA1, EN1, IN1, SWE2, USA1*

*significant **non significant

The codes and references sources numbers in parenthesis follow:

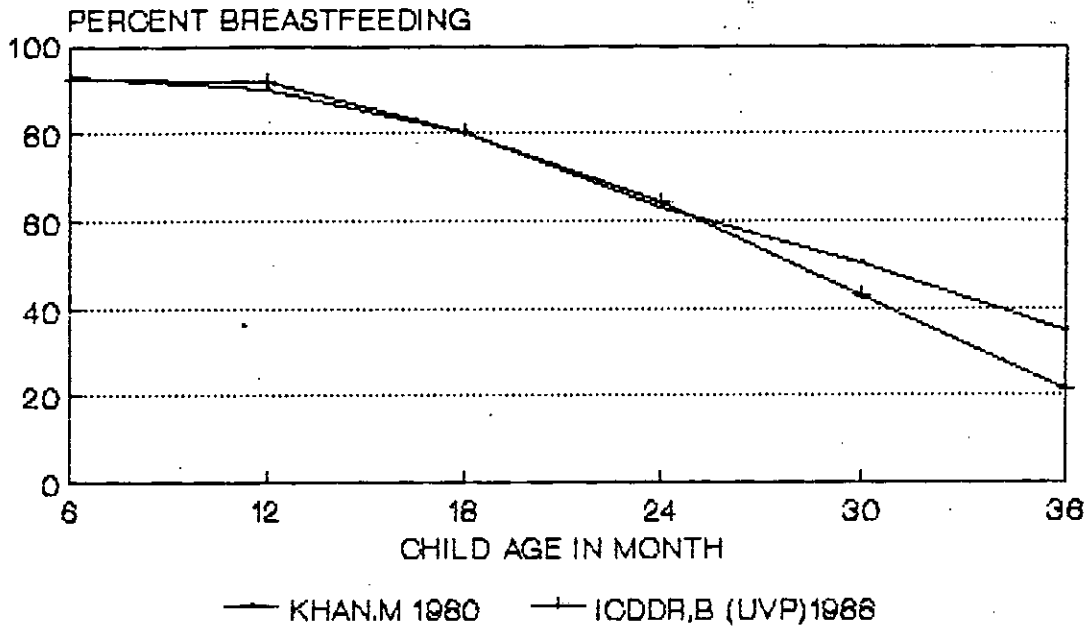
Bangladesh: BA1 (21)(5), BA2 (19), BA3 (1), BA4 (28), Brazil:
BRA1 (4), BRA2 (30), Brazil and Malaysia: BRA&MA1 (34), Canada:
CA1 (6), Cameroon: CAM1 (15), England: EN1 (38), Gambia: GA1
(39), Haiti: HA1 (16), India: IN1 (23), Kenya: KEN1 (8),
Malaysia: MA1 (19), Mexico: MEX1 (26), MEX2 (3), Philippines:
PHIL1 (17), PHIL2 (25), Saudi Arabia: SAA1 (32), Sweden: SWE1
(14), SWE2 (35), Tanzania: TA1 (22), USA: USA1 (13), USA2 (37),
USA3 (11).

TABLE 2 Risk factors for breast feeding cessation selected for the study and the smallest detectable risk estimated (power: 90 %, level of significance: 0.05, sample size: 100, values for 1 control per case).

Risk factor	Prevalence of risk factor among controls (%)	Detectable risk
1. Bottle feeding	10	3.07
2. Occupation	15	2.68
3. Sex	50	2.31
4. Maternal illness	5	4.13
5. Child illness	2	6.98
6. Gravida	10	3.07
7. Age of the mother.	22	2.44
8. Low birth weight baby	50	2.30
9. Primipara	15	2.68
10. Radio	10	3.07
11. Health seeking behaviour	10	3.07
12. Age for supplements	10	3.07
13. Physical tiredness	30	2.31
14. Family influence	50	2.31

FIG 1:

BREASTFEEDING PATTERN AMONG URBAN POPULATION (DHAKA) (CROSS SECTION STUDIES)



N-1276 (UVP) N-96(KHAN.M)

B. SPECIFIC AIMS

To identify risk factors for breast feeding cessation in urban slum population order to facilitate the development of appropriate educational programmes.

C. METHODS AND PROCEDURES

A case control study will be performed in Lalbagh and Sutrapur slums Thanas. The study will take six months. Four months will be spent for field work and two months for data processing and analysis.

Description of the study sites and target population:

The slums of Lalbagh Thana and Sutrapur Thana have been chosen for the study. The Urban Volunteer project has two Nutrition Rehabilitation Centers (NRC) in both areas. Information concerning the population having access to those NRC is available in the UVP. In Lalbagh Thana and in Sutrapur Thana approximately 63740 people are living at 15 to 30 minutes walking distance from the NRC. The study sites are typical of slums population as described by the Center for Urban Studies (12): communities of a very high population density, high room crowding (3 or more adults in a room), and poor housing (generally shaks, Kutcha structure, semi-pucca flimsy structures or very old dilapidated buildings). Inadequate water supplies, poor sewerage and drainage facilities, few paved streets and irregular garbage collections characterise slums areas. The family income of the children coming to the NRC is between 20 and 50 Taka per day. The fathers are mainly rikshaw pullers or day labourers. Only 11 to 15 percent of the mothers work outside their house. They earn 5 Taka per day excepted the brick breakers (30 Taka per day). They are usually maid-servants.

Definition of case and control:

A breastfed child is a child who is taking breast milk. The term exclusively breast fed will be refer to case where no other food is given apart from breast milk (not even water). Duration of breast feeding will be considered as total duration of breast feeding and not exclusive duration. Supplemental food will be considered as anything, including water, given to the child in addition to breast milk.

Mothers who did not continue to breast feed their baby for a period at least twenty days (5) will not be included in this study. All mothers whose infant died at any time prior to the interview will be excluded from the study. Whenever the child is orphaned and cared for by a woman other than his mother, he will also be excluded. Mothers who were or are providing services for UVP will also be excluded from this study.

A case is defined as the mother of a non-breast fed male or female infant between six and twelve months of age. Any mother who stopped breast feeding two weeks or more before the date of interview will be considered as a case.

A control is defined as the mother of a male or female infant who is still breast fed and whose age differs from the precedent case by a maximum of one month.

Sample size:

An estimate of the smallest detectable risk was calculated for the different hypotheses of risk factor prevalence in the controls with a total of one hundred cases and one hundred controls (one control per case) (33). The levels calculated in

Table 2 indicate the minimal detectable risk for 100 cases with 90 percent of power and a level of significance of 0.05. With the expected prevalence of those risk factors in the urban slum population, it will be possible to determine if the association between the risk factors selected and breast feeding cessation is significant.

Field procedures:

Three women with reading and writing ability (level 10) will be selected and trained by the PIs for two weeks before the study begins. Pilot interviews will be done in the field to perfect the questionnaire. It is anticipated that 100 household will be visited daily, five days a week by each worker. A total of two hundred mothers must be interviewed. A verbal consent will be obtained from every respondent prior to the administration of the questionnaire. Once a case is selected, the control will be the first next consecutive child found in the next house. After obtaining the consent, interviews will be conducted at any times and places that best suit the mothers. It is estimated that half an hour is necessary to complete the interview. At the end of the interview, arm circumference (AC) of the mother will be measured (the interviewers will receive prior training in AC measurements) Medical service will be provided by PIs to the mother and the child if sick at the time of their interview. When necessary, appropriate referral and transport facilities will also be provided.

Analysis and quality assurance:

The questionnaires from the interviews will be screened by the PIs for completeness and reliability on a daily basis. After every 10 to 15 cases interviewed, the PIs will personally check the consistency of the interviews by direct observation and by performing re-interviewing. Range and validity checks will be established for each question and built into the data entry procedures to be checked by the computer. McNemar's chi square test will be applied to compare exposures levels between cases and controls. Thereafter, odds ratio will be calculated for all different risk factors. Combination of these factors will then be tested by multivariate analysis to determine the most important ones.

D. SIGNIFICANCE

We feel that the findings of this study will contribute in the following ways: (1) enlarge our knowledge on breast feeding attitudes in Dhaka urban slums; (2) detect some of the most important risk factors for breast feeding cessation; (3) contribute to the understanding of infant care practices of the urban poor; (4) detect the key decision-makers regarding infant feeding practices for urban slum families; (5) facilitate the development of appropriate educational interventions to promote healthy breast feeding practices and decrease the practice of an early cessation of breast feeding in the urban poor families.

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ABSTRACT SUMMARY FOR ETHICAL REVIEW COMMITTEE

The purpose of this study is to investigate risk factors for breast feeding cessation in an urban slum population. The study area will be two slums of Lalbagh and Gandaria of Dhaka city. The study will be carried out in six months. The main method of research will be questionnaire interviews.

1. The study population will be mothers who have at least one child aged between six and twelve months.
2. The study does not involve any potential risk to participants.
3. Not applicable.
4. The names of the subjects, their area 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 a reference.
5. All the mothers in the study will be asked to give a verbal consent. The study involves no risk to the subjects. Intrusive or unwelcome interviewing will be avoided. The purpose of the research will be honestly and carefully explained to the subjects. Apart from taking arm circumference, no physiological tests, procedures or measurements will be carried out. If however, the researcher or their 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.
6. Interviews will be conducted at time and places that best suit the mothers. About half an hour is expected for completion of the interview.
7. Breast feeding duration and attitudes in a slum context are crucial for child morbidity and survival. Understanding the risk factors, the decision-makers and the importance given to bottle feeding will facilitate the development of appropriate educational programs. The subjects will be informed about the results of the study in a way to reinforce health and nutrition practices. A special budget has been included to refer the mothers or the infants detected during the interview process.
8. The study does not require the use of records, organs, tissues or any other such matter.

SECTION III.

BUDGET

A. DETAILED BUDGET

1. Personnel salaries (A/C Code 3100)

	% Efforts	Months	Rate/month	Amount in Taka
PI(2)	40%	6	-	-
Co-Investigator (2)	10%	6	-	-
Interviewer(3)	50%	4	Tk. 600	Tk. 7200
Community worker(3)			Tk. 600	Tk. 3600

2. Travel (A/C Code 3500)

	Cost per day	Amount in Taka
Interviewer(3)	Tk. 180	Tk. 14400
P.I.(2)	Tk. 120	Tk. 4800
Service	-	Tk. 4000

3. Supplies (A/C Code 3700)

	Unit cost	Requirement	Amount in Taka
Stationary			Tk. 3327

4. Printing and Reproduction

TOTAL DIRECT COST		Tk. 39327
Indirect cost (31%)		Tk. 12191
TOTAL		Tk. 51518

B. BUDGET SUMMARY

A/C Code	Expense Category	Amount in Taka
1. 3100	Personnel salaries	Tk.10800
2. 3500	Travel	Tk.23700
3. 3700	Supplies	Tk. 3327
4. 4300	Printing and Reproduction	Tk. 2000
	Total Direct Cost	Tk.39327
5.	Indirect Cost (31%)	Tk.12191
	TOTAL PROJECT COST	----- Tk.51518

S. Moir 27.11.98
Reviewed by B.F. Office

Consent form (verbal)

ICDDR,B is now conducting a survey on risk factors determining breast feeding cessation of young children. We would like to ask you some questions about yourself, your child, your family and your living conditions. The interview will last about 30 minutes. All the information collected will be kept confidential.

You are free to take part or not to take part to this interview. If you feel some questions are too inquisitive, you just not reply to them.

PREQUESTIONNAIRE

Before starting the interview, the mother has to reply to the following questions in order to exclude inappropriate cases or controls:

- 1. The infant is dead----- no 0 yes 1
- 2. The infant was a previous or current patient of
the NRC----- no 0 yes 1
- 3. The mother has died----- no 0 yes 1
- 4. The mother was providing services for UVP----- no 0 yes 1
- 5. The infant has a twin----- no 0 yes 1
- 6. The mother breast fed her baby for a period of at
least 20 days----- no 0 yes 1
- 7. The mother stopped breast feeding within the 15
days preceding the interview----- no 0 yes 1

If one or more of these answers are "yes", the mother should be exclude from the study and the interview not continued.

QUESTIONNAIRE

CASE 1/---
CONTROL 2/---

A. IDENTIFICATION OF THE FAMILY INTERVIEWED

Child's identification

1. Date of the interview-----	--/---/---	
2. Thana-----	sutrapur	1
	Lalbagh	2
3. Sex-----	male	1
	female	2
4. Date of birth		
a. Bangla calendar-----	season	-----
b. moment in the season-----	beginning	1
	middle	2
	end	3
c. year of birth-----		-----
5. Age of the child in month (english calendar)-----		-----
6. If the child is a case, at what age in months was breast feeding stopped-----		-----

Mother's identification

1. How old are you(in years)-----	
2. Marital status	
a. are you single-----	1
b. are you married and living with your husband-----	2
c. are you married but separated from your husband because he died-----	3
d. are you married but separated from your husband because he works far from the house-----	4
e. are you married but your husband left the house-----	5
3. How many years did you study	
a. religious education in years-----	-----
b. modern school in years-----	-----

Case 1/---
Control 2/---

4. What is your religion

a. muslim-----	1
b. hindu-----	2
c. christian-----	3
d. other-----	4

5. Where was the child delivered

a. in a clinic or in a hospital-----	1
b. in the house of your parents-----	2
c. in your house in Dhaka-----	3

6. Did the delivery require the help of

a. the family only-----	1
b. a daya-----	2
c. allopatric personnel-----	3

7. How many of your children are still alive

a. boys-----	-----
b. girls-----	-----

8. How long ago was the last live birth preceding
this baby-----

9. How many children died before one year of age-----

10. Are you pregnant now----- no 0 yes 1
if yes, how many months (since last menstruation)-----

11. Are you using any form of contraceptive now-----
if yes, are you taking pills now----- no 0 yes 1

12. Have you been living in Dhaka since your birth---- no 0 yes 1

Family status

1. Head of the family-----

2. Number of people living in your household earning
money-----

3. Average family expenses per month-----

4. Average amount of money saved per month-----

Case 1/---
Control 2/---

B. QUESTIONNAIRE

1. When did you first start breast feeding

- | | |
|--|---|
| a. immediately after birth----- | 1 |
| b. if no, within the first 12 hours----- | 2 |
| c. if no, other----- | 3 |
| specify how many days after birth----- | |
| specify why----- | |

2. Which of the following substances did you give to your baby immediately after birth

- | | | |
|-------------------------------------|------|-------|
| a. honey----- | no 0 | yes 1 |
| b. water----- | no 0 | yes 1 |
| c. collostrom (yellow milk)----- | no 0 | yes 1 |
| d. other milk than breast milk----- | no 0 | yes 1 |
| e. other----- | no 0 | yes 1 |
| if yes, specify----- | | |

3. Have you seen other mothers in your bari breast feeding their babies-----

no 0 yes 1

if yes,

- | | |
|---|---|
| a. did the mothers look the same as usual-- | 1 |
| b. did they look more active than usual---- | 2 |
| c. did they look less active than usual---- | 3 |

4. Which of the followings do you consider better for an infant under 6 months of age

- | | |
|--|---|
| a. breast feeding and bottle feeding together----- | 1 |
| b. breast feeding alone----- | 2 |
| c. bottle feeding alone----- | 3 |
| d. other----- | 4 |
| if yes, specify----- | |

Case 1/---
 Control 2/---

5. In your family what are the reasons for a mother to bottle feed her infant

- | | | |
|--|------|-------|
| a. father of the baby says to----- | no 0 | yes 1 |
| b. nani of the baby says to----- | no 0 | yes 1 |
| c. dadi of the baby says to----- | no 0 | yes 1 |
| d. health personnel (allopathic) say to---- | no 0 | yes 1 |
| e. village healer says to----- | no 0 | yes 1 |
| f. other women in the bari say to----- | no 0 | yes 1 |
| g. it makes the baby stronger----- | no 0 | yes 1 |
| h. someone else can also feed the baby----- | no 0 | yes 1 |
| i. mother of the baby is able to do other
activities----- | no 0 | yes 1 |
| j. other----- | no 0 | yes 1 |
| if yes, specify----- | | |

6. Are you bottle feeding your baby now----- no 0 yes 1

7. For which of the following reasons did you give water to your baby for the first time

- | | | |
|------------------------------------|------|-------|
| a. hot weather----- | no 0 | yes 1 |
| b. nani of the baby said to----- | no 0 | yes 1 |
| c. dadi of the baby said to----- | no 0 | yes 1 |
| d. father of the baby said to----- | no 0 | yes 1 |
| e. health personnel said to----- | no 0 | yes 1 |
| f. not given until now----- | no 0 | yes 1 |
| g. other----- | no 0 | yes 1 |
| if yes, specify----- | | |

Case 1/---
Control 2/---

8. Did you ever or do you now give the following food to your baby

a. water-----	no 0	yes 1
if yes, at what age did you start-----		
b. rice or wheat liquid, semi-liquid-----	no 0	yes 1
if yes, at what age did you start-----		
c. rice or wheat as solid food-----	no 0	yes 1
if yes, at what age did you start-----		
d. dhal-----	no 0	yes 1
if yes, at what age did you start-----		
e. any form of vegetable-----	no 0	yes 1
if yes, at what age did you start-----		
f. oil added in the meal-----	no 0	yes 1
if yes, at what age did you start-----		
g. fruits-----	no 0	yes 1
if yes, at what age did you start-----		
h. meat-----	no 0	yes 1
if yes, at what age did you start-----		
i. fish-----	no 0	yes 1
if yes, at what age did you start-----		

9. How do you know that the baby is ready to eat semi-solid or solid food

a. baby is sitting-----	no 0	yes 1
b. baby walking-----	no 0	yes 1
c. first teeth appear-----	no 0	yes 1
d. baby is crying between the meals-----	no 0	yes 1
e. baby is crying at night time-----	no 0	yes 1
f. baby refuses any milk-----	no 0	yes 1
g. father of baby says to-----	no 0	yes 1
h. nani or dadi of the baby says to-----	no 0	yes 1
i. you have to do other work-----	no 0	yes 1
j. health personnel (allopathic) says to-----	no 0	yes 1
h. other woman in the bari says to-----	no 0	yes 1
i. baby is old enough-----	no 0	yes 1
if yes, specify the age required for		
semi-solid or solid food-----	no 0	yes 1
j. other-----	no 0	yes 1
if yes, specify-----		

Case 1/---
Control 2/---

10. Who decides the kind of food to give to your baby
- a. you decide alone----- no 0 yes 1
 - b. you decide after asking the advice of
your family----- no 0 yes 1
 - c. you decide after asking the advice of
your friends----- no 0 yes 1
 - d. you decide after asking the advice of
health personnel----- no 0 yes 1
 - e. you decide after asking the advice of
village healer----- no 0 yes 1
 - f. you have always to follow the advice of
your family----- no 0 yes 1
 - g. other----- no 0 yes 1
if yes, specify-----
11. Do your household activities require more
than half a day----- no 0 yes 1
12. How many meals a day do you prepare for your baby-----
13. Do you receive any income for the labor that you
do at your home----- no 0 yes 1
if yes, do these activities require more than
half day----- no 0 yes 1
14. Do you do any labor outside of your home----- no 0 yes 1
- a. if yes, do these activities require more
than half a day----- no 0 yes 1
 - b. is your work at a distance of more than
30 minutes walking distance----- no 0 yes 1
15. For most of the days of the week, does your baby
- a. stay home with someone besides you----- no 0 yes 1
 - b. stay with you regardless whether you
are home or not----- no 0 yes 1
 - c. stay with you when you are at home----- no 0 yes
16. Does your baby stay with you all the night----- no 0 yes 1

Case 1/---
Control 2/---

17. Has your baby been sick in the last 30 days----- no 0 yes 1
- a. if yes, how many times was your baby sick: once----- 1
more than once----- 2
- b. if yes, what kind of illness did your baby have
1. watery diarrhoea----- no 0 yes 1
2. mucoid diarrhoea----- no 0 yes 1
3. bloody or bloody mucoid diarrhoea-- no 0 yes 1
4. loose stool----- no 0 yes 1
5. cough with very rapid respiration and fever----- no 0 yes 1
6. measles (fever + rhinitis + conjunctivitis a few days before rash----- no 0 yes 1
7. other----- no 0 yes 1
18. Have you been been sick in the last 30 days----- no 0 yes 1
- a. if yes, how many times have you been sick: once----- 1
more than once----- 2
19. Is breast milk helpful for an infant when he is sick----- no 0 yes 1
why-----
20. Have you had any breast problems since the birth of the baby----- no 0 yes 1
if yes, what kind of problems
- a. painful nipple----- no 0 yes 1
- b. painful breast----- no 0 yes 1
- c. pus observed on the nipple----- no 0 yes 1
- d. pus coming out of the nipple----- no 0 yes 1
- e. pus on the breast----- no 0 yes 1
- f. hot breast----- no 0 yes 1

সমীক্ষায় সম্প্রতি অংশগ্রহণকারীদের পক্ষে শোনার উদ্দেশ্যে
মৌখিক সন্মতি পত্র

আমরা একটি নতুন করে নিরোধী টিকার মূল্যায়ন করতে চাই। আগেকার
কলেরার টিকার সাথে এর পার্থক্য হচ্ছে, এই ঔষধ মুখে খেতে হয়, ইনজেকশন দিয়ে
দেওয়া হয় না। দেখা যাচ্ছে যে, অনুতঃপক্ষে এটি অন্যান্য কলেরার টিকার সমান
কার্যকরী। গত তিন বছরে বহু স্বেচ্ছাসেবীর উপর পরীক্ষায় এর কোন মারাত্মক পার্শ্ব-
প্রতিক্রিয়া দেখা যায়নি। সম্পূর্ণ কার্যকারিতার জন্যে এই ঔষধ এক মাসের ব্যবধানে
রেখে তিনটি মাসায় দেওয়া হয়।

আপনাকে/আপনার শিশুকে টিকা অথবা একটি ভিটামিনযুক্ত ঔষধ দেওয়া হবে যা
স্বাস্থ্যবর্ধক হিসাবে পরিচিত। এ দু'এর কোনোটিই পার্শ্বপ্রতিক্রিয়া সৃষ্টির আশংকা নেই।
তবুও যদি আপনার/আপনার শিশুর মধ্যে কোন পার্শ্বপ্রতিক্রিয়া দেখা দেয়, (যা আপনার
ধারণাস্থ ঔষধের সাথে সম্পর্কিত) তাহলে কাছাকাছি স্থানে আমাদের নিযুক্ত ডাক্তারকে
বিনামূল্যে দেখাতে পারবেন। এ ছাড়া ঔষধ খাওয়া সত্ত্বেও যদি আপনার/আপনার শিশুর
উদরাময় রোগ দেখা দেয় তাহলে আমরা অনুরোধ করবো মতলব হাসপাতালে বা নায়েুরগাঁও
চিকিৎসা কেন্দ্রে চলে আসতে। আমরা আনন্দের সাথে বিনামূল্যে আপনার চিকিৎসা করবো।

আপনি/আপনার শিশু এতে অংশগ্রহণ করবেন কিনা সে ব্যাপারে সিদ্ধান্ত নিতে পারেন।
আপনার যদি কোন প্রশ্ন থাকে তাহলে আমাকে জিজ্ঞাসা করুন, এবং তারপর আপনি/আপনার
শিশু স্বেচ্ছাসেবী হিসেবে অংশগ্রহণ করছেন কি না তা আমাকে জানান। আপনি/আপনার
শিশু এই কর্মসূচীতে অংশ না নিলেও আপনার স্বেচ্ছাসেবী চিকিৎসার কোন প্রশ্নটি হবে না।

Case 1/---
 Control 2/---

21. If a mother has a breast fed baby and becomes pregnant, should the mother
- a. continue to breast feed----- no 0 yes 1
 - b. stop breast feeding----- no 0 yes 1
 - c. give another kind of milk----- no 0 yes 1
 - d. give other aliments----- no 0 yes 1
 - if yes, specify-----
22. Has your menstruation returned----- no 0 yes 1
 if yes how many days ago-----
23. Is your baby mager (shukna) now----- no 0 yes 1
24. If you had to compare your baby at birth with other babies at birth, was your baby
- a. heavier than the others----- 1
 - b. lighter than the others----- 2
 - c. the same as the others----- 3
25. Does your husband want more children since the birth of this baby----- no 0 yes 1
26. Is there a radio in your bari----- no 0 yes 1
27. Do you listen to the radio
- a. never----- 1
 - b. occasionally (less than once a month)---- 2
 - c. regularly (more than once a month)----- 3