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ICDDR,B Library

Date November 24, 1988

Attachment 1.

Dhaka 1212

ETHICAL REVIEW COMMITTEE, ICDDR, B.

Principal Investigator Dr. Lokky Wai  
Nurul Alam

Trainee Investigator (if any) \_\_\_\_\_

Application No. 88-031

Supporting Agency (if Non-ICDDR, B) \_\_\_\_\_

Title of Study Women's status and Health  
of women and children: A study in  
Teknaf.

Project status:  
 New Study  
 Continuation with change  
 No change (do not fill out rest of form)

Circle 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

- Will signed consent form be required:
    - (a) From subjects  Yes No
    - (b) From parent or guardian (if subjects are minors)  Yes No
  - Will precautions be taken to protect anonymity of subjects Yes  No
  - 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
- 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.
  - Examples of the type of specific questions to be asked in the sensitive areas.
  - An indication as to when the questionnaire will be presented to the Cttee. for review.

(PTO)

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

Lokky Wai Nurul Alam  
Principal Investigator

Trainee

NOV 24 1988

REF  
WA 310.3B2  
W138w  
1988

88-031  
24.11.88

SECTION I: RESEARCH PROTOCOL  
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1. "Women's Status and Health of Women and Children: A Study in Teknaf"

2. Principal Investigators: Dr. Lokky Wai  
Nurul Alam

Co-Investigators:

a. Logistic and Design - Dr. Michael Strong

b. Training - Rezina Mita  
Dr. M.H. Munshi  
Fazilatun Nessa

c. Technical Services - Nizam U. Khan  
Abdul Razzaque

d. Operations - D.B. Chakma  
M. Umra

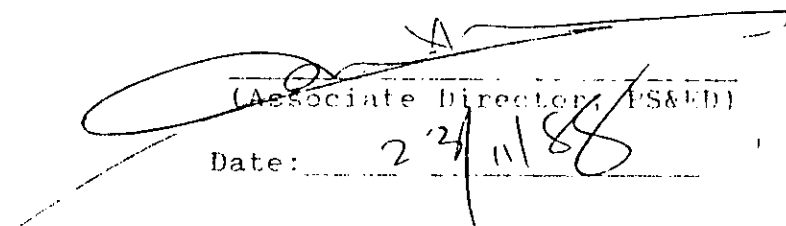
3. Starting Date: January 1, 1989

4. Completion Date: December 31, 1989

5. Total Increment Cost: U.S. Dollar 9,613.00

6. Scientific Division: Population Science and Extension (PS&ED)

This protocol has been approved by the PS&E Division.

  
\_\_\_\_\_  
(Associate Director, PS&ED)

Date: 22/11/88

7. Abstract Summary:

This exploratory study attempts to examine the impact of women's household and socio-economic status on the physical well-being of themselves and their children in four villages of Teknaf, Bangladesh. It also attempts to understand the nature of Teknaf's rural family life and the direct effects of this social environment on the quality of life of women and young family members. Certain aspects of the socio-cultural environment of rural Teknaf will be examined with a view to identifying issues and opportunities for all family members (male and female) to

participate in, and share more fully in the benefits of agricultural and health development. A random clustered sampling scheme will be used to select a 10% sample of women living in four DSS-Teknaf village areas. Three structured questionnaires are constructed and to be used in three different stages of data collection in a period of three months.

8. Review:

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

## SECTION II: RESEARCH PLAN

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### A. Introduction

#### 1. Objectives:

The objectives of this protocol are as follows:

- a. to examine the familial, social and economic status of women in the Teknaf area;
- b. to evaluate the impact of family structure on the status of women;
- c. to study the impact of women's status on their own health and nutritional status as well as that of their children;
- d. to investigate the mechanisms through which women's status at home and in the community affect the physical well being of women and children; and

#### 2. Background

Rural Bangladesh, like many other developing countries, has a social structure in which well-structured and rigid sex and economic stratification systems play an important role (Mabud, 1985). Families are to a large extent patriarchal, with the male head as the primary decision maker. After marriage, children may continue living with their parents in a joint family system which is very common, or may settle separately within a nuclear family system.

In the rural household of Bangladesh, a woman is mainly responsible for the nutrition, health, and the reproduction of the human capital for the family. The extent of the labour burden of these activities depends largely on the stage of the family in the domestic cycle. Young families with young and unproductive children, or middle-aged families with children at school age, make large demands on female labour to cook, clean, collect fuel and water, and care for children. This input may taper off as households age and as children become more productive members of the household, although her contribution to caring of family and management of the household remains to be substantial. Despite women's indispensable roles in their households, researchers and health planners continue to pay little attention to the relationship between their social, economic and health status and the well being of their children. It is the intention of this protocol to focus on this issue in a conservative area of Bangladesh.

### 3. Rationale

Since the 1970's, a fair number of studies (Mabud, 1985; Jorgensen, 1983; Westergaard, 1983; Chaudhury and Ahmed, 1980; Alamgir, 1977) have been conducted to investigate the status of women in Bangladesh and their contribution to rural and economic development. While there is no longer any dispute on the facts that women in Bangladesh play a very low profile in household decision making, that the majority of them have to endure the agonies of the dowry system and the strict restrictions imposed on them on their exposure to strangers, and that they receive little recognition of their uncashable but essential contributions to their households and to rural economy (Westergaard, 1984), yet, little is known, scientifically, about the contribution of women to the physical well being of the young members of their households. Less is known about the causal relationships between women's household and social status, their health and nutritional status, and the health and physical well being of their children.

A number of attempts, however, have been initiated by the ICDDR of Bangladesh to examine the interrelationships between household socio-economic status, mother's education, and infant and child mortality (D'Souza and Bhuiya, 1982; Byuiya et al., 1986). These studies tend to reveal a negative relationship between household status, mother's education, and child mortality. Some other studies have (D'Souza and Chen, 1980; Chen, Hug and D'Souza, 1981) also found that female children tend to have higher mortality than their male counterparts. This sex differential in mortality has been attributed to discrimination against female children within households where females tend to receive less food and less medical attention. Although none of these studies had the intention of correlating women's status with health and nutrition of women and children, they nonetheless implied the significant impact of women's status (using education as an indicator) on an extreme condition of health, i.e., death.

The importance of maternal education in reducing risks of infant and child morbidity and mortality have been documented in Bangladesh (Bhuiya, et al., 1986a, Bhuiya, Zimicki, D'Souza, 1986b) as well as in other developing countries (Caldwell, 1979). It is generally argued that the positive impact of maternal education on infant and child mortality is mainly due to the change of the fatalistic attitudes and behaviour of mothers towards their children's health. On the other hand, one can argue that the association between low maternal education and high child morbidity and mortality is due, simply, to the fact that less educated women tend to come from households of lower socio-economic status and children from poor households tend to receive inadequate food and care and therefore, are at a higher risk of getting sick and dying. The problem of this argument is that it cannot explain why female children have a higher risk of dying than their male counterparts who come from the same socio-economic background and are, interestingly, biologically weaker.

Obviously, household socio-economic status and maternal education alone cannot fully explain this complex relationship.

If we accept the general finding that women are generally the providers of nutrition and health to their family members, then the higher morbidity and mortality of female children can only be attributed to the attitudes and behaviour of the mothers, which discriminate against the daughters. There are two possible reasons that a mother may discriminate against her daughter(s). The first reason is that the mother accepts and internalizes the norm and opinion that women should enjoy a lower status than men and therefore should get a smaller share of whatever it is (e.g. food and affection) than men. Another possible reason is that the mother in the household is completely dominated by her male (e.g. her husband) and other female family members (e.g. mother-in-law in an extended family) and that she has little or no authority in deciding who should get more food and care. It should be pointed out here that the status of women is a multi-dimensional concept and should be measured not only in terms of social, educational and economic criteria but also be in terms of perceptual criteria. Both of the above situations point to the same denominator that women suffer from low statuses in their households. As many studies have revealed (Alamgir, 1977; UNDP, 1984), both reasons are probably responsible.

What remains unclear and little researched in the area of women's status and child health is the mechanisms through which women's status affects infant and child health. These mechanisms may include such variables as awareness and knowledge of environmental risks, hygienic behaviour, disease prevention, treatment and immunization and child spacing. Very few studies (Chaudhury and Ahmed, 1980) have also been done on the interrelationships between family structure, status of women and child health. Since women's activities are mostly restricted to their homestead, it is natural to think of family structure (e.g. nuclear Vs extended) as a major factor in the shaping of the status of women at home which in turn affects child health.

The focus of this present study is therefore on the interrelationships between family structure, women's status and the health and nutritional status of children in Teknaf, paying special attention to the mechanisms through which health and nutrition of children are affected by women's household, social and health status.

Associated with the lack of scientific knowledge in the area of women's status and child health is the failure of social scientists to operationalize and quantify the concept of women's status in Islamic countries. Two recent studies (Wai and Freedman, 1986; Freedman and Wai, 1988) in Pakistan on the status of women in rural areas used a multi-dimensional approach (by using social, economic, familial and psychological indicators) to measure the concept of women's status and have demonstrated the usefulness of this approach. It is therefore the intention of

this study to use and to test the applicability of this set of tools in the studying of status of women in Teknaf, a remote area of Bangladesh.

## B. Specific Aims

Good health is a prerequisite to a dignified and productive life. Women provide the bulk of family health care. Yet, their ability to perform this function has often been severely hampered by various social, familial, economic, and health factors through different mechanisms. The present endeavour will attempt to contribute to the understanding of this complex issue by studying the Teknaf women of Bangladesh.

This study will assess the social and economic activities of women and their respective status in various family structures and evaluate how these variables affect the health status of women and their children. Specifically, we aim at:

- a. evaluating the economic contributions of women in agricultural and non-agricultural productions at various stages of family life cycle;
- b. exploring the relationship between women's social and economic activities and their respective family and household structures;
- c. testing the relationship between women's social and economic activities and health and nutritional status of women and their children;
- d. investigating the mechanisms through which women's status and their subsequent health and nutritional status affect the health and nutritional status of their children; and
- e. to identify ways of incorporating women as beneficiaries of development projects.

## C. Methods and Procedures

The study will be carried out in four villages (Teknaf, Langurbill, Subrang, and Shabpuridwip) of Teknaf where ICDDR,B has been maintaining a Demographic Surveillance System (DSS) since 1976. The two most remote villages of Teknaf-DSS, with a population of about 16,000, will not be included in this study due to logistic and accessibility difficulties. The basic demographic characteristics of the villages are presented in Appendix A.

### 1. Sampling Frame and Sampling Unit:

Village and para wise list of women in their reproductive age is available with Teknaf-DSS. From each para or sub-unit of

the village, a cluster of 10% women will be selected for interview under a random clustered sampling scheme. The first sampling unit (woman) is selected randomly and the rest of the 10% women will be from the subsequent sampling units following the first sampling unit. This sampling scheme minimizes travelling time and cost and facilitates supervision in the field.

## 2. Demographic Data:

All demographic data, including cause of death, fertility, mortality, migration and marriage related to the respondent, her children, and her family members (husband, in-laws, etc.), where possible and necessary, will be derived from the Teknaf DSS registration forms. For information relating to the nutritional levels of the women and their children, anthropometric measurements (using arm circumference and height) will be employed. Information relating to health, attitudes towards various social and familial issues, roles, household and economic responsibilities, decision making power, KAP, desired family size, etc. will be obtained through structured questionnaires.

## 3. Questionnaire:

Three sets of questionnaires will be developed in Bangla to collect information from the selected female respondents in three different periods or stages of the study. The draft English version of the questionnaires is presented in Appendix II of this protocol. The questionnaires are designed in such a way that the less sensitive and most general issues are addressed in the first set of the questionnaire which will be administered on the respondents in the beginning of the study, before rapport can be developed between the respondents and the interviewer. The more sensitive issues, such as knowledge and use of contraception, are dealt with in the later sets of questionnaire, after certain amount of rapport is developed. In addition, each set of questionnaire deals with a specific number of issues or variables. The first part or set of the questionnaire deals with the respondent's general personal and family background, and the socio-economic status of her household. This first set will be administered in the first month of the field study. The second questionnaire set (Part II) which will be administered in the second month of the field study probes information on such issues as vaccination and immunization, breastfeeding, common diseases and treatment, awareness of health prevention procedures, and the general health status of the respondents and their children. At the end of this questionnaire, the interviewer will request her respondent to allow her to measure and record the arm circumference and height of the respondent and her children under five years of age. The last set of the questionnaire deals with women's decision making power in the household, the attitude towards several family and social issues, fertility preference, and old age security. This questionnaire will be administered in the last month of the survey.



Each selected household will be visited three times during the entire duration of the study. In each visit, the respondent will be requested to provide information to a set of structured questions. It is expected that the first round of visit to each of the sampled women will be completed in 30 days, that is, within the first month of the field work. The second and third rounds are expected to finish in 40 and 20 days respectively. The whole work of interviewing will therefore take about 3 months. Measurement of the children and the mothers will be started from the second visit after the field workers gain some acquaintance with the mothers and other household members.

The field work, including training of interviewers, is planned for four months starting from the first week of January and ending in late April. Four female interviewers, preferably from the District of Cox's Bazaar, will be engaged for doing interviewing who will be assisted by the DSS-Teknaf HA's and supervised by a Field Research Officer. Before the beginning of the field work, the interviewers will be given a two-week training by two female experts on the techniques of interviewing and measuring arm circumference and height. Every effort will be taken to standardize the interviewing and measuring procedures.

#### 4. Data Analysis:

Information collected from the interviews will be coded and entered into a main frame computer in Dhaka. Once the data are cleaned and edited, bivariate and multivariate statistical techniques can be applied to analyze the data. The major part of the analyses will be organized as follows:

1. anthropometric measurements (arm circumference and height) will be converted into standard indices,
- ✓ 2. [the relationship between family structure, socio-economic status of the household, women's educational level and women's status and patterns of time consumption in the household will be analyzed using multivariate statistical techniques, *(bi-variate)*
3. the impact of women's status on women's knowledge about environmental and behavioural health hazards and disease prevention will be examined,
4. the impact of women's awareness and knowledge about environmental and behavioural health hazards and disease prevention on the health status of the women themselves as well as that of their children will be evaluated, and
5. A causal model will be constructed to evaluate the causes and effects of all the independent and intermediate variables on the health of mothers and children. Path analysis will be employed to evaluate the robustness of this model.

#### 4. Significance

✓ This study will provide invaluable information to the understanding of the mechanisms through which women's status impacts upon the health and nutritional status of their children. Currently, such kind of information is lacking in developing countries, and more so, in Teknaf. The information collected from this survey will also add to the knowledge about the complex relationship between family structure and women's status in Bangladesh. Further, this study will serve as an exploratory study of the social, economic and physical well being of the women of Teknaf. It is hoped that the knowledge gained from this study will facilitate planners and policy makers in formulating strategies aimed at promoting the well-being and the status of women.

## REFERENCES

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Abstract Summary - Particular Items

1. Not applicable.
2. There is no risks; social, legal or otherwise. However, there may be possibility of invasion of privacy.
3. Not applicable
4. Data will be analyzed and published in aggregate form and there is no possiblility of identifying individuals.
5. A verbal consent form will be approved by the head of the household before starting interviewing.
6. Interview will take place at respondent's house and the questionnaire will take about 30 minutes to complete.
7. No direct benefits to individual respondents; however, the study will provide a better understanding of the roles and status of women in Teknaf households and their impact on mother and child health which will be an aid to future health intervention programs.
8. Use of birth, death, migration, marriage, and previous census records maintained by the DSS Project.

### Statement of Confidentiality

Verbal consent will be obtained from the head of the household or mother of the children. Implied consent will be assumed for other family members.

Information for identification purposes (name, para, DSS registration number) will appear on the questionnaire for linking purposes. However, the staff members who are responsible for data collection and processing are trained and instructed to maintain confidentiality of information.

After the data are collected and linked, all analyses will be done using aggregate information. It will be impossible to identify individual respondents.

### Verbal Consent Form

The International Centre for Diarrhoeal Disease Research, Bangladesh is planning to collect information on women's roles and activities in their households and their knowledge and awareness of various health related issues relevant to themselves and their children. In addition some questions relating to household socio-economic status will be asked. The interviewing process will take only about half an hour. The information supplied by you will be treated as confidential.

You may at any time refuse to answer any question that you think inappropriate or ask the interviewer to explain to you questions that you do not understand.

Do you have any questions now?

Do you agree to participate?

SECTION III: BUDGET

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A. Detailed Budget

1. Personnel:

Job Title	Pay level	Percent time	Man/month	Monthly pay	Project's requirements in Taka
Senior Interviewer [4]	GS4	100	16	8,416	134,656
Field Research Officer	GS5	100	4	11,264	45,056
Data Processing Assistant	GS4	100	3	8,416	25,248
Data Entry Technician	GS3	100	1	7,008	7,008
					211,968

2. Local Travel:

Traveller's job title	No. of trips	No. of person/days	Per diem		Air fare	Total amount
			Rate	Amount		
PI:						
Dhaka/Teknaf/Dhaka	6	22	192	4,224	9,600	13,824
Co-investigator:						
Dhaka/Teknaf/Dhaka	6	22	192	4,224	9,600	13,824
						27,648

3. Materials & Supplies:

- Printing of questionnaire	10,000
- Stationeries & office supplies	5,000
	15,000

4. Computer charges 48,000

5. Other contingencies 5,000

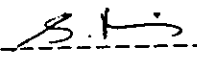
Total Taka: 307,616



B. Summary Budget

<u>Category</u>	<u>Total requirements in Taka</u>
1. Local salaries	211,968
2. International salaries	-
3. Local travel	27,548
4. International travel	-
5. Supplies and materials	15,000
6. Inter-departmental services	48,000
7. Other costs	5,000
	<u>Total Taka: 307,616</u>
@ Taka 32.00 = 1 US dollar =	Total US\$ <u>9,613</u> =====

  
23/11/88  
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Asso. Director, PSED

  
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Reviewed by Budget Office

APPENDIX - I

**Village Characteristics  
June 30, 1985**

Village	Population in 1985	% of women 15-49
Teknaf	21,624	21
Langurbill	8,250	20
Subrang	14,984	21
Shabpuridwip	12,148	20
Total	57,006	20.5

Village	Live Births	Infant Deaths	IMR	Children <5
Teknaf	1,236	139	112	4,570
Langurbill	392	58	148	1,714
Subrang	792	89	112	3,008
Shabpuridwip	683	96	141	2,518

**Questionnaire - Part I**

**Respondent's Background and Household Information**

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Village \_\_\_\_\_ Para \_\_\_\_\_

Unit No. \_\_\_\_\_ Serial No. \_\_\_\_\_ Household No. \_\_\_\_\_

Relationship of Interviewee to head of household \_\_\_\_\_

Age of Respondent \_\_\_\_\_

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**Section A**

1. Please tell us what persons are part of your household, that is, what persons either are members of your family and live here, or are members of the family and usually live here but who are absent, or persons who are not members of the family, but live and eat here with you.

Name	Reg. I.D.	Relation to HH head	Sex	Age	Marital Status	Resid. Status

2. Ask the respondent for the following information:

a. What is your present marital status?

1. never married \_\_\_ 2. married \_\_\_ 3. separated \_\_\_

4. divorced \_\_\_ 5. widowed \_\_\_

If separated, divorced or widowed, since when? \_\_\_\_\_

- b. How many times have you been married? \_\_\_\_\_
- c. How old were you when you were (first) married? \_\_\_\_\_
- d. Are you the first and only wife of your husband?
1. first and only \_\_\_\_\_
  2. first but not the only \_\_\_\_\_
  3. not the first but the only \_\_\_\_\_
  4. neither first nor only \_\_\_\_\_
  9. don't know \_\_\_\_\_
- e. What was your kinship relationship with your husband before you were married?
- \_\_\_\_\_

- f. Was your marriage arranged? 1. yes \_\_\_ 2. no \_\_\_
- If yes, who arranged the marriage? \_\_\_\_\_  
 (specify relation to you)

- g. Compare the status of your family with that of your husband?
- Is it 1. higher \_\_\_ 2. Same \_\_\_ 3. lower \_\_\_ ?

3. What level of education have you obtained? \_\_\_ No. of years \_\_\_
00. None 01. some primary 02. completed primary
  03. some secondary 04. completed secondary
  05. some higher secondary 06. completed higher secondary
  07. some bachelor's 08. higher than bachelor's

4. What level of religious education have you completed? \_\_\_
0. none 1. can read the Koran
  2. elementary education in mosque or neighbourhood
  3. middle level 4. advanced level

5. How well can you read or write? \_\_\_\_\_
0. not able to read or write (illiterate)
  1. read Bangla only
  2. read and write Bangla with difficulty
  3. read and write Bangla and/or English easily

6. How many children have been born to you who were live at birth?
- \_\_\_\_\_

7. How many children have been born to you who were not alive at birth?
- \_\_\_\_\_

8. Please give us some information about all of your births,

whether still alive or not, starting with the first one you had.  
 Note: the number of children listed below should be the same  
 number as that given in Q.6.

a.	b.	c.	d.	e.	f.	g.	h.	i.
Name of Child	I.D.	Age	Sex	Your Age at Birth	If child died, age at death	Any physical disability (specify)	Attending school? 1. yes 2. no	Level of educ.

9. How long ago was this dwelling constructed?

1. less than 5 years                      2. 5 - 10 years  
 3. 11 - 20 years                          4. more than 20 years

10. Structure of the largest room:

Walls \_\_\_              Roof \_\_\_              Floor \_\_\_

1. straw    2. bamboo    3. wood    4. tin    5. brick  
 6. mixed kutcha    7. semi-pucca    8. cement

11. No of rooms in this dwelling? \_\_\_\_\_

12. Size of structure?    Structure No. 1    Length \_\_\_    Breadth \_\_\_

                                 Structure No. 2    Length \_\_\_    Breadth \_\_\_

13. What is the major source of water for members of your household?

Monsoon              a. drinking \_\_\_    b. cooking \_\_\_    c. bathing \_\_\_    d. washing \_\_\_

other seasons a. drinking \_\_\_    b. cooking \_\_\_    c. bathing \_\_\_    d. washing \_\_\_

1. handpump    2. open or ring well    3. running surface water  
 4. small pond or ditch

14. What kind of toilet facility does your household have?

For adult male members \_\_\_\_  
adult female members \_\_\_\_  
children \_\_\_\_

1. pit
2. open field
3. water-seal latrine
4. pucca latrine
5. front or back yard
6. anywhere

15. Do you have, right now, a cake of soap on the premises?

1. yes \_\_\_\_ 2. no \_\_\_\_

16. Do you or your household members keep any medicine at home?

1. yes \_\_\_\_ 2. no \_\_\_\_

If yes, for what purpose? \_\_\_\_\_

17. What do you use for cooking your food?

primary: 1. wood 2. dung cake 3. kerosene 4. straw or dry leaves

secondary: 1. wood 2. dung cake 3. kerosene 4. straw or dry leaves

18. Does your household have to pay union council tax?

1. yes \_\_\_\_ 2. no \_\_\_\_

If yes, amount paid last year? \_\_\_\_\_ takas

19. In the last Eid-ul-azha, did you sacrifice any animals?

cattle \_\_\_\_\_ buffaloes \_\_\_\_\_ goats \_\_\_\_\_  
how many?

If yes, what was your share? \_\_\_\_ out of \_\_\_\_

20. Do you have any servants working in your household?

yes, how many for wages \_\_\_\_ no \_\_\_\_

21. Does anyone of your household member receive any remittance from relatives?

yes, total amount \_\_\_\_\_ takas no \_\_\_\_

22. Check below if your household has the following items:

	yes	no	how many?
1. motorcycle	yes	no	_____
2. motorized fishing boat	yes	no	_____
3. unmotorized fishing boat	yes	no	_____
4. country boat	yes	no	_____
5. cassette radio	yes	no	_____
6. radio only	yes	no	_____

7. bicycle	yes	no	_____
8. sewing machine	yes	no	_____
9. clock	yes	no	_____
10. wrist watch	yes	no	_____
11. dinner set	yes	no	_____
12. wooden furniture	yes	no	_____
13. electric generator	yes	no	_____
14. fishing net	yes	no	_____

23. Does your household own land? 1. yes \_\_\_ 2. no \_\_\_

If yes, proceed to ask the questions below. If no, skip to Q15c

a. How much land does your household own? \_\_\_\_\_ decimals

b. How much of the land that your household owns is leased-out? \_\_\_\_\_ decimals

c. How much land does your household lease from others? \_\_\_\_\_ decimals

24. Did your household hire any farm labourers in the previous season?

yes, how many \_\_\_\_\_ no \_\_\_

25. Have you or any of your household members worked as a labourer in the last year or this season?

1. yes \_\_\_ 2. no \_\_\_

26. Relative to other village households, do you consider your household:

1. very rich 2. rich 3. not rich but not poor 4. poor 5. very poor

27. In the past year, did you or any of your household member borrow money from other persons or households?

1. yes \_\_\_ 2. no \_\_\_

If yes, why?

- |                               |                                      |
|-------------------------------|--------------------------------------|
| 1. poverty _____              | 2. to set up business _____          |
| 3. to purchase animals _____  | 4. to purchase farm equipment _____  |
| 5. to purchase medicine _____ | 6. to pay for medical expenses _____ |
| 7. other, specify _____       |                                      |
-

**Section B**

Read the respondent the list of activities in the left hand column. Note that this list is divided into two sections: Routine Activities, that is, activities that she is likely to do every day; and Occasional Activities, that is, activities she is likely to do once a week or more but not every day. For the first group of activities, Routine Activities, ask the respondent first whether she has done the activity everyday in the past week. If not every day, then how many days during the week does she normally do these activities. Finally, ask her how many hours in the day does she commit to this activity.

For the Occasional Activities, ask her first how many days in the last seven days she has done this activity. Then ask, for the times she has done these activities, how many hours has she spent doing them.

In some cases, a respondent may not have done any of these activities in the last week because of illness or travel or other exceptional reasons. In other words she may normally do these Occasional Activities once or twice a week, but in the past week she has not done so. In these cases, ask the respondent to tell you her activities in a 'typical' week, that is, a normal week.

28. Routine Activities	Everyday?	How many days this past	On the days you did this, how many hours did you spend?	With whom did you do this?	If you do not do this activity, who does?
	1. yes	7 days			
	2. no				

Obtaining Water

Obtaining fuel, wood & dung cake

Cooking food for family

Caring for children and house

Care for livestock

Cleaning pots and house

Washing Clothes

Working in fields



29. Occasional Activities	How many days this past 7 days?	On the days you did this, how many hours did you spend?	With whom did you do this? (relation)	If you did not do this activity, who did? (relation to you)
Entertaining guests				
Visitng friends and relatives				
Cooking for farm labourers				
Grinding grain				
Marketing/purchasing goods				
fish drying				
home crafts				
house repairing or plastering				
Working for wage				
other crop production				

Ask if the respondent raise any livestock, if no, skip to Q.31.

30. How does the respondent participate in caring for livestock and in obtaining products from livestock for each activity? Ask whether she carries out the activity every day of the week, and if not, how many days for each week she does carry out the activity? Ask her also when she does the activity, and how long it normally takes?

Every day?	How many	On each day
1. yes	days in	you did this
2. no	past 7 days?	how many hours
		did you spend?

-----  
 Cleaning area and  
 cleaning animals

-----  
 Grazing, taking  
 for drink

-----  
 Bringing fodder  
 and feeding

-----  
 Milking

-----  
 Churning

31. What craft work or household items such as mat-making, embroidery, weaving, spinning and other domestic production does the respondent do? If she does not do any production of crafts or household items, ask her if anyone in the household does these things, and identify that person.

Home/Craft Production in Household	Who if other than respondent	how much	What do you do with them?			Sale Price
			Home	Exchange	Gift	

-----  
 -----  
 -----  
 -----  
 -----  
 32. How much pocket money do you receive from your husband? \_\_\_\_\_ per month

33. Ask the respondent about the kinds of possessions she has herself.  
List the possessions, whether they are land, machines, buildings or whatever.

Land	Building	Jewelry/personal possessions	Other (specify)
------	----------	------------------------------	-----------------

---

Quantity

---

Ownership

1. in your name
  2. husband's
  3. other's name (specify)
- 

Acquisition

1. inheritance
  2. gift
  3. part of dowry
  4. purchase
- 

Acquired from:

1. father
  2. husband
  3. mother
  4. brother
  5. children
  6. purchase yourself
- 

Right of disposition:

1. right to sell
  2. right to give away
  3. right to sell or give away with consent of HOH
  4. no rights
- 

Approximate value

---

**Questionnaire - Part II**

**Health, Breastfeeding, and Anthropometry**

Mother's I.D. \_\_\_\_\_

- 
1. When you were pregnant with (Name) were you given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?  
1. yes \_\_\_\_ 2. No \_\_\_\_ 3. Dk \_\_\_\_
  2. When you were pregnant with (Name), did you see anyone for a check on this pregnancy?  
1. doctor \_\_\_\_ 2. trained nurse/midwife \_\_\_\_  
3. traditional birth attendant \_\_\_\_  
4. did not see anyone 5. other (specify) \_\_\_\_\_
  3. Who assisted with the delivery of (Name )?  
1. doctor \_\_\_\_ 2. trained nurse/midwife \_\_\_\_  
3. traditional birth attendant \_\_\_\_ 4. other (specify) \_\_\_\_\_
  4. Did you ever feed (Name) at the breast? 1. Yes \_\_\_\_ 2. No \_\_\_\_
  5. Are you still breastfeeding (Name)?-1.Yes \_\_\_\_ 2. No or dead \_\_\_\_
  6. How many months after the birth of (Name) did your period return? \_\_\_\_\_
- 

**Answer Sheet**

Reg. I.D.	Q.1	Q.2	Q.3	Q.4	Q.5	Q.6
1st Child						
2nd Child						
3rd Child						
4th Child						
5th Child						
6th Child						
7th Child						

---

Check for last birth:

Last child still breastfeeding? yes \_\_\_\_  
No \_\_\_\_ ----> go to Q.10

7. How many times did you breastfeed last night between sundown and sunrise?

Number of times \_\_\_\_\_ Do not remember \_\_\_\_\_

8. How many times did you breastfeed yesterday during the daylight hours?

Number of times \_\_\_\_\_ Do not remember \_\_\_\_\_

9. At any time yesterday or last night, was (Name of last child) given any of the following?

	Yes	No
Plain Water	_____	_____
Powdered milk	_____	_____
cow's or goat's milk	_____	_____
any other liquid	_____	_____
if yes, specify _____	_____	_____
any solid or mushy food	_____	_____
if yes, specify _____	_____	_____

10. At the time you became pregnant with (Name of Last Birth), did you want to have that child then, did you want to wait until later, or did want no more children at all?

- 1. then \_\_\_\_\_
- 2. later \_\_\_\_\_
- 3. no more \_\_\_\_\_
- 4. up to Allah \_\_\_\_\_

**Section B**

Ask the Questions Only for Living Children. If No Births since January, 1984, Skip these Questions.

11. Has (Name) ever had a vaccination to prevent him/her from getting diseases?

Yes \_\_\_\_\_ if yes, specify vaccination on answer sheet.  
No \_\_\_\_\_

12. What would you do if one of your children or relatives has diarrhea?

-----

13. Has (Name) had diarrhea in the last 24 hours?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

14. Has (Name) had diarrhea in the last 2 weeks?

1. Yes \_\_\_\_\_ 2. No \_\_\_\_\_

15. Was (Name) taken to any health practitioner, or any other place during the last episode of diarrhea?

- 99. Not applicable \_\_\_\_\_
- 1. private doctor \_\_\_\_\_
- 2. government clinic \_\_\_\_\_
- 3. ICDDR,B centre \_\_\_\_\_
- 4. traditional doctor \_\_\_\_\_
- 5. not taken to any place \_\_\_\_\_
- 6. other (specify) \_\_\_\_\_

16. The last time (Name) had diarrhea, was he/she given ORS?

1. yes \_\_\_ 2. No \_\_\_ 3. DK \_\_\_

17. Was there anything (else) you or somebody did to treat the diarrhea?

1. tablets, injections, syrups
2. increase fluids
3. decrease fluids
4. increase foods
5. decrease foods
6. nothing
7. other (specify) \_\_\_\_\_

Reg. I.D.    11.        12.        13.        14.        15.        16.

Child 1

Child 2

Child 3

Child 4

Child 5

Ask the Questions Only for Living Children. If No Births Since January, 1981, Skip these Questions.

18. Has (Name) had fever in the last four weeks?

1. Yes \_\_ 2. No \_\_

19. Was (Name) taken to a health practitioner or any other place to treat the fever?

1. private doctor \_\_\_\_\_
2. hospital/clinic \_\_\_\_\_
3. traditional doctor \_\_\_\_\_
4. child not taken \_\_\_\_\_
5. other (specify) \_\_\_\_\_

20. Was there anything (else) you or somebody did to treat the fever?

1. anti-malarial
2. antibiotics
3. liquid or syrup
4. aspirin-para cytamol
5. injection
6. nothing
7. other (specify) \_\_\_\_\_

21. Has (Name) suffered from severe cough or difficult or rapid breathing in the last four weeks?

- 1. yes \_\_\_
- 2. no \_\_\_ (if no, skip the rest of the questions)

22. Was (Name) taken to a health practitioner or any other place to treat the problem?

- 1. private doctor
- 2. hospital/clinic
- 3. traditional doctor
- 4. child not taken
- 5. other (specify) \_\_\_\_\_

23. Was there anything (else) you or somebody did to treat the problem?

- 1. antibiotics
- 2. liquid or syrup
- 3. aspirin or para-cytamol
- 4. injection
- 5. nothing
- 6. other (specify) \_\_\_\_\_

Reg. I.D.	17.	18.	19.	20.	21.	22.
Child 1						
Child 2						
Child 3						
Child 4						
Child 5						

**Section C**

24. Ask the respondent if she has suffered from the following disease(s) in the past 4 weeks:

	No. of days suffering from the disease	Sought any treatment?
a. diarrhea	_____	_____
b. malaria	_____	_____
c. throat infection	_____	_____

- d. cold or influenza \_\_\_\_\_
- e. fever \_\_\_\_\_
- f. other (specify) \_\_\_\_\_

25. Do you suffer from the following long term health problems?

	yes	no
high blood pressure	---	---
heart disease	---	---
tooth or oral disease	---	---
malaria	---	---
diabetes	---	---
frequent headache or dizziness	---	---
chronic diarrhea	---	---
serious back problems	---	---
kidney disease	---	---
arthritis or rheumatism	---	---
asthma	---	---
stomach-gastric problem (non-diarrheal)	---	---
skin disease	---	---
lung disease	---	---
allergies	---	---
physical disability (specify) _____		
other disease (specify) _____		

26. The following questions are about various aspects of your health:

a. Have you ever been bothered by your heart beating hard? Often    Sometimes    Never

-----



- |  |       |           |       |
|--|-------|-----------|-------|
| b. How often are you bothered by an upset stomach?   | ___   | ___       | ___   |
| c. Do your hands ever tremble enough to bother you   | ___   | ___       | ___   |
| d. Are you ever troubled by your hands or feet sweating so that they feel damp and clammy? | ___   | ___       | ___   |
| e. Have you ever been bothered by shortness of breath when not exerting yourself?          | ___   | ___       | ___   |
| f. Do you ever have spells of dizziness?   | ___   | ___       | ___   |
| g. Do you feel weak all over much of the time?   | ___   | ___       | ___   |
| h. Do you feel healthy enough to carry out the things you would like to do?                | ___   | ___       | ___   |
| i. Do you feel you are bothered by all sorts of ailments in different parts of your body?  | ___   | ___       | ___   |
| j. Do you ever have loss of appetite?  | ___   | ___       | ___   |
|  | Often | Sometimes | Never |
| k. Do you have any trouble in getting to sleep and staying asleep?                         | ___   | ___       | ___   |
| l. Has ill health affected the amount of work you do?                                      | ___   | ___       | ___   |
| m. Have you ever felt you were going to have a nervous breakdown?                          | ___   | ___       | ___   |
| n. Are you ever bothered by nightmares?  | ___   | ___       | ___   |
| o. Do you tend to lose weight when important things are bothering you?                     | ___   | ___       | ___   |
| p. Do you tend to feel tired in the mornings?  | ___   | ___       | ___   |

27. Usage of Health Services

- a. During the last twelve months, have you consulted a medical or health practitioner?

Yes, who is he/she \_\_\_\_\_ no \_\_\_\_\_

- b. During the last twelve months have you used any of the following services? (Circle as many as applicable)

1. government health complex in Teknaf
2. government health clinic
3. ICDDR,B sub-centre
4. ICDDR,B Teknaf Centre
5. hospital

6. certified doctor
7. village doctor
8. other health workers
9. other (specify) \_\_\_\_\_

c. During the last twelve months have you asked for information (including advice, printed literature, dais, etc.) about health?  
 yes \_\_\_ no \_\_\_

If yes, where did you obtain this information?

(Circle as many as appropriate)

01. government health complex in Teknaf
02. government health clinic
03. ICDDR,B - DSS worker
04. ICDDR,B centre or sub-centre
05. government health worker
06. druggist
07. village doctor
08. dai
09. mullah
10. husband
11. mother-in-law
12. friend or relative

#### Section D

28. Water from what source do you consider the best for

cooking? \_\_\_\_\_ bathing? \_\_\_\_\_ drinking? \_\_\_\_\_  
 washing pots and cooking utensils? \_\_\_\_\_

1. tubewell
2. running surface water
3. pond or ditch
4. does not matter

29. Do you use Alum in water before drinking?

1. never \_\_\_
2. sometimes, when there is diarrhea epidemic \_\_
3. sometimes when respondent feels like it
4. always

30. Some people believe that water from river/pond/ditch may be contaminated in various ways and one may become sick by drinking that water unless it is properly treated or boiled. Have you heard of that?

1. yes \_\_\_
2. no \_\_\_

Do you believe that?

1. not at all \_\_\_
2. some of it \_\_\_
3. all of it \_\_\_
4. don't know \_\_\_

31. Do you cover the containers which you use for storing

drinking water?

1. never \_\_\_      2. sometimes \_\_\_      3. always \_\_\_

a. If animals or birds submerge their mouths/legs etc. into the container, what would you do?

1. \_\_\_ discard all of the water
2. \_\_\_ discard partially, rest will be used for non-drinking purposes
3. \_\_\_ discard partilly, rest will be used for drinking
4. \_\_\_ keep all of the water for non-drinking purpose
5. \_\_\_ keep all of the water for drinking

b. If anyone put his/her limbs and/or other things into the water container, what would you do?

1. \_\_\_ discard all of the water
2. \_\_\_ discard partially, rest for non-drinking purpose
3. \_\_\_ discard partially, rest for drinking
4. \_\_\_ keep all of the water for non-drinking purpose
5. \_\_\_ keep all of the water for drinking

32. a. Where do you usually wash soiled clothes of your children?

1. \_\_\_ in running surface water
2. \_\_\_ nearest handpump
3. \_\_\_ in ditch or pond
4. \_\_\_ no fixed source

If not handpump water, ask Q.b.

b. Is it the same source where you:

yes    no

- |   |     |     |
|---|-----|-----|
| 1. get water for cooking                    | ___ | ___ |
| 2. get water for drinking                   | ___ | ___ |
| 3. get water for cleaning pots and utensils | ___ | ___ |
| 4. bathe                                    | ___ | ___ |
| 5. wash other clothings                     | ___ | ___ |

33. How do you wash your hands after cleaning your child's defecation?

1. always with water only \_\_\_
2. always with soil \_\_\_
3. always with ashes and water \_\_\_
4. always with soap and water \_\_\_
5. sometimes with soap sometimes with water only \_\_\_
6. it depends whether water is available \_\_\_

34. Do you think it is necessary to wash your hands with soap and water after defecation?

1. yes \_\_\_      2. no \_\_\_

34. Do you think it is necessary to wash your hands with water after defecation?

1. yes \_\_\_ 2. no \_\_\_

35. Do you cook your food during every meal-time?

1. yes \_\_\_ (if yes, skip to Q.37) 2. no \_\_\_

36. If you do not cook during every meal time, do you re-heat the food before eating?

1. always \_\_\_ 2. sometimes \_\_\_  
3. occasionally \_\_\_ 4. never \_\_\_

37. Sometimes left over foods may turn sour, if it happens to your food, what would you do?

1. will eat the food \_\_\_  
2. adults will eat the food, but not the children \_\_\_  
3. will give to the children, but not to the adults \_\_\_  
4. discard the food \_\_\_

38. How does one get diarrhea?

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**Section E**

**Anthropometry**

Record Height and Arm Circumference of the respondent and each of her children under 5 years of age:

	I.D.	Height	Arm Circumference
Mother	_____	_____	_____
1st Child	_____	_____	_____
2nd Child	_____	_____	_____
3rd Child	_____	_____	_____
4th Child	_____	_____	_____
5th Child	_____	_____	_____

**Questionnaire - Part III**  
**Decision Making, Attitudes, and Fertility Preference**

1. Decision Making

(i) Below are a number of decisions which households must make. Ask the respondent to tell you which of these decisions she makes, and which are made by other household members.

- Education of female children \_\_\_\_\_
- Education of male children \_\_\_\_\_
- Arrangement of marriages for children \_\_\_\_\_
- Amount of dowry/bride-price \_\_\_\_\_
- Medical treatment for self \_\_\_\_\_
- Medical treatment for male children  
(where to go? how much to spend? etc.) \_\_\_\_\_
- Medical treatment for female children \_\_\_\_\_
- How many children the family should have \_\_\_\_\_
- Cultivation decisions: what to plant? how  
much land to give to each crop, etc.? \_\_\_\_\_
- Marketing decisions: when to sell? price to  
accept, etc.? \_\_\_\_\_
- Purchase of daily needs: e.g. sugar, tea,  
oil for cooking, and household needs \_\_\_\_\_
- Purchase of clothing \_\_\_\_\_
- Visiting natal family \_\_\_\_\_
- Actions to be taken in disputes with family/  
neighbours \_\_\_\_\_
- Observing purdah \_\_\_\_\_
- Distribution of food \_\_\_\_\_

- Codes: 1. respondent alone      2. husband or head of household  
 3. respondent and head of household/husband jointly  
 4. female members of household without males  
 5. male members of household jointly without females  
 6. other - please specify in space  
 7. do not know

## 2. Attitudes and Perceptions

Ask the respondent to give her opinion about the following assertions. She should respond in one of four ways. She should say that (1) she agrees strongly; (2) she agrees but with reservations; (3) she disagrees but with reservations; or (4) she disagrees strongly. Write the codes that correspond to her opinion on each of the assertions below.

- Answer Codes:
1. Agrees strongly
  2. agrees but with reservations
  3. disagrees but with reservations
  4. disagrees strongly

- \_\_\_ A woman should work in the fields.
- \_\_\_ A woman should be educated and obtain a professional job in the city.
- \_\_\_ A woman should stay in the house and tend to domestic chores.
- \_\_\_ A woman should have as many children as possible.
- \_\_\_ All boys in the household should be educated.
- \_\_\_ All girls in the household should be educated.
- \_\_\_ The household should give the largest possible dowry for a daughter's marriage.
- \_\_\_ Households should save their money to purchase household items (like T.V., Radio, Furniture, etc.).
- \_\_\_ Households should use their income to invest in new farm products and machinery to increase production.
- \_\_\_ A woman should always obey her husband.
- \_\_\_ A woman should never use any method to avoid a pregnancy.
- \_\_\_ A woman should be able to take up any employment or educate herself as much as she desires.
- \_\_\_ A woman should marry someone from her own clan (gotra).
- \_\_\_ A woman's marriage should be arranged by her parents.

3. Fertility Preferences

a. Are you pregnant now?
yes \_\_\_
no \_\_\_ if no or unsure, skip to Question F.
unsure \_\_\_\_\_

b. For how many months have you been pregnant? \_\_\_\_\_ months

c. Since you have been pregnant, have you been given any injection to prevent the baby from getting tetanus, that is, convulsions after birth?
yes \_\_\_ no \_\_\_ DK \_\_\_

d. Did you see anyone for a check on this pregnancy?
yes \_\_\_ no \_\_\_\_\_

e. Whom did you see?
1. qualified doctor 2. village doctor
3. trained dai 4. village dai
5. other (specify) \_\_\_\_\_

f. For Not Pregnant or Unsure Women

Would you like to have (another) child or would you prefer not to have any (more) children?

- 1. have another \_\_\_ 2. no more \_\_\_
3. says she can't get pregnant \_\_\_
4. undecided or DK \_\_\_\_\_

For Pregnant Women

After the birth you are expecting, would you like to have another child or would you prefer not to have any (more) children?

- 1. have another \_\_\_ 2. no more \_\_\_
3. undecided or DK \_\_\_\_\_

g. How long would you like to wait from now (for unpregnant woman) or from after your child is born (for pregnant woman) would you like to wait before the birth of a (another) child?

Months \_\_\_ Years \_\_\_\_\_ DK \_\_\_\_\_

h. Do you know of any way in which you could avoid or delay a pregnancy?

yes \_\_\_ no \_\_\_ (if no, skip to Q.k)

If yes, which methods are you aware of?

\_\_\_\_\_

i. Have you or your husband ever tried any of these methods?

yes, which one(s) \_\_\_\_\_ no \_\_\_\_\_

j. Are you or your husband using any method to avoid or delay a pregnancy?



yes, what method \_\_\_\_\_ since when? \_\_\_\_\_  
no \_\_\_\_\_

k. Do you think that your husband/partner approves or disapproves of couples using a method to avoid pregnancy?

1. approves \_\_\_ 2. disapproves \_\_\_ 3. DK \_\_\_

l. In general, do you approve or disapprove of couples using a method to avoid pregnancy?

1. approves \_\_\_ 2. disapproves \_\_\_ 3. DK \_\_\_

**m. No Living Children**

If you could choose exactly the number of children to have in your whole life, how many would that be?

\_\_\_\_\_ sons

\_\_\_\_\_ daughters

**Living Children**

If you could go back to the time you did not have any children and could choose exactly the number of children to have in your whole life, how many would that be?

\_\_\_\_\_ sons

\_\_\_\_\_ daughters

4. Do you expect your sons to contribute economically to the household?

yes, at what age should they begin to work \_\_\_\_\_  
no \_\_\_\_\_

5. Do you expect your daughters to contribute economically to the household?

yes, at what age should they begin to work \_\_\_\_\_  
no \_\_\_\_\_

6. When you and your husband are too old to support yourselves, who will care for you?

- \_\_\_ 1. your natal (father's) family
- \_\_\_ 2. your children
- \_\_\_ 3. your husband's family
- \_\_\_ 4. your own income from property or savings
- \_\_\_ 5. other (specify) \_\_\_\_\_

### Verbal Consent Form

The International Centre for Diarrhoeal Disease Research, Bangladesh is planning to collect information on women's roles and activities in their households and their knowledge and awareness of various health related issues relevant to themselves and their children. In addition some questions relating to household socio-economic status will be asked. The interviewing process will take only about half an hour. The information supplied by you will be treated as confidential.

You may at any time refuse to answer any question that you think inappropriate or ask the interviewer to explain to you questions that you do not understand.

Do you have any questions now?

Do you agree to participate?

আনুষ্ঠানিক উদ্বোধন গবেষণা কেন্দ্র, বাংলাদেশ  
টেকনাফ জায়া

অধ্যাপ্তি পত্র

আনুষ্ঠানিক উদ্বোধন গবেষণা কেন্দ্র, বাংলাদেশ  
টেকনাফে স্থানীয়দের ভূমিকা, আর্থিক কার্যক্রম  
এবং তাদের ও বাচ্চাদের আনুষ্ঠানিক বিষয়ক জ্ঞান এবং জ্ঞান  
বিষয়ের উপর তথ্য সংগ্রহের পরিকল্পনা করিতেছে।  
এ ছাড়াও তাদের আর্থ-সামাজিক অবস্থান অধ্যয়ন  
করিতে জিজ্ঞাসা করা হইবে। আঙ্কায়কার গ্রহণ  
করিতে আনুষ্ঠানিক অর্থ খন্ডে সময় নাগিবে।  
অগ্রহীত আনুষ্ঠানিক জ্ঞানের সোপনীমতা রক্ষা করা  
হইবে।

আপনি যে কোন সময় যে কোন প্রকল্পে উত্তর  
প্রত্যুত্তান করিতে অথবা যে কোন প্রকল্পে ব্যাখ্যা  
চাহিতে পারেন।

আপনার কোন প্রশ্ন আছে কি ?

আপনি কি আঙ্কায়কার দিতে রাজী-?