

longer in the placebo group ($p=0.000$), 25% in the ampicillin group ($p=0.017$), and 9% in the erythromycin group ($p=0.37$) compared to the tetracycline group. The clinical recovery rate by 96 hours was 75% ($p=0.001$) in the placebo group, 91.3% in the ampicillin group ($p=0.16$), and 95.7% in the erythromycin group ($p=0.04$) compared to the tetracycline group. The stool output in mL.kg.body weight was: 318 ± 50 , 335 ± 30 , 323 ± 25 , and 498 ± 37 respectively in tetracycline, ampicillin, erythromycin, and placebo groups.

Conclusion: The results of the study indicate that the clinical efficacy of tetracycline, ampicillin, and erythromycin in the treatment of cholera in children was comparable. It is recommended that, where test for *V. cholerae* is positive to ampicillin, it can be used as an effective alternative antibiotic for the treatment of cholera and acute respiratory tract infections.

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Desire for Children and Subsequent Abortion in Matlab, Bangladesh

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Objective: Investigate the desire for children and subsequent abortion in the MCH-FP and comparison areas of Matlab, Bangladesh.

Methodology: Data of the in-depth survey 1984, KAP survey 1990, and the Demographic Surveillance System (1984-1994) were used.

Results: During 1984-1994, the incidence of abortion increased substantially in both comparison and intervention areas, and such increase was due to those who wanted no more children. After controlling for all the variables in the logistic regression, the probability of subsequent abortion was higher among those who wanted no more children than those who wanted more in both MCH-FP (5.2 times) and comparison (8.9 times) areas. The incidence of abortion was lower in the MCH-FP area than that in the comparison area and was lower among the illiterates, users of contraception, and the Muslims in both the areas compared to the educated, non-users of contraception, and the Hindus.

Conclusion: The findings of the study suggest that there is a need to improve the quality of family planning services, particularly for those who want no more children to reduce abortion and abortion-related deaths.

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Implementation of the Essential Services Package through Standardized Service Delivery Protocols

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Objective: Evaluate the range and quality of services delivered from the urban primary-care clinics through the adaptation and implementation of appropriate and practical service delivery protocols.

Methodology: The study was on a quasi-experimental design. Based on the national priorities, epidemiological data, implementation feasibility, and client preferences, eight components of essential services were identified. The existing national and international guidelines and protocols were reviewed and adapted. Providers from three clinics of an NGO and three government dispensaries (GOD) were trained on the newly-adapted protocols. These clinics were monitored by a physician regularly. For comparison, the activities of the clinic staff at the two non-intervention NGO sites and two non-intervention government sites were also monitored. A mid-term evaluation, conducted after a year of implementation, was based on the data from the pre-and post-training knowledge tests, structured observations of provider-client interactions, analysis of the clinic records, and interviews with providers and with clients.

Results: The results of the evaluation indicated that the intervention markedly improved the diagnostic and treatment practices of the service providers. There were marked improvements in the prescription patterns, with a reduced misuse of antibiotics for the management of diarrhoea, acute respiratory infection (ARI), and reproductive tract infection along the lines suggested by the protocols. After the introduction of the protocols, inappropriate use of metronidazole was reduced from 86% to 31% in diarrhoea cases, and inappropriate use of antihistamine was reduced from 77% to 18% in ARI cases. These changes were not observed or were less pronounced in the comparison clinics. However, the providers stated that the protocols were easy to follow, but had increased the waiting time at the clinics.

Conclusion: The practice of following standard protocols improves the quality of services. However, the comments of the providers need to be analyzed further. Complementary subsystem interventions (quality of the physical facility, logistics, information and management support system) are needed to implement the protocols fully.

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Use of Antenatal Care in an Urban Area of Dhaka City

Quamrun Nahar

Objective: Describe the types, patterns and use of antenatal care (ANC) in an urban area of Dhaka city.

Methodology: A community-based study of antenatal care-seeking behaviour was conducted during February-June 1996. A sample of 200 women who were pregnant for at least six months was identified from an ongoing health and demographic surveillance system set up in Zone 3 of the Dhaka city. A pre-tested structured questionnaire was used for collecting information on the sociodemographic characteristics, reproductive history, and the ANC use patterns. In-depth interviews were also conducted among a subsample (n=16) of these women to understand the process of seeking ANC.

Results: Most study women (88%) received some form of ANC. However, about a quarter received only tetanus immunization (TT), and less than 10% received all the necessary elements of ANC as recommended by the Government of Bangladesh. In addition, half of the women made only one or two visits, and only one-third made the first visit during their first trimester. A diverse variety of health-care providers was used by the study women. While most women obtained ANC from modern providers, about a quarter used traditional providers, either alone or as an adjunct to the care given by modern providers. Factors affecting the use of ANC suggest that the women who were more educated had fewer children, and whose husbands had more schooling and who had higher monthly income were more likely to use ANC ($p < 0.05$). Women's ANC-seeking behaviour seems to follow a four-stage process: recognition of the importance of ANC, stance to seek ANC, selection of a provider, and finally, seeking ANC.