



INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH  
Mail : ICDDR,B, GPO Box 128, Dhaka-1000, Bangladesh  
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# Memorandum

19 October 1999

To : Dr. Ruchira Tabassum Naved  
Social and Behavioural Sciences Programme  
Public Health Sciences Division

From : Professor Mahmudur Rahman  
Chairman, Ethical Review Committee (ERC)

*Rahman*

Sub : Protocol # 99-029

This has reference to your memo of 17<sup>th</sup> October 1999 along with a modified copy of your # 99-029 entitled "An action research into positive and negative deviance in child nutrition in rural Bangladesh". I am pleased to inform you that the protocol is hereby approved upon your appropriate addressing of the issues raised by the Committee in its meeting held on 6<sup>th</sup> October 1999.

Thanking you and wishing you success in running the said study.

copy:- Division Director  
Public Health Sciences Division



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October 17, 1999

Professor Mahmudur Rahman  
Chairman Ethical Review Committee

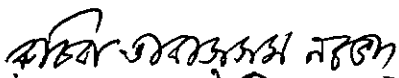
Subject: Protocol # 99-029

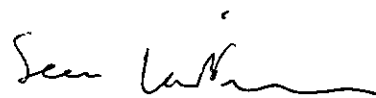
Dear Mr. Rahman,

Please find attached the protocol titled: An Action Research into Positive and Negative Deviance in Child Nutrition in Rural Bangladesh revised as per the suggestion of ERC. Please note that changes have been made in the methodology section to explain how the investigator will determine the impact of caring practices on child nutrition (See p. 8). The face sheet has been changed to reflect the suggestions of the reviewer and both English and Bangla consent forms now have provision for signature.

Thank you.

Sincerely yours,

  
Ruchira Tabassum Naved, Ph. D.  
Gender & Reproductive Health Specialist  
Social & Behavioral Science Program  
ICDDR,B

  
DD, PHSD



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# Memorandum

14 October 1999

To : Dr. Naved Tabassum Ruchira  
Public Health Sciences Division

From : Professor Mahmudur Rahman  
Chairman, Ethical Review Committee

Sub : Protocol # 99-029

The Ethical Review Committee met on 6<sup>th</sup> October 1999 and considered your # 99-029 entitled "An action research into positive and negative deviance in child nutrition in rural Bangladesh". After discussion in the meeting the Committee made the following observations:

- a) During the Phase I, the method should describe how the investigators will determine the impact of caring practices on child nutritional status.
- b) In the face sheet, item 1(a) should be marked 'no' and 1(b) should be marked 'yes'.
- c) Both English and Bangla consent forms should contain provision for signature of participants, participants and witness.

You are, therefore, requested to modify the protocol incorporating the above observations and **resubmit** a revised copy for further consideration.

Thank you.

Copy:- Division Director  
Public Health Sciences Division

**APPROVED COPY**

Principal Investigator RICHARD J. NAYED  
Application No. 99-029  
Title of Study AN ACTION RESEARCH INTO POSITIVE & NEGATIVE DEVIANCE IN CHILD NUTRITION

Trainee Investigator (if any) SABRINA RASHEED  
Supporting Agency (if Non-ICDDR,B) WORLD BANK  
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:
  - Ill subjects Yes  No
  - Non-ill subjects Yes  No
  - Minors or persons under guardianship Yes  No
- Does the study involve:
  - Physical risks to the subjects Yes  No
  - Social Risks Yes  No
  - Psychological risks to subjects Yes  No
  - Discomfort to subjects Yes  No
  - Invasion of privacy Yes  No
  - Disclosure of information damaging to subject or others Yes  No
- Does the study involve:
  - Use of records, (hospital, medical, death, birth or other) Yes  No
  - Use of fetal tissue or abortus Yes  No
  - Use of organs or body fluids Yes  No
- Are subjects clearly informed about:
  - Nature and purposes of study Yes  No
  - Procedures to be followed including alternatives used Yes  No
  - Physical risks Yes  No  N/A
  - Sensitive questions Yes  No  N/A
  - Benefits to be derived Yes  No
  - Right to refuse to participate or to withdraw from study Yes  No
  - Confidential handling of data Yes  No
  - Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes  No  N/A

- Will signed consent form be required:
    - From subjects Yes  No
    - 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:
    - N/A 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.

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

RICHARD J. NAYED  
Principal Investigator

SABRINA RASHEED  
Trainee

**CHECK-LIST FOR SUBMISSION OF PROPOSALS  
TO THE RESEARCH REVIEW COMMITTEE (RRC)**

[Please tick (✓) the appropriate box]

1. Has the proposal been reviewed, discussed and cleared at the Division level ?

Yes

No

If 'No', please clarify the reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the proposal been peer-reviewed externally ?

Yes

No

If the answer is 'NO', please explain the reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Has the proposal scope to address gender issues ?

Yes

No

If the answer is 'YES', have these been adequately incorporated in the proposal. Please indicate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has a funding source been identified ?

Yes

No

If the answer is 'YES', please indicate the name of the donor: WORLD BANK  
\_\_\_\_\_  
\_\_\_\_\_

5. Whether the proposal is a collaborative one ?

Yes

No

If the answer is 'YES', the type of collaboration, name and address of the institution and name of the collaborating investigator be indicated:

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6. Has the budget been cleared by Finance Division ?

Yes

No

If the answer is 'NO', reasons thereof be indicated:

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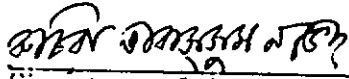
7. Does the study involve any procedure employing hazardous materials, or equipments ?

Yes


No

If 'YES', fill the necessary form.

25.9.99.  
Date

  
Signature of the  
Principal Investigator

APPLICATION FOR PROJECT REVIEW BY RRC AND ERC

1. Principal Investigator (s) DR. RUCHIRA TABASSUM NAVED
2. Other Investigators SABRINA RASHEED
3. Title of Project AN ACTION RESEARCH INTO POSITIVE + NEGATIVE  
DEVIANCE IN CHILD NUTRITION  
IN RURAL BANGLADESH
4. Starting Date OCTOBER 1999
5. Expected Date of Completion DECEMBER 2001
6. Total Budget Requested US\$ 57594
7. Funding Source WORLD BANK
8. Head of Programme DR. ABBAS BHUIYA
9. Signature by Division Director 

International Centre for Diarrhoeal Disease Research, Bangladesh

# RESEARCH PROTOCOL

FOR OFFICE USE ONLY

Protocol No:

Date:

RRC Approval: Yes/ No Date:

ERC Approval: Yes/No Date:

1. Title of Project (Do not exceed 60 characters including spaces and punctuation)

An Action Research into Positive and Negative Deviance in Child Nutrition in Rural Bangladesh

2a. Name of the Principal Investigator(s) (Last, Middle, First).

Naved Tabassum Ruchira

2b. Position / Title

Gender & Reproductive  
Health Specialist

2c. Qualifications

Ph.D

3. Name of the Division/ Branch / Programme of ICDDR,B under which the study will be carried out.

Social and Behavioural Sciences Programme (SBSP), PHSD, ICDDR,B, GPO Box 128, Dhaka 1000

4. Contact Address of the Principal Investigator

4a. Office Location: SBSP, PHSD, ICDDR,B

4b. Fax No: +88 02 885060

4c. E-mail: ruchira@icddr.org

4d. Phone / Ext: 870021, 871751-60 Ext: 2241

5. Use of Human Subjects

Yes

No

5a. Use of Live Animal

Yes

No

5b. If Yes, Specify Animal Species

6. Dates of Proposed Period of Support

(Day, Month, Year - DD/MM/YY)

26 months

7. Cost Required for the Budget Period:

7a. Direct Cost (\$) 50082

7b. Overhead cost (\$) 7512

7c. Total cost (\$) 57594

8. Approval of the Project by the Division Director of the Applicant

The above-mentioned project has been discussed and reviewed at the Division level as well by the external reviewers.

The protocol has been revised according to the reviewer's comments and is approved.

Name of the Division Director

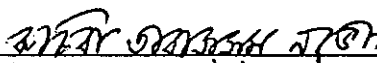
Signature

Date of Approval

9. Certification by the Principal Investigator

I certify that the statements herein are true, complete and accurate to the best of my knowledge. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. I agree to accept responsibility for the scientific conduct of the project and to provide the required progress reports if a grant is awarded as a result of this application.

10. Signature of PI



Date: 31.8.99



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Check here if appendix is included

**PROJECT SUMMARY:** Describe in concise terms, the hypothesis, objectives, and the relevant background of the project. Describe concisely the experimental design and research methods for achieving the objectives. This description will serve as a succinct and precise and accurate description of the proposed research is required. This summary must be understandable and interpretable when removed from the main application. (TYPE TEXT WITHIN THE SPACE PROVIDED).

Principal Investigator: Ruchira Tabassum Naved

**Project Name:** An Action Research into Positive and Negative Deviance in Child Nutrition in Rural Bangladesh

Total Budget: US \$ 57,514.83 Expected Beginning Date: October 1999 Ending Date: December 2001

**Hypothesis**

1. Caring practice is an important factor in determining positive and negative deviance in child nutrition
2. Identification of the factors related to caring practices that determine positive and negative deviance and implementation of program designed on the basis of the findings will result in promotion of nutritional status of children
3. Participatory approach in research and program implementation will have greater positive impact on the nutritional status of children

**Objective**

Identification of positive and negative deviants of nutritional status among children aged 6 to 24 months, Exploring the underlying caring practices that contribute to nutritional status of children from similar socioeconomic and environmental conditions, Design program for improving the nutritional status of children and implement the program using participatory as well as using non-participatory approach Evaluate the general outcomes as well as the differences in the outcomes of participatory and non-participatory program implementation.

**Background**

Malnutrition is pervasive in Bangladesh. Pregnant women and pre-school children have been identified as the most vulnerable among the population. It is acknowledged that socio-economic development is necessary for improving the nutritional situation and therefore household-level interventions that raise income can have a positive impact on nutrition. However, this is not sufficient for rapid improvement of the situation as the increase in household level income does not automatically translate into dietary, health, and childcare benefits. This led to the attention to care-giving behaviours. Promotion of caring practices that enhance nutritional status may serve as an effective strategy for improving nutritional condition of the children in rural Bangladesh.

This study will be conducted in three phases. In the **phase I** positive and negative deviants of child nutrition will be identified among the rural children using participatory and non-participatory research approach in two different areas with special emphasis on adaptable and avoidable caring practices. In **Phase II** a program will be formulated according to the study results and implemented in two different sites using participatory approach in one and non-participatory approach in another. In **Phase III** the program will be evaluated and wide dissemination of the findings will be done.

**KEY PERSONNEL (List names of all investigators including PI and their respective specialties)**

Name	Professional Discipline/ Specialty	Role in the Project
1. Naved Tabassum Ruchira	Gender & Reproductive Health Specialist	PI
2. Rasheed Sabrina	Research Officer	Co-PI

# DESCRIPTION OF THE RESEARCH PROJECT

## Specific Aims:

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Describe the specific aims of the proposed study. State the specific parameters, biological functions/ rates/ processes that will be assessed by specific methods (TYPE WITHIN LIMITS).

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### Objectives:

1. To explore the underlying caring practices that contribute to positive or negative outcomes in nutritional status of children aged 24 months or less belonging to similar socioeconomic and environmental conditions
2. To design program for improving the nutritional status of children by incorporating the findings
3. To implement the program using participatory approach in one site and using non-participatory approach in another
4. To evaluate the outcomes of the programs in general and the differences in the outcomes of participatory and non-participatory approaches in program in particular

## Background of the Project including Preliminary Observations

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Describe the relevant background of the proposed study. Discuss the previous related works on the subject by citing specific references. Describe logically how the present hypothesis is supported by the relevant background observations including any preliminary results that may be available. Critically analyze available knowledge in the field of the proposed study and discuss the questions and gaps in the knowledge that need to be fulfilled to achieve the proposed goals. Provide scientific validity of the hypothesis on the basis of background information. If there is no sufficient information on the subject, indicate the need to develop new knowledge. Also include the **significance and rationale** of the proposed work by specifically discussing how these accomplishments will bring benefit to human health in relation to biomedical, social, and environmental perspectives. (DO NOT EXCEED 5 PAGES, USE CONTINUATION SHEETS).

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Malnutrition is pervasive in Bangladesh. Pregnant women and pre-school children have been identified as the most vulnerable among the malnourished population in Bangladesh (Ahmed 1993). Ninety percent of the pre-school children were found to suffer from malnutrition (BBS 1991). One of the most widely recognized reasons for such high levels of malnutrition in Bangladesh is poverty. It is acknowledged that socio-economic development is necessary for improving the nutritional situation. It is understood that household-level interventions that raise income can have a positive impact on nutrition. This approach alone, however, is not sufficient to rapidly improve the situation. Both at the aggregate national level and at the household level, income improvement shows a steady but small improvement in nutritional status.

Whatever the magnitude of benefit from household level income increase it, unfortunately, does not automatically translate into dietary, health, and childcare benefits. The existing literature provides ample evidence of different biases (e.g., by age and sex) in intrahousehold resource allocation (Abdullah 1979; Chen, Huq and D'Souza. 1981; Brown, Black and Becker 1982; Abdullah and Wheeler 1985; Chaudhury 1985; Bairagi 1986; Bhuiya, Wojtyniak, D'Souza, and Zimicki. 1986; Mahmud 1987; Ahmed 1993; Chowdhury 1993; Chowdhury and Khandker 1996), which result into differential nutritional outcomes of household members. Intrahousehold analyses have revealed that in terms of nutrition children and females, in particular are in disadvantageous position. Thus, income increase at the household level is inadequate for addressing nutritional problems of children. This calls for finding complementary ways of improving the nutritional situation of children that would be effective in bringing about positive changes within a relatively short period.

Nutrition depends, to some extent, on both food availability and access to the health services. It is, however, largely a function of practices and behaviors, which are not necessarily a function of resources. An adequate dietary intake and absence of disease have long been accepted as the direct determinants of adequate nutrition and child growth. However, the complex synergistic relationship of food intake and disease patterns in childhood, and weak linkages of these to commonly used measures of household-level resource access, such as household income and food availability, has led increased attention beyond income-based approaches in reducing childhood malnutrition. Care-giving behaviors that underlie and create the environment within which children are raised are increasingly seen as central to child nutrition outcomes, and policy attention to them has been by the International Conference on Nutrition held in 1992 (Kumar, Naved, Bhattarai, 1997). Child care is a complex set of behaviors that range from child feeding practices, to responses that promote a safe and healthy environment for the child and provide adequate health care, to psychosocial interactions and emotional support. Care behaviors may be grouped into 1) child feeding behavior, 2) child health and hygiene-related behavior, 3) characteristics of psychosocial interactions/care of the child, and 4) characteristics of maternal care and social support systems (Zeitlin et al. 1990).

Promotion of caring practices that enhance nutritional status may serve as an effective strategy for improving nutritional condition of the children in rural Bangladesh. In this connection an action research on positive and negative deviance in child nutrition is highly relevant. The term "positive deviance" is used to reflect adaptive

responses for satisfactory child growth under harsh economic circumstances (Zeitlin, Ghassemi and Mansour 1990) and conversely, “negative deviance” represents the failure of children to grow satisfactorily, even under good economic condition. It is generally observed that there is a wide dispersion of child nutrition outcomes in households with similar levels of disposable income and resource access (UN/ACC/SCN 1992). Frequently, even resource poor households demonstrate successful child growth, and rich households show failure in child growth. In order to derive such culturally endogenous, yet successful behaviors that may be of relevance for nutrition interventions, the concept of “positive deviance” was introduced by Wishak and Van der Vynckt in 1976. In much of the nutrition literature since then, positive deviance has referred to children who grow and develop well, even in poor households (Zeitlin et al. 1990). Such children provide examples of successful child care behavior and supporting systems within the household and community that may provide guidance in designing programs in these communities. Shekar, Habitch and Latham (1992) have sharpened the definition, referring to positive deviants as children who consistently grow much bigger and faster than the ‘norm’ for that population. They also showed that positive and negative deviance are not necessarily mirror images of each other, and their determinants may be different. Since the objective of nutrition interventions is as much to promote good child nutrition as to prevent child malnutrition, it is useful to examine care behaviors that are associated with both positive as well as negative nutrition deviance. The objectives of the intervention programs would then be twofold – to discourage behaviors that are associated with negative deviance, and to promote behaviors that are associated with positive deviance (Kumar, Naved, Bhattarai, 1997).

## Research Design and Methods

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Describe in detail the methods and procedures that will be used to accomplish the objectives and specific aims of the project. Discuss the alternative methods that are available and justify the use of the method proposed in the study. Justify the scientific validity of the methodological approach (biomedical, social, or environmental) as an investigation tool to achieve the specific aims. Discuss the limitations and difficulties of the proposed procedures and sufficiently justify the use of them. Discuss the ethical issues related to biomedical and social research for employing special procedures, such as invasive procedures in sick children, use of isotopes or any other hazardous materials, or social questionnaires relating to individual privacy. Point out safety procedures to be observed for protection of individuals during any situations or materials that may be injurious to human health. The methodology section should be sufficiently descriptive to allow the reviewers to make valid and unambiguous assessment of the project. (DO NOT EXCEED TEN PAGES, USE CONTINUATION SHEETS).

This research project will include 3 inter-linked phases. The first one will be exploratory in nature. The second phase will be action oriented and evaluation will be carried out in the third phase. For all the phases crucial will be a comparison of participatory vis-à-vis non-participatory approaches in research and program implementation. Thus,

### Phase I will involve:

- 1) Identification of positive and negative deviants from among the rural children using available quantitative data.
- 2) Identification of factors affecting children's nutritional status with special focus on adaptable and avoidable caring practices for promoting child nutrition through application of quantitative and qualitative research methods.
- 3) Dissemination of the study findings.

### Phase II will include:

- 1) Designing of a program based on the findings from phase I for promoting caring practices that positively effect nutritional status of children employing both participatory and non-participatory methods.
- 2) Implementation of the designed program using participatory approach in some villages and non-participatory approach in some other keeping some villages as control.

### Phase III will involve:

- 1) Evaluation of the implemented program.
- 2) Come up with recommendations for improving the program quality
- 3) Wide dissemination of the study findings

An important methodological aspect of the study would be to combine both quantitative and qualitative research methods. For **phase I** the sources of quantitative data would be International Food Policy Research Institute (IFPRI) conducted Surveys (1996 – 97) under the project titled "Intrahousehold Impact of Transfer of Modern Agricultural Technology to Rural Households". During 1996-97 four rounds of surveys have been carried out under this project. The IFPRI data contain detailed information on household income and expenditure,

intra-household food intake, household health and sanitary condition and intra-household nutritional status across four seasons. These data include detailed information on current and retrospective child caring practices related to breastfeeding and weaning, hygiene and health seeking behavior and on time allotted to childcare by parents. These surveys cover 947 households belonging to different socioeconomic groups in three different Districts of Bangladesh, namely, Jessore, Mymensing and Manikganj. Currently, IFPRI is also carrying out three rounds of additional surveys in Manikganj.

Data from 1996-97 surveys will be used in Phase I for identifying factors behind positive and negative deviance in child nutrition. Descriptive analysis will be followed by principal component analysis for identification of key independent childcare variables. Then, using these variables multivariate analysis will be carried out to identify the most significant explanatory variables in nutritional outcomes that are either positive or negative. However, as the IFPRI study was not designed to address the research questions raised here there are some gaps in the data that needs to be filled in. For example, these data does not contain retrospective information related to pregnancy, prenatal care, term of pregnancy or birth weight, which are important determinants of nutritional outcomes of children. It would be important for the present study to detect such gaps in the data and to collect it. Also, it must be mentioned that identification of factors related to caring practices that affect nutritional outcomes of children can only be partially addressed through analysis of existing quantitative data. Indeed caring practices cannot be adequately understood unless observation of practices are undertaken and free flowing discussion of the existing practices are carried out. Thus, for example, the level and quality of child-caretaker interaction is highly important for a child's growth and development. However, for collection of such information it is better to use qualitative research techniques rather than implementing structured questionnaires. This is why for further exploration of some of the aspects of caring practices a follow up qualitative study will be carried out in Manikganj (funding constraints will not allow us to include all the sites covered by IFPRI study). For this purpose, the positive and negative deviants and the median growers among children will be identified from the data coming from the latest ongoing repeat surveys.

The qualitative study will include Focus Group Discussions (FGD), structured observation and case studies. FGDs with women and men will be carried out to explore the issues identified in the quantitative analysis and literature review. Thus, the themes of FGD will evolve around perceptions and norms regarding feeding, hygiene and health care, maternal diet, nutrition and psychosocial care of children in the communities under the study. Structured observation will allow us to understand the existing caring practices. Use of structured observation will provide with the advantage of standardizing what specifically is being observed without limiting the scope for coming up with additional cues to childcare practices. The format of structured observation will be developed on the basis of findings of quantitative analyses and thorough literature review. Similarly, based on previous quantitative analysis and on the data from FGD and structured observation checklist for Case studies will be prepared. All qualitative data will be collected by experienced and specially trained for the study data collectors.

Case studies of women will provide us with concrete examples of dynamics related to intra-household food distribution, treatment seeking behavior and causes of malnutrition among children and shed light on particular caring practices that are responsible for certain nutritional outcomes (i.e., positive deviance or negative deviance). In addition, observation of childcare behavior will be carried out for getting additional information and for triangulation.

As it has been mentioned above the study design will allow for comparison of the outcomes of participatory vis-a-vis non-participatory approaches in research and program implementation. In some of the villages under the study area possibilities for improving nutritional situation through community involvement will be explored. Findings from preliminary quantitative analysis identifying positive and negative deviants among the children will be shared with the community in these villages. Then, along with the people from the community adaptable and avoidable caring practices for promoting nutritional status of children will be explored using qualitative research methods such as FGD, case study and observation. In other words, people from the community will play an active role in the research team and with technical assistance from the researchers they themselves will explore the adaptable and avoidable caring practices.

In **Phase II**, based on the study findings a program aimed at improving nutritional status of rural children through promotion of caring practices will be developed by a team, which will include program people from implementing agencies working in the research area and researchers. This program will be implemented in one of the study areas. In the other study area, the program implemented would be participatory in nature. It will essentially involve community people for program development, implementation and program monitoring. Here, with technical assistance from the researchers the people, involved in the research team will act as the facilitators.

**Phase III.** This is essentially the phase of evaluation. Data from survey conducted by IFPRI just before initiation of the program will be treated as the baseline for program evaluation. A repeat survey will be carried out one year after program initiation. This survey will focus on changes in caring practices and on nutritional status of children. In addition qualitative data will also be collected to explore the program impact. The study design will allow analyses of both pre and post and with and without intervention situations. This will help in taking into account changes that are common for the whole area and attributable to factors other than the intervention.

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## Facilities Available

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Describe the availability of physical facilities at the place where the study will be carried out. For clinical and laboratory-based studies, indicate the provision of hospital and other types of patient's care facilities and adequate laboratory support. Point out the laboratory facilities and major equipment that will be required for the study. For field studies, describe the field area including its size, population, and means of communications. (TYPE WITHIN THE PROVIDED SPACE).

The study will be conducted in areas where NGO activities are present. IFPRI and its data collecting firm Data Analysis and Technical Assistance (DATA) have well-established relationships with the NGOs working in the area and with the communities. The research team will effectively use these links for project implementation. Other important facilities available include-

- Strong women's network in the community
- Field office with trained and supportive staff etc.

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## Data Analysis

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Describe plans for data analysis. Indicate whether data will be analyzed by the investigators themselves or by other professionals. Specify what statistical software packages will be used and if the study is blinded, when the code will be opened. For clinical trials, indicate if interim data analysis will be required to monitor further progress of the study. (TYPE WITHIN THE PROVIDED SPACE).

For quantitative data analysis, the investigators will be using computer program SPSS. Both descriptive and multivariate analyses will be implemented. The data from IFPRI will be analysed in **Phase I** for identification factors determining the nutritional status of children and for identification of positive and negative deviant children in terms of nutrition. Then further exploration of the adaptable and avoidable caring practices a follow up qualitative study will be carried out in Manikganj. IFPRI's data will also be used extensively as baseline information in the final evaluation of the project. If the number of children within the specified age range is adequate statistical analyses will be carried in the third phase as well.



## Ethical Assurance for Protection of Human Rights

Describe in the space provided the justifications for conducting this research in human subjects. If the study needs observations on sick individuals, provide sufficient reasons for using them. Indicate how subject's rights are protected and if there is any benefit or risk to each subject of the study.

The objective of the study and the voluntary nature of participation will be made clear to the participants at the beginning of the project. A verbal informed consent will be sought from the participants at the beginning of the study (see appendix 1 and 2) to ensure that only those who are willing to participate will be included in the study. The information collected will be handled confidentially and only be used for research purposes. Reports published from this will have no scope of identifying the individual participants of the study.

### Literature Cited

Identify all cited references to published literature in the text by number in parentheses. List all cited references sequentially as they appear in the text. For unpublished references, provide complete information in the text and do not include them in the list of Literature Cited. There is no page limit for this section, however exercise judgment in assessing the "standard" length.

Abdullah M. 1979. Nutrition Situation of Children and Mothers in Bangladesh. Paper presented at The Third Bangladesh Nutrition Seminar, Dacca, March 22-24, 1979.

Abdullah, M., and Wheeler, E.M. 1985. "Seasonal Variation and the Intrahousehold Distribution of Food in a Bangladeshi village". *American Journal of Clinical Nutrition*, 41: 1305-1313.

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Ahmed Akhter U. 1993. Food Consumption and Nutritional Effects of Targeted Food Interventions in Bangladesh. IFPRI (International Food Policy Research Institute). Bangladesh Food Policy Project, Dhaka.

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## Dissemination and Use of Findings

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Describe explicitly the plans for disseminating the accomplished results. Describe what type of publication is anticipated: working papers, internal (institutional) publication, international publications, international conferences and agencies, workshops etc. Mention if the project is linked to the Government of Bangladesh through a training programme.

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In the area, where participatory approach in program will be adopted dissemination of findings will be carried out at the *community level* at the end of phase I. The information sharing sessions will also be used for chalking out a participatory plan for improving nutritional status of the children. The plan will essentially be based on the in-sight gained from the research. A critical aspect of the plan would be to identify and plan for optimal use of local resources.

The findings from phase I will also be disseminated at *national level* seminar organized by ICDDR,B. The main report will be circulated to a relevant audience and for wider sharing a popular version of the main report will be prepared.

Findings from Phase III will again be disseminated at the community, national and international levels through meetings, workshops and seminars, articles and popular version of evaluation report.

Publication of papers in international journals will be attempted.

If the program proves to be effective it can be implemented on a larger scale through BINP, NNP and other nutrition related programs.

## Detailed Budget for the Proposal

Project Title: An Action Research into Positive and Negative Deviance in Child Nutrition in Rural Bangladesh

Name of PI: Ruchira Tabassum Naved

Protocol Number:

Name of Division: PHSD

Funding Source: World Bank nutrition research funds Amount Funded (direct): \$ 50082 Total: \$ 57594

Overhead (%) 15%

Starting Date October 1999

Closing Date: December 2001

### Budget for Phase I ( 6 months)

	Unit	Rate	Total (\$)
<b>Salary:</b>			
PI (NOD, Step II)	Person month	5	1264
Co-PI (to be covered by other sources)	Person month	2	
Field Research Officer/FRO (GS5, Step I)	Person month	5	349
Research Assistants/RA (5 persons*2, GS4, step I)	Person month	10	267
Data Analyst	Lump sum		300
Transcriber (2 persons*22 days)	Person days	44	6
Secretarial support	Lump sum		800
<b>Training Allowance:</b>			
RA (8 persons*5 days)	Person days	40	4
Refreshment	Lump sum		163
<b>Travel &amp; Perdiem:</b>			
Travel of RA, FRO & Co-PI	Lump sum		600
Car for PI (tk, 1000 per day)	Car days	10	20
Perdiem for RA (5 persons)	Person days	150	6
Perdiem for PI (1 person*10 days)	Person days	10	11
Perdiem for FRO (1 person*30 days)	Person days	30	7
<b>Other Costs:</b>			
Communication (phone, fax etc)	Lump sum		100
Cassette recorder (6), head phone			300
Audio cassette and batteries			300
Stationaries and supplies	Lump sum		300
Hospital supplies			600
Dissemination			1000
<b>Sub-total for Phase I</b>			<b>16952</b>

**Budget for Phase II ( 14 months )**

**Salary:**

PI	Person month	1	1264	1264
Co-PI (to be covered by other sources)	Person month	4		
FRO	Person month	14	349	4886
Supervisor (1 person) GS4, Step I	Person month	14	267	3738
Promoters of caring practices (8 persons)	Person month	80	82	6531

**Training Allowance:**

Promoters of caring practices (15 persons)	Person days	75	4	306
Refreshment	Lump sum			100

**Travel & Perdiem:**

Local transport	Lump sum			800
Perdiem for FRO (60 days)	Person days	60	7	429
Perdiem for PI (1 person*10 days)	Person days	10	11	112

**Other Costs:**

Communication (phone, fax, etc)	Lump sum			200
Stationaries and supplies (marker, bag, file, paper e	Lump sum			300

**Sub-Total for Phase II** **18666**

**Budget for Phase III ( 6 months )**

**Salary:**

PI	Person month	4	1264	5056
Co-PI (to be covered by other sources)	Person month	4		
FRO	Person month	5	349	1745
RA (5 female persons*2 months)	Person days	10	267	2670
Data entry	Lump sum			200
Data Analysis	Lump sum			300
Transcriber (2 persons*22 days)	Person days	44	6	245

**Training Allowance:**

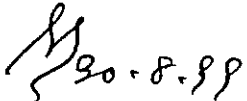
Data collectors (8 persons*5 days)	Person days	40	6	245
Refreshment				60

**Travel & Perdiem:**

Travel for FRO, FC, RA				600
Car for PI (tk, 1500 per day)	Car days	10	20	200
Perdiem for PI (1 person*10 days)	Person days	10	11	110
Perdiem for FRO (1 person*30 days)	Person days	30	7	214
Perdiem for RA (5 persons*30 days)	Person days	150	6	918

**Other Costs:**

Communication (phone, fax, etc)	Lump sum	200
Audio cassette and batteries	Lump sum	400
Stationaries and supplies	Lump sum	300
Dissemination		1000
<b>Sub-Total for Phase III</b>		<b>14464</b>
<b>Direct Cost</b>		<b>50082</b>
Overhead (15%)		7512
<b>Total</b>		<b>57594</b>

  
M. Rahman Chowdhury  
Senior Budget & Cost Officer  
ICDDR, B, Mohakhali  
Dhaka-1212, Bangladesh.

## Budget Justifications

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Please provide one page statement justifying the budgeted amount for each major item. Justify use of man power, major equipment, and laboratory services.

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The salary of the Co-PI will be covered by other source. A Field Research Officer (FRO) is required as both the PI and Co-PI are available only for a small amount of time. The FRO will coordinate and actively participate in data collection, assist the PI and the Co-PI, provide input in program development, train the caring practices promoters, act as the manager of the program and participate in program evaluation. For collection of both qualitative and quantitative data 5 female Research Assistants will be needed. Transcribers will be assigned to speed up the work to comply with the timeframe. Secretarial support will be necessary for budget management, organizing dissemination and communicating with the field. Tape recorders are necessary in order to control accuracy and quality of data.

## **Voluntary Consent Statement**

Assalamualaikum/Adab. I/we work at the Cholera Hospital in Dhaka. I/we have come here through GKT and DATA for conducting a study and I/we would like to talk to you about it for a while. You must be aware that malnutrition is a major problem among children in Bangladesh. Many young children die at an early age or do not reach their full potential as a result of malnutrition. The situation of children in your area is no different. However, from the data collected previously from your village it is seen that some children in your village tend to have better health, while the others fare worse even if they are from similar socioeconomic background. Some of these variations are due to variations in childcare practices.

***(For the site, where participatory program will be implemented add the following to the introduction)***

If you get to know, which practices are beneficial and which are detrimental to child nutrition you can improve the nutritional status of children in your village through proper use of this knowledge. So, if you are interested, we propose to help you in exploring the reasons behind differential nutritional performance of children from similar socioeconomic background so that this knowledge can be used for promoting your children's nutrition. This work will involve extensive consultation with children's caretakers, observation of childcare behavior and group discussions for exploring practices beneficial and detrimental for child nutrition. Are you willing to engage in this exercise? Yes/no.

Signature/thumb print of the participant

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***(Communicate the following to the people who will not participate in data collection and also to the people from the site, where participatory program will not be implemented)***

We want to explore the reasons behind better or worse nutritional performance of children from similar socioeconomic background so that through promotion of adaptive behaviors and avoidance of practices detrimental to child nutrition the nutritional status of children in your village may be improved. Our work will involve talking to the caretakers of the children, observe child care behavior and hold group discussions on child care practices. We plan to implement a program based on our findings in your area to promote the caring practices that can help to improve the health of your child. After this program is implemented, we will again explore whether the program has been useful.

***(For both the sites:)***

***(Before starting an interview go through the following)***

I want to interview you as one of the caretakers. It is expected that about one hour of your time will be spent on answering the questions. If you decide to participate in this activity, the information you provide will be completely confidential and will only be used in research purposes. You will be free to quit the interview any time you choose.

If you have any questions regarding the activity I will be happy to answer them.

Are you willing to participate? Yes/ No

Signature/thumb print of the participant

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***(Before starting observation go through the following)***

Your household is one among the households selected for this study. The activity in your household will involve my presence at the house for a full day. If you allow me to carry out this activity, the information collected will be completely confidential and will only be used in research purposes. You will be free to stop the activity any time you choose.

If you have any questions regarding the activity I will be happy to answer them.

Are you willing to allow me to carry the activity?      Yes/ No

Signature/thumb print of the participant

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***(Go through the following for finalizing the participants in FGD)***

Group discussion on childcare practices will take up about 1.5 to 2 hours of time. If you decide to participate in this activity, the information you provide will be completely confidential and will only be used in research purposes. You will be free to quit the discussion any time you choose.

If you have any questions regarding the activity I will be happy to answer them.

Are you willing to participate?      Yes/ No

Signature/thumb print of the participant

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## স্বেচ্ছামূলক সম্মতি পত্র

আসসালামু আলাইকুম/আদাব, আমি/আমরা ঢাকার কলেরা হাসপাতালে কাজ করি। এখানে আমি/আমরা GKT ও DATA র সূত্রে গবেষণার কাজে এসেছি। আমি/আমরা/ আপনার / আপনাদের সঙ্গে এ ব্যাপারে একটু কথা বলতে চাই। আপনি/আপনারা হয়ত জানেন যে, অপুষ্টি বাংলাদেশের বাচ্চাদের একটা বড় সমস্যা। অপুষ্টির কারণে বহু বাচ্চা হয় অল্প বয়সে মারা যায়, নয়ত ঠিকমত বাড়ে না। আপনাদের গ্রামের বাচ্চাদের অবস্থাও একই রকম। এর আগে আপনাদের গ্রামে যে জরীপ করা হয়েছে তা থেকে দেখা গেছে যে, একই ধরনের আর্থ-সামাজিক অবস্থা হলেও কোন কোন বাচ্চা অপুষ্টিতে বেশী ভোগে আবার কেউ কেউ ভালই থাকে। বাচ্চা-লালন পালনের রীতি-নীতির জন্য অনেক সময় এই পার্থক্যগুলো দেখা যায়।

(যেসব গ্রামে অংশগ্রহণমূলক কার্যক্রম চলবে সেখানে ভূমিকায় নীচের কথাগুলো যোগ করুন।)

সুতরাং, কোন ধরনের যত্ন নিলে বাচ্চার ভাল হবে তা যদি আপনি/আপনারা জানতে পারেন তাহলে সে ধরনের যত্ন নিয়ে আপনাদের গ্রামের বাচ্চাদের অবস্থা ফেরানো সম্ভব হতে পারে। আপনি/আপনারা যদি আত্মহীন হন তবে আমরা একই আর্থ-সামাজিক অবস্থায় কেন বাচ্চাদের পুষ্টিতে পার্থক্য দেখা যায় তার কারণ অণুসন্ধান আপনাদের সাহায্য করব। এই জ্ঞান কাজে লাগিয়ে আপনি/আপনারা / আপনাদের গ্রামের বাচ্চাদের পুষ্টির মান বাড়াতে পারবেন। এই কাজের জন্য আপনাকে/আপনাদেরকে বাচ্চাদের যারা লালন-পালন করেন তাদের সাথে কথা বলতে হবে, বাচ্চাদের যত্ন কিভাবে নেয়া হচ্ছে তা দেখতে হবে এবং একত্রে বসে আলাপ আলোচনার মাধ্যমে বাচ্চাদের পুষ্টির জন্য কি ধরনের যত্ন ভালো তা বের করতে হবে।

আপনি/আপনারা কি এই কাজে নামতে রাজী আছেন? (হ্যাঁ / না )

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(সাক্ষাৎকার দাতার স্বাক্ষর/ বৃদ্ধাঙ্গুলির ছাপ)

( এই গ্রামগুলোতে যারা তথ্য সংগ্রহে অংশ নেবেন না তাদের এবং যে গ্রামগুলোতে অংশগ্রহণমূলক পর্যালোচনা হবে না সেখানে নীচের কথাগুলো বলুন ।)

আমরা জানতে চাই কি কারণে আর্থ-সামাজিক অবস্থা একরকম হলেও কোন কোন বাচ্চা অপুষ্ট থাকে আবার কেউ কেউ অন্যদের তুলনায় ভালো থাকে যাতে এই জ্ঞান কাজে লাগিয়ে এই গ্রামের বাচ্চাদের পুষ্টি বাড়ানো যায় । এই কাজের জন্য আমরা বাচ্চাদের যারা লালন-পালন করেন তাদের সাথে কথা বলব, বাচ্চাদের কিভাবে লালন-পালন করা হয় তা দেখব এবং আপনাদের সাথে একত্রে বসে বাচ্চা লালন-পালন বিষয়ে আলোচনা করব । আমাদের গবেষণার ফলাফলের ভিত্তিতে আমরা একটি কার্যক্রম চালু করতে চাই । এই কার্যক্রমের উদ্দেশ্য হবে বাচ্চাদের পুষ্টি বাড়াতে সাহায্য করে এমন শিশু পরিচর্যা প্রসার ঘটান । কার্যক্রম কিছুদিন চলবার পর আমরা আবার যাচাই করে দেখব কার্যক্রমটি সফল হল কিনা ।

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(সাক্ষাৎকার দাতার স্বাক্ষর/ বৃদ্ধাঙ্গুলির ছাপ)

#### শিশু পরিচর্যাকারীর সাক্ষাৎকার প্রদানের সম্মতিপত্র

বাচ্চার লালন-পালনকারী হিসাবে আপনার একটা সাক্ষাৎকার আমি নিতে চাই । আমার প্রশ্নের উত্তর দিতে আপনার প্রায় একঘন্টা সময় লাগবে । আপনি যদি সাক্ষাৎকার দেন তবে আপনার দেয়া তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে আর তাছাড়া এই তথ্য সম্পূর্ণ গোপন রাখা হবে । আপনি যদি ইচ্ছা করেন তবে যেকোন সময় সাক্ষাৎকার বন্ধ করে দিতে পারেন । সাক্ষাৎকার সম্পর্কে বা আমাদের কাজ সম্পর্কে আপনার কোন প্রশ্ন থাকলে আমি খুশী হয়ে তার উত্তর দেব ।

আপনি কি সাক্ষাৎকার দিতে রাজী আছেন? (হ্যাঁ / না )

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(সাক্ষাৎকার দাতার স্বাক্ষর/ বৃদ্ধাঙ্গুলির ছাপ)

### পৰ্ববেষ্ণণের জন্য সম্মতিপত্র

এই গবেষণার জন্য যে খানাগুলো বাছাই করা হয়েছে তার মধ্যে আপনার খানাও আছে। আমরা আপনার খানায় কিছু কাজ করতে চাই। এই কাজের জন্য আমাকে সারাদিন আপনার বাড়ীতে থাকতে হবে। আপনি যদি আমাকে সেই অনুমতি দেন তাহলে সারাদিন আপনার বাড়ীতে আমি যা দেখব তা শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে আর তাছাড়া এই তথ্য সম্পূর্ণ গোপন রাখা হবে। আপনার ইচ্ছে হলে আপনি যে কোন সময় আমার কাজ বন্ধ করে দিতে পারবেন।

আপনি কি আমাকে এ কাজ করতে দিতে রাজী আছেন? (হ্যাঁ / না )

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(সাক্ষাৎকার দাতার স্বাক্ষর/ বৃদ্ধাঙ্গুলির ছাপ)

### ফোকাস গ্রুপ ডিসকাসনে অংশগ্রহণের জন্য সম্মতিপত্র

আমরা শিশুর পরিচর্যা বিষয়ে আলাপ করব। এই আলোচনায় দেড় থেকে দু ঘন্টা সময় লাগবে। আপনার দেয়া তথ্য শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে আর তাছাড়া এই তথ্য সম্পূর্ণ গোপন রাখা হবে। আপনাদের কেউ ইচ্ছা করলে যে কোন সময়ে আলোচনা থেকে নিজেকে সরিয়ে নিতে পারেন।

আপনারা সকলে কি আলোচনায় যোগ দিতে রাজী আছেন ? (হ্যাঁ / না )

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(সাক্ষাৎকার দাতার স্বাক্ষর/ বৃদ্ধাঙ্গুলির ছাপ)

## **RUCHIRA TABASSUM NAVED**

**Charmville  
Building 2, Flat 1002  
169, Green Road  
Dhaka, Bangladesh  
Phone: 819011 (home)  
E-mail: ruchira@bangla.net**

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### **EDUCATION**

Ph. D. in Economics. February 1989. Peoples' Friendship University, Moscow. Dissertation : *Evaluation of Elementary Production Units in Bangladesh Agriculture : 70s & 80s.*

M.S. in Economics. February 1985. Peoples' Friendship University, Moscow. Thesis : *Characteristic Features of Socioeconomic Evolution of Farm Households in Bangladesh : 70s & 80s.*

### **WORK EXPERIENCE**

**Gender & Reproductive Health Specialist**

**June 1999 – Present**

**International Centre for Diarrhoeal Diseases Research, Bangladesh:  
Centre for Health and Population Research**

Design and carry out studies on gender and reproductive health

Obtain funding for research

Provide technical assistance to others

**Consultant**

**January 1999 – March 1999**

**International Centre for Diarrhoeal Diseases Research, Bangladesh:  
Centre for Health and Population Research**

Write paper based on existing data on joint BRAC-ICDDR, B project in Matlab.

Prepare proposal for future research.

Guide junior researchers working in Social and Behavioral Sciences Program.

**Consultant**

**September 1998 – December 1998**

**Food and Agricultural Organization of the United Nations**

Work as a resource person in the technical consultation on "Intrahousehold Dynamics and Rural Household Food Security" Bangkok, September 15-18, 1998 organized by Regional Office for Asia and the Pacific, Food and Agricultural Organization of the United Nations, Bangkok, Thailand

Present a country paper based on the theme

Prepare a concept paper identifying future research needs in this area

**Research Chief**

**August 1993 – August 1998**

**Save the Children/USA, Bangladesh Field Office**

Research Section in charge.

Coordinate and conduct in-house and collaborative research.

Enhance program quality and guide program development.

Disseminate research findings to researchers, policy makers and implementors.

Develop institutional capability of SC/BFO in evaluation and research through training.

Provide technical assistance to other organizations.

**Consultant**

**October 1996 - October 1998**

**International Food Policy Research Institute (IFPRI)**

**Principal Investigator of the study: Intrahousehold Impact of Transfer of Modern Agricultural Technology from a Gender Perspective**

Design a qualitative study on Intrahousehold Impact of Transfer of Modern Agricultural Technology from a gender perspective.

Coordinate and participate in qualitative data collection.

Prepare the report.

Participate in questionnaire designing for the quantitative part.

Participate in quantitative data analysis.

**Senior National Fellow**

**June 1996 - May 1998**

**Population Council, Dhaka, Bangladesh**

**Project Director**

Project Title: "From Snake Gourd to Shirt Collars: A Study of Garment Workers in Bangladesh".

Develop study design.

Coordinate quantitative and qualitative data collection.

Prepare project report.

Prepare and publish papers based on the study findings.

Disseminate study findings in national and international conferences, seminars and workshops.

**Project Manager/Research Assistant**

**December 1989 - July 1993**

**International Food Policy Research Institute (IFPRI), Dhaka, Bangladesh**

Principal Investigator of the study on Positive and Negative Deviance in Child Nutrition

Design and carry out a study on Positive and Negative Deviance in Child Nutrition.

Participate in designing other studies, develop instruments, direct data base design, design analysis plan and analyze data in order to formulate policy guidelines for the Ministry of Food, Government of Bangladesh.

### **TRAINING**

Completed the following training courses:

Food Policy, conducted by IFPRI, 1991.

Integrating Qualitative and Quantitative Methods in Population & Health Research, sponsored by The Population Council and conducted by Ian Diamond, 1993.

Qualitative Methods in Health and Family Planning Research, sponsored by The Population Council and conducted by Pertti J. Pelto, 1994.

Research and Survey Design for Women's Health and Empowerment, sponsored by The Population Council and conducted by Pertti J. Pelto, 1994.

Participatory Rapid Appraisal (PRA), sponsored by SC/BFO and conducted by Kamal Kar, 1994.

Multilevel Analysis, sponsored by The Population Council and conducted by Ian Diamond, 1994.

Network Analysis, Sponsored by ICDDR,B and conducted by Steve Borgatti and Pertti J. Pelto, 1995.

Teacher's Training Course on Russian Language, Moscow, 1985.

## SKILLS

**Languages:** Bengali - native; English - excellent; Russian - excellent.

**Technical:** Economic analysis; statistical analysis; qualitative analysis; computer proficiency in using SPSS/PC, Lotus-123, TSP, Anthropac, Ucinet, Ethnograph, Word Perfect, Word.

## PUBLICATIONS/PAPERS

Amin S., Diamond I., Naved R. T., Newby M. 1998. *Transition to Adulthood of Female Garment-factory Workers in Bangladesh*. Studies in Family Planning 29 (2): 185-200.

Newby M., Amin S., Diamond I., Naved R. T. 1998. *Survey Experience among Women in Bangladesh*. American Behavioral Scientist, 42(2): 252-275.

Naved R. T. 1998. *Intrahousehold Impact of Transfer of Modern Agricultural Technology: A Gender Perspective*. A forthcoming Discussion Paper. International Food Policy Research Institute.

Naved R. T. 1998. *Impact of Sustainable Micro-Credit Program on Poor Women's Participation*. A forthcoming working paper. Save the Children/USA.

Steele F., Naved R. T., Amin. S. 1998. *The Impact of an Integrated Micro-Credit Program on Women's Empowerment and Fertility Behavior in Rural Bangladesh*. Policy Research Division Working Paper No. 115. New York: Population Council.

Naved R. T. 1998. *Intrahousehold Impact of Transfer of Modern Agricultural Technology on Food Security: A Gender Perspective*. Paper presented at the Technical Consultation Meeting on Intrahousehold Dynamics and Rural Household Food Security, Regional Office for Asia and the Pacific, Food and Agricultural Organization of the United Nations, Bangkok, Thailand, 15-18 September, 1998.

Steele F., Naved R. T. 1998. *The Impact of a Micro-Credit Program on Women's Empowerment and Contraceptive Use in Rural Bangladesh*. A paper presented at the annual meetings of the Population Association of America, Chicago, 2-4 April, 1998.

Amin S. and Naved R. T. 1998. *Reproductive Health Needs of Garment Workers in Bangladesh*. A forthcoming report.

Amin S., Diamond I., Naved R. T., Newby M. 1997. *Transition to Adulthood of Female Factory Workers: Some Evidence from Bangladesh*. Policy Research Division Working Paper No. 102. New York: Population Council.

Kumar S. R., Naved R. T., Bhattarai S. 1997. *Child Care Practices Associated with Positive and Negative Nutritional Outcomes for Children in Bangladesh: A Descriptive Analysis*. Discussion Paper No 24. Washington: International Food Policy Research Institute.

Naved R. T., Newby M., Amin S. 1997. *Female Labor Migration and Its Implications for Marriage and Childbearing in Bangladesh*. A paper presented at the annual meetings of the Population Association of

America, Washington DC, 24-25 March 1997 and at Bangladesh Institute for Development Studies, 15 May, Dhaka.

Naved R. T. 1996. *Empowerment of Women: Listening to the Voices of Women*. The Bangladesh Development Studies. Special Issue on Women, Development and Change. 22, 2/3:155-178.

Naved R. T. 1996. *RTI/STD and Risky Sexual Behavior in a "Conservative" Society*. Working paper. Save the Children/USA.

Naved R. T. 1996. *A Tale of Two Villages*. Save the Children/USA. A report prepared for PLAN International.

Naved R. T. 1996. *SC/ASA Credit Program: A Review*. Save the Children/USA.

Naved R. T. 1995. *Listening to Voices of Women: A study of an approach to women's empowerment*. Working paper. Save the Children/USA.

Naved R. T. 1995. *An Appraisal of the Present Condition of Women*. In Participatory Rural Appraisal: A report on women. Dhaka: Save the Children/USA. Pp. 1-27.

Naved R. T. and Adil A. S. 1995. *An Appraisal of Women's Health Problems and the Impact of Save the Children's Health Education Program*. In Participatory Rural Appraisal: A report on women. Dhaka: Save the Children/USA. Pp. 29-50.

Naved R. T. 1995. *Grameen Mohilader Bortoman Obosthha O Mohila Shonchoy Dole Onghogrohoner Pholaphol*. In Ongshogrohonmulak Porjalochona: Mohilabishoyok Ekti Protibedon. Dhaka: Save the Children/USA. Pp. 1-27.

Naved R. T. and Adil A. S. 1995. *Grameen Mohilader Shasthya: Shomoshyaboli Ebong Shathya Shikkha Karjokromer Pholaphol*. In Ongshogrohonmulak Porjalochona: Mohilabishoyok Ekti Protibedon. Dhaka: Save the Children/USA. Pp. 28-49.

Naved R. T., Abdullah A. M. and Kar K. 1995. *Ongshogrohonmulak Porjalochona Shohayika*. (A Manual for PRA Practitioners). Save the Children/USA.

Naved R. T. 1995. *Defining Indicators of Empowerment*. A paper presented at SC organized Conference on Women-Child Impact in Nepal.

Ahmed A. U., Naved R. T. et. al, 1991. *Cost of Public Foodgrain Distribution in Bangladesh* (Mimeo). International Food Policy Research Institute.

Naved R. T. 1991. *The decay of Natural Productive Forces in Bangladesh Agriculture*. Bangladesh Unnoyon Shamikkha. Bangladesh Institute of Development Studies. No. 8.

Naved R.T. 1989. *Evolution of the Elementary Production Units in Bangladesh Agriculture: 70s and 80s*. Peoples' Friendship University, Moscow. Unpublished doctoral dissertation.

Naved R. T. 1989. *Evolution of the Elementary Production Units in Bangladesh Agriculture: 70s and 80s*. Published abstract of doctoral dissertation. Peoples' Friendship University, Moscow.

Naved R. T. 1989. *The Sharecropping System in Bangladesh Agriculture*. Productive Forces in Developing Countries. Selected Articles. Institute of Oriental Studies, Moscow.



## REFERENCES

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Bangladesh Institute of Development studies (BIDS)  
E-17, Agargaon, Sherebanglanagar, Dhaka.  
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Freelance Consultant  
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রাচিরা তবাসুম নবেদ ১৮/০৩/১৯৯৯  
(Ruchira Tabassum Naved)

**Sabrina Rasheed**  
HSE # 51, RD # 4, SEC # 3, Uttara Model Town, Dhaka 1230  
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**DATE OF BIRTH:** 15-04-1972

**NATIONALITY:** Bangladeshi

**EDUCATION:** B.Sc.(Hons) with specialisation in nutrition , 1996  
Jadavpur Engineering University, Calcutta, India.

Post Graduate Diploma in Public Health Nutrition 1998  
University of Canberra, Australia

**EXPERIENCE:** Assistant Nutritionist (internship) 1996  
**B.M.Birla Heart Research Institute, Calcutta.**  
-Responsible for daily changes in a patient's diet  
-Acted as a liaison officer  
-Prepared Diet Charts for individual patients  
-Provided Diet Counseling

World Youth Committee Member (Asia Pacific Region ) 1993-96  
**World Association of Girl Guides and Girl Scouts (WAGGGS)**  
-Represented WAGGGS in different National and International Conferences  
-Assisted the decision making body of WAGGGS in recognising the current trends and needs of young people around the world  
-Helped in organizing various International Training Programs and Seminars as a part of the planning team.

Student Volunteer August 1996 - January 1997  
**Bangladesh Rural Advancement Committee (BRAC)**  
-Working as a Research Assistant in the BRAC, ICDDR,B (International Centre for Diarrhoeal Disease Research, Bangladesh) joint project, Matlab  
-Assisting in the data entry, analysis and report writing  
-Designing and executing an individual study on "The prevalence of chronic energy deficiency in the elderly population of Matlab, Bangladesh"

Staff Nutritionist (BRAC) February 1997-January 1998  
- Studying the impact of BRAC inputs on the nutritional status of women in Matlab, Bangladesh.  
-Identifying research questions and formulating research proposals  
-Performing process evaluation for Bangladesh Integrated Nutrition Project (BINP)

**PRESENTATION :** ASCON 1998 (International Center for Diarrhoeal Disease Research, Bangladesh)  
National Nutrition Conference 1997 (Bangladesh Nutrition Council)  
Copenhagen Cultural and Social Summit 1995  
Second Asian and Pacific Ministerial Conference on Women in Development, Jakarta 1994, (ESCAP)

**LANGUAGES:** Bangla, English, Hindi , Urdu (spoken)

**COMPUTER:** MS Word , MS Office, Powerpoint, DOS, SPSS, EPI info

• Content of IFPRI Questionnaires

	Block	Round 1	Round 2	Round 3	Round 4
Male questionnaire					
A	1. Household Composition	✓	0. Update	✓	✓
			1. New members	✓	✓
	2. School Attendance	✓			
B	Land owned and operated	✓	1. Update	✓	✓
			2. New plots	✓	✓
C	Crop production plans	✓			
D	1. Production Steps	✓	since round 1	since round 2	since round 3
	2. Harvesting of Vegetables	✓	since round 1	since round 2	since round 3
	3. Non-plot production	✓	since round 1	since round 2	since round 3
E	1. Post-Harvest Labor and Non-Labor Input Use in Activities	✓	since round 1	since round 2	since round 3
	2. Disposition of harvest	since Mar 15, 96	since round 1	since round 2	since round 3
F	Purchase of Inputs from the Market	✓	since round 1	since round 2	since round 3
G	1. Physical Characteristics of pond	✓			over last 1 year if they changed
	2. Excavation Costs	✓			
	3. Labor Use in the Fish Production Activities	✓	since round 1	since round 2	since round 3
	4. Release of Fingerlings and their Cost	✓	since round 1	since round 2	since round 3
	5.1. Information of Fish Catch (in small scale) for hh consumption and sale	✓	since round 1	since round 2	since round 3
	5.2. Last fingerling harvest for sale	✓	since round 1	since round 2	since round 3
	5.2.2 Theft		Jul - Sept	Nov-Jan	since round 3
	5.2.3. Group management		since round 1	since round 2	since round 3
	6. Non-labor Input Use and Costs	since Apr 15, 96	since round 1	since round 2	since round 3
H	Agriculture and Non-Ag Wage Labor	✓	Jul - Dec	Oct-Apr	Apr-Jun

Table 3.1 Content of Bangladesh Questionnaires

	Block	Round 1	Round 2	Round 3	Round 4
I	1. Self Employment Income	✓	since round 1	since round 2	since round 3
	2. Open Water Fish Catching Record	✓	since round 1	since round 2	since round 3
J	1. Possession of Livestock and Changes of Head	✓	since round 1	since round 2	since round 3
	2. Other Income from Livestock	✓	since round 1	since round 2	since round 3
	3. Expenditure for Livestock Production	since Dec 15, 96	since round 1	since round 2	since round 3
	4. Responsibility of Livestock Production	since Dec 15, 96	since round 1	since round 2	since round 3
	5. Other household income	since Apr 15, 96	since round 1	since round 2	since round 3
K	1. Credit obtained	✓	since round 1	since round 2	since round 3
K	2. Credit given to non-members of hh	✓	since round 1	since round 2	since round 3
L	1. Possession and Mode of Acquisition of Assets	✓			<i>Might do again??</i>
	2. a. (M) Who keeps the cash?	✓	✓		
	2.b. Management and Use of Personal Income from Self Employment and Outside Work	✓			
	2.c. Decision-Making for Different Types of Expenditures	✓			
	3. Purchase and sale of assets		since round 1	since round 2	since round 3
M	Non-food expenditures				
	Housing, Clothing, Footwear, Semi-durables, Health, Family Events, Education	6 months	Since December 15	Since December 15	Since??
	Non-durables, Personal Care, Transportation, Entertainment	1 month	1 month	✓	✓
	Fuel, Cigarettes, Bidis	1 week	1 week	✓	✓
N	Food expenditures	1 month			✓
X	2. Household chores (children > 10 year)			3 days	✓
ZZ	Inheritance/Assets at wedding/Divorce				✓
Female Questionnaire					

	Block	Round 1	Round 2	Round 3	Round 4
A	1. Household Composition	✓	0. Update	✓	✓
			1. New mbers	✓	✓
	2. School Attendance	4 to 24 yrs (child-sibl)	4 to 24 yrs (child-sibl)	4 to 24 yrs (child-sibl)	4 to 24 yrs (child-sibl)
	3. Parents and Siblings of Hh Head		✓		
P	1. Short-Term Morbidity (2 weeks)	✓	✓	✓	✓
	2. Care for Diarrheal Diseases and ARI	✓	✓	✓	✓
	3. Chronic Diseases	1 year			since round 1
	4. Hospitalizations	5 years			since round 1
Q	1. Use of Health Care Facilities for Pregnancy and Birth	✓	Different Questions		
	2. Birth Control	✓	✓	✓	✓
R	1. Description of the House	✓			
	2. Source, Use and Purification of Water	✓	✓	✓	
	3. 1 to 3. Sanitation and Cleanliness	✓			
	3.4. Bathing and Use of Latrines	✓	✓	✓	
	4. Cooking and Meals	✓			
	5. Livestock	✓			
	6. Information on Courtyards		✓		
S	Reproductive History and Mortality	✓			
T	Pre-School Feeding Practices	✓	If new birth	Knowledge	If new birth
U	1. Child care for Preschoolers	<= 5 years		Knowledge	
	2. Father's Help	✓			
V	1. Food Composition	Knowledge	Knowledge		
	2. Breast-Feeding	Knowledge		Practice	
	2.1. Iodized Salt		✓		
	3. Training on Nutrition and Health	✓			

<sup>1</sup>Including for the children of the head of household, level of education when they left the house and whether they continued after they left (see Paul Schultz question at EPMR)

Table 3.1 Content of Bangladesh Questionnaires

	Block	Round 1	Round 2	Round 3	Round 4
W	1. Anthropometry	✓	✓	✓	✓
	2. Immunization Card	✓			since round 1
	3. Vitamin A capsules	✓	✓	✓	✓
L	2 (F). Hh and Individual Savings and Use of Cash Earnings	✓			
X	24-hour Time Allocation	✓	✓	✓	✓
Y	1. Raw and Cooked Food Intakes	✓	✓	✓	✓
	2. Intra-Hh Food Distribution	✓	✓	✓	✓
N	1. General Information on Food Consumption in the Last Three Days	✓	✓	✓	✓
	2. Food Expenditures				
	Cereals	3 days	✓	✓	✓
	Pulses, oils	1 week	3 days ?	3 days ?	✓
	Vegetables and GLV	1 week	✓	✓	✓
	Animal products, Fruit, Other Foods, Sweets and Beverages	1 month	✓	✓	✓
	Fish	3 days	✓	✓	✓
	Spices	2 weeks	✓	✓	✓
	3. Eid Expenditures			✓	
	4. Special Foods during Ramadan			✓	
Z	1. Preferences for Rice			✓	
	2. Preferences for Fish				✓
ZZ	Inheritance/Dowry/Assets at wedding				✓
	Autonomy and Decision-making				✓

Additional information will be collected on the following:

**Gestation and birth weight**

Pre-term or full-term baby  
Weight at birth (within / below / above normal range for the village)

**Breastfeeding**

Mode of feeding (on demand / following a set timetable / at the convenience of the mother)  
Feeding frequency (before 3 months, 3-6 months, 6-12 months, 12-24 months)  
Empty one breast before offering the other  
Mother enjoys the breastfeeding session or not  
Child controls nipple insertion and removal

**Feeding of fully or partially weaned children**

Frequency of feeding  
Assistance by adults in feeding meals  
Encouragement for eating  
Avoidance of power struggle during feeding  
Mother enjoys feeding the child

**Level of emotional distress of mother**

This will be measured using a scale titled personal health survey (PHS) developed by a team of Nicaraguan and international mental health experts to detect a variety of mental health problems, including depression, anxiety, and trauma (Mezzich, Caldera and Berganza, 1994).

PHS:

How often have you experienced each of the following in the last month?

Rarely=0      Sometimes=1      Almost always=2

Have you had difficulty falling asleep?  
Have you felt frightened or alarmed?  
Have you felt nervous or tense?  
Have you felt sad?  
Have you had trouble enjoying daily activities?  
Have you felt tired?  
Have you been missing or not doing your work well?  
Have you had difficulty relating to your family?  
Have you had difficulty in relating to your friends and neighbors?  
Have you felt that you have emotional problems and needed professional help?

**Child-caretaker interaction**

Understanding the physical and emotional needs of the child and responding to them appropriately  
Frequency of physical interaction (flexible holding, adjusting posture, rocking and bouncing, etc.)  
Positive affect (Smiling and friendly mood rather than hostile and dominating)  
Attention (looking at the child and establishing eye contact)  
Verbal communication (talking, cooing, singing, telling stories, chanting rhymes)  
Appropriate pace of interaction (not too slow or irregular, not too intense or hectic, avoiding both over stimulation and apathy)  
Reciprocal relationship (permits and encourages the child to start and control interactions, conversations and games)  
Socialization/safety instructions/prohibitions (verbal instruction and physical demonstration of what is wrong before the fact, instead of harshly punishing wrong behavior after it occurs; reward of positive achievements)  
Creation of a stimulating physical environment using toys and other materials

**Perceptions related to food**

# Check List

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After completing the protocol, please check that the following selected items have been included.

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- 1. Face Sheet Included
- 2. Approval of the Division Director on Face Sheet
- 3. Certification and Signature of PI on Face Sheet, #9 and #10
- 4. Table of Contents
- 5. Project Summary
- 6. Literature Cited
- 7. Biography of the investigators
- 8. Ethical Assurance
- 9. Consent Form
- 10. Detailed Budget



## **A Note on the External Reviewers' Comments on the Research Proposal Titled: An Action Research into Positive and Negative Deviance in Child Nutrition in Rural Bangladesh**

### ***Addressing the comments of one reviewer***

One of the reviewers' expressed his concern about insufficient emphasis in the proposal on intrauterine growth and the early months, in particular, successful breastfeeding. As it has been explained in the proposal, data collected by International Food Policy Research Institute (IFPRI) through four rounds of surveys during 1996 - 97 under the project titled "Intrahousehold Impact of Transfer of Modern Agricultural Technology to Rural Households" will be extensively used in the present study. These data include detailed information on current and retrospective child caring practices including breastfeeding and weaning. However, as the IFPRI study was not designed to address the research questions raised here the data do not contain some data relevant for our study. Thus, although IFPRI's data contain some information on prenatal and postnatal care, retrospective information related to complications in pregnancy, term of pregnancy or birth weight, which are important determinants of nutritional outcomes of children is not available in this data set. So, the present study will collect these additional data.

### ***Addressing the comments of the second reviewer***

According to the suggestion of the other reviewer it has been explained in the proposal how the research will be participatory in one of the study sites.

The FGDs will follow standard procedures.

The data collectors will have training and previous experience of qualitative data collection. They will also be specially trained up for collecting data for this study.

Because of constraints in terms of time and budget it will not be possible to compliment observational with visual anthropological techniques as per the reviewer's suggestion.

Detailed budget for the study has been attached.

The ethical implication has been addressed in the proposal.

CONFIDENTIAL

Professor Lars Ake Persson  
Director  
Public Health Sciences Division

Our Ref: An action research into positive and negative deviance in child nutrition in rural Bangladesh

Dear Professor Persson

Rank Score: High

Quality of Project: High

Adequacy of Project Design: Medium

Suitability of Methodology: High

Feasibility within time period: High

Appropriateness of Budget: High

Potential value of field of knowledge: High

I support the application with minor qualifications. See comments below.

*Reviewer  
FYI  
AS  
29/7/99*

#### COMMENTS

While the general approach is excellent, the reviewer is concerned that insufficient emphasis is placed on intrauterine growth and the early months, in particular, successful breast feeding. Clearly birth weight will be involved. If possible some measurement of whether the child was considered small for dates. In my view, the successful nutrition of a child depends heavily upon what happens during the first six to eight months of life. If the mother is a successful breast feeder and the child continues to put on a good weight gain up to eight months, then we can hope that the child will be near the upper line on a growth curve. If, however, after the first couple of months or so breast feeding is less successful, the child may well be at around the third centile by eight months. This can be demonstrated well by the use of the 8:4:2 method of demonstration. I will fax a growth chart showing this. In discussion with Dr Felicity Savage WHO Advisor on Breast Feeding, there is now evidence in developing countries, that if mothers aren't given guidance on breast feeding methodology, an infant who is gaining little weight may gain more weight once the mother has instruction. However, it is still not known, whether if the mother has a reduction in her workload and therefore the energy she uses on this whether the breast milk supply can be increased. There is also the question of the amount of fat laid down during pregnancy. This is likely to influence her success in breast feeding. In Nigeria I observed that mothers who mentioned that their babies cried at night were often having insufficient breast milk during that important time for breast feeding.

TAI-CUK, 02:40 PM 7/27/99 , FW: An action research into po

After the first eight months it is likely that the frequency of feeding, the total calorie intake, the frequency and the severity of illness are likely to be the determining factors, but these will be well known to your researchers.

I hope this will be a successful study.

Title: 1) An action research into positive and negative deviance in child nutrition in rural Bangladesh

2) The use of direct recording scale to involve mothers in monitoring the growth of children in rural Bangladesh

Summary of Referee's Opinions: Please see the following table to evaluate the various aspects of the proposal by checking the appropriate boxes. Your detailed comments are sought on a separate, attached page.

	Rank Score		
	High	Medium	Low
Quality of Project		✓	
Adequacy of Project Design		✓	
Suitability of Methodology		✓	
Feasibility within time period		✓	
Appropriateness of budget		✓	
Potential value of field of knowledge	✓		

CONCLUSIONS

I support the application:

a) without qualification

b) with qualification

- on technical grounds

- on level of financial support

I do not support the application

## • Detailed Comments

The three inter-linked phases of the proposal make it important in the context of Bangladesh where researchers <sup>not</sup> give a priority in involving the people for whom the research is aimed. How this research will be participatory needs to be stated. The steps in doing the FGD remain unclear. Some elaborations in this respect will be helpful in insuring the quality of the work. It is important to state the background and experience of the researchers who will be assigned the task of observation. To complement the observational part visual anthropological technique could be attempted. Detailed budget of the proposal is missing. There is no statement on the ethical implications.

// ..

କୃଷିଜ୍ଞାନ ଗବେଷନା କାଞ୍ଚି  
ବସନ୍ତର ଜନ୍ମ

ଗ୍ରାମୀଣ ବାଞ୍ଛନାଦେଶୀ କିଷ୍ଟୁ ପୁସ୍ତିକା ପଢ଼ିବାରେ ୩ ଟଙ୍କାରେ ଡିଜିଟାଲ  
ଜୁ ୨୦୦୦  
ପ୍ରକାଶନା

ଧାନା ନଂ  
ଧାନା ପ୍ରକାରର ନାମ  
କିଷ୍ଟୁର ନାମ  
ଧାନା ପ୍ରକାରର ଆଞ୍ଚେ କିଷ୍ଟୁର ମଧ୍ୟକର୍ତ୍ତା  
କିଷ୍ଟୁର ବାବୁର ନାମ  
କିଷ୍ଟୁର ଛାତ୍ରର ନାମ  
ପ୍ରସିଦ୍ଧ ଶାସ୍ତ୍ରୀକାବୀର ନାମ  
ଉନ୍ୟାନ୍ୟକାବୀର ନାମ  
ଉନ୍ୟାନ୍ୟକାବୀର ଆଞ୍ଚେ କିଷ୍ଟୁର ମଧ୍ୟକର୍ତ୍ତା  
ମାତା  
ପିତା  
ଝିଅ  
ଭାଇ  
ଧାନା  
ଜୈନ  
ପଞ୍ଚମ ଅଞ୍ଚଳକାବୀର ନାମ  
ପାଠ୍ୟ

ମଧ୍ୟକର୍ତ୍ତା କୋଡ :- ୧ = ଧାନା ପ୍ରସିଦ୍ଧ , ୨ = ଛାତ୍ରୀ/ପ୍ରା  
୩ = ଛାତ୍ର/ଛାତ୍ରୀ , ୪ = ବାବୁ/ଛା  
୫ = ଛାତ୍ର/ଛାତ୍ରୀ , ୬ = ଛାତ୍ର/ଛାତ୍ରୀ ବଡ଼  
୭ = ଛାତ୍ର/ଛାତ୍ରୀ , ୮ = ନାମ/ନାମ  
୯ = ଉନ୍ୟାନ୍ୟକାବୀ, ୧୦ = ଉନ୍ୟାନ୍ୟ କାବୀ

ପ୍ରକାର	ଦିନ	ମଧ୍ୟକର୍ତ୍ତା	ପାଠ୍ୟ	ଅନ୍ୟାନ୍ୟ
୧				
୨				
୩				

୧ = ମଧ୍ୟକର୍ତ୍ତା ୨ = ଛାତ୍ରୀ/ଛାତ୍ରୀ ୩ = ଛାତ୍ର/ଛାତ୍ରୀ ୪ = ବାବୁ/ଛାତ୍ରୀ ୫ = ଛାତ୍ର/ଛାତ୍ରୀ ବଡ଼ ୬ = ଛାତ୍ର/ଛାତ୍ରୀ ୭ = ଛାତ୍ର/ଛାତ୍ରୀ ୮ = ନାମ/ନାମ ୯ = ଉନ୍ୟାନ୍ୟକାବୀ ୧୦ = ଉନ୍ୟାନ୍ୟ କାବୀ

## II. গাৰ্ড 3 ভাৰ

শিষ্ণুৰ ভাৰে গাৰ্ড 3 এই বাৰ্দ্ধাৰ ভূম অধ্বাৰে নীচৰ প্ৰশ্নসূত্ৰা কৰ

১. (শিষ্ণুৰ নাম) লৈকে থাকে আপনাৰ কি কোন অসুখ হৈছিল?  
কি অসুখ  
কৰ্মান হুলাছিল
২. গাৰ্ডকালীন অৰুধ্য আপনিকি কোন চিকিৎসকেৰ কাৰে  
গাৰ্ড পৰীক্ষা কৰিছিলে? (কোড ১)
৩. গাৰ্ডেৰ কত ভাৰে এই পৰীক্ষা কৰিছিলে?
৪. কতবাৰ এই পৰীক্ষা কৰিছিলে?  
চিকিৎসক কি সেবা/পৰাধৰ্ম দিছিলে? (কোড ২)
৫. গাৰ্ডেৰ কতভাৰে আপনাৰ বাৰ্দ্ধা হৈ?
৬. কে আপনাৰ অসুখে সাহায্য কৰিছিল? (কোড ৩)
৭. অসুখে কি এখন কোন অসুখিৰ হৈছিল যাৰ কৰে  
বাৰ্দ্ধাৰ যত্ন নিচে আপনাৰ অসুখিৰ হৈছিল?
৮. অসুখেৰ পৰে কোন চিকিৎসকেৰ পৰাধৰ্ম নিছিলে?  
(কোড ১)
৯. কি সেবা লৈছিলে?
১০. আপনিকি কি বুকেৰে হুৰে আউযানো 3 বাৰ্দ্ধাৰ যত্ন লয়াৰ  
কৰে কোন ট্ৰেনিং লৈছিলে?
১১. লৈছে থাকে কাৰ কাৰে লৈছিলে?  
(কোড: ১= NGO, ২= থানা স্বাস্থ্য কেন্দ্ৰেৰ ৩= অ্যাৰ্চেমাৰ্চেৰ ক্লিনিক  
৪= অন্যান্য)

২২. জন্মের পর বাচ্চাব ঝন গ্রামের অন্যান্য বাচ্চাদের চেয়ে কম/বেশী নাকি একই বয়স ঝন হয়েছে?

২৩. জন্মের পর বাচ্চাব কি বিলম্ব কোন অসুখ/অসুবিধা হয়েছিল?  
কি অসুবিধা?  
কতদিন চুলাছে?

২৪. আপনি কি বাচ্চাব জন্মের আগে যুগলকালের চীকানিএ ছিলেন?

কোড ০

- ০ = ব্রজিষ্কার ঝা ডাডাব
- ১ = গ্রামের ডাডাব
- ২ = হোমিওপ্যাথ
- ৩ = কবিবান
- ৪ = দাঠ/প্রসিদ্ধনপ্রাপ্ত দাঠ
- ৫ = FWA/FWV
- ৬ = ডাকিও/ডাক
- ৭ = অন্যান্য
- ৮ = কাউকে না

কোড ১

- ০ = জন্মের পরীক্ষা
- ১ = বরু পরীক্ষা
- ২ = প্রেডার পরীক্ষা
- ৩ = যুগলকালের চীকা
- ৪ = মাথবন চাবলোচ' দিলেছে
- ৫ = ডিটাখিন এতে বলেছে
- ৬ = ঝন বেলোছে
- ৭ = শাবাব বিষয়ে উপলেকা
- ৮ = কিছুই না
- ৯ = শাসপাতালে অপারেকান
- ১০ = শাসপাতালে প্রসব
- ১১ = FWA/নার্স প্রসব কবিলেছে
- ১২ = অন্যান্য

## II খান্ড

### ২ ব্লকের দুই

১ কখন ব্লকের দুই আড়াহা হতে তা কিভাবে চিহ্ন হয়?

১ = বাধা চাইলে, ২ = নির্দিষ্ট সময়ের ব্যৱধান কখনে হলে  
৩ = সময়ের সময় ৩ সুযোগমত ৪ = অন্যান্য (উল্লেখ কখন)

২.১ বাধার ৩ মাস বয়স পর্যন্ত কতবার ব্লকের দুই আড়াহা হত?

২.২ বাধার বয়স যখন ৩-৬ মাস তখন দিনে কতবার ব্লকের দুই আড়াহা হত?

২.৩ বাধার বয়স যখন ৬-১২ মাস তখন দিনে কতবার ব্লকের দুই আড়াহা হত?

২.৪ বাধার বয়স যখন ১২-২৪ মাস তখন দিনে কতবার ব্লকের দুই আড়াহা হত?

৩ আপনি কি একটা মতল দুই লক্ষ মতল হলে বাধাকে আবেগিত মতল মতল?

[১ = হ্যাঁ, ২ = না, ৩ = সবসময় না]

৪ আপনি কি বাধাকে দুই আড়াহা হতে ডান মতল?

[১ = হ্যাঁ, ২ = না, ৩ = খুব একটা না]

৫ আপনি বাধাকে নিজে থেকে দোষে দুই মতল ৩ বার কতল মতল?

[১ = হ্যাঁ, ২ = না, ৩ = খুব একটা না]



## ୨. ଅନ୍ୟାନ୍ୟ ଶ୍ରାବଣ

୧. ଦିଲ କହୁବାର ବାକ୍ୟାଳେ ଆଉଁସାଳୋ ଅଧ ?

୨. ବାକ୍ୟାଳେ କି ନିଜେ ଅଧ ନାକି ତାକେ ଡକିଣି ଖାଣ୍ଡାଧ୍ୟ କରେ ?  
[୧= ନିଜେ ଅଧ , ୨= ଖାଣ୍ଡାଧ୍ୟ କରେ]

୩. ବାକ୍ୟାଳେ କି ଅଧେ ଡିଆଣି ଡିଆଣି ଅଧ ?

[ଅଧାଧ୍ୟ=୧ , ଆଧେଆଧେ=୨ , କିଅଧିନା=୩]

୪. ବାକ୍ୟାଳେ ଆଉଁସାଳେ ଡିଆଣି ଡିଆଣି ?

[୧=ଅଧାଧ୍ୟ , ୨=ଆଧେଆଧେ , ୩=କିଅଧିନା]

୫. ଆଉଁସାଳୋର ଅଧ୍ୟ କି କେଜିକିଣି ଡିଆଣି ଡିଆଣି କରେ ?

## ୩. ସ୍ୱାସ୍ଥ୍ୟର ସ୍ୱାଭାବିକ ଚାପ

ଗତ ୨୦ ବର୍ଷରେ କେଉଁ ସ୍ୱାଭାବିକ ଚାପର ଆମର ନୀଚ୍ଛେ ଉଲ୍ଲେଖିତ ଅସୁସ୍ଥତା ହେଉଛି ?

ଅସୁସ୍ଥତା

କାରଣ

୧. ସ୍ତ୍ରୀମାନଙ୍କ ଅସୁସ୍ଥତା
୨. ଡାକ୍ତର
୩. ସ୍ୱାସ୍ଥ୍ୟ ଲୋଭନ ବା ଉତ୍ତେଜନାୟ/ହୁଲିଚ୍ଛନ୍ଦାୟ କାରୀୟ ଚାଉଁଚ/ଶରୀରୀୟ ଓସ୍ତ ହେଉଛି
୪. ସ୍ତ୍ରୀମାନଙ୍କ
୫. ଅତ୍ୟଧିକ ଦିନର କାର୍ଯ୍ୟ ଆନନ୍ଦପାନନ
୬. କୁଳାନ୍ତ ଶାସ୍ତ୍ର କରେନ
୭. କୌଣସି କାର୍ଯ୍ୟରେ ଭୁଲ୍ ଲୋଭନ ବା ଚିକିତ୍ସା କରେ ପାରେନ
୮. ଆମର ପରିବାରରେ ଆମର ସ୍ତ୍ରୀମାନ
୯. ସ୍ତ୍ରୀ ବା ପ୍ରାଚୀନରେ ସ୍ୱାସ୍ଥ୍ୟ ଆମର କୌଣ ସ୍ୱାସ୍ଥ୍ୟୋପାୟ ଆଉ ବଳ ସ୍ତ୍ରୀମାନ
୧୦. ସ୍ତ୍ରୀମାନଙ୍କ ଆମର କୌଣ ସ୍ୱାଭାବିକ ଚାପର ଉଲ୍ଲେଖ ହେଉଛି ଯାହା ଉତ୍ତେଜନାୟ ଚାଉଁଚର ନିମ୍ନକାର

## ৪. পরিচর্যাকারী ও শিক্ষণীয় পারিপার্শ্বিক ক্রিয়া প্রতিক্রিয়া

১. আপনি কি বাচ্চা কখন যেতে চায়, খুঁজতে চায়, পায়খানা প্রকল্পে যেতে চায়, তার কখন চিন্তা/চরম নাহা, বস্তুনা সবসময় যেখানে যেতে পারেন?

[০= সবসময়, ২= বেশিরভাগ সময়, ৩= কখনো কখনো  
৪= কখনোই না]

২. বাচ্চা কখনোই এর প্রয়োজনগুলো বুঝে কি আপনি সঙ্গে সাহায্য করেন?

[০= হ্যাঁ, ২= বেশিরভাগ সময়, ৩= কখনো কখনো  
৪= কখনোই না]

৩. বাচ্চা কখন একটা আদর, স্নানোযোগ বা প্রয়োজন চায় তা কি আপনি দেখান করতে পারেন?

[০= হ্যাঁ, ২= বেশিরভাগ সময়, ৩= কখনো কখনো  
৪= কখনোই না]

৪. বাচ্চা কখনোই কি সবসময় জেগে থাকেন?

[০= হ্যাঁ, ২= বেশিরভাগ সময়, ৩= কখনো কখনো  
৪= কখনোই না]

৫. আপনি কি বাচ্চাকে কখনও শাসন দেন/শাসনাত্মক করেন?

৬. বাচ্চা সাথে আপনি কি সবসময় হাঙ্গামা/বিসৃষ্টতা করেন?

৭. বাচ্চাকে শাসন করার জন্য আপনি কি করেন?

[০= করেন, ২= করেন, ৩= বুঝিয়ে বলেন]

৮. বাচ্চা সাথে কি আপনি কি অনেক কথা বলেন?

[০= হ্যাঁ, ২= না, ৩= হ্যাঁ/না]

୧. ବାକ୍ୟରେ କି ଗୋଟାଏ ନିୟାନ୍ତ୍ରିତ ଛଡ଼ା/ଜାଣ/ଗଲ୍ଲୀ  
କୋନାନ?

[୦=ଶୂନ୍ୟ, ୧=ନା, ୨=ଆମେ ଆମେ]

୨୦. ବାକ୍ୟ ନହୁନ କିଛି ଶିକ୍ଷଣ ବା କ୍ଷତ୍ତେ ମାସଲ କି  
ତାକେ ମାନ୍ୟ କ୍ଷତ୍ତେ/ପ୍ରାଧିକାର କର୍ତ୍ତେ କେନ୍ଦ୍ରୀୟ ଉପାଦ  
ଦାନ?

୨୧. ବାକ୍ୟରେ କି ହୋଟ୍‌ଥାଟ୍ କ୍ଷେତ୍ରମା ଜୋଡ଼ାଡ଼ କ୍ଷତ୍ତେ/ବ୍ୟାଜିୟେ  
ଦାନ?

୨୨. ବାକ୍ୟର ସାଥେ କି କ୍ଷେତ୍ରମା?