

23.11.86

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator M. Shafiqul Islam

Trainee Investigator (if any) 29

Application No. 86-038

Supporting Agency (if Non-ICDDR,B) UNICEF

Title of Study A Study of Knowledge and Practice related to diarrhoea and oral rehydration therapy in Matlab: An evaluation of bare mothers.

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).

1. Source of Population:
 - (a) Ill subjects Yes No
 - (b) Non-ill subjects Yes No
 - (c) Minors or persons under guardianship Yes No
2. 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 abortion Yes No
 - (c) Use of organs or body fluids Yes No
4. 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 N.A.
 - (d) Sensitive questions Yes No N.A.
 - (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 N.A.

5. Will signed consent form be required:
 - (a) From subjects Yes No
 - (b) From parent or guardian (if subjects are minors) Yes No N.A.
 6. Will precautions be taken to protect anonymity of subjects Yes No
 7. Check documents being submitted herewith to Committee:
 - Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
 - Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - Informed consent form for subjects
 - Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee. for review.

(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.

Principal Investigator

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Trainee

REF

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SECTION 1 - RESEARCH PROTOCOL

1. Title : A study of Knowledge and Practice related to diarrhoea and oral rehydration therapy in Matlab : An evaluation of bari mothers.
2. Principal Investigator : M. Shafiqul Islam
3. Co-investigators : Drs. V. Fauveau and Md. Yunus
4. Consultant : Dr. M.G.M. Rowland
5. Starting date : January, 1987
6. Completion date : December, 1987
7. Total direct cost : US \$ 16,531
8. Scientific division : Community Medicine

This protocol has been approved by the Community Medicine Division:

Associate Director, CMD

M. Rowland

Date :

17 Nov 86

9. Abstract Summary:

14,00 bari mothers were trained and educated about basic concepts of diarrhoea, oral rehydration therapy and related issues in what is now called the Maternal Child Health and Family Planning (MCH-FP) area in Matlab. Bari mothers have been working voluntarily since 1979, supported and supplied oral rehydration salt (ORS) packets by village-based Community Health Workers (CHWs) of ICDDR,B. Chosen by the CHWs, bari mothers distribute ORS packets in their respective bari compounds, usually comprising of 5 to 10 families. They are all time available at home and ultimately train their neighbouring mothers in their respective compounds. In the

comparison area of Matlab project, mainly the CHWs give ORS to the families and only at the time of their routine field visits. In other villages outside of ICDDR,B's Matlab project, none of these facilities are offered.

The overall aim of this investigation is to assess mothers' knowledge and practice about diarrhoea and oral rehydration therapy and compare the results between mothers from the MCH-FP area (bari mothers and their neighboring mothers), those from the comparison area and from the control area which will be chosen from outside of the present Matlab project. A survey will be carried out to understand mothers' knowledge and practice related to diarrhoea, oral rehydration therapy as well as to estimate diarrhoea episodes and ORS availability and use in the above mentioned three areas. Four categories of subjects will be interviewed namely, (i) bari mothers; (ii) corresponding neighboring mothers from the MCH-FP area; (iii) mothers from the comparison area and (iv) mothers from the control area. A sample of all bari mothers will be randomly selected but only mothers currently having at least one under-five child will be eligible for the study. From each group 200 mothers will be randomly selected. A pretested questionnaire in easy Bengali language providing structured as well as open ended inquiries will be applied and augmented with information about under-five children in the family. Questions will be related to number of diarrhoeal episodes, outcome of illness and number of ORS packets received during six months prior to interview. History of current diarrhoea

including ORS consumption by under-five children will be obtained. Sample from ORS solutions prepared before visit and/or during visit will be collected in a sub sample of such cases. Besides, information related to personal characteristic of the mother and family socioeconomic status will be collected. Records kept by bari mothers and CHWs will be utilized.

10. Reviews:

- a) Ethical Review Committee -----
- b) Research Review Committee -----
- c) Director -----

SECTION II - RESEARCH PLAN

A. INTRODUCTION

1. Objectives

The overall objective of this research is to evaluate mothers' knowledge and practice about diarrhoea and oral rehydration therapy. Secondary objective is to compare the results between mothers from the MCH-FP treatment area (i.e. bari mothers and corresponding neighboring mothers), mothers from the comparison area and mothers from the control area.

2. Background

Gastroenteritis is a major health hazard in paediatric practice. It is a major cause of morbidity and mortality among preschool children of the developing world. A prospective study in a small Mayan village in Guatemala found that children suffer about eight episodes per child per year during the first three years of life (Mata, Urreatia and Gordon, 1978). A similar figure has been recorded for children studied in India and Bangladesh (Chakraborty and Das, 1983; Ghai, Kalra and Jaisawal, 1969; Black, et. al. 1982). In the Gambia the average child may spend 72 days a year with diarrhoea (Rowland and McCollum, 1977).

The cycle of diarrhoea and dehydration plagues the infant and young child population of the third world (Isely, 1982). Diarrhoea and accompanying dehydration constitute a major

threat to the life and health of children 0 to 5 years in most developing countries, with case fatality rates from 1 to 4% during the first 2 years of life (Morley, 1973). The mortality from diarrhoea is almost always from dehydration attendant on massive losses of fluid and dehydration occurs when fluid losses exceed the ability of the child to compensate through an adequate oral intake (Isely, 1982). As for the outcome of dehydration, factors of importance include : (i) The care and supervision of the child, (ii) the knowledge of the mother and other care-takers of the fundamentals of managing diarrhoea, (iii) their attitudes towards the problem, based on the severity, and the use of local harmful practices, such as purges and starvation therapy of diarrhoea (Thomson and Rahman, 1967). Several studies suggest that patients view ORS as a medicine to stop diarrhoea (Bentley, 1985; Faruque, et. al. 1985; Curry, 1985). Among 500 rural and urban Indian mothers harmful beliefs regarding diet during diarrhoea included restrictions of food (98%), and lack of recognition of dehydration (Kumar et, al., 1981).

The efficacy of oral rehydration therapy in diarrhoea is well established (Mahalanobis, Chowdhury and Baghchi, 1973), despite considerable variation in electrolyte concentrations found in several studies carried out by the ICDDR,B in Bangladesh (Snyder, et. al., 1982; Molla, et. al., 1982; Islam, et. al., 1984). The modern management of acute

diarrhoeal disease emphasizes oral rehydration and early feeding with marked benefit (WHO CDD program, 1978-79). Such simple methods of management open the prospects of involving the mother in the care of the child at home early at the onset of diarrhoea (Rohde, 1977). A few studies have already shown that even the illiterate women can be taught to prepare and administer oral rehydration therapy at home (Cutting, 1979 : Ellerbrock, 1981). It is generally agreed that health education of mothers and other child care takers in particular, must somehow play a crucial role in the prevention of this devastating condition of infants and children (Isely, 1982). Given the right approach, mothers can retain what physicians and nurses teach and spread the word about rehydration : they can retain the essential information for several months and what is more pass it on to their neighbors (El-Mougi, et.al. 1986).

This research is planned to be carried out in Matlab Upazilla in Chandpur district of Bangladesh where the ICDDR,B (former Cholera Research Laboratory) had been operating a field research station since 1963. Beginning 1966 a Demographic Surveillance System (DSS) was introduced and expanded among 233 villages containing a population of 2,76984 in 1974. The DSS was built on regular cross-sectional censuses and longitudinal registration of vital events (Births, Deaths, Migrations and Marriage). The detailed methodology and procedure of the system was documented earlier (Ruzicka and

Chowdhury, 1978). In the later part of 1977, the DSS area was reduced and Family Planning Health Services Project (FPHSP) was introduced in 70 villages with a population of 89,350. The design and services provided by the FPHSP have been published elsewhere (Bhatia et. al., 1980). Another 79 villages with a population of 85,596 were designated as a comparison area and the remaining 84 villages were excluded from the study area. A preliminary study based on interview of mothers from clusters of houses (bari mothers) every two months and CHW's records of fortnightly visits in the FPHSP area (what is currently known as the MCH FP area) showed very high ORS acceptance rates by diarrhoea cases and suggested that mothers with little or no education with some supervisions can be taught about diarrhoea and its management (Yunus and Chakraborty, 1979). The above findings suffer from limitations since data were not presented from the comparison area nor was any control area considered. Therefore, any proper evaluation of the ICDDR,B's ORS distribution programme, particularly through the bari mothers is necessary. The present investigation will include 12 villages each from the MCH-FP area and the comparison area. Another 12 villages selected from outside the present Matlab project will be considered as a control area.

3. Rationale

Bari mothers, the depot holders for ORS distribution, trained and educated by the village-based CHWs of ICDDR,B are

considered as important agents of diarrhoea intervention programme in Matlab MCH-FP area. Meant to deliver ORS packets and all time available at home, they are to ultimately educate and train the neighboring mothers to prepare and administer ORS solution for prompt home management of diarrhoea in children. To what extent the bari mothers could retain their education and training as well as impart their knowledge and practice related to diarrhoea and oral rehydration are important areas of research. Investigation about constant availability of ORS at home, accuracy of preparation and administration of its solution as well as estimation of diarrhoeal episodes in children in three different delivery systems, namely, treatment area, comparison area and control area are likely to make valuable contribution to our existing knowledge of diarrhoea control measures.

B. SPECIFIC AIMS

The specific aims of the study are :

1. To compare knowledge and practice about diarrhoea and oral rehydration therapy, ORS availability/use, preparation and administration of ORS solution between mothers from three different delivery systems - namely, the MCH-FP treatment area, the Comparison area and the Control area.
2. To compare knowledge and practice about diarrhoea and oral rehydration therapy, ORS availability /use, preparation and administration of ORS solution in the treatment area between

the bari mothers and corresponding neighboring mothers.

3. To evaluate the quality and quantity of contact between the programme personnel and the mothers in the three delivery system areas.
4. To stratify knowledge and practice about diarrhoea and oral rehydration therapy, ORS availability and use, preparation and administration of ORS solution according to mother's personal characteristics and family socioeconomic status in the three areas.

C. METHODS AND PROCEDURE

1. Methods

A one shot survey will be carried out in Matlab to assess knowledge and practice about diarrhoea and oral rehydration therapy, ORS availability and use, preparation and administration of ORS solution among four categories of subjects - (i) bari mothers and (ii) their corresponding neighboring mothers, both groups from the present Matlab MCH-FP area, (iii) mothers from the comparison area and (iv) those from the control area. A sample of all bari mothers but only mothers currently having under-five children in the other three groups will be included in the study. A pretested questionnaire designed to provide structured and open-ended inquiries in easy Bangali language addressed to the mothers

will be augmented with information about all the under-five children in the family related to diarrhoeal episodes, outcome of illness and number of ORS packets receive during six months prior to interview. History of current diarrhoea cases and ORS consumption by under-five children including samples of ORS solution prepared before and after visit by interview teams will be obtained. Besides, information related to personal characteristics of the mother and socio-economic status of the family will be collected. Records kept by bari mothers and CHWs will be utilized. Four teams, each consisting of a male interviewer and a female assistant of equivalent status to a CHW will be formed to complete the field work. The teams will be rotated systemetically to minimize interviewer bias. The principal investigator, the co-investigators and the field supervisor from the Matlab Special Studies Branch will be responsible to properly train the interview teams. The field supervisor will be specially responsible to coordinate daily activities related to field work and logistic support. The interviewers who will be collecting data from the field will also do the coding according to their interview schedule. Field workers will need additional time to pre-test questionnaire and to make a listing of households in the Control area. It is estimated that field work will require about three months. Data analysis including coding will require about six months. Altogether, a study period of one year is anticipated.

2. Sample size

The sample size for each category of subjects - bari mothers, corresponding neighboring mothers, mothers from the comparison area and those from the control area, will be 200. All bari mothers will be eligible for selection but mothers from the other three categories must have under-five children. For each sample of bari mothers there must be a corresponding neighboring mother from the same cluster of families to which the bari mother belongs. 12 villages each will be randomly selected out of 70 villages in the MCH FP area and 79 villages in the comparison area respectively. Then a sample of 200 bari mothers and corresponding 200 neighboring mothers will be randomly selected from the updated census books. From the comparison area villages a sample of 200 mothers will be selected in the same procedure. 12 villages will be randomly selected out of 84 villages which were discontinued from study in 1978. An updated list of eligible mothers will be prepared from these villages and then a sample of 200 mothers will be randomly selected. The collected data will be stratified within each group of mothers by age, marital status, religion, education, and socioeconomic characteristics of the family. The attrition of the sample size due to factors such as migration, pregnancy and refusal will be considered.

3. Data processing and analysis

Coding of the data will take place in Matlab so that any mistake detected in field work may be corrected promptly. The field supervisor from the Special Studies Branch will check the completed questionnaire and the coding work. The same interviewers who will be collecting data from the field will be responsible to code them. Considering the volume of data collected in this investigation service of computer will be utilized. Necessary tables and statistical test will be done by computer service.

4. Service Component :

1) All interviewers will be trained in basic concepts of diarrhoea, oral rehydration therapy, preparation of ORS solution and its administration to diarrhoea patients. The Matlab Hospital facilities will be utilized at the time of training.

2) All interview teams will carry ORS packets for diarrhoeal patients and media bottles to collect samples from ORS solution prepared at home before or during visit in case they come across any diarrhoea case in the study families.

3) All efforts will be made to provide transport to diarrhoea patients in case of an emergency.

D. SIGNIFICANCE

This investigation will be carried out to evaluate bari mothers responsible to distribute ORS in Matlab MCH-FP area since 1979. Trained by the CHWs of ICDDR,B about preparation and administration of ORS solution, they were supposed to ultimately educate the neighboring mothers they serve and function as depot holders. It is well known that illiterate rural mothers with short training and minimum supervision can correctly prepare and administer oral rehydration solution to treat children with diarrhoea at home. This is possible where there is continuous supply and regular availability of ORS packets in the village or from a nearby place. A resident health worker will be required in the village to ensure such a service. In the present national health service system this is not feasible nor will this be in the near future due to resource constraint and prevailing socioeconomic conditions. On the contrary, a village mother, by whatever name she is called, is all the time available at home and is much more acceptable to other mothers socially and culturally. Being a regular resident of the village she represents community participation, which is a prerequisite of primary health care in the developing countries. Bari mothers or similar women, if adequately supplied ORS and backed up by a health worker will successfully ensure higher acceptance and availability of ORS among the neighboring mothers.

ICDDR,B's MCH-FP programme provides an opportunity to test the appropriateness of management of diarrhoea by training and utilizing the village mothers chosen on the basis of clusters of contiguous houses. This is a new approach in diarrhoea intervention whose importance needs evaluation. If the bari mothers are found to retain the knowledge obtained in training and disseminate their knowledge and practice to their neighboring mothers, this system of diarrhoea management may serve as the basis of National Oral Rehydration Programme of Bangladesh.

E. FACILITIES REQUIRED

Office space	- No new space is required, space is available in the Matlab Special Studies Branch.
Logistic	- Drop and pick-up by speedboats or ICDDR,B transport or use of country boats as situations need.
Personnel	Four male interviewers, four female CHWs, three country boatmen, one field supervisor and occasional secretarial and typing services.

Data management

Four Coders, services of
one Data Entry
Technician, a Programmer,
and a Statistician will
be required.

Supplies

- Stationeries, tape, etc.

F. COLLABORATIVE ARRANGEMENT

None

REFERENCES

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ABSTRACT SUMMARY - PARTICULAR ITEMS

1. This study will involve a subject population of 800 mothers.
2. No risk is expected for the study population.
3. The subjects will be informed about the kind of information collected, maintenance of confidentiality and their right to refuse to respond.
4. The subjects will be identified by their census numbers which are numeric codes. Handling of data are limited to the interviewers, their supervisor, coder and investigators of the research till the raw data will be entered into the computer. There would be no scope for unauthorized persons to distinguish individual characteristics after the data are collected and results published in aggregate.
5. A consent form prepared in vernacular will be read to every respondent. The respondent will either sign or put her left thumb impression on the form.
 - (a) Not applicable
 - (b) Not applicable
 - (c) Not applicable
6. Every woman will be interviewed at home by a team of two interviewers. A respondent will be required to answer

questions asked in easy Bengali language. Each interview will take about half an hour.

7. No immediate or direct benefit to an individual or society is foreseen. However, this study will generate data which will create individual and community awareness by identifying the knowledge and practice about diarrhoea and oral rehydration therapy. Thus, the knowledge and practice known to be detrimental can be distinguished from those which are beneficial or neutral to the children.
8. This investigation will utilize records kept by bari mothers, CHWs and other workers in the routine performance of their duties.

PROCEDURE TO MAINTAIN CONFIDENTIALITY

Respondents will be identified by numeric codes which will be used only in the homes for convenience of conversation and interview. The P.I. and supervisor will carefully handle the completed questionnaires. All the workers who will be dealing with the data will be trained, responsible and will be aware of the confidentiality of information.

ICDDR, B
1987 BUDGET PROPOSAL
(In US \$)

PARTICULARS

Program Name : COMMUNITY MEDICINE DIVISION

Protocol/Branch Name : A STUDY OF KNOWLEDGE AND PRACTICE
RELATED TO DIARRHOEA AND ORAL
REHYDRATION THERAPY IN MATLAB:AN
EVALUATION OF BARI MOTHERS

Principal Investigator/
Branch Head/Project Director : M. SHAFIQU L ISLAM

Associate Director : DR. M.G.M. ROWLAND

Budget Code : ESTIMATED STARTING DATE: 1ST JAN 1987

Protocol No. : ESTIMATED ENDING DATE: 31ST DEC 1987

EXPENSE CATEGORY			Column A ----- Actual Jan.-Jul 1986	Column B ----- Estimated Whole Yr. 1986	Column C ----- Proposed 1987
A/C No.	Description	Refer page			
3100	Local Salaries	02			13,316
3500	Travel Local	15			110
3600	Travel Intl.	16			1,000
3700	Supplies & Mat	17 & 18			175
4800	Inter Deptl.Ser.	20			1,925
TOTAL DIRECT COST					16,536

PERSONNEL REQUIREMENT-(LOCAL STAFF) 1987

Description	No. of positions	No. of Man months	\$ Amount
A. Direct Project/Protocol/ Branch Staff at 1.1.1987 Sourced from Page 3			
Add:			
B. New Recruitments Sourced from Page 4	11	37	2,817
C. Staff allocated from other area Sourced from Page 5	7	23	10,499
(i) Sub-Total	18	60	13,316
Less:			
D. Separations Sourced from Page 6	0	0	0
E. Manpower allocated to other area Sourced from Page 7	0	0	0
Sub Total (ii)	0	0	0
Total (i -ii)	18	60	13,316

NEW RECRUITMENT-(LOCAL STAFF)-1987

Job Designation	Level	Start date	No. of Posit.	No. of man Months	Rate per Month	\$ Amount
Interviewer/Coder	GS III	1.1.87	4	16	120	1,920
Community Health Worker		1.1.87	4	12	50	600
Country Boatman	Daily Wager	1.1.87	3	9	33	297
Total			11	37		2,817

MAN POWER -ALLOCATED FROM OTHER AREA (LOCAL STAFF-1987)

Job Designation	Level	No. of Positions	No. of Man Months	Rate per month	\$ Amount
Asstt. Scientist	NOB	1	12	623	7,476
* Station Head	NOD	1	2	1016	-
Sr. Field Research Officer	GS VI	1	6	383	2,298
Programmer	NOB	1	1/2	410	205
Statistical Officer	GS V	1	1/2	200	100
Data Entry Technician	GS IV	1	1	150	150
Secretarial/Typing	GS VI	1	1	270	270
TOTAL		7	23		10,499

* Time budgetted in relevant project

MANPOWER ALLOCATED FROM OTHER AREA (INTERNATIONAL STAFF-1987)

Job Title	Level	No. of Position	No. of Man Months	Rate Per Month	\$ Amount
MCH-FP Physician	P3	1	2	3670	7340*

*Time budgetted in relevant project

TRAVEL PLAN (LOCAL)-1987

Job Designation	Purpose of travel	Travel From-To-From	No. of persons	Estim. days of travel	No. of persons travel days per prn (A)	Rate (B)	Per diem Rate (C=AXB) (D)	Air Ground (E)	Transport Other Cost (F)	Total \$Amount (C+D+E+F)	
Asstt. Scientist	Field work	Dhaka-Matlab Dhaka	1	20	20	5	100	0	10	0	110
TOT'L							100	10			110

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TRAVEL PLAN (INTERNATIONAL) - 1987

Job Designation	Purpose of travel	Travel From-To-From	Estim. days of travel (A)	Rate (B)	Perdiem Amount (C=AXB) (D)	Air Ground (E)	Transportation Other Cost (F)	Total Amount (G=C+D+E+F)
Asstt. Scientist	Conference	Dhaka Colombo Dhaka	7	60	420	550	35	1005
TOTAL					420	550	35	1005

SUPPLIES AND MATERIALS-1987

A/C Code	Item Description	\$ Amount
3701	Drugs (ORS packets for field use)	75
3764	Stationery and office supplies (Air bags, ball-pen, Refill, Pencils, Clip Board, Stapler, Scotch Tape, Pads, Clip paper etc.)	100
Total		175

INTER-DEPARTMENTAL SERVICES-1987

A/C Code	Service Area	\$ Amount
4801	Computer	75
4803	Transport Mat'ab	50
4804	Water Transport, Matlab	1250
4806	Xerox and Mimeograph	200
4809	Biochemistry	300
4821	Library Service Charges	50
Total		1,925

INTERVIEWEE CONSENT FORM

I know that the ICDDR,B interviewers are collecting information about mothers' knowledge and practice about diarrhoea and oral rehydration therapy in Matlab included as one of their respondents. I fully understand that I have the right to refuse to respond and can withdraw from the study whenever I like.

I am duly assured that confidentiality will be maintained about all information obtained. Under these conditions I do hereby agree to give my consent for interview.

Signature/Left thumb impression of mother

Date : -----

"আক্ষাণ্ড দাতার সম্মতি পত্র"

(Bengali Version of subject consentform for field use)

আমি অর্গত আছি যে, আরে, সি, ডি, ডি, আর, বি-র আক্ষাণ্ড গ্রহণ-কারী গন পাওলা পায়খানা ও মুখে খাওয়ার রাসায়নিক সম্বন্ধে আমাদের জ্ঞান ও প্রচলিত রীতি সম্বন্ধে তথ্য অংগ্রহ করিতেছেন। আরও মহিলাদের অর্গে আমরাও একজন আক্ষাণ্ডদাতা নির্বাচন করিয়াছেন। আমি জানি যে আমার আক্ষাণ্ড প্রদান না করার অধিকার আছে এবং যে কোন সময় এ কার্যক্রম অক্ষাণ্ড গ্রহণ ইহতে বিরত থাকিতে পারি। আমার দেওয়া তথ্যাবলী সম্বন্ধে প্রয়োজনীয় গোপনীয়তা রক্ষা করা ইহলে এ নিশ্চয়তা পাইয়া আক্ষাণ্ডদান করিতে সম্মতি দিলাম।

আমার আক্ষর সখরা বা শরৎ বৃদ্ধাঙ্গুলীর হাথ

তারিখ _____

QUESTIONNAIRE

Name of the respondent . mother ----- Name of husband -----

Bari name ----- Subject category -----

CID No. ----- RID No. -----

Age ----- Marital status ----- Religion -----

Work other than housewife's (if any) -----

Education ----- Husband's occupation -----

Highest education in the family -----

Family type -----

Husband stays away from home: Yes ----- No -----

Mother-in-law (and or mother) present in family:
Yes ----- No -----

1. What do you understand by diarrhoeal disease?

2. a) Are there different kinds of diarrhoea?
Yes ----- No ----- (If answer is 'No', skip to Q. No.3)

b) If yes, would you name different kinds of diarrhoea with their specific features?

<u>Kinds of diarrhoea</u>	<u>Specific features</u>
-----	-----
-----	-----
-----	-----
-----	-----

3. At what age is diarrhoea most serious?

----- Why? -----

4. When do you consider a child with diarrhoea requires treatment? -----

5. a) Where did you go last time for treatment when your child (or any child in your family) suffered from diarrhoea?

Village practitioner ----- ICDDR,B Hospital -----

Gov't doctor ----- Gov't Hospital -----

Gov't health worker ----- Homeopath -----

CHW ----- Kabiraj -----

Bari mother ----- any other -----
(please specify)

b) What treatment did he/she receive?

Medicine only ----- Medicine and I.V. saline -----

ORS only ----- I.V. saline and ORS -----

I.V. saline only ----- Any other -----
(please specify)

Medicine and ORS -----

6. If a child dies from diarrhoea, what do you think it is mainly due to?

7. a) Is it good for a child to drink during diarrhoea?

Yes ----- No ----- (If answer is 'No' skip to Q. No.8)

b) If yes, what? ----- Why -----

c) If no, what? ----- Why -----

8. When your child had diarrhoea, what did you do about your breast milk?

Stopped breast milk ----- Reduced it -----

Increased it ----- Made no change -----

9. Did you breast feed your child in presence of the following illnesses?

When you had diarrhoea: Yes ----- No -----

When you had fever: Yes ----- No -----

When your child had fever: Yes ----- No -----

10. Did you give other milk to your child when he/she had diarrhoea?

Yes ----- Why -----

No ----- Why -----

11. What other foods did you give to your child when he/she had diarrhoea?

No food -----

Special food:

Normal food -----

a) Chera -----

Any other -----
(please specify)

b) Barley -----

c) Sabu -----

d) Any other -----
(please specify)

12. a) Other than frequent passage of watery like stool and or vomiting, do you know of any other difficulties or symptoms that a serious diarrhoea patient suffers from?

Yes ----- No ----- (If answer is 'No' skip to Q.

No. 13).

- b) If yes, what are they? -----
- c) What would you do about them? -----
13. a) Do you know about the use of oral rehydration salt (ORS) in diarrhoea?
- Yes ----- No ----- (If answer is 'No' skip to Q. No.14)
- b) If yes, How did you know about it? -----
- When? -----
14. a) Do you know how to prepare ORS solution? (If answer is 'No' skip to Q. No. 15).
- b) If yes, please tell us how did you learn about it?
-
- When? -----
15. When there was a diarrhoea in your child (or any child in your family), when did you start giving ORS solution?
-
16. a) Do you have any ORS packets in your home to-day?
- Yes----- No ----- (If answer is 'No' skip to Q. No.17).
- b) If yes, who gave you the packets? -----
- c) What is the date of manufacture read on the packets?-----
- (Interviewer to check this)
17. a) Do you know about the use of lobon-gur in diarrhoea?
- Yes ----- No ----- (If answer is 'No' skip to Q. No.20).
- b) If yes, who told you about it? -----
- When? -----

18. a) Do you know what are the constituents of lobon-gur solution?

Yes _____ No _____ (If answer is 'No', skip to Q. No.19).

b) If yes, please tell us the constituents:

c) Please tell us how did you come to know about these?

When? _____

19. When there was a diarrhoea in your child (or any child in your family), when did you start giving lobon-gur solution?

20. a) Do you have gur available in your home to-day?

Yes _____ No _____ (If answer is 'No', skip to Q. No.21).

b) If yes, when did you purchase it? _____

21. a) Do you know about the use of any other kind of oral rehydration therapy in diarrhoea?

Yes _____ No _____ (If answer is 'No', skip to Q. No. 23).

b) If yes, what is it? _____

How did you come to know about it? _____

When? _____

22. a) Do you know what are constituents of it (according to 21

b)?

Yes _____ No _____ (If answer is 'No', skip to No.23).

b) If yes, please tell us the constituents : _____

c) Please tell us how did you come to know about these?

When? _____

23. The following information should be collected for all under-five children in the family on the basis of all possible records of bari mothers, CHWs etc. (six months prior to interview, but present diarrhoea episodes excluded):

a.

CID No.	D.O.B. or age	Sex	Relation to respondent	No. of diarrhoea episodes	Outcome of diarrhoea
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

b.

No. of ORS packets received	Remarks (if any)
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

24. The following information should be collected for a present diarrhoea case in any under-five child in the family:

a.

CID No.	Kind of diarrhoea	Date of onset	No. of stools
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----
-----	-----	-----	-----

b.

Date of beginning of ORS	No. of ORS packets received	Date of ORS solution prepared		Remarks
		Prior to/visit	During visit	
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----

Remarks (if any): -----

Name of interviewer -----

Date of interview -----

প্রশ্নাবলী

(Bengali Version of questionnaire for field use)

সাক্ষাত দাতা মায়ের নাম _____ স্বামীর নাম _____
বাড়ীর নাম _____ সাবজেক্ট কেটেগরি _____ সি, আই, ডি নং _____
আর, আই, ডি নং _____ ধর্ম _____ গৃহকর্ম ছাড়া অন্য কাজ _____
(যদি থাকে)
স্বামীর পেশা _____ পরিবারে শিল্পের সর্বোচ্চ মান _____
পরিবারের শ্রেণী _____ স্বামী বাড়ীর বাহিরে থাকেনঃ হ্যাঁ _____ না _____
পরিবারে শ্বশুর/শুশুড়ী (অথবা মা) আছেনঃ হ্যাঁ _____ না _____

১। ডায়রিয়া রোগ বলিচ্ছে আপনি কি বুঝেন?

২। (ক) ডায়রিয়া রোগের প্রকারভেদ আছে কি?

হ্যাঁ _____ না _____ (উত্তর 'না' হলে, তবুও প্রস্তুত যান)

(খ) ডায়রিয়া রোগের যদি প্রকারভেদ থাকে, তবে উহাদের প্রকারভেদে নাম ও বৈশিষ্ট্যসমূহ
বলুন :

<u>ডায়রিয়া রোগের প্রকারভেদে নাম</u>	<u>বৈশিষ্ট্যসমূহ</u>
-----	-----
-----	-----
-----	-----
-----	-----
-----	-----

৩। কোন বয়সে ডায়রিয়া রোগ মারাত্মক ভাবে দেখা দেয়?

----- কেন? -----

৪। একটি ডায়রিয়া রোগে আক্রান্ত শিশুর কখন চিকিৎসার প্রয়োজন হয় বলে আপনি মনে করেন ?

৫। (ক) আপনার (বা আপনার পরিবারে কোন) শিশুর ডায়রিয়া রোগের চিকিৎসার জন্য শেষ বার কোথায় গিয়েছিলেন ?

গ্রাম্য চিকিৎসক -----

পি, এইচ, ডব্লিউ -----

সরকারী ডাওয়ার -----

আই, সি, ডি, ডি, আর, বি
হাসপাতালে -----

সরকারী সুস্থ্য কক্ষী -----

সরকারী হাসপাতাল -----

বা ডী মাদার -----

কবিরাজ -----

হ্যামিওপ্যাথিক ডাওয়ার -----

অন্যান্য -----
(নির্দিষ্ট করে বলুন)

(খ) উক্ত শিশু কি ধরনের চিকিৎসা পেয়েছিলেন ?

কেবল ঔষধ -----

ঔষধ ও পিরায় সেওয়ার স্যানাইন -----

কেবল বাওয়ার স্যানাইন -----

পিরায় সেওয়ার স্যানাইন ও
বাওয়ার স্যানাইন -----

কেবল পিরায় সেওয়ার স্যানাইন -----

অন্যান্য -----
(নির্দিষ্ট করে বলুন)

৬। যদি কোন শিশু ডায়রিয়া রোগে মারা যায়, তবে প্রধানতঃ কি কি অসুবিধা বা লক্ষণ তার মৃত্যুর জন্য দায়ী বলে আপনি মনে করেন ?

৭। (ক) ডায়রিয়া রোগাশিশু শিশুর গর্ভে পানীয় গ্রহণ করা উচিত কি ?

হ্যাঁ ----- না ----- (উত্তর 'না' হলে, চ নং প্রশ্নে মতন)

(খ) হ্যাঁ হলে, কি পানীয় গ্রহণ করা উচিত ? ----- কেন ? -----

(গ) না হলে, কি পানীয় গ্রহণ করা উচিত না ? ----- কেন ? -----

৮। আপনার সন্থানের যখন ডায়রিয়া ^{রু}পিয়েছিল, তখন আপনার বুকের দুধ খাওয়ানোর ব্যাপারে কি ব্যবস্থা নিয়ে ছিলেন ?

বুকের দুধ খাওয়ানো বন্ধ করে ছিলেন ----- বুকের দুধ খাওয়ানো
কমিয়েছিলেন -----
বুকের দুধ খাওয়ানো বাড়িয়ে ছিলেন ----- বুকের দুধ খাওয়ানো
পরিবর্তন করেন নাই -----

৯। নিম্নলিখিত অসুখগুলির জন্য আপনি কি আপনার সন্থানকে বুকের দুধ খাওয়ায়ে ছিলেন ?

যখন আপনার ডায়রিয়া রোগ হয়েছিল ? ইয়া ----- না -----

যখন আপনার জ্বর হয়েছিল ? ইয়া ----- না -----

যখন আপনার সন্থানের জ্বর হয়েছিল ? ইয়া ----- না -----

১০। আপনার সন্থানের যখন ডায়রিয়া রোগ হয়েছিল তখন তাহাকে অন্য প্রকার দুধ খেতে দিয়েছিলেন কি ?

ইয়া ----- কেন দিয়েছিলেন ? -----

না ----- কেন দেন নাই ? -----

১১। আপনার সন্থানের যখন ডায়রিয়া রোগ হয়েছিল তখন তাহাকে আর কি খাবার দিয়েছিলেন ?

আর কোন খাবার দেন নাই ----- বিশেষ খাবার দিয়েছেন :

স্বাভাবিক খাবার দিয়েছেন ----- ক) চিড়া -----

অন্য কোন খাবার দিয়েছেন ----- খ) বার্লি -----

(নির্দিষ্ট করে বনুন) গ) গাবু -----

ঘ) অন্যান্য -----

(নির্দিষ্ট করে বনুন)

১২। (ক) যখন যখন পাচলা পায়খানা বা বমি হওয়া ছাড়া মারাত্মক ডায়রিয়া রোগীর কক্ষের কারণ হয় এমন অন্য কোন অসুবিধা বা লক্ষণ সমুহে আপনি জানেন কি ?

ইয়া ----- না ----- (উত্তর 'না' হলে, ১০ নং প্রশ্নে যান)

(খ) যদি জানেন, তবে বনুন উহা কি ? -----

(গ) উহাদের জন্য কি ব্যবস্থা নেওয়া উচিত ? -----

১৩। (ক) ডায়ালিসিস রোগের জন্য হাওয়ার স্যালাইন ব্যবহারের কথা জানেন কি ?
হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ১৬ নং প্রশ্নে যান)

(খ) যদি জানেন, বলুন কিভাবে জানলেন ? _____
কবে জানলেন ? _____

১৪। (ক) হাওয়ার স্যালাইন সরবরাহ কিভাবে তৈরী করা হয় আপনি জানেন কি ?
হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ১৬ নং প্রশ্নে যান)

(খ) যদি জানেন, বলুন কিভাবে জানলেন ? _____
কবে জানলেন ? _____

১৫। আপনার (বা আপনার পরিবারের কোন) শিশুর যখন ডায়ালিসিস রোগ হয়েছিল,
কখন হাওয়ার স্যালাইন সরবরাহ দেওয়া শুরু করেছিলেন ?

১৬। (ক) আজ আপনার ঘরে কোন হাওয়ার স্যালাইনের পেকেট আছে কি ?
হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ১৭ নং প্রশ্নে যান)

(খ) যদি থাকে, বলুন আপনাকে পেকেট কে দিয়েছে ? _____

(গ) পেকেট তৈরী করার তারিখ কবে ? _____
(সাক্ষাত গ্রহণকারী পঞ্জীকৃত করে লিখবেন)

১৭। (ক) ডায়ালিসিস রোগের জন্য লবণ ও গুড় ব্যবহারের কথা আপনি জানেন কি ?
হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ২০ নং প্রশ্নে যান)

(খ) যদি জানেন, তবে বলুন কিভাবে জানলেন ? _____
কবে জানলেন ? _____

১৮।(ক) নবন গুড় সত্ত্বক তৈরী করতে কি কি নামে, আপনি জানেন কি ?

হ্যাঁ _____ না _____ (উত্তর 'না' হলে ১৯ নং প্রশ্নে যান)

(খ) যদি জানেন, তবে বলুন কি কি নামে ? _____

(গ) বলুন, কিতাবে জানেন ? _____

কবে জানেন ? _____

১৯। আগনার (বা আপনার পরিবারের কোন) শিশুর যখন ডাউরিয়া রোগ হয়েছিল, কখন নবন গুড় সত্ত্বক দেওয়া শুরু করেছিলেন ? _____

২০।(ক) আগনার ঘরে, আজ গুড় আছে কি ?

হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ২১ নং প্রশ্নে যান)

(খ) যদি ঘরে গুড় থাকে, উহা কবে কিনেছেন ? _____

২১।(ক) ডাউরিয়া রোগের জন্য আর কোন ঝাড়পাতার কামাইন ব্যবহারের কথা আপনি জানেন কি ?

হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ২০ নং প্রশ্নে যান)

(খ) যদি জানেন, তবে বলুন উহা কি ? _____

কিতাবে জানেন ? _____

কবে জানেন ? _____

২২।(ক) উক্ত ঝাড়পাতার কামাইন (২২ নং অনুসূচী) তৈরী করতে কি কি জিনিস নামে আপনি জানেন কি ?

হ্যাঁ _____ না _____ (উত্তর 'না' হলে, ২০ নং প্রশ্নে যান)

(খ) যদি জানেন, তবে বলুন কি কি জিনিস নামে ? _____

(গ) বলুন, কিতাবে জানেন ? _____

কবে জানেন ? _____

২০। সম্ভাব্য সকল প্রাপ্ত মণ্ডিত তিরিহিত পৰিবারভূক্ত সকল পাঁচ বৎসরের কম বয়স্ক শিশুদের সম্বন্ধিত তথ্যাবলী: সাক্ষাৎকারের ছয় মাস পূর্বে পর্যন্ত - সাক্ষাৎকার গ্রহণ কালে প্রাপ্ত ডায়রিয়া রোগ হিসাবে আসবে না >

সি, আই, ডি নং	জন্ম তারিখ বা বয়স	লিঙ্গ	সাক্ষাৎমাতা মায়ের সাথে সম্পর্ক	কতবার ডায়রিয়া হয়েছে	কত পেকেট খাওয়ার স্যালাইন পেয়েছে	ডায়রিয়ার ফলাফল	মনুবা

২৪। পরিবারের পাঁচ বৎসরের কম বয়সের শিশুদের মধ্যে বর্তমানে ডায়রিয়া চলিতেছে তেমন কেহ থাকিলে তাহার তথ্যাবলী:

সি, আই, ডি নং	কোন প্রকারের ডায়রিয়া	রোগ আরম্ভের তারিখ	কতবার পায়খানা হয়েছে	খাওয়ার স্যালাইন আরম্ভের তারিখ	কত পেকেট খাওয়ার স্যালাইন পেয়েছে	খাওয়ার স্যালাইন তৈরীর তারিখ	সাক্ষাৎকার গ্রহণের পূর্বে	সাক্ষাৎকার গ্রহণের সময়	মনুবা

মনুবা: _____

সাক্ষাৎ গ্রহণকারীর নাম: _____

সাক্ষাৎ গ্রহণের তারিখ: _____