

ETHICAL REVIEW COMMITTEE, ICDDR,B

11 September 1981

Attachment 1.

Date \_\_\_\_\_

62

Principal Investigator M. Shafiqul Islam

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

Application No. 81-037

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

Title of Study Antenatal & Postnatal Care - Sociocultural Aspects.

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

Circle the appropriate answer to each of the following (If Not Applicable write NA).

- Source of Population:
- (a) Ill subjects Yes  No
- (b) Non-ill subjects Yes  No
- (c) Minors or persons under guardianship Yes  No
- Does the study involve:
- (a) Physical risks to the subjects Yes  No
- (b) Social Risks Yes  No
- (c) Psychological risks to subjects Yes  No
- (d) Discomfort to subjects Yes  No
- (e) Invasion of privacy Yes  No
- (f) Disclosure of information damaging to subject or others Yes  No
- Does the study involve:
- (a) Use of records, (hospital, medical, death, birth or other) Yes  No
- (b) Use of fetal tissue or abortus Yes  No
- (c) Use of organs or body fluids Yes  No
- Are subjects clearly informed about:
- (a) Nature and purposes of study Yes  No
- (b) Procedures to be followed including alternatives used Yes  No  N.A.
- (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 Committee 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.

M. Shafiqul Islam  
Principal Investigator

\_\_\_\_\_  
Trainee

REF

HQ 766.5.B2  
I82a  
1981

S1-037  
Rec'd 14/9/81

SECTION I - RESEARCH PROTOCOL

1. Title: Antenatal and Postnatal Care - Sociocultural Aspects.
2. Principal Investigator: M. Shafiqul Islam
3. Co-Investigators: Nigar S. Shahid & P. Claquin
4. Starting date: October, 1981.
5. Completion date: March, 1983
6. Total direct cost: US \$24,315
7. Scientific Program Head:

This protocol has been approved by the Community Services Research Working Group.

\*Signature of the Scientific Program Head:

Date: 11 Sept 1981

\*This signature implies that the Scientific Program Head takes responsibility for the planning, execution and budget for this particular protocol.

8. Abstract Summary:

We will prospectively investigate about knowledge, beliefs, customs and practices in antenatal and postnatal periods related to some of mother's personal habits, food, method of treatment in illnesses, diet and childbirth and examine their health implications in Matlab, rural Bangladesh. A cross-section of 400 pregnant women will be initially identified and registered in two blocks comprising both the

MCH-FP and Comparison areas (population 20,000 each) of Matlab project. Following the initial registration these women will be followed up and interviewed every two months till the pregnancy termination. An initial postnatal visit will then be made, seven days after the pregnancy outcome. At this stage, the women as well as the birth attendants, if any, (dai - female relations or neighbouring women) will be interviewed. Irrespective of the result of pregnancy outcome, every woman will be re-visited after forty days from the day of pregnancy termination. Sets of pre-tested and pre-coded questionnaires (namely: (i) Initial antenatal questionnaire; (ii) Antenatal follow-up questionnaire; (iii) Initial postnatal questionnaire; and (iv) Postnatal follow-up questionnaire), will be filled up during the study. Locally hired female interviewers stationed in the middle of their working area will interview the women and fill up the questionnaires written in Bengali language. Extensive training will be given to the interviewers by the Investigators (including a female physician) before they will be sent out to the field. An adequately qualified and experienced female person will be primarily responsible to supervise their work. She will be mainly responsible to check and verify the field work and the completed questionnaires. Investigators and the Female Physician will individually visit ten percent of the women included in the study and check the completed forms to personally ensure that uniformity and accuracy of data collection are maintained and problems are solved

as they arise. In the MCH-FP area, illnesses related to pregnancy, delivery and post-partum will be handled through already existing channel. In the comparison area, the female physician will review episodes of illness on a weekly basis and take action accordingly. The completion of the study will require one and a half year including six months for data analysis and report writing.

9. Reviews: (leave blank)

- a) Ethical Review Committee: \_\_\_\_\_
- b) Research Review Committee: \_\_\_\_\_
- c) Director: \_\_\_\_\_
- d) BMRC: \_\_\_\_\_
- e) Controller/Administrator: \_\_\_\_\_

ABSTRACT SUMMARY - PARTICULAR ITEMS

1. This study will involve a subject population of a cross-section of 400 pregnant women to be followed up in every two months during pregnancy, after seven days following the outcome of pregnancy, and then after forty days from the day of pregnancy outcome.
2. The only potential risk will be the possible invasion of privacy of the respondents - the pregnant/lactating women and their birth attendants (dai, female relations or neighbouring women).
3. The subjects will be initially informed about the kind of information collected, maintenance of confidentiality and their right to refuse to respond.
4. The subjects will be identified only by their numeric codes. Data handling are limited only to the female interviewers, their supervisor, coder, and investigators of this study till the raw data will be entered into computer. There will be no scope for unauthorized persons to distinguish individual characteristics after the data are collected and the 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. (See pp.27 & 28.)
  - (a) Not applicable.
  - (b) Not applicable.
6. Every women will be interviewed at home by local female interviewers about her knowledge, beliefs, customs and practices related to personal habit, food, method of treatment in illnesses, diet and childbirth. A respondent will be required to answer questions asked in easy vernacular. Each interview will vary from 30 minutes to one and half an hours depending on the questionnaire.
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 knowledge, beliefs, customs and practices related to personal habit, food, methods of treatment in illnesses, diet and childbirth which are considered detrimental from those which are useful or neutral for the mother and her child.
8. No.

PROCEDURE TO MAINTAIN CONFIDENTIALITY

All the respondents will be identified by numeric codes which will be only used all the times instead of personal names used only in the homes for convenience of conversation and interview. The supervisor and investigators of the protocol 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.

SECTION II - RESEARCH PLAN

A. INTRODUCTION

1. Objective:

The overall objective of this research will be to undertake a prospective investigation of knowledge, beliefs, customs and practices in antenatal and postnatal periods related to some of mothers' personal habit, food, method of treatment in illnesses, diet and childbirth and examine their health implications in Matlab, rural Bangladesh.

2. Background:

Maternal and child health comprising of antenatal and postnatal care are priority issues in our national primary health care system. Studies on the social and cultural aspects of antenatal and postnatal care were undertaken mostly in the developing countries of Southeast Asia, Africa and Latin America. There was rarely any longitudinal study in Bangladesh on the social and cultural aspects of antenatal and postnatal care. Only a few earlier studies were completed but with limited scope.1-3 These studies mentioned mainly the prevalent beliefs and or practices in antenatal and postnatal period but very little effort was made to understand if these beliefs were in congruent with the practices. Few studies have included women when they were in actual states of pregnancy and postpartum period.

The health problems of mother and child arising during and after gestation are closely interlinked. Both antenatal and postnatal care are governed by a complex of customs and superstitions involving ceremonies, food and methods of treatment of both the mother and the child.4 A pregnant woman should avoid tight fitting clothes and should not have any knots tied on her clothes.5 A pregnant woman is restricted from going outside her house during midday and sunset and should not stand under big trees.1 Smoking during pregnancy retards foetal growth and increases the risks of spontaneous abortion, complications of pregnancy, pre-term delivery, and late foetal and newborn death.6-7 Tobacco adversely affects the outcome of pregnancy and smoking during

pregnancy is associated with shortened gestation, high rate of spontaneous abortion, more frequent complications of pregnancy and labour and high rate of perinatal mortality: among women with no formal education and low hemoglobin levels, perinatal mortality was twice as high among smokers as among non-smokers.<sup>8</sup> During early pregnancy coitus increases risk of abortion while risk of infection remains due to coitus during late pregnancy and hence coitus should be avoided during first three months and last two months of pregnancy.<sup>9</sup>

Belief in a correlation between health and diet is very widespread. Certain dietary items may be seen as preventing illness, others may cause illness and some others may have certain curative elements in them. Pregnancy and postpartum periods are all thought potentially troublesome by women in many parts of the world if the diet is not carefully monitored and manipulated.<sup>10</sup> Restrictions are imposed upon a pregnant woman's diet, the food intake and the kind of foods she eats are strictly controlled.<sup>2</sup> Only a small amount of food is given in pregnancy with the belief that a small baby and easy delivery will result; extra food is not recommended due to belief that extra food causes undue increase in the size of foetus leading to difficulties during labour. <sup>1,2,11-12.</sup> A contrary opinion is also held that some extra food is needed for pregnant women.<sup>1,13.</sup> Papaya and pineapple if eaten during pregnancy is believed to damage the foetus while orange, grape, apple and banana are good for dizziness and fainting; garlic and rice are good for digestion.<sup>1,12.</sup> Cravings for special foods namely, sweets, sour fruits, snacks, hot and spicy preparation of fresh and dry fish are common among pregnant women: they also crave for non-foods such as clay, ashes, coal, burnt charcoal, rocks and uncooked rice.<sup>3,10.</sup> Certain foods - fish, meat, chicken, banana and milk are particularly good because they make the mother and or the baby strong.<sup>1,13.</sup> Fresh fruits and green vegetables, legumes and grains are too heavy and cause flatulence.<sup>14-15.</sup> Chicken, eggs, mutton and certain types of fish with valuable nutrients are tabooed during pregnancy and puerperium.<sup>17-18.</sup> Pregnant women are believed to avoid certain fish because the characteristic features of these fish are believed to produce ill effects on the mother and the baby and the basis for such avoidance lies in the general belief in 'like produces like'.<sup>3</sup> During the early postpartum period, the new mother should avoid all types of animal food - fish, chicken and beef: certain spices, believed to have



heating elements and expediate the heating process are recommended, namely, turmeric, black cumin, garlic and ginger.<sup>3</sup> After childbirth a pregnant woman does not take rice for three or five days and she should not take oily food: foods that are cool and wet are not given as these will cause the child to catch cold and hinder the healing of its naval, and also the healing of the mother's uterus.<sup>1</sup> Although poor outcome of pregnancies in developing countries have been attributed to poverty or low socio-economic status, easily available and cheap leafy green vegetables and animal protein that supply essential nutrients are being avoided or regarded as of little importance, not because of poverty but because of traditional beliefs and nutritional ignorance.<sup>18-20.</sup>

The newborn child has to be kept inside the house for forty days and also the mother keeps indoors for most of the taboo period as a result of the fear that evil spirits might be lurking outdoors to bring illness to the vulnerable mother and her newborn babies.<sup>5,21.</sup> Tetanus is believed to be due to an evil spirit that enters into the body of the newborn due to breach of certain set rules by the mother.<sup>22</sup> Contrary to modern medical practice, the umbilical cord is not cut until the placenta has been expelled, usually based on the belief that the disconnected placenta can migrate up into the woman's body.<sup>23</sup> The umbilical stump is treated with a paste from castor oil and a black powder containing charcoal and powdered herbs: after the cord has dropped, the umbilicus is smeared with a mixture of castor oil and soot.<sup>5</sup> Colostrum, the early milk that contains important anti-bodies and nutrients is believed to be bad, dirty and cause of illness in the infant and this important food is expelled and discarded.<sup>23-25</sup> To ensure that the sensitive body of the mother is not damaged by 'cooling', a fire is made in a box of sand or in a metal container over which is built a temporary bed or platform, and on which the mother 'roasts' herself for an hour or two, several times a day.<sup>21,26.</sup> Traditional midwives administer sweat baths and 'roast' to return the uterus to its predelivery position and to alleviate soreness.<sup>27</sup>

Review of traditional infant rearing practices reveal that harmful practices to be more numerous than beneficial and innocuous practices and the frequently encountered harmful practices are belief of hot and cold food, tradition of discarding the colostrum, voluntary starvation in terrible

illness and withholding of medical care from child having measles.<sup>25</sup> Special diet made of 'hot' food is prepared for the postnatal mother and the special food preparations are believed to remove the dirty blood and the uterine discharge and to help in the secretion of the breast milk.<sup>22</sup> A lactating women should eat as little as possible, only one meal a day, avoid leftover food and night meals: she should not eat egg and mutton which will adversely affect the baby, and vegetables as the wound of the uterus take a long time to heal and may even turn septic: she should take as many betel leaves as possible because they produce milk and cause digestion.<sup>12</sup> During first days after birth, no fish should be eaten by lactating women, as the stomach muscles may not become strong again.<sup>13</sup> It is believed that the mother's body is particularly vulnerable after childbirth and foods that are believed to be 'cooling' such as pineapple and citrus fruits, cucumbers, papayas and most leafy vegetables should be avoided: 'heating' foods such as pepper, chillies, smoked or salted fish, eggs and coffee should be avoided.<sup>21</sup>

Deaths and diseases in the newborn babies are generally difficult to estimate. Both are certainly frequent, due mainly to infection, leading to tetanus of the newborn, to birth injury from unskilled midwifery, congenital illness and to prematurity.<sup>28</sup> Harmful customs which are liable to cause neonatal tetanus are: use of cow-dung, ash or burnt earth as a dressing for the umbilical cord and failure to tie it.<sup>29-32</sup> Tetanus is a socio-economic disease associated with primitive living conditions, home deliveries by relatively untrained personnel in unsanitary surroundings and birth practice reflecting the extent to which aseptic techniques are used at delivery: it is a function of the family's socio-economic status, the age of the mother and the extent to which adequate medical care is both available and used.<sup>33-34</sup>

Traditional midwives play an important role in the ritual and religious aspects of childbirth, they practice in almost every village in some countries and are more accessible to most women than either physicians or hospitals: They are characterized chiefly by the work they perform - attending women during childbirth and in most developing countries they are mostly non-literate, post-menopausal village women, married, widowed or divorced.<sup>27</sup> Some traditional midwives are active in serving the whole community, whereas others help only their own family and neighbours.<sup>35</sup> Legal or illegal, trained or untrained, the traditional midwives

continue to deliver 60-80 percent of babies in the developing world and provide a variety of health services to many women.<sup>36</sup> In Pakistan and Bangladesh midwifery is practically the only way for a poor widow to support herself.<sup>37</sup>

### 3. Rationale:

The study will investigate beliefs and practices and try to assess the congruence of beliefs and practices in antenatal and postnatal period. The implications of certain personal habits in pregnancy and cultural practices at childbirth on pregnancy outcome and neonatal mortality respectively will be examined. The type of food preferred or avoided with their respective reasons will be highlighted. The study will assess whether the pregnant and parturient mothers prefer to take costly and less available foods or avoid the foods which are less costly and easily available. The method of treatment in illnesses, and diets advised for these women will be known.

This study will test the following two hypotheses:

1. Are the beliefs and practices surrounding pregnancy, childbirth, post-partum and breast-feeding congruent or dichotomous?
2. Are the beliefs and practices harmful, neutral or harmless to the health of the pregnant/lactating mother and/or her child in the present stage of our medical knowledge.

### B. SPECIFIC AIMS

The specific aims of this study will be the following:

- 1.1 To understand women's beliefs and practices in certain personal habit and examine their implications, for example, the impact of smoking and coitus on pregnancy outcome, perinatal and neonatal death.
- 1.2 To identify birth practices (method of cord care and cleaning measures at delivery) and relate them with neonatal death with special reference to neonatal tetanus.

- 1.3 To find the difference (if any) in pregnancy outcome and newborn death according to place of birth and or place of longest stay during pregnancy.
- 1.4 To identify linkages between perinatal and neonatal mortality and biosocial characteristics of mothers, namely, religion, age, parity, pregnancy order and education.
- 1.5 To identify linkages between perinatal and neonatal mortality and husband's occupation, education, highest education in the family and landholding.
- 2.1 To know the reasons why women believe that they should eat differently during pregnancy and following pregnancy outcome.
- 2.2 To make a list of special foods believed to be taken or avoided with given justification during pregnancy and following termination of pregnancy.
- 2.3 To compare the listed foods believed to be specially taken with those which are actually taken in pregnancy and after termination of pregnancy.
- 3.1 To specify the illnesses or complaints according to medical care or remedy and diet advised in pregnancy and after pregnancy termination.
- 3.2 To specify the illnesses or complaints of the newborn infants according to medical care or remedy and diet advised.
- 4.1 To specify the complications of mothers at time of childbirth according to medical care or remedy and diet advised.
- 4.2 To specify the complications of the newborn infants at the time of birth according to medical care or remedy.
- 5.1 To know the breast-feeding practices during pregnancy and following birth of the newborn infants (colostrum feeding, inaugural feeding, etc.)
- 6.1. To know the distribution of type of birth attendant and their socio-economic characteristics.

C. METHODS OF PROCEDURE

1. Methodology:

A cross-section of pregnant women will be identified in two blocks of Matlab Demographic Surveillance System (one block of MCH-FP and the other of Comparison area) comprising 40,000 population till 400 pregnant individuals are accumulated. After the first visit and initial registration these women will be followed up in every two months till the termination of pregnancy. Every woman will be visited after seven days from pregnancy termination irrespective of the outcome of pregnancy. An initial postnatal questionnaire will be filled up at this stage. In the event of pregnancies termination in live births, the parturient mothers will be interviewed as well as birth attendants (dai - female relatives or neighbouring women). This interview will also include information about the newborn infant. There will be a follow-up visit after forty days starting from the day of pregnancy outcome. Every woman irrespective of pregnancy outcome will be covered. This time the information will be collected about the mother and the newborn infant. Eight locally hired female interviewers posted in a central place of their assigned villages will make the initial and subsequent visits and fill-up the questionnaires prepared in Bengali. They will be extensively trained theoretically and practically before they will be sent out to their respective assigned areas. The investigators including a female physician will conduct the training. Female interviewers will be extensively trained to correctly fill up the questionnaires, on interview techniques, and symptoms of illness listing. The investigators and the female physician will individually visit ten percent of the study women and check the completed forms to personally ensure that uniformity and accuracy of data collection are maintained and problems are solved as they arise. In the MCH-FP area, illnesses related to pregnancy, delivery and post-partum will be handled through already existing channels. In the comparison area, the female physician will review episodes of illness on a weekly basis and take action accordingly. The study will be completed in one...../

and half years including six months for data analysis and paper preparation. Special efforts will be made to locate and follow-up women who will move from husband's house to father's house and vice-versa or any other place as long as they will be moving within the Matlab surveillance area. Any identification by individual name or family name will not be recorded on the questionnaires. Separate record will be maintained for identification purpose and to verify any error encountered during data analysis. Individual files will be maintained for women from the beginning of the study.

## 2. Sample Size:

We will start with 400 pregnant women. The sample size will have two broad components: the MCH-FP area and the Comparison area. The sample will be stratified by pregnancy outcome, gestation month and several biosocial characteristics of women, namely, age, parity, pregnancy order and education. The sample will be also stratified according to socio-economic status such as religion, husband's occupation, education, highest education in the family, family landholding and childbirth practices. Perinatal and neonatal mortality with special reference to tetanus will be classified according to the above categories. Besides, the attrition of the sample size due to factors such as migration and refusal to co-operate should be taken into consideration.

## 3. Questionnaires:

We will be using pre-tested and mostly pre-coded questionnaires prepared in Bengali.\* The interviewers will be provided with interview manual as a guide to fill-up the questionnaires efficiently and uniformly. Four separate set of questionnaires (enclosed in Appendices) will be used to conduct this study: two for initial visits in pregnancy and pregnancy outcome and the other two for follow-up visits during pregnancy and after termination of pregnancy. The questionnaire to be completed at pregnancy outcome will include the largest number of information when the pregnancy will result in a live birth. Such interviews will be concerning the mother including her newborn baby and the birth attendant. The next larger questionnaire will be the initial antenatal questionnaire (i.e. pregnancy registration questionnaire).

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\* A tentative pre-coding scheme is enclosed in Appendices (beginning pages 29, 34, 37 and 48).

The two follow-up questionnaires will be comparatively smaller than the two initial questionnaires. Particularly questions about special foods, avoided foods, methods of medical care or remedies, and diets advised in illnesses will be asked in all the four set of questionnaires. Only in initial Antenatal and Post-natal Follow-up questionnaires data will be collected on biosocial and demographic characteristics of women - i.e. religion, age, parity, pregnancy order and education. A few socio-economic data such as husband's occupation, education, highest education in the family and landholding will be recorded in initial Antenatal questionnaire. Depending on the specific set, complete interviewing will require from half and hour to one and a half hours.

#### 4. Data processing and analysis:

The filled-up questionnaires with any discrepancy will be sent back to the responsible interviewer. The completed questionnaires will then be dspatched to Dacca in individual file folders for accumulated and final coding and editing. A few open-ended questions will be coded in Dacca by an independent coder. Also some of the data collected on foods taken, foods avoided, methods of medical care or remedy, and diets advised in illnesses will require final coding since they will be accumulated due to follow-up visits. We will prefer to utilize the services of computer considering the volume of data to be generated in this study. We would also like to have all possible statistical tests comfortably done in the computer.

We list below a tentative plan of major tabulations to be made in this study:

- (a) Distribution of specific foods specially eaten by pregnant and lactating mothers according to stated reasons.
- (b) Distribution of specific foods avoided by pregnant and lactating mothers according to stated reasons.
- (c) Distribution of illnesses in pregnancy according to medical care or remedy and diets advised.
- (d) Complications of mothers and child at the time of delivery according to medical care and diets advised.

- (e) Colostrum and inaugural feeding according to mother's age, birth order and education.
- (f) Distribution of type of birth attendants and their socio-economic characteristics.
- (g) Pregnancy outcome and newborn death according to place of birth and or place of longest stay during pregnancy.
- (h) Neonatal and perinatal mortality according to biosocial characteristics of mothers, namely, age, parity, and pregnancy order.
- (i) Perinatal and neonatal mortality according to husband's occupation, education, highest education in family, religion and landholding.

Besides, the following relationships will be looked into. It is likely that due to sample size tabulations would not be possible. In such cases, future work may be planned accordingly.

- i) Pregnancy outcome and early neonatal deaths by smoking habit of pregnant mothers.
- ii) Pregnancy outcome and early neonatal deaths by frequency of coitus during pregnancy.
- iii) Childbirth practices in relation to neonatal tetanus.



D. SIGNIFICANCE

This study will evaluate the antenatal and postnatal care available in the social and cultural contexts by investigating the implications of certain personal habits of women, beliefs, customs and practices on pregnancy outcome and newborn death. The appropriateness of special foods taken or avoided by them during antenatal and postnatal period will be examined in the light of their nutritional importance. The extent of health care utilization will be assessed. Knowledge gained through this study will have immense importance for national primary health policy making and programme implementation in respect of nutrition education during pregnancy, education of potential mothers and traditional birth attendants and improvement of home delivery practices.

E. FACILITIES REQUIRED

- |                           |   |
|---------------------------|---|
| Office/Laboratory space   | - None  |
| Hospital/Animal resources | - None  |
| Logistic                  | - One speedboat 8 hours per working day.<br>Eight country-boats for transportation field workers.                         |
| Personnel                 | - Eight female interviewers, one female supervisor, eight country boatmen and occasional secretarial and typing services. |
| Data Management           | - One coder and occasional services of data entry technician, programmer and statistician.                                |
| Supplies                  | - Stationeries and tapes, etc.  |

F. COLLABORATIVE ARRANGEMENT

None

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SECTION III - BUDGET

A. DETAILED BUDGET

1. Personnel:	Sl.No. Name	Position	Level/ Step	Monthly Rate	Person Month	Cost in Takas	
						1981	1982
	1. M.Shafiqul Islam	Asst. Scientist	7-VII	Tk.8403	10	16,807	50,418
	2. Dr. N.S. Shahid	Epidemiologist	7-II	6822	2	3,411	6,822
	3. Dr. P. Clauin	Extension Coordinator	Expatriate*	-	1	-	-
	4. To be hired	Field Research Officer, Gr. II (Supervisor)	5-V	2526	12	7,578	22,734
	5. To be hired	8 Female Interviewers	(Same as CHWs)	750	96	18,000	54,000
	6. Existing staff	Data Entry Tech.	4-VIII	2923	1	-	2,923
	7. To be hired	Coder	3-I	1923	12	-	23,078
	8. Existing staff	Programmer	6-IX	5652	14	-	8,478
	9. Existing staff	Statistical Officer, Gr. II	5-IV	3092	14	-	4,638
	10. To be hired	8 Country Boatmen	-	22.00 (Daily Rate)	96	16,368	49,104
	11. Existing staff	Secretarial/ Typist	6-II	4278	14	-	6,417
						SUB-TOTAL TK. 62,164	
						228,612	
						20,218	

\* Time already budgeted in MCH-FP project.

2. TRAVEL AND TRANSPORTATION OF PERSONS

A. Local travel:

Detailed particulars

Per diem for Matlab, @Tk. 150.00, 2 months  
 (Principal Investigator & Female Physician)  
 Speedboat at Matlab, 520 hours, @Tk.105.00  
 Land transport at Matlab, 390 miles, @Tk.3.00

	Cost	
	1981	1982
	Tk. 3,300	Tk. 3,300
	13,650	40,950
	293	878
<b>SUB-TOTAL</b>	<b>Tk 17,243</b>	<b>Tk 45,128</b>

3. TRANSPORTATION OF MATERIALS

None

4. RENT, COMMUNICATION AND UTILITIES

None

5. PRINTING AND REPRODUCTION

Detailed particulars

Mimeography, @Tk. 00.20 5000  
 Xeroxing, @Tk. 00.50 500  
 Special reproduction, @Tk. 4.00 50  
 Cover printing & binding, @Tk.2.30 200  
 Printing forms, @Tk.300/1,000 15000

	Cost	
	1981	1982
	Tk. 100	Tk. 450
	50	100
	-	100
	-	300
	3,000	1,500
<b>SUB-TOTAL</b>	<b>Tk. 3,150</b>	<b>Tk. 2,450</b>

Tk. 810



6. OTHER CONTRACTUAL SERVICES

Detailed particulars

Computer services

Computer stationeries

<u>Quantity/Unit</u>	<u>Cost</u>		
	<u>1981</u>	<u>1982</u>	<u>1983</u>
15 hrs.		----- No charges -----	
-	-	Tk. 600	Tk. 400

7. SUPPLIES AND MATERIALS

Office supplies & stationeries:

Pen, ballpoint, black

Refill, black

Pencil, wooden

Pad, octave

Pad, foolscape, plain

Pad, foolscape, lined

Clip board

Scissors

Stapler

Staples

Clip, paper jem

Scotch tape

File fastener

Blue cover file

<u>Quantity</u>	<u>Rate</u>	<u>Cost</u>		
		<u>1981</u>	<u>1982</u>	<u>1983</u>
48 each	Tk. 8.00	Tk. 192	Tk. 192	-
60 each	4.00	120	120	-
36 each	3.00	54	54	-
24 each	7.00	84	84	-
24 each	14.00	168	168	-
24 each	15.00	180	180	-
10 each	10.00	100	-	-
1 each	51.00 (\$3.17)	51	-	-
1 each	50.00	50	-	-
2 boxes	6.00	12	-	-
5 boxes	5.00	25	-	-
2 each	6.00 (\$0.33)	12	-	-
10 boxes	28.00 (\$1.71)	280	-	-
500 each	2.45	1,225	-	-

-24-

Drugs:

Multivitamin tablets	10,000 each	Tk. 80.00/1000	Tk. 400	Tk.400	-
Folfi tablets	25,000 each	25.00/1000	400	225	-
Aspirin tablets	3,000 each	90.00/1000	270	-	-
Lasix tablets	500 each	110.50/100	277	277	-
Meth <sup>er</sup> gin tablets	500 each	1.50/1	450	300	-
Mist alkali	100 phials	12.00	600	600	-

Hospital supplies:

B.P. instrument	1 each	800.00	800	-	-
		SUB-TOTAL Tk. 5,750		Tk. 2,600	Tk. -

8. EQUIPMENT

None

9. TRANSPORT

None

10. PATIENT HOSPITALIZATION

None

11. OUT-PATIENT CARE

None

12. LABORATORY TEST

None

13. CONSTRUCTION, RENOVATION AND ALTERATION

None

14. INCOME

None

INTERVIEWEE CONSENT FORM

I know that the ICDDR,B (former Cholera Research Laboratory) Female Field Workers are collecting information about knowledge, beliefs, customs and practices in antenatal and postnatal care related to personal habit, food, method of treatment, diet and childbirth. They have included me as one of their respondents. I understand that I have the right to refuse to respond and I can withdraw from the study whenever I like.

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

\_\_\_\_\_  
Signature/Left Thumb impression of  
Woman/Birth Attendant

Date: \_\_\_\_\_

সাক্ষ্যদাতার সন্মতি পত্র

আমি অবশ্যই জানি যে আই, সি, ডি, ডি, আর, বি-র ভেতন থেকে  
কয়েক রিসার্চ স্টাফের (সি) মহিলা কলিম গর্ভবতী, সন্তান প্রসবকালে  
ও পরবর্তী কিছুদিনের মধ্যে মহিলাদের অসুস্থতা, ব্যথা-প্রসব, রোগ-জ্বর ও  
আহার চিকিৎসা সন্তান, জ্ঞান, বিদ্যা, সামাজিক প্রথা ও রীতি-নীতি সন্তানকে  
তথ্য সংগ্রহ করিয়েছেন। আরও অনেক মহিলাদের মধ্যে আহার আহারে  
সাক্ষ্যদাতা বিবর্তন করিয়েছেন। আমি জানি যে আহার সাক্ষ্যদাতা যা  
করার অধিকার আছে এবং যে কোন সময় এ কার্যক্রমে অংশগ্রহণ  
হইতে বিরত থাকিতে পারি।

আহার থেকে সন্তান তথ্যবর্তী সন্তানকে প্রয়োজনীয় গোপনীয়তা  
রক্ষা করা হইবে এ বিজ্ঞপ্তি পাইয়া সাক্ষ্যদাতা করিতে সন্মতি দিলাম।

মহিলা/মহিলা সন্তান বা সন্তান  
সাক্ষ্যদাতা

তারিখ-----



15. a) Have you been smoking since you were pregnant? / /  
27  
 Yes  No (If no, skip to No.16)
- b) If yes, what have you been smoking? / /  
28
- c) If yes, how many times have you been smoking in a day? / / /  
29-30
16. a) Did you ever engage in coitus since you were pregnant?  
 Yes  No (If yes, skip No. 16c, if no, skip No.16b) / /  
31
- b) If yes, how many times you had coitus during this period? / / /  
32-33
- c) If no, state your reason for not having coitus / /  
34
17. Are you habituated to chewing betel leaf? / /  
35  
 Yes  No
18. a) Have you been chewing betel leaf since you were pregnant? / /  
36  
 Yes  No (If no, skip to No. 19)
- b) If yes, do you think that chewing betel leaf in pregnancy has any special benefit to you? / /  
37  
 Yes  No  Don't know
- c) If yes, state what benefit do you get by chewing betel leaf? / /  
38  


---
- d) If yes, do you chew betel leaf with tobacco? / /  
39  
 Yes  No
19. a) How have you been wearing your saree since you were pregnant? / /  
40  
 Loose  Tight  Any other(specify) \_\_\_\_\_
- b) State the reason for wearing your saree loose/tight/any other / /  
41  


---
20. a) Do you believe that you should wear an amulet during pregnancy? / /  
42  
 Yes  No (If no, skip to No. 21).

b) If yes, state the reason \_\_\_\_\_   /  /  /    
43

c) If yes, are you wearing an amulet now?   /  /  /    
44

  1   Yes   2   No

21. Do you take extra salt during meals?   /  /  /    
45

  1   Yes   2   No

22. a) Do you think that due to pregnancy you should eat differently?   /  /  /    
46

  1   Yes   2   No   9   Don't know (If no or don't know skip to No. 23)

b) If yes, do you think you should eat more/less of food?   /  /  /    
47

  1   eat more   2   eat less

c) If yes, state the reason for eating more/less of any food \_\_\_\_\_   /  /  /    
48

23. a) Do you think that you should prefer to take certain special foods during your pregnancy?   /  /  /    
49

  1   Yes   2   No   8   Don't know (If no or don't know skip to No. 24).

b) If yes, name the special foods:

c) The reason(s) for taking:

_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 50 - 52
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 53 - 55
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 56 - 58
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 59 - 61
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 62 - 64
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 65 - 67

_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
		68 - 70
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
		71 - 73
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
		74 - 76

d) If yes, what special foods you have taken since you were pregnant?

   /    /    /    /  
77-78

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

24. a) Do you believe that you should avoid certain foods during your pregnancy

   /    /    /    /  
79

Yes    No    Don't know (If no or don't know skip to No. 25)

b) If yes, name the foods you should avoid:

c) The reason(s) for avoiding:

d) Period avoided

_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			80 - 83
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			84 - 87
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			88 - 91
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			92 - 95
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			96 - 99
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> /
			100 - 103



Appendix 1B

ANTENATAL AND POSTNATAL CARE  
(Socio-cultural Aspects)

Antenatal Follow-up Questionnaire

1. Respondent No. \_\_\_\_\_  $\frac{1}{1-3}$
2. Follow-up visit No. \_\_\_\_\_  $\frac{1}{4}$
3. What month of pregnancy are you in now? \_\_\_\_\_  $\frac{1}{5-6}$
4. a) Are you breast-feeding any of your child now? \_\_\_\_\_  $\frac{1}{7}$
- Yes  No  N.A. (If no or N.A., skip to No.5)
- b) If yes, what is the age of your child? \_\_\_\_\_  $\frac{1}{8-10}$   
(Years) (Month)
5. Have you been smoking since we visited you last time ( \_\_\_\_\_ months \_\_\_\_\_ days ago)? \_\_\_\_\_  $\frac{1}{11}$
- Yes  No
6. a) Did you have coitus since we visited you last time ( \_\_\_\_\_ months \_\_\_\_\_ days ago)? \_\_\_\_\_  $\frac{1}{12}$
- Yes  No
- b) If yes, how many times you had coitus? \_\_\_\_\_  $\frac{1}{13-14}$
- c) If no, state the reason for not having coitus? \_\_\_\_\_  $\frac{1}{15}$
7. Are you wearing an amulet now? \_\_\_\_\_  $\frac{1}{16}$
- Yes  No  N.A.
8. a) Did you take any special food since we visited you last time ( \_\_\_\_\_ months \_\_\_\_\_ days ago)? \_\_\_\_\_  $\frac{1}{17}$
- Yes  No  N.A. (If no or N.A. skip to No.9)

Remarks (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by (Female Interviewer): \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 2A  
ANTENATAL AND POSTNATAL CARE  
(Socio-cultural Aspects)

Initial Postnatal Questionnaire

INFORMATION ON THE MOTHER

1 - 118

1. Respondent No: \_\_\_\_\_ / / / /  
1-3
  
2. How many months have you been pregnant? \_\_\_\_\_ / / /  
4-5
  
3. a) What was the outcome of your recent pregnancy? \_\_\_\_\_ / /  
6
  
- b) When was this pregnancy terminated? \_\_\_\_\_ / / / / / / / / / /  
7 - 14  
       (Hour) (Day) (Month) (Year)
  
4. Where did you pass most of the time of your recent pregnancy? \_\_\_\_\_ / /  
15
  
5. If you have passed most time of your recent pregnancy away from your husband's house, state the reason or circumstances (If passed most time in husband's house, skip to No.6) \_\_\_\_\_ / /  
16
  


---

6. a) What was the place of your recent pregnancy termination? \_\_\_\_\_ / /  
17  
       (If pregnancy was terminated in husband's house, skip to No.7).
  
- b) If this pregnancy was terminated away from husband's house, state the reason or circumstances. \_\_\_\_\_ / /  
18
  


---

7. a) In case of home delivery, in which portion or location of the house the delivery was performed? (In case of delivery in hospital or clinic or miscarriage skip to No.10) \_\_\_\_\_ / /  
19
  
- b) What kind of bedding was provided for the delivery? \_\_\_\_\_ / /  
20

8. How long did labour last since onset of pain to delivery of placenta?

\_\_\_\_\_ (Hours) (Days)

   /    /    /  
21-23

9. In what position was the mother at the time of birth of the baby?

\_\_\_\_\_

   /  
24

10. Have you been smoking since we visited you during your pregnancy ( \_\_\_\_\_ months \_\_\_\_\_ days ago)?

Yes  No

   /  
25

11. a) Did you have coitus since we visited you last time in pregnancy ( \_\_\_\_\_ months \_\_\_\_\_ days ago)?

Yes  No (If yes, skip No. 11c, if no, skip No. 11b)

   /  
26

b) If yes, how many times, you had coitus? \_\_\_\_\_

   /    /  
27-28

c) If no, state the reason for not having coitus, \_\_\_\_\_

   /  
29

12. a) Do you chew betel leaf now?

Yes  No (If no, skip to No. 13)

   /  
30

b) If yes, do you chew betel leaf with tobacco?

Yes  No

   /  
31

c) If yes, do you think that chewing betel leaf after pregnancy termination has any special benefit to you?

Yes  No  Don't know

   /  
32

d) If yes, state what benefit do you get by chewing betel leaf? \_\_\_\_\_

\_\_\_\_\_

   /  
33

13. a) Do you believe that you should wear an amulet after termination of your pregnancy?    /    /    /  
34

Yes  No (If no, skip to No. 14).

b) If yes, why? \_\_\_\_\_    /    /    /  
35

c) If yes, are you wearing an amulet now?    /    /    /  
36

Yes  No

14. a) Do you think that after pregnancy termination you should eat differently?    /    /    /  
37

Yes  No  Don't know (If no or don't know, skip to No. 15)

b) If yes, do you think you should eat more/less amount of food?    /    /    /  
38

eat more  eat less

c) If yes, state the reason for eating more/less amount of food:    /    /    /  
39

15. a) Do you think that you should prefer to take certain special foods after pregnancy termination?    /    /    /  
40

Yes  No  Don't know (If no or don't know, skip to No. 16)

b) If yes, name the special foods:	The reason(s) for taking:	
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> /
_____	_____	41-43
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> /
_____	_____	44-46
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> /
_____	_____	47-49
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> /
_____	_____	50-52
_____	_____	<u>  </u> / <u>  </u> / <u>  </u> /
_____	_____	53-55

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

56-58

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

59-61

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

62-64

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

65-67

16. a) Do you believe that you should avoid certain foods following pregnancy termination?

\_\_\_\_\_/\_\_\_\_\_/

68

1 / Yes   2 / No   8 / Don't know (If no or don't know, skip to No. 17)

b) If yes, name the avoided foods:

The reason(s) for avoiding:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

69-71

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

72-74

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

75-77

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

78-80

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

81-83

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

84-86

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

87-89

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

90-92

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/

93-95



e) If medical care or any remedy was not sought at all for any complication, state the reason(s): \_\_\_\_\_

141

a) Did infant suffer from any illness or complaint since birth?

142

Yes  No (If no, skip to No. 25)

b) If yes, state the symptoms of illness or complaint:

c) Kind of medical care or any remedy sought:

d) Type of diet advised:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

143-145

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

146-148

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

149-151

e) If medical care or any remedy was not sought at all for any illness or complaint, state the reason(s): \_\_\_\_\_

152

f) If diet advised for any illness or complaint, was not followed at all state the reason(s): \_\_\_\_\_

153

5. a) Is the infant alive now? (If yes, skip Nos. 25b-25c)

154

Yes  No

b) If no, what was the infant's age at the time of death?

155-159

(Hour) (Day) (Month)

c) If no, state the cause or symptoms of death: \_\_\_\_\_

160



INFORMATION ON THE BIRTH ATTENDANT,
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161 - 202
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26. a) Was the woman assisted by any birth attendant at the time of delivery? (If yes, skip No. 26c. If no, skip Nos. 26b, 27-38)

/ / 161
------------

Yes  No

- b) If yes, specify the type of birth attendant: \_\_\_\_\_

/ / 162
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- c) If no, why or under what circumstances there was no birth attendant? \_\_\_\_\_

/ / 163
------------

27. a) Is the birth attendant related to the woman? (If no, skip No. 27b)

/ / 164
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Yes  No

- b) If yes, specify the relationship: \_\_\_\_\_

/ / 165
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28. a) Did you receive any remuneration for attending this birth? (If yes, skip No. 28c. If no, skip No. 28b)

/ / 166
------------

Yes  No

- b) If yes, what did you receive as remuneration? \_\_\_\_\_

/ / 167
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- c) If no remuneration received, state the reason: \_\_\_\_\_

/ / 168
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29. What is your age? \_\_\_\_\_

/ / / 169-170
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30. What is your marital status? \_\_\_\_\_

/ / 171
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31. What is your religion? \_\_\_\_\_

/ / 172
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32. What is the level of your education? \_\_\_\_\_ 173
33. What is your main occupation? \_\_\_\_\_ 174
34. What is the occupation of your head of family? \_\_\_\_\_ 175
35. How long had you been attending deliveries? \_\_\_\_\_ (years) 176
36. a) Did you receive any apprenticeship for attending deliveries? 177
- 1 Yes 2 No (If no, skip to No. 37)
- b) If yes, from whom? \_\_\_\_\_ 178
37. a) Did you receive any formal training? 179
- 1 Yes 2 No (If no, skip to No. 38)
- b) If yes, type of training: \_\_\_\_\_ 180
- c) If yes, for how long? \_\_\_\_\_ 181
38. a) Did you wait till the placenta came out spataneously? 182
- 1 Yes 2 No (If yes, skip No.38c. If no, skip No.38b)
- b) If yes, how long did you wait? \_\_\_\_\_ (Hours) 183-184
- c) If no, how did you handle it? \_\_\_\_\_ 185
39. a) Was the umbilical cord cut before the placenta came out? 186
- 1 Yes 2 No (If no, skip to No. 40).
- b) If yes, state the reason: \_\_\_\_\_ 187
40. Who cut the umbilical cord? \_\_\_\_\_ 188

Remarks (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reported by (Female Interviewer): \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_

Appendix 2B  
ANTENATAL AND POSTNATAL CARE  
(Socio-cultural Aspects)  
Postnatal Follow-up Questionnaire

INFORMATION ON THE MOTHER

1 - 155

1. Respondent No. \_\_\_\_\_ 1 / 1 / 1  
1-3
2. What is your completed age? \_\_\_\_\_ 4 / 5  
4-5
3. a) What was the outcome of your previous pregnancy? \_\_\_\_\_ 6  
(If there was no previous pregnancy skip to No.4)
- b) When your previous pregnancy terminated? \_\_\_\_\_ 7 / 12  
(Day) (Month) (Year)
- c) If the outcome of your previous pregnancy was live birth,  
is the child still living? \_\_\_\_\_ 1
- 1 Yes 2 No (If yes, skip to No. 4)
- d) If no, what was the child's age at time of death? \_\_\_\_\_ 14 / 19  
(Day) (Month) (Year)
- e) If no, state the cause of child's death \_\_\_\_\_ 20
4. a) How many children were born alive to you so far? \_\_\_\_\_ 21  
(If there was no live birth at all skip to No.5)
- b) How many of them are still living now? \_\_\_\_\_ 22
- c) How many of them living with you are daughters? \_\_\_\_\_ 23
- d) What is the age of your youngest living child? \_\_\_\_\_ 24 / 29  
(Day) (Month) (Year)

-49-

5. a) Were you confined to the delivery room or its immediate vicinity following termination of your pregnancy? / /  
30
- 1 Yes 2 No (If no, skip to No. 6)
- b) If yes, how long this restriction continued? \_\_\_\_\_ (days) / /  
31
- c) If yes, state the reason for such confinement \_\_\_\_\_ / /  
32
- 
6. a) Did you sit on a fire place to 'roast' yourself following the termination of your pregnancy? / /  
33
- 1 Yes 2 No (If no, skip to No. 7)
- b) If yes, why was this practice necessary? \_\_\_\_\_ / /  
34
- 
- c) If yes, how long did you do this since pregnancy termination? \_\_\_\_\_ (days). / /  
35
- d) If yes, how often did you do this in a day? \_\_\_\_\_ (times) / /  
36
- e) If yes, for how long you sat on fire each time? \_\_\_\_\_ (hours) / /  
37
7. Are you wearing an amulet now? / /  
38
- 1 Yes 2 No 9 N.A.
8. a) Have you been eating food left overnight since termination of your pregnancy? / /  
39
- 1 Yes 2 No (If yes, skip to No. 9)
- b) If no, why? \_\_\_\_\_ / /  
40
- c) If no, for how long since pregnancy termination? \_\_\_\_\_ (days) / / /  
41-42

9. Are you habituated to use any foot wear during day time?

  /  /  
43

  /  /  
1/ Yes 2/ No

10. a) Have you been using any foot wear during day time following pregnancy termination?

  /  /  
44

  /  /  
1/ Yes 2/ No (If no, skip to No. 11)

b) If yes, why? \_\_\_\_\_

  /  /  
45

11. a) Did you take any special food since termination of your pregnancy?

  /  /  
46

  /  /  
1/ Yes 2/ No 9/ N.A. (If no or N.A. skip to No.12)

b) If yes, name the special foods:

c) Duration of the food taken (Days)

_____	_____	<u>  </u> / <u>  </u> / 47-51
_____	_____	<u>  </u> / <u>  </u> / 52-56
_____	_____	<u>  </u> / <u>  </u> / 57-61
_____	_____	<u>  </u> / <u>  </u> / 62-66
_____	_____	<u>  </u> / <u>  </u> / 67-71
_____	_____	<u>  </u> / <u>  </u> / 72-76
_____	_____	<u>  </u> / <u>  </u> / 77-81
_____	_____	<u>  </u> / <u>  </u> / 82-86
_____	_____	<u>  </u> / <u>  </u> / 87-91
_____	_____	<u>  </u> / <u>  </u> / 92-96

12. a) Did you avoid any food since termination of your pregnancy?

   /  
   /  
97

1/ Yes 2/ No 3/ N.A. (If no or N.A. skip to No. 13)

b) If yes, name the foods you have avoided:

c) Duration of the food avoided (Days)

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98-102

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103-107

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113-117

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118-122

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128-132

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133-137

13. a) Did you suffer from any illness or complaint since we visited you last time (    months     days ago?)

   /  
   /  
138

1/ Yes 2/ No (If no, skip to No. 14)

b) If yes, state the symptoms of illness or complaint:

c) Kind of medical care or any remedy sought:

d) Type of diet advised:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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139-141

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142-144

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145-147

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148-150

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   /  
   /  
151-153

-52-

e) If medical care or any remedy was not sought at all for any illness or complaint, state the reason(s): \_\_\_\_\_

\_\_\_\_\_  
154

f) If diet advised for any illness or complaint was not followed at all, state the reason(s): \_\_\_\_\_

\_\_\_\_\_  
155

INFORMATION ON THE LIVE BORN INFANT

156 - 218

14. What is the age of the infant (if alive now)?

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
(Month) (Day) 156-158

15. a) Is the child named, by now?

\_\_\_\_\_  
159

Yes  No (If yes, skip No. 15f. If no, skip Nos. 15b-15e).

b) If yes, what is infant's name? Nick Name: \_\_\_\_\_

(Unicode)

Real name: \_\_\_\_\_

(Unicode)

c) If yes, who named it? (Nick name) \_\_\_\_\_

\_\_\_\_\_  
160

(Real name) \_\_\_\_\_

\_\_\_\_\_  
161

d) If yes, why is the child so named? Nick name: \_\_\_\_\_

\_\_\_\_\_  
162

Real name: \_\_\_\_\_

\_\_\_\_\_  
163

e) If yes, when was it named?

Nick name: \_\_\_\_\_ (day)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
164-165

Real name: \_\_\_\_\_ (day)

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
166-167

f) If not named, state the reason: \_\_\_\_\_

\_\_\_\_\_  
168

16 a) Was any ceremony performed after child birth?

\_\_\_\_\_  
169

Yes  No (If no, skip to No. 17)



b) If yes, name or state specific ritual:	c) Day the ritual was performed:	d) The reason for performing ritual:	
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 170-175
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 176-177
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 178-181
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 182-185
_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 186-189

17. a) Was the new born confined to the delivery room for a couple of days subsequent to birth?   /  /    
190

  /   Yes   /   No (If no, skip to No. 18)

b) If yes, how long this restriction continued? \_\_\_\_\_ (days)   /  /  /    
191-192

c) If yes, state the reason for such confinement: \_\_\_\_\_   /  /    
193

18. a) Did the child suffer from any illness or complaints since we visited you last time ( \_\_\_\_\_ months \_\_\_\_\_ days ago?)   /  /    
194

  /   Yes   /   No

b) If yes, state the symptoms of illness or complaints:	b) Kind of medical care or any remedy sought:	d) Type of diet advised:	
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_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 195-197
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_____	_____	_____	<u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> / <u>  </u> 207-209
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e) If no medical care or any remedy was not sought at all for any illness or complaint, state the reason(s): \_\_\_\_\_

210

f) If diet advised for any illness or complaint was not followed at all, state the reason(s): \_\_\_\_\_

211

19. a) Is the infant alive now?

212

Yes  No (If yes, skip rest of the questions).

b) If no, what was the infant's age at the time of death? \_\_\_\_\_

213-217

(Hour) (Day) (Month)

c) If no, state the cause or symptoms of death: \_\_\_\_\_

218

Remarks (if any): \_\_\_\_\_

Reported by (Interviewer): \_\_\_\_\_ Date: \_\_\_\_\_

Verified by (Supervisor): \_\_\_\_\_ Date: \_\_\_\_\_