

ETHICAL REVIEW COMMITTEE, ICDDR, B.

Principal Investigator Abbas Bhuiya

Trainee Investigator (if any) _____

Application No. 86-023

Supporting Agency (if Non-ICDDR, B) collaborative with

Title of Study Factors affecting child survival in Matlab, Bangladesh.

Project status: Australian National University

- New Study
- Continuation with change
- No change (do not fill out rest of form)

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

Source of Population:

- (a) Ill subjects Yes No
- (b) Non-ill subjects Yes No
- (c) Minors or persons under guardianship Yes No

Does the study involve:

- (a) Physical risks to the subjects Yes No
- (b) Social Risks Yes No
- (c) Psychological risks to subjects Yes No
- (d) Discomfort to subjects Yes No
- (e) Invasion of privacy Yes No
- (f) Disclosure of information damaging to subject or others Yes No

Does the study involve:

- (a) Use of records, (hospital, medical, death, birth or other) Yes No
- (b) Use of fetal tissue or abortus Yes No
- (c) Use of organs or body fluids Yes No

Are subjects clearly informed about:

- (a) Nature and purposes of study Yes No
- (b) Procedures to be followed including alternatives used Yes No
- (c) Physical risks N.A. Yes No
- (d) Sensitive questions N.A. Yes No
- (e) Benefits to be derived Yes No
- (f) Right to refuse to participate or to withdraw from study Yes No
- (g) Confidential handling of data Yes No
- (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure N.A. Yes No

5. Will signed consent form be required:

- (a) From subjects N.A. Yes No
- (b) From parent or guardian (if subjects are minors) Yes No

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)

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

Principal Investigator Abbas Bhuiya

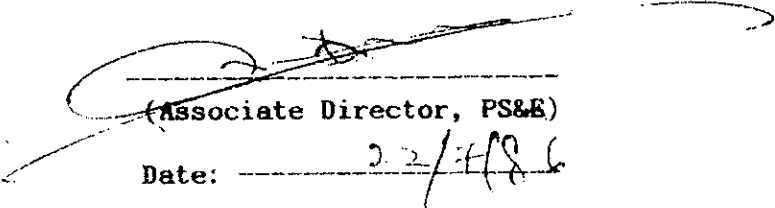
Trainee _____

86-0213
25/7

SECTION I - RESEARCH PROTOCOL

1. Title : Factors affecting child survival in Matlab, Bangladesh.
2. Principal Investigator : Abbas Bhuiya
3. Starting date : 1st September, 1986
4. Completion date : Field work - 31st January, 1987
Analysis - 30th June, 1989
5. Total budget : Taka 180,500
6. Scientific division : Population Science & Extension (PS&E)

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



(Associate Director, PS&E)

Date: 22/1/86

7. **Abstract Summary:**

This study will assess the level of awareness of the mothers about behavioural and environmental health hazards and the level of hygienic practices in eight villages of Matlab, Bangladesh. It will also attempt to identify the nature of care taken during and after sickness of the children and search for their determinants by interviewing mothers once in fifteen days for a period of four months. Information collected will be used to elucidate the mechanisms through which mothers education and household socioeconomic characteristics may operate to affect child's growth as well as survival.

8. **Review:**

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

REF
WA 320. JB2
B5756
1986

Abstract Summary - Particular Items

1. Not applicable.
2. No risk; not applicable.
3. Not applicable.
4. Data will be analysed and published in aggregate and there is no possibility of identifying individuals.
5. A verbal consent form will be approved by the head of the household before starting interviewing.
6. Interview will take place at respondent's house and question on socioeconomic variables and child morbidity and care taken during and after sickness will be asked and it will take approximately 30 minutes in a session. Height of the children will be taken once and weight once in a month for four months.
7. No direct benefits to individual; will provide a better understanding of the relationship between mortality and socioeconomic status which may be an aid to the planners for a better health planning.
8. Use of birth, death, migration and previous census records.

Statement of Confidentiality

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

Identifying information (name, census number) appears on the questionnaire forms. Because it is necessary to link events using this information which cannot be deleted. However, the staff who have access to these questionnaires is trained and aware of their confidential nature.

After the data are linked, all analysis will be done using aggregate information. There will be no way that individuals can be identified.

SECTION II - RESEARCH PLAN

1. INTRODUCTION

A. Objective

The major objective of this protocol is to investigate the mechanisms through which socioeconomic determinants (including parental education and sex of the children) operate to result in mortality differentials among the under three children in Matlab, Bangladesh.

B. Background

Like in other developing countries studies on child mortality related problems are also limited, both in terms of number and scope, in Bangladesh. Non-availability of appropriate data on mortality and shifted interest to fertility related problems in the last decades perhaps have resulted to this situation. The Demographic Surveillance System (DSS) of ICDDR,B in its field areas has provided us with appropriate data bases for studying mortality related processes in rural areas of Bangladesh. Yearly demographic reports generating out of the systems give us a scope of understanding the trends and patterns of childhood mortality in the study areas. Combining the death registration data with potential determinants can lead to better understanding of mortality related processes in the areas.

Attempts in this direction were made using 1974 socioeconomic data in Matlab. Cross tabular analysis of death among the 1-4 year children and household socioeconomic and environmental factors in Matlab revealed a negative relationship between household status, mother's education and child mortality (D'Souza and Bhuiya, 1982). In relation to gender based differentials female children were found to have higher mortality than their male counterpart (D'Souza and Chen, 1980; Koenig and D'Souza, 1986). Similar pattern of relationship has also recently been reported for measles case fatality with household socioeconomic status, mother's education and sex of the child (Bhuiya et al., 1986a). Discrimination against female children in intrafamily food distribution and medical care as reflected by less attendance in ICDDR,B's free diarrhoeal treatment centres were thought to be attributors of the observed sex differentials in mortality (Chen, Huq, and D'Souza, 1981). Evidence of less frequent use of free treatment centres by the lower socioeconomic group children was also documented (Islam et al., 1984).

The inverse relationship of household socioeconomic status, and parental education with child mortality were also observed for other developing countries (Antonovsky and Bernstein, 1977; Caldwell, 1979; Caldwell and McDonald, 1981; Cochrane, 1980; Da Vanjo, 1983; Farah and Preston, 1982; Behm, 1979; Schultz, 1980; Haines, Avery and Strong, 1983; Trussel and Hammerslough, 1983). A central finding of these studies has been the importance of maternal, and sometimes paternal, education in reducing child's risk of dying. These studies have been valuable in documenting the magnitudes of mortality differentials and sometimes in disentangling the relative importance of various socioeconomic variables in explaining child mortality. They were of limited scope in explaining the mechanisms through which these factors affect mortality. Child's death in the developing countries is mainly through growth faltering being a consequence of cumulative series of biological insults and causally multifactorial in nature (Mosley and Chen, 1984; Puffer and Serrano, 1975; Mata, 1978).

Examinations of the relationship among socioeconomic status, child nutrition and morbidity were also made in several occasions. For rural Bangladesh an inverse relation between socioeconomic status and child nutrition was found to exist (INFS, 1978; 1982; Bhuiya 1983; Bhuiya et al., 1986b). The nature of relationship between socioeconomic status and nutrition of children was observed to be somewhat different for boys and girls (Bhuiya et al., 1986c). The relationship of socioeconomic status and morbidity was unclear mainly due to reporting problems (Islam et al., 1984; Ashraf et al., 1983; Bhuiya et al., 1986b). However, a prospective study in Matlab, Bangladesh documented no difference in diarrhoeal incidence by nutritional status of children but the duration of diarrhoea was found to be longer among the malnourished children (Black et al., 1983). Still questions remain - what determines nutritional status? If it is a function of food intake and infection - what role mother's education and household socioeconomic status might play to influence these two basic determinants? And how?

Children of uneducated mothers die more often merely not because their mother did not go to school but because they receive insufficient or inappropriate food and care during and after sickness. Caldwell (1979) argued that the positive impact of mothers' education on child mortality are due to 1) a reduction in fatalism in the face of children's ill health; 2) a greater capability in manipulating the world (e.g., in knowing where facilities are, and in securing the attention of doctors and nurses); and 3) a change in the traditional balance of family relationships that shifts the focus of power away from the patriarch and the mother-in-law and ensures that a greater share of available resources is devoted to children. Difference in behaviour of the literate and illiterate mothers was also indicated in an anthropological study in Matlab, Bangladesh (Lindenbaum, 1985). All these studies direct focus

to intermediate factors, such as, proper feeding and hygienic practices, appropriate and timely step taken for treating children in case of sickness and which are likely to be influenced by mothers' education and household socioeconomic status.

Unfortunately traditional social science studies of correlates of childhood mortality usually did not include the examination of relationship between socioeconomic status and proximate determinants of child mortality through which socioeconomic factors must operate to result in mortality differentials. One reason for such a lapse was the absence of an appropriate theoretical framework describing the relationship between socioeconomic factors and more proximate determinants of mortality. Recently such a model has been proposed by Mosley and Chen (1984). The most important aspect of the model is the identification of a set of proximate determinants or intermediate variables, that directly influence the risk of morbidity and mortality. All social and economic determinants must operate through these variables to affect child survival. The proximate determinants are grouped into five categories:

- maternal factors: age; parity; birth interval
- environmental contamination: air; food/water/fingers; skin/soil/inanimate objects; insect vectors
- injury: accidental; intentional
- nutrient deficiency: calories; protein; micronutrient
- personal illness control: personal preventive measures; medical treatment

The existing gap in knowledge about the mechanisms through which socioeconomic determinants (including education of parents and sex of the children) operate to result in mortality differentials can be filled in by investigating the relationship of socioeconomic status and the proposed proximate determinants and mortality within the purview of the above mentioned framework.

The relationships among household socioeconomic status, (including parental education and sex of the children) environmental condition, maternal factors, and child mortality can be examined with the help of existing data (collected under the Protocol entitled "Study on socioeconomic mortality differentials" no. 81-050; where data on household socioeconomic variables and limited information on environmental and hygienic condition were collected. For details one can see D'Souza and Bhuiya, 1981) and being carried out under the coverage of DSS work plan. What is missing till now is an investigation of mothers' knowledge and awareness about health hazards and personal illness control and their relationship

with household socioeconomic status and mortality. The term personal illness control may refer to both preventive and curative measures. The preventive measures may include immunisation, measures against environmental and behavioural health hazards and nature of child care. The curative aspect can broadly include measures taken during and after sickness. A study of the relationship of these factors is straightforward but linking them directly with mortality is always discouraged by the fact that a larger population is required while for an indepth investigation of the behavioural aspects it is always desirable to have a small sample size. Since child death in developing countries is more often a process through growth faltering so nutritional status of children may be validly used as a proxy to mortality in studying its relationship with behavioural aspect as that will be proposed in the present study.

C. Rationale

So far household socioeconomic status and mother's education were found to be negatively correlated with under five mortality. Sex differentials in mortality among the children were also found to exist. The mechanisms through which these differentials might have resulted were not well understood and a gap in knowledge in this regard exists in the literature. For developing effective health planning a better understanding of the mechanisms as will be attempted in the present protocol may be of high value.

2. SPECIFIC AIMS

The study will assess the level of awareness of the mothers about behavioural and environmental health hazards and the current level of hygienic practices. It will also attempt to identify the nature of care taken during and after sickness of the children and the factors responsible for their choice (including availability of and accessibility to facilities and characteristics of the providers). The data will be used to test the following hypotheses:

- i) mothers from higher socioeconomic class, and with some education had better level of awareness about behavioural and environmental health hazards and their children experience better growth.
- ii) mothers from higher socioeconomic class, and with some education are better in terms of hygienic practices and take better preventive steps against environmental health hazards and their children experience lower number of infections.

- iii) mothers from higher socioeconomic class, and with some education are more aware about the medical facilities around them and prefer modern medicines to traditional.
- iv) mothers from higher socioeconomic class, and with some education seek medical attention more quickly when their children get sick.
- v) mothers from higher socioeconomic class, and with some education differentiate less between boys and girls in giving care during and after sickness and their boys and girls are of similar nutritional status.

3. METHODS AND PROCEDURES

The study will be carried out in eight villages (A, F, S, VB10, V10, V24, V28, V50) of Matlab. The basic characteristics of the villages are presented in Appendix I. Although the villages are purposively selected they are representative of other Matlab villages in terms of socioeconomic and religious compositions. Four (S, V10, V24, V28) of them having around 50% of the total population in the eight villages belong to MCH-FP area with one from each of the blocks. In selecting the villages factors like distance from Matlab, religion composition and accessibility were taken into considerations.

Two sets of questionnaires will be developed in Bengali one for collecting information on children aged less than three years (around 1100 in number) and the other for their mothers. DSS identification numbers will be noted in both the forms to facilitate linkage between them and with other DSS data files. Mothers' questionnaire will contain questions to ascertain their level of knowledge, awareness about behavioural and environmental health hazards and to recognise their hygienic practices. It will also include some provision for collecting socioeconomic and demographic information (english version of the questionnaire can be seen in Appendix II). The mothers will be interviewed once in every fifteen days for collecting information on their children's morbidity and nature of care taken during and after sickness and the data will be recorded in the children's questionnaire. Specific questions about the health status of the children during the fifteen days preceding the interview will be asked. The questionnaire developed for the children can be seen in Appendix III. Weight of the children will be measured once in a month and height will be taken only once during the survey. The whole work of interviewing and measuring the children will be distributed in all the eight visits to keep uniformity of work load in all the visits. Measurement of the children will be started from the second visit when the field workers will have some acquaintance with the mothers. The field work is planned for four months starting first week of October 1986 such that two of the

anthropometric measurements can be taken during the pre harvest period and the remaining two during the post harvest period. Four teams (each comprising two females preferably with graduate level education accompanied by a local female assistant) will be engaged for the purpose. A male field supervisor will also be recruited for supervising the field work. Before starting the field work the interviewers will be trained properly to take anthropometric measurements. They will be briefed and trained about the techniques of interviewing and how to fill the questionnaires. Practical training of interviewing will also be imparted in the field and sample questionnaires will be filled in by the interviewers during the training. Attempt will be made to standardise them in relation to asking questions such that among interviewers variation in data collection can be reduced to a minimum. With regard to anthropometric data the field worker's measurement will be standardised against that of an experienced person's (available in Matlab) during the training and the variations among the workers will be kept at an acceptable level. Similar procedure will also be followed during the field work. Weighing machines will be calibrated every morning against a known weight during the field work. It is envisaged that locally made beam balance with 20 gram graduation and two track length measuring board will be used in taking anthropometric measurements. The investigator will live in the villages (or visit every day) for supervising the field work and to talk with the villagers, especially, with the health care providers to collect information on the available health care facilities.

Data analysis

Data from the questionnaires will be transferred to the computer. Range and consistency checks and appropriate cleaning will be carried out before starting the analysis. Data analysis will be organised as follows:

- i) anthropometric measurements (weight and height) will be converted into indices using NCHS standards.
- ii) relationships of awareness and practices with mothers' education and household socioeconomic status will be examined using both bivariate and multivariate statistical techniques.
- iii) relationships of awareness and practices with child nutritional status will be examined controlling for household socioeconomic status, and mothers' education.

Finally, examinations of the relationships of level of awareness and nature of practices with child mortality will be attempted in the following way:

- i) survival status of all the children who were born during 1st July 1983 and 30th June 1986 will be obtained as on 1st July 1986 and will be matched with the interviewed mothers. And then the probability of death will be related with the variables as mentioned earlier.

4. SIGNIFICANCE

This study will provide an opportunity to assess the prevailing knowledge and awareness of the mothers about environmental and behavioural health hazards and the current level of hygienic practices in the study villages. The information on nature of care taken during and after sickness will be helpful in understanding the process leading to sex and socioeconomic differentials in child nutrition and mortality. Relating mothers education, their knowledge, awareness and nature of behaviour with morbidity and nutritional status will be of value in understanding the mechanisms through which mothers education may play role on the survival of their children.

5. FACILITIES REQUIRED

Office/laboratory space : none

Hospital animal resources: none

Logistic : two speed boats daily during field work (for drop and pick up)

6. COLLABORATION

This will be a collaborative study of the Demography department of the Australian National University (ANU) and Demographic Surveillance System of ICDDR,B. The field work is a component of a three year PhD program for which the principal investigator is registered with ANU. The data analysis and writing of the thesis will be accomplished at ANU during 1987-89.

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SECTION III - BUDGET

A. Detailed budget

1. Personnel Services

<u>Position</u>	<u>No. of persons</u>	<u>No. of men months</u>	<u>% effort</u>	<u>Monthly salary in Taka</u>	<u>Project requirement in Taka</u>
Field Supervisor	1	5	100	5,000	25,000
Interviewer	8	40	100	2,500	100,000
Coding Assistant	2	4	100	2,500	10,000
Porter cum Boatman	4	8	100	1,000	8,000
Data Entry Tech.	2	2	100	2,500	5,000
Female Assistant	4	8	100	1,000	8,000

Sub total = 156,000

2. Travel and Transportation

Dhaka-Matlab-Dhaka
and field

DSS support

3. Transportation of Materials - None

4. Rent, Communication and Utilities

House rent in Matlab for five months

10,000

5. Printing and Reproduction

Printing of questionnaires

12,000

6. Computer Services

DSS support

7. Supplies and Materials

Stationary

500

8. Equipment

4 nos. locally made beam balances 2,000

4 nos. length measuring board -----
(will be borrowed from special
studies section - Matlab)

9. Transport

DSS support

10. Management cost

DSS support

B. SUMMARY BUDGET

<u>Category</u>	<u>Project requirement in Taka</u>
1. Personnel	156,000
2. Travel and transport	-
3. Transportation of materials	-
4. Rent, communication and utilities	10,000
5. Printing and reproduction.	12,000
6. Computer services	-
7. Supplies and materials	500
8. Equipment	2,000
9. Transport	-
10. Management cost	-
	<u>Total Taka = 180,500</u> =====

Total in US\$ @ Tk. 30 : 6,017
Total in A\$ @ Tk. 20 : 9,025

Verbal Consent Form

The International Centre for Diarrhoeal Disease Research, Bangladesh is planning to collect information on knowledge and awareness of mothers about cleanliness and various childhood diseases. Information on nature of care taken during and after sickness of the children will also be collected. Children's heights will be taken once during the four months study period and their weights once a month. In addition to that some questions will be asked to assess the household socioeconomic status. The interviewing process will take only half an hour. The information supplied by you will be treated as confidential.

Please note that you will not be paid. You may at any time refuse to answer questions. If you have any questions we will try to answer them. Do you have any questions now?

Do you agree to participate?

ସୌଧିକ ଅସ୍ଥାତି

ଆବୃତ୍ତୀକ ଉଦରାସ୍ୟ କେନ୍ଦ୍ର ସତ୍ତାବେ ଆ-ଦେର ପରିସ୍ଥାର ପାରିକ୍ଷଣ
ଏବଂ ବାଘାଦେର ବିଭିନ୍ନ ଅସୁଧାଦିର ବ୍ୟାପାର ଜ୍ଞାନ ଏବଂ ଅଚେତନା
ଅସୁକ୍ରେ ଓଷ୍ଠି ଅଂଗ୍ରହେର କାର୍ଯ୍ୟ ଶୁରୁ କରାଯାଏ । ବାଘାଦେର ଅସୁଧ
ହଲେ କି କି ବ୍ୟବସ୍ଥା ଗ୍ରହଣ କରା ହୁଏ ଏ ଅସୁକ୍ରେ ଓ ଓଷ୍ଠି ଅଂଗ୍ରହ କରା
ହବେ । ଏହାତା ଗାତ୍ରୋ ଏକଦିନ ବାଘାଦେର ଓକ୍ତ ଏବଂ ସମ୍ପର୍କ ଏକବାର
ବାଘାଦେର ଉଦ୍ଧତା ପରିସ୍ଥାପନ କରାବେ ପାରିକ୍ଷଣା ଓ ଆଦେ । ଆମନାର
ପାରିକ୍ଷଣେର ଆର୍ଷ ଆସ୍ଥାଜିକ ଅବସ୍ଥା ନିରୂପଣେର କର୍ତ୍ତବ୍ୟ ଓ କିହୁ ପ୍ରଶ୍ନ
କରା ହବେ । ଏ କାଳେ ଅର୍ଥସ୍ଥଳେର ସତ ଅସ୍ଥ୍ୟ ଲାଗାଏ ପାରେ ।
ଏ ପ୍ରସାଥେ ଦେୟା ସାବଧାନ ଓଷ୍ଠାବଳୀ ଦେଖାଗତ ରାଧା ହବେ । ଏ କାଳେର କର୍ତ୍ତବ୍ୟ
ଆମନାଦେରକେ କେନ ଠାକା ମସ୍ତା ଦେୟା ହବେ ନା । ଆମନାରା ସେ କେନ
ଅସ୍ଥ୍ୟେ ସେ କେନ ପ୍ରଶ୍ନେର ଉତ୍ତର ଦାନ ଦେକେ ବିଚିତ୍ର ହାକାଏ ପାରେବ ।
ଏ ଅମ୍ଳକେ ଆମନାର କେନ ପ୍ରଶ୍ନ ହାକାଏ ଆମନା ଉତ୍ତର ଦିତେ ଦେଖା
କରବ ।

ଆମନାର କେନ ପ୍ରଶ୍ନ ଆଦେ କି ?

ଆମନା କି ଅଂଶ ଗ୍ରହଣ କରାଏ ଜାଣି ଆଦେନ ?

Appendix I

Village Characteristics

Village	Block	Population in '84	% Muslim	Distance from Matlab in miles
A	Comparison	2365	83	2
F	Comparison	1194	84	1
VB10	Comparison	1524	94	5
V50	Comparison	779	91	7
S	D	1086	48	7
V10	A	1375	100	2
V24	B	2400	93	6
V28	C	1241	78	7
Total		11,964	85	

No. of live births during July, '83 to June, '86 = 1300 (Approx.)

No. of children aged below 3 years as on 1st July '86 = 1100 (Approx.)

No. of deaths among those born during July '83 - June '86 = 140 (Approx.)

Appendix - II

Mother's Questionnaire: Part I
(Status related)

Particulars of mother (to be gathered from the records):

Name : _____; Date of birth : _____

Registration no. : _____

Current id : _____

Marital status : --- married; --- widowed; --- divorced;

No. of living children : ---; No. of sons living : ---

No. of living underfives : ---; No. of living underfive sons : ---

Household size : ---; No. of other couples in the household : ---

Whether parents/inlaws are member(s) of the household: --- yes; --- no;

1. Did you go to school ? --- yes; --- no;

2. What grade did you pass ? --- grade;

3. Can you read ? --- can read English scripts;
--- can read Bengali scripts;
--- can read only Koran;
--- can not read anything;

4. Can you write ? --- can write in English;
--- can write in Bengali;
--- can write only name;
--- can not write anything;

5. Did your husband go to school ; --- yes; --- no;

6. What grade did he pass ? --- grade;

7. Can your husband read ? --- can read English scripts;
--- can read Bengali scripts;
--- can read only Koran;
--- can not read anything;

8. Can your husband write ? --- can write in English;
--- can write in Bengali;
--- can write only name;
--- can not write anything;

9. a) What is the primary occupation of your husband ? _____

b) How much he earns on an average
per day ? _____ Taka;
per month ? _____ Taka;

10. Do any of you (member of the household) possess the following items ?

1 - bedstead; 2 - quilt; 4 - hurricane lamp; 8 - bicycle;
16 - watch; 32 - radio;

11. (a) Do you had to buy/borrow paddy/rice/wheat during last year for compensating your food deficit ?

--- yes; --- no;

(b) if yes, for how long ? --- months;

12. (a) Do you think that you may need to buy/borrow this year too ? --- yes; --- no;

(b) if yes, for how long ? --- months;

13. If you had food deficit, can you please tell me during which months of the year you experience that ? (Bengali months will be used in collecting data)

January; February; March; April; May; June; July; August;
September; October; November; December;

14. a) If you need any small goods (including food items) for day to day household management, where do you buy it from ?

--- neighbouring shops;
--- from the hawkers;
--- wait till the next market day;
--- others, to be mentioned _____

b) if you buy it from the neighbouring shop/hawker do you need to have prior permission from your husband or household head ?

--- always;
--- sometimes;
--- never;

c) what is the maximum amount of money involved in such purchases ?

--- Taka;

15. a) In case of sickness of any of your children who in the household normally decides about calling a health care provider ?

- always the father of the child;
- always myself;
- nothing definite;
- others, please mention _____

b) if he/she is other than the parents of the child, please tell us his/her educational qualification.

----- grade passed; ----- did not go to school;

16. a) Please tell us the number of your living sons aged more than five years (of present marriage whether living with or not).

--- number;

b) how many of them are going to school ? --- nos.

c) how many of them ever gone to school ? --- nos.

d) how many of them never gone to school ? --- nos.

17. a) Please tell us the number of your living daughters aged more than five years (of present marriage whether living with or not).

--- number;

b) how many of them are going to school ? --- nos.

c) how many of them ever gone to school ? --- nos.

d) how many of them never gone to school ? --- nos.

Mothers' Questionnaire: Part 2

(Awareness and opinion about prevention and treatment of diseases)

1. Can you please tell us what are the major sicknesses the under five children of your locality suffer from ?
(mention upto five in order of importance)

a) _____ b) _____ c) _____
d) _____ e) _____

2. What illnesses do you consider as dangerous for the under fives ? (mention upto five in order of importance)

a) _____ b) _____ c) _____
d) _____ e) _____

Diarrhoea and dysentery related:

3. Please tell us the minimum no. of loose motions, with or without mucus/blood your child should have before you consider him/her suffering from diarrhoea/dysentery ?

Diarrhoea : --- times; Dysentery : --- times;

For how many days ? Diarrhoea : --- days;

Dysentery : --- days;

4. Do you consider more than three loose motions a day as a diarrhoeal sickness ?

--- yes; --- no;

5. Do you consider diarrhoea and dysentery as dangerous for child's health ?

Diarrhoea :

--- very dangerous;
--- dangerous;
--- not dangerous;

Dysentery :

--- very dangerous;
--- dangerous;
--- not dangerous;

Why ? _____

Why ? _____

6. Where do you/would you go if your child gets diarrhoea/dysentery ? (put 1,2,3, etc. to indicate the order of contact against the preferred choice)

Diarrhoea :

- MBBS doctor;
- ICDDR,B facilities
- village allopath (trained);
- village quack;
- homeopath;
- kabiraj;
- religious healer;
- others, mention please,

Dysentery :

- MBBS doctor;
- ICDDR,B facilities
- village allopath (trained)
- village quack;
- homeopath;
- kabiraj;
- religious healer;
- others, mention please,

7. If a child gets diarrhoea/dysentery do you think he should be given more fluid (any fluid) ?

Diarrhoea :

- as much as possible;
- some;
- not at all;

Dysentery :

- as much as possible;
- some;
- not at all;

why ? _____

why ? _____

8. What do you/would you do with breast feeding if your child gets diarrhoea/dysentery ?

Diarrhoea :

- continue;
- reduce;
- stoppe;

Dysentery :

- continue;
- reduced;
- stopped;

why ? _____

why ? _____

9. What do you/would you do with normal foods of your child if he/she gets diarrhoea/dysentery ?

Diarrhoea :

- continue;
- reduce;
- stop instead
barley/sago be given;
- others, please mention

Dysentery :

- continue;
- reduce;
- stop instead
barley/sago be given;
- others, please mention

10. Now a days oral salines are available for treating diarrhoea-
have you heard about it ?

--- yes; --- no;

b) Do you know how to prepare ORS at home ? --- yes; --- no;

c) if yes, please tell us how ? _____

11. There are peoples who believe that oral saline is the best
and simplest way of treating children with diarrhoea - do you
believe that ?

--- fully;
--- partially;
--- not at all;

12. Can you please tell us the nearest source where you can have
oral saline from ?

--- no idea;
--- ICDDR,B's treatment centre;
--- ICDDR,B's Bari mother;
--- Govt. health worker;
--- dispensary;
--- others, specify _____

13. What do you consider as the major causes of diarrhoea ?
(mention three in order of importance)

a) _____ b) _____ c) _____

14. What precautionary measures you consider may reduce diarrhoeal
attack among the underfives ? (mention three in order of
importance)

a) _____ b) _____ c) _____

Measles related:

15. a) Can you please tell us the symptoms of measles ?

b) can you please tell us what are the frequent measles
associated complications ?

a) _____ b) _____ c) _____

c) what do you/would you do if your child gets measles ?
(including home remedies)

d) in your opinion what type of health care provider is the most effective in treating measles among the underfives ?

e) do you consider measles as dangereous for child's health ?

- very dangereous; - dangereous; - not dangereous;

f) do you know that measles can be prevented ?

--- yes; --- no;

g) if yes, how ? _____

Whooping cough related:

16. a) Can you please tell us the symptoms of whooping cough ?

b) what do you/would you do if your child gets whooping cough?
(including home remedy)

c) in your opinion what type of health care provider is the most effective in treating whooping cough among the underfives ?

d) do you consider whooping cough as dangereous for child's health ?

- very dangereous; - dangereous; - not dangereous;

e) do you know that whooping cough can be prevented ?

--- yes; --- no;

f) if yes, how ? _____

Pneumonia related:

17. a) Can you please tell us the symptoms of pneumonia ?

b) do you consider pneumonia as a dangereous disease for the the underfives ?

--- very dangereous; --- dangereous; --- not dangereous;

c) in your opinion what type of health care provider is the most effective in treating pneumonia among the underfives ?

Tetenus related:

18. a) Can you please tell us the symptoms of tetanus ?

b) what do you consider as the possible causes of tetanus among the new borns ?

c) do you know that tetanus among the new borns can be prevented ?

--- yes; --- no;

d) if yes, how ? _____

19. a) Have you heard about the following diseases ?

	Yes	No
Diphtheria	---	---
Polio	---	---

b) which of those diseases you know are preventable ?

-- Diphtheria
-- Polio
-- No idea;

c) if yes, how ?

Diphtheria	_____
Polio	_____

Mothers' Questionnaire: Part 3

(Knowledge, awareness and practices:
environmental and hygienic issues)

1. a) Do you have any tube well in your house ? --- yes; --- no;

b) if yes, is it given by Govt. or bought by you ?

--- Govt., --- us;

c) if no, why you do not have ?

- do not feel essential, have canal/river/pond/ditch around;
- do not feel essential, have tube well in neighbouring house and we can use it;
- buying and installing tube well is bothering;
- do not know from where tube well can be purchased;
- can not afford to buy;
- applied to the Govt.;
- others, please mention -----

2. a) What is the source of your cooking water ?

- always river/canal/ditch/pond;
- sometime tube well;
- always tube well;

b) Water from what source you consider the best for cooking ?

- river/canal/ditch/pond;
- tube well;
- all are same;

c) Why do you consider so ? -----

3. a) What is the source of water you use for washing your utensils ?

- always river/canal/ditch/pond;
- sometime tube well;
- always tube well;

b) Water from what source you consider the best for washing your utensils ?

- river/canal/ditch/pond;
- tube well;
- all are same;

- c) Why do you consider so ? -----
4. a) What is the source of water you use for drinking ?
- always river/canal/ditch/pond;
 - sometime tube well;
 - always tube well;
- b) Water from what source you consider the best for drinking ?
- river/canal/ditch/pond;
 - tube well;
 - all are same;
- c) Why do you consider so ? -----
5. a) Do you boil water from river/canal/ditch/pond before drinking ?
- never;
 - sometimes, when cholera breaks out in the area;
 - sometimes, not in any specific time;
 - always;
- b) if yes, tell us the reasons of boiling.
- to free from germs;
 - to clean the water;
 - to make water tasty;
 - others, please specify -----
- c) if not, tell us the reasons of not boiling.
- do not feel necessary;
 - feel necessary but do not boil out of negligence/consider bothering;
 - feel necessary but do not boil due to scarcity of fuel and/or appropriate pot;
 - feel necessary but have no time;
 - others, please mention -----
6. a) Do you use Alum in water from river/canal/ditch/pond before drinking ?
- never;
 - sometimes, when cholera breaks out in the area;
 - sometimes, not in any specific time;
 - always;
- b) if yes, tell us the reasons of using Alum.
- to free from germs;
 - to clean the water;
 - to make water tasty;
 - others, please specify -----

c) if not, tell us the reasons of not using Alum.

- do not feel necessary;
- feel necessary but do not use out of negligence/consider bothering;
- feel necessary but can not afford to buy;
- others, please mention -----

7. a) There are peoples who believe that water of river/canal/ditch/pond may be contaminated in various ways and one may become sick by drinking that water - have you ever heard it ?

- yes;
- no;

b) do you believe that saying ?

- not at all;
- some of it;
- fully;

8. a) Do you cover the drinking water containers ?

- never;
- often;
- always;

b) if domestic animals/birds (such as, cats, chickens) submerge their mouth/legs etc. into a water container, what do/would you do ?

- discard the whole water;
- discard partially, rest is/will be used for non-drinking purposes;
- discard partially, rest is/will be used for drinking;
- keep the whole, and is/will be used for non-drinking purposes;
- keep the whole, and is/will be used for drinking;

c) If a person (including a child) immerse limbs and/or other things into a water container what do/would you do ?

- discard the whole water;
- discard partially, rest is/will be used for non-drinking purposes;
- discard partially, rest is/will be used for drinking;
- keep the whole, and is/will be used for non-drinking purposes;
- keep the whole, and is/will be used for drinking;

d) do you have any water glass/jug ? --- yes; --- no;

e) how do you get water from the big containers ?

- always by sinking jug;

- no definite pattern;
- always by decaning;

9.a) Do you have any latrine ? --- yes; --- no;

b) if yes, what type ?

- pit latrine;
- water sealed;
- drained to surface or surface water;

c) if your child defecate either inside the dwellings or in the courtyard where do you dispose them ?

- always in the latrines;
- most of the time in the bushes;
- most of the time in the river/canal/ditch/pond;
- no definite pattern;
- most of the time eaten by the pets;
- others, please mention -----

d) if you throw in any of the river/canal/ditch/pond, do you use that source for the following purposes ?

- cooking : --- always; --- sometimes; --- never;
- washing
utensils : --- always; --- sometimes; --- never;
- bathing : --- always; --- sometimes; --- never;
- drinking : --- always; --- sometimes; --- never;

e) where do you wash soiled clothes of your children ?

- always in river/canal/ditch/pond;
- sometimes in tube-well;
- always in tube-well;
- others, please mention -----

f) if you wash in any of the river/canal/ditch/pond, do you use that source for the following purposes ?

- cooking : --- always; --- sometimes; --- never;
- washing
utensils : --- always; --- sometimes; --- never;
- bathing : --- always; --- sometimes; --- never;
- drinking : --- always; --- sometimes; --- never;

10.a) How do you wash your hand after cleaning your child after defecation ?

- always with water only;
- sometimes with soil/ashes;
- always with soil/ashes;
- sometimes with soap;
- always with soap;
- others, please mention -----

b) How do you clean your hand after defecation ?

- always with water; only;
- sometimes with soil/ashes;
- always with soil/ashes;
- sometimes with soap;
- always with soap;
- others, please mention -----

11.a) Do you think it is necessary to wash hand with soap after defecation ?

--- yes; --- no;

if yes, why ? -----
if no, why ? -----

b) There are peoples who believe that if food items are touched without cleaning the hands with soap after defecation, food items may be contaminated and if it is eaten than a person may become sick - do you ever heard of it ?

--- yes; --- no;

c) do you believe that ?

--- not at all; --- partially; --- fully;

d) if you do not clean your hand with soap after defecation, what are the reasons of not doing ?

- do not consider necessary;
- consider necessary but not doing out of negligence or consider bothering;
- consider necessary, can not afford to buy soap;
- others, to be mentioned;

12.a) Do you cook your food during every meal-time ?

- always cook during every meal-time;
- always cook only once a day;
- no definite pattern;
- others, to be mentioned -----

b) if you do not cook during every meal-time, do you warm the food before eating ?

--- always; --- sometimes; --- never;

c) if you do, why you do so ?

d) if you do not, why ?

e) in summer, left over foods from night time may get sour in the next morning - if it happens with your food, what will/would you do ?

- discard/give to the pets;
- do not give to the children, eaten by the adults;
- do not give to the children, eaten by the female adults only;
- do not give to the children, eaten by the male adults only;
- eaten by everybody;
- others, please mention

f) there are peoples who believe that such sour foods are bad for health have you ever heard of it ?

--- yes; --- no;

g) do you believe that ?

--- not at all; --- partially; --- fully;

if yes, in 2(a) or 2(b), mention the symptoms in details :

(c) when it was first noticed ? (date of onset) -----

3.(a) Was he/she treated with anything (medicine or any indigenous materials or methods) by you or any member of your household ?

--- yes; --- no;

(b) if yes, tell us about the nature of medicine/materials/ and methods used.

(c) how many days after the onset you tried those mentioned in 3.(b) ?

--- days;

4.(a) For the breast feds (check question no. 1), is he/she still given breast milk/ was he/she given breast milk during that sickness.?

--- given fully;
--- given partially;
--- not given;

(b) if partially or not given please tell us why ?

5.(a) During this sickness is/was he/she given the normal diets ?

--- yes; ---no;

(b) if not, why ?

(c) what kind of food did you stop giving ?

(d) and how many days after the onset you stopped ? ----- days;

(e) and for how long you continued ? --- till recovery;
--- days;

(f) if the food withdrawal is interrupted before recovery what were the reasons for doing so ?

6.(a) When he/she was cured ?

after --- days; --- not cured

(b) if not cured, what is the status ?

- getting better;
- no change;
- deteriorating;

7.(a) Was he/she shown to any health care provider (any type)?

----- yes; ----- no;

(b) if not, why ? -----

(c) if yes, to how many ? ----- nos.

(d) when and to whom you showed him/her first, second ?
(after how many days of onset and type of provider)

first provider : -----; after ----- days of onset;
second provider: -----; after ----- days of onset;

(Interviewer, ask for the following information for each of the providers)

8. FIRST PROVIDER :

(a) what were the motivating factors in choosing the provider?
(please tell us in details; viz, economic, effectiveness, accessability, personal qualities etc.)

- was considered as the best;
- he/she is our family doctor;
- he/she was visiting us when the child was sick;
- he/she was the only nearest available;
- he/she provide services and medicine in credit;
- he/she charges less money for consultancy and medicine;
- his personal behaviour is good;
- others, to be mentioned -----

(b) can you please tell us what the provider prescribed or did to the child ?

- gave medicine (allopath) for eating;
- injected some medicine;
- gave ORS for drinking;
-
- others, please mention -----

(c) did you follow his/her advice ?

- fully;
- partially;
- not at all;

(d) if not fully, why you did not ?

(e) how much you had to pay to him/her ?

for consultancy: ---- Taka;
for medicine : ---- Taka;
total : ---- Taka;

(f) what was the result of treatment ?

--- cured;
--- improved;
--- not cured;
--- deteriorated;

(g) did the provider advise to withdraw any food item from his/her normal diet ?

--- yes; --- no;

(h) if yes, what ? _____

(i) did the provider advise any special food for the child during the sickness ?

--- yes; --- no;

(j) if yes, what ? _____

(k) did you give him/her that special food ?

--- yes; --- no;

(l) if not, why you did not give ?

--- I did not consider it necessary;
--- I consider it necessary but other member of the household did not consider it necessary;
--- could not arrange it due to nonavailability of the item;
--- could not arrange it due to want of money;
--- others, please mention _____

9. SECOND PROVIDER :

(a) what were the motivating factors in choosing the provider?
(please tell us in details; viz, economic, effectiveness, accessibility, personal qualities etc.)

--- first provider was not effective;
--- first provider could not be contacted;
--- first provider did not come to visit;
--- first provider charges more money;
--- first provider was not good as a person;
--- first provider lives far from our place;

- he/she is our family doctor;
- he/she was visiting us when the child was sick;
- he/she provide services and medicine in credit;
- his personal behaviour is good;
- others, to be mentioned _____

(b) can you please tell us what the provider prescribed or did to the child ?

- gave medicine (allopath) for eating;
- injected some medicine;
- gave ORS for drinking;
- others, please mention _____

(c) did you follow his/her advice ?

- fully;
- partially;
- not at all;

(d) if not fully, why you did not ?

(e) how much you had to pay to him/her ?

for consultancy:	---	Taka;
for medicine	:---	Taka;
total	:---	Taka;

(f) what was the result of treatment ?

- cured;
- improved;
- not cured;
- deteriorated;

(g) did the provider advise to withdraw any food item from his/her normal diet ?

--- yes; --- no;

(h) if yes, what ? _____

(i) did the provider advise any special food for the child during the sickness ?

--- yes; --- no;

(j) if yes, what ? _____

(k) did you give him/her that special food ?

--- yes; --- no;

(1) if not, why you did not give ?

- I did not consider it necessary;
- I consider it necessary but other member of the household did not consider it necessary;
- could not arrange it due to nonavailability of the item;
- could not arrange it due to want of money;
- others, please mention -----

10.(a) Which of the following diseases the child is immunised against ?

- Diphtheria; --- Polio; --- Measles; --- Whooping cough;
- Tetanus;

(b) where did you get the vaccines ?

- rural health centre;
- outside Matlab;
- ICDDR,B facilities;
- others, mention ----

(c) who advised you to immunise the child ?

- self;
- husband;
- ICDDR,B staffs;
- others, mention -----

ANTHROPOMETRY :

Weight : ----- kilograms;


Height : ----- cms.;



INTERNATIONAL CENTRE FOR
DIARRHOEAL DISEASE
RESEARCH, BANGLADESH

Memorandum

TO : Chairman, ERC

FROM : Abbas Bhuiya 
DSS Office

DATE: 11 Sept. 1986

SUBJECT : Protocol No. 86-023, entitled "Factors affecting
child survival in Matlab, Bangladesh."

Please find enclosed the revised Bengali versions of the questionnaires which have been shortened in accordance with the suggestion made by the RRC. The mother's questionnaire will be administered only once while the children's questionnaire in every fifteen days during the 4 months study period.

This is for your kind information.

With regards.

Mother's questionnaire - Part 1

(Status related)

(To be filled in only once during the survey period)

Particulars of mother:

Name: _____ Date of Birth: | | / | | / | |
D M Y Y

Age: | | / | | / | | / | |, CID: | | | | | | | | | |

Marital status: 1 - married husband present; 2 - married husband absent; 3 - Widowed; 4 - divorced

No. of live births given: | | |; No. of miscarriages: | |; No. of still births: | |

No. of living sons: | |; No. of living daughters: | |

No. of living Underfives: Sons | |, Daughters | |

Household size: | | |, No. of other couples in the household: | |

Whether parents/in-laws are member(s) of the household: 1 - Yes | |, 2 - No | |

পক্ষ নং 101 থেকে 103 পর্যন্ত প্রশ্নের মাঝে নিজের স্ত্রীকে জিজ্ঞাসিত করা, তারপর স্ত্রীর ল্যাপারে পুনরাবৃত্তি করুন।

আপনি জুড়ে দিয়ে থাকলে কোন ক্রম দাখল করেছেন?

নিজে — ক্রম
স্ত্রী — ক্রম

2. আপনি কি পড়তে পারেন?

- নিজে: 1 - ইংরেজী পড়তে পারি
- 2 - বাংলা পড়তে পারি
- 3 - কোরান কতীল পড়তে পারি
- 4 - কিছুই পড়তে পারি না

স্ত্রী: 1 2 3 4

3. আপনি কি লিখতে পারেন?

- নিজে: 1 - ইংরেজী লিখতে পারি
- 2 - বাংলা লিখতে পারি
- 3 - কুর্দি বাহা লিখতে পারি
- 4 - কিছুই লিখতে পারি না

স্ত্রী: 1 2 3 4

আপনার স্ত্রীর প্রধান পেশা কি?

আপনাদের চাষের জমির পরিমাণ কত?

2. উনি গড়পড়তা কত টাকা আয় করেন? দিনে — টাকা, মাসে — টাকা

নিম্নলিখিত আমন্ত্রণসমূহের কোন কোনটি আপনাদের (খোদার যে কোন সদস্যের) আছে?

- 1- চৌকি, 2- লেদ, 4- হারিকেন গতি,
- ৮- মার্শলে, ১৬- যেকোন গতি, ৩২- বেডিও

|||

4. গত ব্যয়ের আপনাদের কত মাসের খোদাকী কিনতে/হয়েছিল? কর্জকরতে

- মাস কিনতে হয়েছিল
- মাস কর্তী করতে হয়েছিল

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5. এ ব্যয়ের কত মাসের জন্য কিনতে হবে বলে মনে করেন? — মাস

|||

6. ব্যয়ের কোন কোন মাসে আপনাদের খোদাকী টান পড়ে?

- বৈশাখ, জিষ্ঠ, আশ্বাঢ়, শ্রাবন, ভাদ্র, আশ্বিন, কার্তিক, অগ্রহায়ন,
- ৪, 5, 6, 7, 8, 9, 10, 11
- পৌষ, মাঘ, ফাল্গুন, চৈত্র, কিনতে হয়না
- 12, 1, 2, 3, 0

|||

স্বপ্নার বা নিজের জন্য ছোট ছোট জিনিষপত্র কিনতে 2নে আপনাকে কার অনুরোধ নিয়ে কিনতে হয়।

- 1- সবমুহুরে কল্প/কাঙ্ক্ষা, 2- সবমুহুরে স্মৃতি, 3- মাঝে মধ্যে জিগেস করতে হয়,
- 4- কোন সময়ই জিগেস করতে হয়না, 5- অন্যান্য উল্লেখ করুন

|||

অন্যে বকী কত টাকা জিনিষ আপনি কার্ডে জিগেস না করে কিনে থাকেন? — টাকা

|||

আপনার বাচ্চাদের অসুস্থ-বিসুস্থ হলে সচরাচর তাদের চিকিৎসার ব্যাপারে কে সিদ্ধান্ত নেন?

- 1- বাচ্চার বাপ, 2- বাচ্চার দাদা/দাদী, 4- আমি নিজে,
- 8- অন্যান্য উল্লেখ করুন

|||

বাচ্চার বাবা মা ছাড়া অন্য কেউ হলে তাঁহার সিদ্ধান্ত মোতাবেক কি? — ক্রয় দান

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Mother's Questionnaire: Part 2

(Awareness and opinion about prevention and treatment of diseases)

১. আপনার মতে,

পাঁচ বয়সের কম বয়সের বাচ্চাদের জ্বরের জন্য বিশেষ ঔষধি কব্জি এমন পাঁচটি ঔষধের নাম বসুন। (বিপদের মাত্রা অনুযায়ী, ক্রমিকভাবে ক্রম)

১.

২.

৩.

৪.

||||

৫.

ডায়রিয়া এবং আমাশয় সংক্রান্তঃ

১. ডায়রিয়া এবং আমাশয় ঔষধের সঠিক কয়টি দয়া করে বসুন।

ডায়রিয়াঃ

আমাশয়ঃ

||||

দায়স্থানার ষ্ট্রনঃ

||||

দিনে কয়টি কতবারঃ

||||

কয়টি কতদিনঃ

২. ডায়রিয়া এবং আমাশয় কে আপনি বাচ্চাদের জ্বরের জন্য কতটা ঔষধি কব্জি মনে করেন।

ডায়রিয়াঃ

আমাশয়ঃ

||||

১ - খুবই ঔষধি কব্জি — ১

২ - বেশ ঔষধি কব্জি — ২

৩ - ঔষধি কব্জি — ৩

৪ - তেমন ঔষধি কব্জি নয় — ৪

৫ - ঔষধি কব্জি নয় — ৫

৩. আপনার মতে বাচ্চাদের ডায়রিয়া এবং আমাশয় কি কি কারণে হয়।

ডায়রিয়াঃ

আমাশয়ঃ

||||

আপনার মতে ডায়ালিসিস এবং আমাকায়ঃ
 মাড় করে। ডায়ালিসিসঃ আমাকায়ঃ

কি কি ব্যক্তি গ্রহণ করলে বাচ্চাদের মধ্যে ডায়ালিসিস
 এবং আমাকায়ঃ কম হতে পারে বলে মনে করেন।
 ডায়ালিসিসঃ আমাকায়ঃ

আপনার মতে বাচ্চাদের
 ডায়ালিসিস এবং আমাকায়ঃ চিকিৎসার অর্থ ও নিষ্কাশন
 উপায় সম্বন্ধে কি কি?

১। ২। ৩।
 বাচ্চাদের
 আপনার মতে ডায়ালিসিস এবং আমাকায়ঃ চিকিৎসার
 জন্য কোন ধরনের চিকিৎসক সবচেয়ে ভাল।

ডায়ালিসিসঃ	আমাকায়ঃ
1 - MBBS	1
2 - এমসিপিএ	2
3 - এমডিওপিএ	3
4 - কনিষ্টেবল/ডেপুটি	4
5 - মেডিকেল/নীর/ফিল্ড	5
6 - ICDDR, B	6
7 - অন্যান্য উল্লেখ	7

1 দুর্বল বাচ্চা ডায়ালিসিস বা আমাকায়ঃ হান্ন তাকে
 সুকোর দুই খাতয়ানোর উপায় কি করা উচিত মনে
 মান করেন। ডায়ালিসিসঃ আমাকায়ঃ

- 1- আপনার মতে দুই উচিত — 1
- 2- কনিষ্টেবল দুই উচিত — 2
- 3- এক সীল দুই উচিত — 3

2. দুই ছাত্র অন্য কিছু খায় এমন বাচ্চাদের ডায়রিয়া/ আমাশয় হলে তাদের স্যানিটিক খাবার এর ক্যাম্পে কি করা উচিত বলে মনে করুন?

ডায়রিয়া:

আমাশয়:

- 1 - আর্জেন্ট মত দেয়া উচিত _____ 1
- 2 - কমিয়ে দেয়া উচিত _____ 2
- 3 - বন্ধ করে দেয়া উচিত _____ 3
- 4 - বন্ধ করে বানি/আমু দেয়া উচিত _____ 4
- 5 - অন্য উল্লেখ _____ অন্যান্য উল্লেখ

Q1. আপনি কি মেনার্শন মরুভূমি এর কথা জানেন? 1- হ্যাঁ, 2- না

Q2. কি করে বাড়ীতে মেনার্শন মরুভূমি সৃষ্টি করা যায়? প্রকৃতি বন্ধন।

Q3. মিরনা, সুড় ও পানির পরিষ্কার এদিক এদিক হলে কি কোন অসুবিধা হতে পারে বলে মনে করুন? 1- হ্যাঁ, 2- না

Q4. কি ষ্ট্রনের অসুবিধা?

Q5. আপনার এলাকার কোথায় মেনার্শন মরুভূমি পাওয়া যায়?

শ্রুতি সংক্রান্তঃ

501. শ্রুতি র সঙ্কলন সম্বন্ধে আমাদের একই বস্তু।

502. শ্রুতি র প্রাচ্যে বা পরে পরে বাচ্যাদেও আর কি কি
বোডার সঙ্কলন সচরাচর দেখা দেয়?

1 - _____ 2 - _____ 3 - _____

503. শ্রুতির সম্বন্ধে বা পরে পরে ডায়ালিস্টা ২৩য়াকি বাচ্যাদে
প্রাকৃতিক জন্ম জাল?

1 - জাল, 2 - প্রাকৃতিক

504. শ্রুতির সম্বন্ধে বা পরে পরে ডায়ালিস্টা প্রায় কি বাচ্যাদে প্রাকৃতিক
অন্য প্রাকৃতিক উচিত?

1 - উচিত 2 - উচিত নয়

5. শ্রুতি নাম বাচ্যাদে কি প্রকারে প্রাকৃতিক দেখা উচিত?
প্রাকৃতিক বাচ্যাদে: অন্য দিকই প্রাকৃতিক বাচ্যাদে:

6. আপনার মতে শ্রুতি নাম বাচ্যাদে কোন প্রকারে প্রাকৃতিক দেখা
দেখানো উচিত?

7. বাচ্যাদে মতে শ্রুতি বোডারে আপনি কতটা প্রাকৃতিক
বাল মান করেন?

1 - প্রাকৃতিক, 2 - কো প্রাকৃতিক, 3 - প্রাকৃতিক
4 - কোন প্রাকৃতিক নয়, 5 - প্রাকৃতিক নয়

আপনি এমন কোন প্রকারে কথা কয়েছেন যা প্রধান শ্রুতি
বোডারে প্রাকৃতিক হোক বাচ্যাদে প্রাকৃতিক কথা যায়?

1 - হ্যাঁ, 2 - না,

কি প্রকারে প্রাকৃতিক?

খুঁজি কাকে (কুই কাকের লক্ষণ-মহুই বসুন)

আপনি আমাকে কুই কাকের লক্ষণ-মহুই বসুন।

আপনার মতে, বাচ্চাদের কুই কাক হান কি করা উচিত?

3. ^{বাচ্চাদের} আপনার মতে, কুই কাকের চিকিৎসার জন্য কোন ষড়্দের চিকিৎসককে দেখানো উচিত?

4. কুই কাক কে আপনি বাচ্চাদের সাজেশ্বের জন্য কতটা ক্ষতিকারক বলে মনে করেন?

- 1- খুবই ক্ষতিকারক, 2- কো ক্ষতিকারক, 3- ক্ষতিকারক,
- 4- ভেমন ক্ষতিকারক নয়, 5- ক্ষতিকারক নয়

আপনি কি এমন কোন কৃষকের কথা শুনেছেন যাঁর বাচ্চাদের কে কুই কাকের আক্রমণ থেকে রক্ষার করা যায়?

1- হ্যাঁ, 2- না

কি ষড়্দের গুরুত্ব?

নিম্নোক্তা সংক্রান্তঃ

আপনি আমাকে নিম্নোক্তা বোজের মতন মহুই বসুন?

আপনি ~~কি~~ নিম্নোক্তা বাচ্চাদের সাজেশ্বের জন্য কতটা ক্ষতিকারক বলে মনে করেন?

- 1- খুবই ক্ষতিকারক, 2- কো ক্ষতিকারক, 3- ক্ষতিকারক,
- 4- ভেমন ক্ষতিকারক নয়, 5- ক্ষতিকারক নয়

০৩. আপনার মতে কোন ধরনের চিকিৎসাকে নিষেধিত করা উচিত?
চিকিৎসার জন্য ডাক?

ধর্মের কারণ সংক্রান্তঃ
০১. আপনি ব্যাধি-বাহিনী ধর্মের কারণে হ্রাস পায় কি?
কম ২ বস্তু

২. আপনার মতে নরজাতিক দেহে মাতৃ ধর্মের কারণে হ্রাস পায় কি?
মাত্রা কত কম ২ কি?

৩. আপনি কি এমন কোন কারণ আছে যাতে ধর্মের কারণে হ্রাস পায়?
কোন নরজাতিক দেহে ধর্মের কারণে হ্রাস পায় কি?
কারণ কয়টি? ১- হ্যাঁ, ২- না

৪. কি কারণে?

উপযুক্ত উদাহরণ ও সংক্রান্তঃ

১. আপনি কি উপযুক্ত উদাহরণ হ্রাস পায় হ্রাস পায়?
উদাহরণ - ১- হ্যাঁ, ২- না
কারণ ৩ ১- হ্যাঁ, ২- না

২. আপনি কি এমন কোন কারণ আছে যাতে ধর্মের কারণে হ্রাস পায়?
কোন নরজাতিক দেহে ধর্মের কারণে হ্রাস পায় কি?
কারণ কয়টি? ১- হ্যাঁ, ২- না
কারণ ৩ ১- হ্যাঁ, ২- না
কি কারণে? উপযুক্ত উদাহরণ

(Knowledge, awareness and practices)

environmental considerations (Kumar) in relation with field work of M.T. 1991

1. আপনারা কি নিজস্ব টিউবওয়েল খনন করেছেন?
 1- হ্যাঁ, 2- না

2. আপনারা এখন কিভাবে পানি পান করছেন?
 1- টিউবওয়েল, 2- পুকুর, 3- খাল, 4- ডোবা,
 5- নদী

পুকুর/খাল/ডোবা/নদী ইত্যাদি পানি পান করার আগে
 কি দুটিয়ে মিন/কিটকিটি গুলোয় করেন?
 দুটিয়ে মিন - 1- হ্যাঁ, 2- না
 কিটকিটি - 1- হ্যাঁ, 2- না

অনেকে মনে করেন পুকুর/খাল/ডোবা/নদী ইত্যাদি
 পানি বা দুটিয়ে পান করলে বাসায় ঝরনের অসুখ হতে
 পারে - আপনি কি এটা বিবেচনা করেন?
 1- হ্যাঁ, 2- না

গত ১৫ দিনে
 আপনারা কি প্রত্যেক বেলার খাবার প্রত্যেক বেলায়
 খান্না করেছিলেন?
 1- হ্যাঁ, মধ্যবেলায়, 2- হ্যাঁ, বকৌরু ভাগে বেলায়,
 3- না, বকৌরু ভাগে বেলায় করিনি, 4-

আপনারা কি এক বেলায় খান্না করা খাবার আবেগ বেলায়
 খাবার আলাদা করে খান?
 1- হ্যাঁ, মধ্যবেলায়, 2- হ্যাঁ, বকৌরু ভাগে মধ্য
 3- না, বকৌরু ভাগে মধ্য করিনা,

আপনি বাচ্চাদের কোচানুর পু. কিভাবে ২৩ পরিষ্কার করুন

থাকেন ?

- 1- স্কুই পানি দিয়ে, 2- মাটিতে ঘষে, 3- স্যানি দিয়ে

আপনি কি মনে করেন দায়খানার পানি খরচ কতটা দরু
সমস্যা স্যানি দিয়ে ২৩ হাওয়া উঠে ?

- 1- ২য়, 2- ৩য়

কেন মনে করেন

ame of the interviewee.

CHILDREN'S QUESTIONNAIRE

Particulars of the child:

Name:

Registration no: -

Current id:

Particulars of mother:

Name:

Registration no.

Date of visit:

Name of the Interviewer:

Date of birth:

sex: 1-M, 2-F

Current id. -

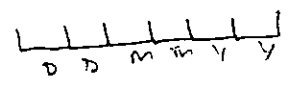
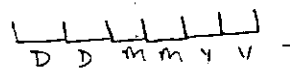
6. গাছ দুই অঙ্গুরের অমুখ বিস্তারিত বিবরণ

এই অঙ্কায় বাচ্চাৰ কোন অমুখ ছিল। কি-না জিহোম
 কখন (বিলৈষ ডাৰ পাতনা পায়খাৰ, আমাৰ পাতনা
 পায়খাৰ, বড় আমাকৰ, কুই কাক, নিমোনিয়া, ২ম,
 জুৰ, ক্ৰ্যাদিৰ কথা) এবং অঙ্কন অমুহেৰ বিস্তাৰিত
 বিবৰন নিপিৰ্দ্ধ কৰুন।

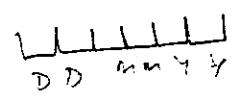
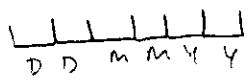
আজ, গাছকান, পৰু
 ও আচাৰ দিন এৰ আচাৰ এও আচাৰ ৭ দিন
 ৪ দিন

২. অঙ্কন অঙ্কুহ:

১. অঙ্কন প্রথম দেখা দেওয়া
 তারিখ:



২. ডান হওয়ার তারিখ:



৩. পাতনা পায়খাৰ ও আমাকৰ ২য় ২য় দিন কতকৈ পায়খাৰ ও
 বৰি ২য় দিন?

- এও পায়খাৰ
- এও বৰি
- এও পায়খাৰ
- এও বৰি

৪. আপনাতা নিজে ওৰু কৰীৰ ডান হওয়ার জন্য কিছু কৰে থাকলে
 কি কি কৰেছিলেন?

৫. কতদিন পরে কৰেছিলেন?

- দিন পা
- দিন পা

১২. বুদ্ধে দুই খণ্ড অক্ষর বাচ্যাদে জ্য (১ নং প্রকল্প উত্তর দেখুন),
এই অক্ষরভাষা অক্ষর ওক কি সুখজনক অক্ষর মত বুদ্ধে
দুই খণ্ডে দিয়াছেন?

- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি
- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি
- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি

১৪. যদি আড়াবিহীন ভাষা কল বা মোটেও দিয়া না থাকে তাহা হইলে
কি কি কারণে দেননি?

কেন? _____ (কল?) _____

কি কি কারণে? _____ (কল?) _____

১৫. অক্ষরভাষা অক্ষর ওক (অন্য) ভাষার খাটার দিয়া ~~এই~~ অক্ষর
অক্ষর দি এই অক্ষর একই পরিমাণে দিয়াছেন?

- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি
- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি
- 1- (কলী), 2- একই বাক্য, 3- কল, 4- মোটেও দিয়ানি

১৬. যদি আড়াবিহীন ভাষা কল বা মোটেও দিয়া না থাকে তাহা হইলে
কেন এর কারণে দেননি?

কি কি কারণে? _____ কি কি কারণে? _____ কি কি কারণে? _____
 _____ (কল?) _____ (কল?) _____ (কল?) _____

১৬. অক্ষরভাষা অক্ষর দুই খাটার দিয়া ২০০০-এ দি দিয়া দিয়া
কি কি? _____ কি কি? _____ কি কি? _____

১৭. কল পড়াইল? _____ কল পড়াইল? _____ কল পড়াইল? _____

18. ଓଡ଼ିଆ ଚିକିତ୍ସାରେ କେଉଁ କାର୍ଡକେ ଦେଖାଯାଇଥାଏ ?

1- ଡ଼ା, 2- ଗ

1- ଡ଼ା, 2- ଗ

1- ଡ଼ା, 2- ଗ

19. ଗା 21, କେମ ଦେଖାଯାଏ ?

କେମ ?

କେମ ?

କେମ ?

20. ଡ଼ା 21 କେମ ଦେଖାଯାଇଥାଏ ?

କେମ

କେମ

କେମ

21. ଚିକିତ୍ସାରେ କେମ ?

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

22. ଚିକିତ୍ସାରେ ବିଶାଳା କେମ ?

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

ପ୍ରଥମ କେମ : _____

ଦ୍ୱିତୀୟ କେମ : _____

23. କି କେମର ଉଦ୍ଦେଶ୍ୟ ଦିଆଯାଇଥାଏ ?

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

24. ଚିକିତ୍ସାରେ ପ୍ରଥମ କେମ ଯୋଗାଡ଼େ କି କେମର ଉଦ୍ଦେଶ୍ୟ ଦିଆଯାଇଥାଏ ?

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : 1- ପ୍ରାଣରକ୍ଷା, 2- ରୋଗର ଚିକିତ୍ସା, 3- ଉଦ୍ଦେଶ୍ୟ, 4- ଉଦ୍ଦେଶ୍ୟ କେମ, 5- ଉଦ୍ଦେଶ୍ୟ

25. ପ୍ରାଣରକ୍ଷା କି କେମର ଉଦ୍ଦେଶ୍ୟ ଦିଆଯାଇଥାଏ ?

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

ପ୍ରଥମ ଚିକିତ୍ସାକେମ : _____

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକେମ : _____

আজ, গড়কাপ, পাখু
খালো দিন

এর আলাদা ৬ দিন

৪০ টি আলাদা ৭ দিন

চিকিৎসকদের কতটা দিতে ২য় দিন?

প্রথম চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

প্রথম চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

প্রথম চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

দ্বিতীয় চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

দ্বিতীয় চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

দ্বিতীয় চিকিৎসক:
উষধি ঠাণ্ডা: — টাঙ্গা
দি ঠাণ্ডা: — টাঙ্গা

৭. চিকিৎসার কোর্সে কিসে?

প্রথম চিকিৎসক:
1- সুবোধুগি ডান
2- উন্নতি ২য় ছে
3- অপরিবর্তিত
4- অমনতি ২য় ছে

প্রথম চিকিৎসক:
1- সুবোধুগি ডান
2- উন্নতি ২য় ছে
3- অপরিবর্তিত
4- অমনতি ২য় ছে

প্রথম চিকিৎসক:
1- সুবোধুগি ডান
2- উন্নতি ২য় ছে
3- অপরিবর্তিত
4- অমনতি ২য় ছে

দ্বিতীয় চিকিৎসক:
1 2 3 4

দ্বিতীয় চিকিৎসক:
1 2 3 4

দ্বিতীয় চিকিৎসক:
1 2 3 4

৪. চিকিৎসকগণ কি আভাবিক খাবার কন্সিয়ার দিতে/এক করতে
বলেছিলেন?

প্রথম চিকিৎসক:
1- এক করতে বলেছিলেন
2- কন্সিয়ার দিতে বলেছিলেন
3- এক বা কন্সিয়ার
দিতে বলেনি

প্রথম চিকিৎসক:
1- এক করতে বলেছিলেন
2- কন্সিয়ার দিতে বলেছিলেন
3- এক বা কন্সিয়ার
দিতে বলেনি

প্রথম চিকিৎসক:
1- এক করতে বলেছিলেন
2- কন্সিয়ার দিতে বলেছিলেন
3- এক বা কন্সিয়ার
দিতে বলেনি

দ্বিতীয় চিকিৎসক:
1 2 3

দ্বিতীয় চিকিৎসক:
1 2 3

দ্বিতীয় চিকিৎসক:
1 2 3

১. যাঁ হলে, কি কি খাবার বন্ধ করতে/কম কন্সিয়ার দিতে
বলেছিলেন?

প্রথম চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

প্রথম চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

প্রথম চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

দ্বিতীয় চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

দ্বিতীয় চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

দ্বিতীয় চিকিৎসক:
এক করেছিলেন বা কন্সিয়ার দিান/১২
1- ১২ 2- ১২

0 ଚିକିତ୍ସାକାରୀମାନଙ୍କୁ କି ପଦ୍ଧତିରୁ ଅନ୍ୟତମ ଭାବରେ ଯାହାର ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ମିଳେ ?

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

1- ଡିଏ, 2- ଏ

କି କି ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ ?

1. ଉପରୋକ୍ତ କି ଯାତ୍ନାତ୍ମକ ଚିକିତ୍ସାକାରୀ, ତାହାର ଯାତ୍ନାତ୍ମକ ଫଳାଫଳ କି ?

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପୁରୋଧାତ୍ମକ
- 2- ପାରମ୍ପରିକ
- 3- ପାରମ୍ପରିକ
- 4- ପାରମ୍ପରିକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପାରମ୍ପରିକ
- 2- ପାରମ୍ପରିକ
- 3- ପାରମ୍ପରିକ
- 4- ପାରମ୍ପରିକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପାରମ୍ପରିକ
- 2- ପାରମ୍ପରିକ
- 3- ପାରମ୍ପରିକ
- 4- ପାରମ୍ପରିକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

2. ଯଦି କି ଯାତ୍ନାତ୍ମକ ଯାତ୍ନାତ୍ମକ ଯାତ୍ନାତ୍ମକ ଯାତ୍ନାତ୍ମକ ?

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 2- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 3- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 4- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 2- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 3- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 4- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

ପ୍ରଥମ ଚିକିତ୍ସାକାରୀ :

- 1- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 2- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 3- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ
- 4- ପାରମ୍ପରିକ ଯାତ୍ନାତ୍ମକ

ଦ୍ୱିତୀୟ ଚିକିତ୍ସାକାରୀ :

- 1
- 2
- 3
- 4

33. Chikitsa (Treatment) ke pramukh (Main) pranali (Principles) prastav (Explain) karo. (Kya) pranali (Principles) prastav (Explain) karo.

Pramukh Chikitsa
1- Pranali, 2- Pranali

Pramukh Chikitsa
1- Pranali, 2- Pranali

Pramukh Chikitsa
1- Pranali, 2- Pranali
Kya pranali (Principles) prastav (Explain) karo?

Kya pranali (Principles) prastav (Explain) karo?

Kya pranali (Principles) prastav (Explain) karo?

Kya pranali (Principles) prastav (Explain) karo?

34. Pranali (Principles) ke pramukh (Main) pranali (Principles) prastav (Explain) karo. (Kya) pranali (Principles) prastav (Explain) karo.

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
4- Pranali

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
4- Pranali

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
4- Pranali

Pranali (Principles)
1 2 3

Pranali (Principles)
1 2 3

Pranali (Principles)
1 2 3 4

35. Pranali (Principles) ke pramukh (Main) pranali (Principles) prastav (Explain) karo. (Kya) pranali (Principles) prastav (Explain) karo.

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
- Pranali

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
- Pranali

Pramukh Chikitsa
1- Pranali
2- Pranali
3- Pranali
- Pranali

Pranali (Principles)
1 2 3

Pranali (Principles)
1 2 3

Pranali (Principles)
1 2 3

36. Pranali (Principles) ke pramukh (Main) pranali (Principles) prastav (Explain) karo. (Kya) pranali (Principles) prastav (Explain) karo.

1 - Diphtheria 1- Yes, 2- No
2 - Polio 1- Yes, 2- No
3 - Measles 1- Yes, 2- No
4 - Whooping cough 1- Yes, 2- No

Pranali (Principles) prastav (Explain) karo.

37. Pranali (Principles) ke pramukh (Main) pranali (Principles) prastav (Explain) karo. (Kya) pranali (Principles) prastav (Explain) karo.
Weight: _____ kgs
Height: _____ cm
A.C: _____ mm