Attachment 1.
(FACE SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Date 31/12/95
18/1/96

Principal Investigator DR. QUAMRUN NAHAR
Application No. 95-032 (Revised)
Title of Study ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

Trainee Investigator (if any) _____
Supporting Agency (if Non-ICDDR,B) UNIVERSITY OF WESTERN AUSTRALIA
Project status:
(✓) New Study
( ) Continuation with change
( ) No change (do not fill out rest of form)

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

1. Source of Population:
   (a) Ill subjects — Yes (No)
   (b) Non-ill subjects — (Yes) No
   (c) Minors or persons under guardianship — Yes (No)
2. Does the study involve:
   (a) Physical risks to the subjects — Yes (No)
   (b) Social Risks — Yes (No)
   (c) Psychological risks to subjects — Yes (No)
   (d) Discomfort to subjects — Yes (No)
   (e) Invasion of privacy — Yes (No)
   (f) Disclosure of information damaging to subject or others — Yes (No)
3. 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)
4. Are subjects clearly informed about:
   (a) Nature and purposes of study — (Yes) No
   (b) Procedures to be followed including alternatives used — (Yes) No
   (c) Physical risks — (Yes) No
   (d) Sensitive questions — (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 — Yes No NA
5. Will signed consent form be required:
   (a) From subjects — 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:
   - NA 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
   - NA 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.

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

Quahar
Principal Investigator

Trainee

Principal investigator : Dr. Quamrun Nahar
Research Investigator
Urban MCH-FP Extension Project

Other investigator : Dr. Shams El Arifeen
MCH-FP Programme Specialist
Urban MCH-FP Extension Project

Title of the project : Antenatal care services in ZONE 3 OF Dhaka CITY, Bangladesh

Starting date : February 1, 1996

Date of completion : April 30, 1996

Total budget requested : Australian $2,000/-

Funding source : University of Western Australia.

Head of programme : Syed Shamim Ansan
Head and Senior Advisor
Health and Population Extension Division

30/12/95

1.0 TITLE

Antenatal care services in Zone 3 of Dhaka city, Bangladesh

2.0 INTRODUCTION

The term 'antenatal care' (ANC) refers to health services provided to women during pregnancy (1). **In general, these services are mainly termed as Western-style ANC which originated in Europe and North America and is now almost universal in developed countries. However, traditional forms of ANC, provided by traditional healers have also been available for centuries all over the world.**

The literature on ANC demonstrates that research in the area has mostly focused on Western-style ANC while investigation of traditional forms of ANC is almost nonexistent. Further, although some studies have documented that a western model of care, together with improvement in environmental, social, and economic conditions have been effective in improving maternal health status in developed countries (2), the benefits of this model of care when applied in developing countries are not so clear.

Reviewing the effectiveness of ANC has revealed that the studies conducted in this area have inadequacies in five major areas:

First, these studies mainly focused on relating the outcomes of pregnancy to the utilization of ANC services and provided little information about the overall nature, content, organization and process of delivery of this care (3).

Second, these studies were mostly epidemiological in nature and therefore fails to examine the very basic question of the degree to which a western model of care is appropriate in the context of developing countries. Moreover, such research has not address the social, cultural and economic contexts of developing countries which are very different from those of developed countries and affect utilization as well as effectiveness of this model of care.

Third, criticisms of the studies themselves also reveal that there are methodological difficulties relating to research design, the measurement of the outcomes, the definitions used and the lack of adequate sample size to obtain statistical power (3).

Fourth, traditional forms of ANC are mostly excluded from the effectiveness studies. The actual nature and process of delivery of traditional forms of ANC also remain undocumented.

Fifth, the evaluation studies have been undertaken from a health care provider perspective and they fail to incorporate the user's perspective.

General criticisms of investigating the effectiveness of ANC also apply to ANC studies in Bangladesh. As far as the researcher's knowledge, only two studies in Bangladesh have documented the effectiveness of ANC and both focused on Western-style care (4,5). The first study failed to identify any relationship between this model of care and pregnancy outcomes (4). This study was retrospective in nature and, in addition to the limitations of a retrospective study, the small sample size of the study made the results difficult to interpret. **The second study documented some relationship between this model of care and pregnancy outcomes (5). The pregnant women who received medical care along with counselling component experienced lower incidence of low birth weight and which was statistically significant. However, no association was found in case of women who received medical care without counselling component and low birth weight.** Although this study attempted to overcome some of the methodological problems related to first study's design, the objective of the study did not permit to examine the quality of services provided or the process of delivery of these services.

Some other studies of maternal health in Bangladesh have documented the type as well as the utilization of ANC services as a part of information collected on maternal health (5,6,7,8). One of these studies was conducted in a representative sample of rural areas and identified that 85 percent of women received some form of ANC during their pregnancies (6). Another rural study also documented similar findings (7).

However, studies conducted in urban areas, of which there is a lack of documentation of ANC services in general, only focused on slum women (5,8). One of these studies was conducted in an urban slum of Dhaka city and demonstrated that 68 percent of women utilized some form of ANC during their pregnancies (8). Although this study explored some in-depth information on maternal morbidity, information on ANC was very limited. The other study was conducted in a representative sample of slums in five selected thana of Dhaka city (5). The study documented that 55 percent of pregnant women received Western-style of ANC during their pregnancies. Despite some information on the utilization of ANC services, this study mainly focused on maternal morbidity. Again, there is no information about the overall nature, content and the process of delivery of these services. Although the later study focused on user's perspective on the utilization of delivery facilities, it did not include user's perspectives on the utilization of ANC services.

Therefore, limitations of the previous studies to document a detailed picture of ANC services in Bangladesh reflects the need for comprehensive documentation of these services. The changing demography as a result of rapid urbanization indicates that it is imperative to obtain a more comprehensive picture of ANC services in urban areas of Bangladesh. Further, lack of a government health service delivery structure in urban areas as it is present in rural areas makes the situation worse in urban areas. Although, there is a network comprising of government, non-government and the private sector providing health services in urban areas, under-coverage and duplication of services have been reported due to lack of adequate coordination among service providers.

Thus, to address the gaps in the current knowledge on ANC services and to provide a detailed picture of ANC services, a descriptive study has been designed.

[The researcher who has been working with the Urban MCH-FP Extension Project of ICDDR,B since 1988 was nominated by the centre for a AusAID fellowship. She started the training in January 1995 and has completed Postgraduate Diploma in Primary Health Care from the Community Health Research and Training Unit (CHRTU) of the University of Western Australia and is currently enrolled in Master in Medical Science program. She is required to undertake a field research project for her Masters and intends to use the above mentioned study for this purpose.

The proposed study will be conducted in Zone 3 of Dhaka using the Urban MCH-FP Extension Project's existing infrastructure. The proposed study is designed to only collect data previously unavailable with the project and will supplement the information which has been collected by the project.]

3.0 AIMS

3.1 General aim

To describe the types, patterns and utilization of ANC services in Zone 3 of Dhaka city, Bangladesh.

3.2 Specific aims

1. To examine the types of ANC services provided by various categories of service providers;
2. To identify factors associated with the utilization of ANC services;
3. To examine women's perceptions and experiences on ANC; and
4. To examine the perception of health care providers about clients' use of ANC services and their experiences of providing these services.

The proposed study is designed to make an inventory on the types and patterns of care used during pregnancy in urban areas of Dhaka. It will also describe different socio-demographic correlates of the utilization of this care. These information will be collected from pregnant women using interviewer-administered structured questionnaire.

Women's perceptions about the care during pregnancy and the quality of this care will be collected through in-depth interviews. To triangulate the information obtained from these women, antenatal care provider's perceptions about clients' use of this care and their experiences in providing this care will also be collected through in-depth interviews.

The nature and the quality of the Western-style antenatal care services provided to pregnant women will be assessed by direct observation in the facilities providing these services with a special focus on the quality of the communication with clients.

4.0 POTENTIAL SIGNIFICANCE

The present study aims to develop an inventory of the range, location and nature of ANC services in the study area. The summary of the study results will be disseminated among organizations involved in ANC activities to assist the development of a more co-ordinated approach to the provision of ANC in urban Dhaka. This inventory will also assist in providing important baseline data, previously unavailable, about traditional forms of ANC.

The examination of the process of delivery of Western-style ANC will provide an understanding about the quality of ANC services currently provided. These will then be compared with the Government's set standards in relation to ANC services so as to identify any existing gaps. Recommendations regarding any identified gaps will then be made. This comparison will also give organizations the opportunity to reflect on the standards and range of their services.

Analyses of clients' reported experiences about ANC services and the health care provider's perceptions of the women's use of ANC services will be presented to health care providers to give them an opportunity to review and reflect upon their clinical practices. Recommendations regarding clinical practice will also be made.

In focusing upon clients' perceptions about ANC different views about ANC will be explored. This will give an opportunity to understand the client's issues relating to the utilization of ANC. This data will give ANC providers and government and non-government organizations an opportunity to incorporate client's views in further development and implementation of ANC services in Dhaka.

5.0 ETHICAL CONSIDERATIONS

The researcher will be respectful of study informants by informing them about the indented research process, acquiring consent, maintaining confidentiality, and ensuring safeguards are in place to monitor and minimize harm to them.

Participation in the study will be on a voluntary basis and informed verbal consent will be obtained from all informants. A brief overview of the research objectives and the process of data collection will be read out in Bangla for their consideration. A brief information sheet will be presented to ANC providers describing the research objectives, process of data collection and implications of the study. Special permission will be obtained to use tape recorders in in-depth interviews.

It will be explained to all informants that they are free to leave the study or refuse to take part in the study at any time. Women clients will be assured that refusal to participate or leaving the study will not affect their access to the existing health care services. In case of ANC providers, every effort will be made to inform them about all aspects of the study to diminish any sense of threat that they may feel about the study.

Privacy of the informants will be ensured by using a coding system only known to the researcher. Confidentiality of data will be maintained by storing them in a suitable locked store. Confidentiality of taped data will be ensured by storing them in a locked place and by erasing them at the conclusion of the study. The thesis and other reports based on the study will not use the names of actual persons or places.

Every endeavor will be made to minimize any potential harm to the participants. The researcher is a qualified medical doctor and has extensive experience in conducting field work. She has also undertaken training in particular research methods to be utilized in the research process and considers herself as competent to undertake this research. The potential for any emotional distress as a result of in-depth interviews will be closely monitored and a careful sensitive approach by the researcher will minimize this risk.

The researcher will be aware of the potential risk of the study informant as they are pregnant. If any of the pregnant women demonstrate signs and symptoms of complications associated with pregnancy, the researcher will refer them to the nearest health center. If harmful practices are observed during observation of the process of delivery of antenatal care, after completion of observation the researcher will discuss these with the health care provider.

It is hoped that the study informants will be benefited from the study. The study informants will be assured that the study findings will be disseminated to the proper health authorities to improve the situation for others who would be pregnant in future.

6.0 METHODOLOGY

6.1 Study design

Since little is known about the range, location and nature of ANC services in Zone 3 of Dhaka city, the proposed study will be descriptive in nature, and will apply both quantitative and qualitative techniques.

6.2 Study site

The study will be conducted in Dhaka, the largest metropolitan and the capital of Bangladesh. Dhaka has 10 administrative zones each with a population of about 400,000 to 500,000. The study will be conducted in Zone 3 which is known to be similar to other zones in Dhaka city. The Urban MCH-FP Extension Project of International Center for Diarrhoeal Disease Research, Bangladesh (ICDDR,B) has set up a health and demographic surveillance system known as Urban Panel Survey (UPS) in a representative sample of Zone 3 which will be used to assist in the selection of the study samples. Moreover, the development of a cost-effective urban MCH-FP service delivery is underway by this project in this zone and therefore the results of the study would be useful for the project.

6.3 Study population

There will be two categories of study population:

1. pregnant women; and
2. Western-style and traditional-style ANC providers.

6.4 Study sample

1. Pregnant women: the women who are pregnant and in their third trimester (> 6 months) during February to April 1996 will be identified by the UPS. From the Crude Birth Rate (CBR) in the study area, it has been estimated that at least 200 women in their third trimester of pregnancy will be available (9).

2. ANC providers: they will be identified by snowball sampling. Each pregnant woman will be asked to name two ANC providers. It is expected that some ANC providers will be named by more than one informant. However, it can be assumed that a list of at least 20-25 ANC providers will be available.

6.5 Data collection

Both quantitative and qualitative information will be collected in the study. These are presented below in tabular form:

SAMPLE	DATA COLLECTION METHODS	INFORMATION TO BE COLLECTED
Pregnant women (200)	Structured interviews (200)	**Age, marital status, education, occupation, and parity of the women; education and occupation of their husband; house and land ownership and monthly income of households; current pregnancy, and utilization of ANC during current pregnancy.**
	Semi-structured in-depth interviews (10 + 10)	**Perceptions on ANC and experiences on the quality of ANC services received.**
ANC providers (16)	**Direct observation (8)**	**Quality of Western-style ANC services and client-provider interaction.**
	Structured interviews (8)	**Age, sex, qualification, training obtained, name and type of program/organization.**
	Semi-structured in-depth interviews (8 + 8)	**Views about women's use of ANC services and experiences in providing these services.**

6.5.1 Data collection methods

Before the data collection process begins, the researcher will make informal visits to the communities involved and talk informally with the community people.

6.5.1.1 Structured and semi-structured in-depth interviews with pregnant women:

The pregnant women identified by the UPS will be asked about their socio-demographic characteristics. Information on the utilization of ANC during their current pregnancies will also be collected using an interviewer-administered structured questionnaire.

Semi-structured, in-depth interviews will be conducted with a purposively selected sample of twenty (20) women who used ANC to obtain information on their perception of care during pregnancy and the quality of services received during their pregnancies. These women will be selected in such a way that half of these women would have used mainly Western-style care and remaining half would have used mainly traditional-style of care.

6.5.1.2 Direct observation of the care provided during pregnancy, structured and semi-structured in-depth interviews with providers:

The nature and the quality of Western-style ANC will be assessed by direct observation of the process of delivery of these care in eight (8) health facilities. Communication with the clients will be specially emphasized in these observations. The providers observed will then be interviewed to obtain their descriptive profiles by using an interviewer-administered questionnaire.

The perceptions of clients' use of ANC services and the experiences of providing these services will be obtained by subsequent in-depth interviews with these providers. In-depth interviews will also be conducted with a sample of eight (8) traditional ANC providers to obtain their perceptions of client's use of ANC services and their experiences in providing these services.

6.6 Data analysis

6.6.1 Quantitative data analysis

After the completion of data collection, the data will be edited for consistency and completeness and then be coded. The data obtained through open-ended questions will be categorized according to themes and then be coded. The data will be entered and analyzed using EPIINFO software. Frequency distributions and descriptive statistics (mean, standard deviation, confidence interval) of variables such as age, parity, education, occupation and utilization of ANC will be undertaken. Contingency tables will be done to show the distribution of the observations according to the variables. Associations found in the contingency tables will be tested for statistical significance using Chi-square test.

6.6.2 Qualitative data analysis

Unlike quantitative analysis, qualitative analysis will commence at the beginning of the study and will be on-going. The analysis will based on testing of ideas developed prior to and during the process of data collection. When field activities commence, rigorous qualitative data analysis suggested by Bernard will be used (10). This will involve first by reading through field notes and interviews. After each interview the data will be coded, categorized and then be abstracted to identify propositions to be tested in further interviews. As the interviews progress, the patterns within the data as well as exceptions to the patterns will be more obvious. Evidence supporting the patterns and exceptions to the patterns will be identified in the data. Negative cases will be selected to assist in clarifying the limits and meaning of the prevailing patterns in the data. Triangulation of data will also be used to clarify these patterns. **This process of data analysis will be enhanced by using software program GOPHER.**

6.7 Dissemination of results

A thesis incorporating study results will be submitted to the University of Western Australia for Obtaining a Master in Medical Science degree. A further paper summarizing the study results will be disseminated in report form to the government and non-government organizations in Bangladesh who are involved in ANC activities. The study findings will be presented in seminars and conferences. The study results will also be sent to different journals for publications.

7.0 Research timetable

The study will be conducted from January 1, 1996 to April 30, 1996 in the following stages:

1. Study approval and study preparation during which research proposal will be submitted to Research Review Committee (RRC) and Ethical Review Committee (ERC) of ICDDR,B for approval, questionnaires and interview guide-lines will be finalized, and necessary equipment will be purchased.

January 1 - January 31 '96 (4 weeks)

2. Recruitment and training of research assistant, and pre-testing of questionnaires and compilation of secondary data

February 1 - February 15 '96 (2 weeks)

3. Data collection

February 16 - April 30 '96 (10 weeks)

8.0 Budget

Personnel:
Research assistant @ A$ 200 per month x 3 = A$ 600

Consumable:	
Stationery	A$ 150
Photocopying	A$ 200
Tape-cassettes	A$ 100
Camera films	A$ 50
Transport:	
Daily transport expenses for the research assistant and the researcher	A$ 500
Communication with supervisors in Australia	A$ 150
Excess baggage allowance for taking research papers in Australia	A$ 150
Dissemination of results	A$ 100
Total	A$ 2000

8.1 Budget justification

The research project will be funded from a research allowance of A$ 2000 provided out of fees paid to the University of Western Australia by AusAID and living expense and air fares to and from Bangladesh will also be borne by AusAID.

1. Personnel: the research assistant will work full time eight hours a day for five days a week, for a total of 12 weeks (2 weeks for training and pre-testing of questionnaire and 10 weeks for data collection). She will be paid @ A$ 200 per month for three months. The subtotal will be A$ 600.

2. Consumable:

a. Stationery: this includes pens, papers, notebooks, clip boards etc and will cost about A$ 150.

b. Photocopying of forms: the structured questionnaire on socio-demographic information and utilization of ANC is expected to be five pages long. About 220 copies will be required. The observation check-list for the process of delivery of ANC will be three pages long. About 20 copies of check-list will be needed. Structures questionnaire for ANC providers will be two pages long and 20 copies will be needed. At 10 cents a page, the total cost will be around A$ 200.

c. Tape-cassettes: these will be needed to record in-depth interviews. Fifty cassettes will cost around A$ 100.

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d. Camera film: the cost of films and developing the prints will be about A$ 50.

3. Transport: daily transport on rickshaw and scooter will be A$ 4.00 for both the researcher and the research assistant. For about 65 working days during data collection will cost A$ 500.

4. Communication with supervisors: telecommunications with supervisors in Australia will cost around A$ 150, @ A$ 3.00 per minute.

5. About 15 kilograms of research results are expected to be brought back to the University for analysis, with @ A$ 10 per kg will cost A$ 150.

6. For binding of the thesis and dissemination of results among relevant authorities will cost around A$ 100.

9.0 REFERENCES

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10. Bernard HR. Research methods in anthropology: qualitative and quantitative approach. 2nd edition. International Educational and Professional Publisher, London: Sage publications, 1995.

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
AND THE UNIVERSITY OF WESTERN AUSTRALIA

INTERVIEW SCHEDULE FOR PREGNANT WOMEN
February to April 1996

Stratum # |__|__| Cluster# |__|__| Structure# |__|__|__| Household# |__|__|
Name of head of household _____
Woman's name _____

Date of interview |__|__|__|

Eligibility: woman who is more than 6 months pregnant

Consent: yes 1
no 2 (stop here)

Q no	Questions	Answers	Skip to
SECTION A: INFORMATION ON SOCIO-DEMOGRAPHIC CHARACTERISTICS			
1	How old are you?	|__|__| years	
2	What is your religion?	Muslim = 1 Hindu = 2 Others = 7 (specify) _____	
3	How long have you been married?	|__|__| years	
4	Are you living with your husband at present?	yes = 1 no = 2	Q 6
5	Why not?	_____	
6	Have you ever given birth?	yes = 1 no = 2	Q 8
7	Could you please tell me the number of pregnancies you have and the details of the children you have given birth to, including children born dead or who have died?	# pregnancy |__|__| # total birth |__|__| # children living |__|__| # children born dead |__|__| # children died |__|__|	
8	What is the highest number of schooling you have achieved?	|__|__| years	

Q no	Questions	Answers	Skip to
9	Are you doing any work for money at present?	yes = 1 no = 2 ————	Q 11
10	Describe what work you are doing.	_____	
11	What is the highest number of schooling your husband has achieved?	|__|__| years	
12	Is your husband doing any work for money at present?	yes = 1 no = 2 ————	Q 14
13	Describe what work he is doing.	_____	
14	Is he the only person earning for the household?	yes = 1 ———— no = 2	Q 16
15	Who is (are) other member(s) in the household who earn(s) money ?	_____ _____	
16	What is your household's total monthly income?	|__|__|__|__| taka	
SECTION B: CURRENT PREGNANCY AND UTILIZATION OF ANTENATAL CARE			
17	Could you tell me when was your last menstrual period?	yes = 1 no = 2 ———— do not know = 9 ————	Q 19 Q 19
18	When was it?	|__|__|__| (date)	
19	How long have you been pregnant?	|__|__| months	
20	Have you visited any health centre/hospital/doctor/health professional/healerbecause you are pregnant?	yes = 1 no = 2 ————	Q 38
21	Why did you visit there?	_____ _____ _____	
22	At what month of pregnancy did you go for your first visit?	|__| months	

Q no	Questions	Answers	Skip to
23	Where did you go?	Hospital = 01 Health Centre = 02 Private doctor = 03 Nurse / Paramedic/Pharmacist = 04 Fakir = 05 Kobiraj = 06 Hujur = 07 TBA = 08 Others (specify) _____ = 77	
24	Why did you chose to go there?	_____ _____	
25	How did you go there?	By walk = 1 —— By rickshaw = 2 By scooter = 3 By car = 4 —— Others (specify) _____ = 7 ——	Q 27 Q 27 Q 27
26	How much was the fare?	|__|__| taka	
27	How long did it take to receive services?	|__|__|__| minutes; Arrival time |_|_|:|_|_| Departure time |_|_|:|_|_|	
28	Did you consider it long?	yes = 1 no = 2 do not know = 9	
29	What services did you receive from the first visit?	_____ _____ _____	
30	Did you pay any money to receive these services at your first visit?	yes = 1 no = 2 —— do not know = 9 ——	 Q 32 Q 32
31	How much did you spend?	|__|__|__| taka	
32	Since your first visit did you visit the same provider again for your pregnancy?	yes = 1 no = 2 ——	 Q 35
33	How many times did you visit this provider?	|__|__|	
34	What type of service(s) did you receive from this (these) visit(s)?	Type of services: _____ When (months)? 1 2 3 4 5 6 7 8 9	

Q no	Questions	Answers	Skip to
35	Did you visit any other provider for your pregnancy?	yes = 1 no = 2 ----------	Q 38
36	a.If yes, where did you go?	Hospital 1 0 Health Centre 1 0 Private doctor 1 0 Nurse / Paramedic/Pharmacist 1 0 Fakir 1 0 Kobiraj 1 0 Hujur 1 0 TBA 1 0 Others (specify) 1 0 _____	
	b. If yes, when did you go?	_____	
	c. How many times?	|__|__|	
	d. Why did you change your provider?	_____ _____	
37	What type of service(s) did you receive from this (these) visit(s)?		
38	Have you been visited by any health provider at your home for your pregnancy?	yes = 1 no = 2 ----------	CHECK Q 20; IF ANSWER IS 1 STOP HERE; IF 2 SKIP TO Q 44
39	Who is (are) s/he (they)?	Doctor 1 0 Nurse / Paramedic/Pharmacist 1 0 Fakir 1 0 Kobiraj 1 0 Hujur 1 0 TBA 1 0 Dai 1 0 Health worker 1 0. Others (specify) 1 0 _____	
40	Where was s/he (they) from?	_____	
41	When did s/he (they) visit?	_____	
42	How many times?	|__|__|	

Q no	Questions	Answers	Skip to
43	What services did you receive from this(these) visit (s)?	_____ _____ _____ _____	
CHECK QUESTION 20; IF ANSWER IS 'NO' ASK Q 44, OTHERWISE STOP HERE			
44	Why did you not visit any provider during your pregnancy?	_____ _____ _____ _____	
45	Did you consider visiting a provider?	yes = 1 no = 2 _____	STOP HERE
46	If yes, what stopped you from going there?	_____ _____ _____	

Interviewer's name _____

Signature _____

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
AND THE UNIVERSITY OF WESTERN AUSTRALIA

GUIDE-LINES FOR IN-DEPTH INTERVIEWS WITH PREGNANT WOMEN

February to April 1996

1. Experiences on the quality of antenatal care services received:

- waiting time to receive services
- clients-health care provider interaction
- good aspects of the services received
- difficulties faced in receiving the services
- satisfaction about the services received

2. Perceptions about antenatal care services:

- utility of these services
- providers, contents and timing of these services

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
AND THE UNIVERSITY OF WESTERN AUSTRALIA

OBSERVATION GUIDE FOR INTERACTION BETWEEN CLIENTS AND SERVICE PROVIDERS IN PROVIDING ANTENATAL CARE SERVICES

February to April 1996

(This should be filled up before the interview of the provider)

1. Name and ID of the facility _____ |__|__|

2. Date of observation |__|__|__|

Time begin	|__|__| : |__|__| hours
Time completed	|__|__| : |__|__| hours

3. Sex of the staff member observed

Male	1
Female	2

4. Designation of the staff member observed:

Doctor	01
Nurse	02
Paramedic	03
Family Welfare Visitor	04
Medical Assistant	05
Health Assistant	06
Health Worker	07
Family Welfare Assistant	08
Pharmacist	09
TBA	10
Others (specify)	77

_____

5. At what time did the client arrive? And what time was she seen?

Arrival time	|__|__| : |__|__| hours
Time seen	|__|__| : |__|__| hours

6. Did the provider give the client a respectful and/or friendly greeting?

Yes	1
No	2

7. Describe ways by which the client was welcomed.

_____

_____

_____

8. What was the main purpose of the visit as initially indicated by the client?

Antenatal care	1
Sickness of the child	2
Others(specify)	7

_____

9. Did the provider enquire whether the woman was pregnant?

Yes	1
No	2

10. What did the provider do?

	Y	N
Obtained detailed obstetric history	1	0
Obtained detailed current pregnancy history	1	0
Obtained detailed delivery history	1	0
Asked about haemorrhage	1	0
Asked about foetal movement	1	0
Measured blood pressure	1	0
Checked for oedema	1	0
Measuring uterine height	1	0
Measuring haemoglobin level	1	0
Advised measurementof haemoglobin level	1	0
Measured albumin level	1	0
Advised measurementof albumin level	1	0
Asked about TT immunization	1	0
Advised about diet	1	0
Advised about safe delivery care	1	0
Advised about post-partum contraception	1	0
Advised about breast feeding	1	0
Advised about danger signs of pregnancy	1	0
Advised for next check-up	1	0
Refer to another facility	1	0
Gave medicine	1	0
Others (specify)	1	0

_____

11. If medicine given, was it explained adequately?

Yes	1
No	2
Not applicable	8

12. Did the provider tell the client when to come for next visit?

Yes	1
No	2

13. Overall, did the provider respond adequately to the woman's questions?

Yes	1
No	2

NOTES ABOUT OVERALL IMPRESSION OF THE INTERACTION:

Observer's name and signature _____

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
AND THE UNIVERSITY OF WESTERN AUSTRALIA

INTERVIEW SCHEDULE FOR ANTENATAL CARE PROVIDERS

February to April 1996

(This questionnaire should be administered after the completion of observation)

Date of interview |__|__|__| ID no |__|__|

Name of the respondent _____

Sex Male 1
Female 2

Consent yes = 1
no = 2 (stop here)

Q No	Questions	Answers	Skip to
1	How old are you?	|__|__| years	
2	What is the name of the program/ organization do you work for?	_____ _____ _____	
3	What type of program/organization is it?	Government = 1 Non-government = 2 Private = 3 Personal = 4 Others (specify) = 7 _____	
4	How long have you been working in this job (work)?	|__|__| years	

Q No	Questions	Answers	Skip to
5	What types of service do you provide in this program/ organization?	MCH services Y N Pregnancy care 1 0 Delivery care 1 0 Post-natal care 1 0 Immunization 1 0 Care of women's illness 1 0 Care of child illness 1 0 Family Planning 1 0 Other (specify) 1 0 _____	
6	Have you received any training for the job (work) you do?	yes = 1 no = 2 _____	STOP HERE
7	Where did you get your training?	_____ _____	
8	How long was it?	|__|__|__| days	

Interviewer's name _____
Signature _____

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

INTERNATIONAL CENTRE FOR DIARRHOEAL DISEASE RESEARCH, BANGLADESH
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GUIDE-LINES FOR IN-DEPTH INTERVIEWS WITH ANTENATAL CARE PROVIDERS

February to April 1996

1. Womens' use of antenatal care services:

- expectation of women in utilizing these services
- satisfaction of women in utilizing these services
- reasons for using a particular facility
- reasons for not using antenatal care services

2. Experiences in providing antenatal care services:

- difficulties faced
- ways to overcome difficulties
- satisfaction with the services provided
- ways to improve services

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

FORM OF DISCLOSURE AND INFORMED CONSENT FOR PREGNANT WOMEN
(To be translated into Bangla)

I am a student at the Community Health Research and Training Unit of the University of Western Australia and interested in maternal health. I am a medical doctor of this country and have been working with the International Centre for Diarrhoeal Disease Research, Bangladesh (Cholera Hospital).

As a part of my study I have designed a research project titled 'Antenatal care services in Zone 3 of Dhaka city, Bangladesh' to describe the types, patterns and utilization of health care services available to pregnant women. This study will help me to formulate recommendations to improve health care services during pregnancy.

I would like to spend about half an hour talking to you about your pregnancy, and your use of services during your pregnancy. If you agree to participate I will come back again to ask you more about your ideas about the care during pregnancy and your experiences in receiving this care. There is no obligation for you to participate and there is no distress for you if you take part in the study. If you do not want to take part in the study please tell me, I would not disturb you again.

If you agree to participate and have no time today, I can come back when it is convenient to you. You can stop taking part in the study at any time if you want. Your information will remain confidential. Your name and address will not be given to anyone else. If you have any problem or question regarding this project do not hesitate to contact me in the following address.

I would be grateful if you can spend some time answering my questions.

Thanks.

Dr. Quamrun Nahar
International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B)
and
Community Health Research and Training Unit (CHRTU)
University of Western Australia

ANTENATAL CARE SERVICES IN ZONE 3 OF DHAKA CITY, BANGLADESH

FORM OF DISCLOSURE AND INFORMED CONSENT
FOR ANTENATAL CARE PROVIDERS
(To be translated into Bangla)

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I would like to observe the process of delivery of the services you provide to pregnant women and then I will spend about 10 minutes talking to you about your work. I will also come another day to talk to you about your oponions about womens' use of services during their pregnancies and your experiences of providing these services. There is no obligation for you to participate in this research activities and there is no distress if you take part in the study. If you do not want to take part in the study please tell me, I would not disturb you again.

If you agree to participate and have no time today, I can come back when it is convenient to you. You can stop taking part in the study at any time if you want. Your information will remain confidential. Your name and address will not be given to anyone else. If you have any problem or question regarding this project do not hesitate to contact me in the following address.

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