

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Principal Investigator C. RONSMAANS
Investigation No. 88-002
Title of Study HEALTH CARE CHOICE
AND DRUG USE FOR DIARRHOEA IN
RURAL BANGLADESH.

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

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

1. Source of Population:
(a) Ill subjects ☒ Yes ☐ No
(b) Non-ill subjects ☒ Yes ☐ No
(c) Minors or persons under guardianship ☐ Yes ☐ No

2. Does the study involve:
(a) Physical risks to the subjects ☐ Yes ☒ No
(b) Social Risks ☐ Yes ☒ No
(c) Psychological risks to subjects ☐ Yes ☒ No
(d) Discomfort to subjects ☐ Yes ☒ No
(e) Invasion of privacy ☐ Yes ☒ No
(f) Disclosure of information damaging to subject or others ☐ Yes ☒ No

Does the study involve:
(a) Use of records, (hospital, medical, death, birth or other) ☐ Yes ☒ No
(b) Use of fetal tissue or abortion ☐ Yes ☒ No
(c) Use of organs or body fluids ☐ Yes ☒ No

4. Are subjects clearly informed about:
(a) Nature and purposes of study ☒ Yes ☐ No
(b) Procedures to be followed including alternatives used ☒ Yes ☐ No
(c) Physical risks ☒ Yes ☐ No NA
(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

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:

- ☐ 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)

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

[Signature]
Principal Investigator

Trainee

JAN 27 1988

REF
WS 312 JB2
R774h
1988



b. SECTION I - RESEARCH PROPOSAL

1. TITLE : Health care choice and drug use for diarrhoea in rural Bangladesh.
2. PRINCIPAL INVESTIGATOR: Carine Ronsmans
- CO-INVESTIGATORS : V Fauveau, J Chakraborty, ASG Faruque, A Bari, SA Khan, M Yunus.
3. STARTING DATE : As soon as possible
4. COMPLETION DATE : Four months from the starting date
5. (a) TOTAL COST : 7956 US \$
(b) PROBABLE SOURCE OF FUNDING : Belgian Government
6. ACTING SCIENTIFIC PROGRAMME HEAD : Dr. R Eeckels

This protocol has been approved by the Community Medicine Division.

Signature of the Scientific Programme Head

15. 1. 88. /

Date

7. ABSTRACT SUMMARY.

This study proposes to examine the utilisation of different parallel medical systems for children with diarrhoea in a rural community in Bangladesh. Particular attention will be given to the pattern of antibiotic use for different clinical presentations of diarrhoea.

In a community survey a systematic sample of children with diarrhoea since less than 7 days will be visited and the type of health care used will be examined. Type of diarrhoea, age and sex of the patient and treatment provided (name of the drug, dose, route, duration and cost) will be recorded.

In another survey a field worker will visit a random sample of health care providers and ask for treatment for a two-year-old child with either watery or bloody diarrhoea. The advices given and drugs dispensed will be recorded.

Knowledge about the accessibility of appropriate treatment for acute diarrhoea in a rural area will contribute to the improvement of strategies for field management of diarrhoea.

8. REVIEWS:

1. Ethical Review Committee -----

2. Research Review Committee -----

3. Director's signature -----

c. SECTION II - RESEARCH PLAN

A. INTRODUCTION

1. Objective

To describe the treatment received by village children when they have diarrhoea, focussing on the use of antibiotics for bloody diarrhoea.

2. Background

In rural Bangladesh, most of the people have little access to government health care facilities (4,7). This doesn't mean, however, that the rural people have no access at all to any kind of health care. A variety of health care providers ranging from village practitioners who use allopathic drugs, to spiritual healers who heal through ritual chanting, amulets and charms are dispersed over the villages. Their type, distribution and characteristics have been studied mostly within the social sciences. The private health practitioners are usually divided into 8 categories: 1. Qualified practitioners with M.B., B.S. degrees or Medical Board Licenses (LMF, National Pass and Medical Assistants), 2. Semi-qualified village doctors who received a one year health training from the government (palli chikitshoks), 3. Practitioners without medical degree providing allopathic drugs, 4. Practitioners using homoeopathic medicine, 5. Ayurvedic (kobiraj) or Unanic (hakim) practitioners, 6. Spiritual healers, 7. Traditional midwives and 8. Others who do not fall in the above categories. It should be mentioned that some practitioners use different systems of health care but most retain a reputation in one or another form of treatment. A few authors tried to quantify the proportion of each type, but figures vary widely: the proportion of "allopathic practitioners" represented in village communities varies from 15% (192/1292) in a survey conducted by Sarder in Matlab (1) upto 39% (821/2120) in a randomly selected sample of Bangladesh described by Claquin (7). The factors influencing the choice of a health care provider by a patient are complex and depend on a great variety of factors such as the type and severity of illness, gender and age of the patient, relative proximity of the healer, cost of health care, past experience, etc. (4,5,7,8,9,10).

The allopathic system seems to gain popularity in Bangladesh (7,8). Although the most expensive, it dominates medical care, a fact illustrated by the number of allopathic pharmacies even in small localities. Those private pharmacies are the predominant drug dispensers. A study conducted in Matlab reports that 95% of 261 drugs taken by a 1.5% random sample of the population were obtained from private pharmacies (3). Sometimes, one qualified pharmacist or doctor is registered as the owner of the pharmacy. In reality, untrained attendants "diagnose" and "prescribe" at the same time. A fixed treatment scheme is usually not followed. For a specific disease a variety of tablets or syrup may be advised, depending on the severity of the complaint, the economic

situation of the patient and the range of available medicines. Which medicines the patient gets is often the outcome of a process of negotiation (10).

Diarrhoea seems to be one of the diseases for which people prefer the allopathic system (1,10). Antibiotics and other drugs are still commonly used for treatment of diarrhoea and it is rare that a full course of therapy is purchased at a time (1,2,3). This was clearly illustrated in a study where 25 pharmacies in each of 3 different countries were visited (Bangladesh, Sri Lanka and the Yemen Arab Republic) and the pharmacist was asked to provide treatment for an 11-month-old child with watery diarrhoea (6). Fifty-nine (79%) of the pharmacies, including 19 (76%) of the 25 in Bangladesh, prescribed unnecessary medications. The most commonly prescribed medications in Bangladesh were furazolidone and metronidazole. In another study, 83% of the unqualified allopathic practitioners reported the use of tetracycline for treatment of diarrhoea (2).

None of those studies, however, have drawn much attention to the problem of dysentery, where appropriate antibiotic treatment is both justified and important. Antibiotic treatment for bacillary dysentery reduces duration and severity of illness and is assumed to reduce mortality (18). In endemic areas shigellosis accounts for the majority of deaths associated with diarrhoea (13,14). The demographic data from the Matlab Demographic Surveillance System for 1984 show that dysentery was related to 129 of the 727 (18%) deaths occurring that year in under-five children (15). Those deaths were more common than the "diarrhoea" deaths which numbered 55 for the same year. The higher risk of death related to dysentery has also been reported elsewhere (16,17). One reason might be that rural people in Bangladesh have no access to facilities providing appropriate antibiotic treatment for dysentery.

Not much is known, however, about where village people go to when they have diarrhoea and what type of treatment they get. One study reports that 51 % of persons who died of cholera had been treated by village practitioners, another 20 % had been attended by qualified doctors and 8 % had had no medical care (11). A few authors described the advices given and drugs dispensed for diarrhoea by private practitioners (1,2,3,6), but only one of them examined the patients' choice of health care for dysentery: village practitioners were more often consulted for dysentery than for watery diarrhoea (12). The treatment provided, however, was not examined.

3. Rationale

Knowledge about the accessibility of correct treatment for acute diarrhoea and the irrational use of antibiotics for bloody diarrhoea will strengthen the development of programmes for control of diarrhoea concentrating on field management of dysentery.

B. SPECIFIC AIMS.

1. To describe the choice of health care made by rural people when their children have various types of diarrhoea.
2. To examine the advices given and the type of drugs prescribed and used for children with various types of diarrhoea in a rural community.
3. To compare the current prescribing pattern for diarrhoea by village practitioners with patterns described in previous surveys and examine trends overtime.
4. To provide the Matlab MCH-FP project with relevant information necessary for designing the planned intervention aimed at reducing infant and child mortality * from diarrhoea, particularly dysentery.

C. METHODS

The study consists of 2 separate surveys to be conducted in the Matlab area: (i) a community survey aimed at describing the health care choice and drugs used for diarrhoea; (ii) a survey of health care providers concentrating on the pattern of drug prescription for diarrhoea.

1. Community survey:

During a 2-month period 480 families with a child having bloody diarrhoea and 480 with one having non-bloody diarrhoea will be visited once and questioned about the type of health care received.

Study area. The study will be conducted in the Matlab-MCH-FP area and a defined area in Chandpur district. Two separate study areas have been chosen because of their difference in facilities available for diarrhoea treatment: though the distribution of ORT in the 2 communities is likely to be the same, people living in the MCH-FP area have easier access to appropriate treatment for dysentery through the 3 ICDDR'B treatment centres.

The patients will be identified by the community health workers (CHW) or health assistants (HA) according to the following criteria:

- a child five years of age or less.
- the child still has or had diarrhoea and the diarrhoea started between 2 to 7 days prior to the visit of the CHW or HA.

Diarrhoea will be defined as perceived by the mother and divided into 2 types : bloody diarrhoea (=any diarrhoea with blood) and non-bloody diarrhoea.

In the MCH-FP area each of the 20 CHWs will enroll the first 24 children encountered during their regular fortnightly home visits, meeting the enrollment criteria (12 with bloody and 12 with non-bloody diarrhoea). In the Chandpur area each of the 6 HAs will enroll the first 80 children (40 of each of the 2 types of diarrhoea) identified during weekly home visits.

Sample size. The number of diarrhoea patients required is about 240 for each type of diarrhoea for each area. This has been calculated by standard sample size calculation formulas; based on the assumption that only 10 % of patients with dysentery receive appropriate treatment, a significance level of $p < 0.05$ and a precision of 5%. This sample size allows comparison between the results obtained for the 2 types of diarrhoea.

For each child identified, the following information will be recorded (see questionnaire on page 13):

- age / sex / arm circumference
- type and duration of diarrhoea
- type of practitioner chosen
- treatment given
- reasons for seeking help from a practitioner

The type of practitioner will be defined according to the system of health care used, namely allopathy, homoeopathy, kobiraj, unani, religious or magic healing and others. Allopathic and homoeopathic practitioners will be defined as qualified, semi-qualified and non-qualified. "Qualified doctors" refers to all those persons who have passed a formal, institutionalised and recognised programme of medical study. "Semi-qualified doctors" refers to those who have received a short training course in either a regional or local institution. Usually these persons receive a certificate indicating their passing a particular programme or study. "Non-qualified doctors" refers to those who employ the techniques of their respective specialisation although they have never received a degree or license in the field. In the Matlab MCH-FP area all the health practitioners residing in the area have been identified recently through a survey conducted by the CHWs; the CHWs will thus be able to identify the type of practitioner. In Chandpur no extended survey has been done; the HAs will therefore visit any health practitioner not known to them and ask for his or her qualification.

Only allopathic treatment will be recorded in detail. For each drug prescribed, name, dose, duration of treatment and frequency and route of administration will be recorded. To report the names of the drugs as accurately as possible, a pre-survey will be conducted to draw a list of the different brands of antibiotics currently dispensed by the local pharmacies. An estimate of the total cost of the treatment including transport, consultation fee and cost of the drugs will be recorded as well.

If the child still has diarrhoea at the time of the visit, appropriate treatment or advice will be given: children

with non-bloody diarrhoea will receive ORS and children with bloody diarrhoea will be referred to the Matlab treatment centre.

Training. The CHW's in the MCH-FP area and the HA's in the Chandpur area have sound knowledge about management of various types of diarrhoea. During the first month of the study both groups will receive supplementary training on types of health care providers and drugs used. The training will be given by a Field Research Officer under supervision of the PI.

Data analysis. (1) For each type of diarrhoea, the treatment given by different practitioners will be described. (2) The reasons mentioned for choosing a certain type of practitioner will be described as well. (3) The influence of age, sex and duration of diarrhoea on the choice of a particular type of practitioner will be evaluated through comparison of different groups using standard chi square tests (or Fisher exact test). (4) The type of health care chosen and the treatment received will be compared between the 2 groups of diarrhoea using standard chi square tests (or Fisher exact test). (5) The proportion of children who have access to correct treatment for each type of diarrhoea will be compared between the two study areas using standard chi square tests.

2. Health providers survey.

A field worker (Field Research Officer (FRO)) will visit a stratified random sample of 200 health practitioners providing allopathic treatment in the Matlab DSS area. All the health practitioners residing in the area have been identified recently through a survey conducted by the CHWs.

After obtaining verbal informed consent (see consent form on page 15) the FRO will ask the following question: "I have a 2-year-old child with 3 days of diarrhoea. What treatment would you recommend?" If the health care provider asks more questions about the patient, any additional symptom such as fever or bloody stools will be denied. If drugs are recommended, a structured interview on the name, dosis, frequency, duration of treatment and frequency and route of administration will follow (see questionnaire on page 14). Any other advice given will be recorded as well.

Subsequently the health practitioner will be asked another question: "I have a 2-year-old child with 3 days of bloody diarrhoea. What treatment would you recommend?" If more details are asked, a clinical picture including abdominal pain and fever will be reported. A structured interview on the drugs recommended equivalent to that following the first question will follow.

This procedure has been chosen after ethical consideration: though the information obtained by a field worker through informed consent might be biased we thought this method was

the only one that ,within ethical limits, would provide us with relevant information on drugs provided for diarrhoea.

This survey will take 2 months and will be conducted during the same period as the community survey.

Data analysis. The appropriate recommendation is considered to be : "Use ORS or consult a doctor or another health worker" for the first question and "Take a 5 day course of antibiotics (Ampicillin 100 mg/kg.d ,Nalidixic acid 55 mg/kg.d or Co-trimoxazole 480 mg.d) or consult a doctor" for the second question. The recommended doses recorded as number of spoons or tablets per day will be translated into the equivalent mg per day. The recommendations given will first be described as such using descriptive statistics and secondly compared to previous surveys (1,2,3) using standard chi square tests (or Fisher exact test).

D. SIGNIFICANCE

Programmes for control of diarrhoeal diseases focus almost entirely on the problem of watery diarrhoea and the use of oral rehydration therapy (ORT). Since ORT is of limited use in the treatment of dysenteric diarrhoeas, ORT should be complemented by other interventions in countries where dysentery is responsible for a high proportion of diarrhoeal disease mortality.

Though other diarrhoea control measures such as promotion of breast-feeding, weaning education, measles immunisation, improving water supply and sanitation and promotion of hygiene are believed to be feasible and effective in reducing diarrhoea mortality rates among children under 5 years of age (19,20), most of them will be beyond the capacities of developing countries for years to come. To reduce the high mortality rate from dysentery in the short run, interim strategies are needed. A new intervention aimed at making appropriate treatment for dysentery more accessible to rural people is being considered within the Matlab MCH-FP area.

Development of this strategy requires knowledge about the type of health care currently resorted to and the treatment currently prescribed for and obtained by children with dysentery and other types of diarrhoea.

E. FACILITIES REQUIRED

The facilities of the ICDDR'B in Matlab and Chandpur will be sufficient to conduct this study.

F. COLLABORATION

No external collaboration is required.

d. REFERENCES

1. Sarfer AM, Chen LC. Are there barefoot doctors in Bangladesh: a study of non-government rural health practitioners. Soc Sci Med 1981;15A:543-550.
2. Mizanur Rahman ASM. Village practitioners of Bangladesh: Their characteristics and role in an oral rehydration programme. ICDDR'B Scientific Report 1981;2:58 p.
3. Hossain MM, Glass RI, Khan MR. Antibiotic use in a rural community in Bangladesh. Int J Epid 1982;11:402-405.
4. Bhardwaj SM, Paul BK. Medical pluralism and infant mortality in a rural area of Bangladesh. Soc Sci Med 1986;23:1003-1010.
5. Aziz KMA. Present trends in medical consultation prior to death in rural Bangladesh. Bangl Med J 1977; :53-59.

6. Tomson G, Sterky G. Self-prescribing by way of pharmacies in three Asian developing countries. *Lancet* 1986; :620-622.
7. Claquin P. Private health care providers in rural Bangladesh. *Soc Sci Med* 1981;15B:153-157.
8. Feldman S. The use of private health care providers in rural Bangladesh: A response to Claquin. *Soc Sci Med* 1983;23:1887-1896
9. Rahaman MM, Aziz KMS, Munshi MH, Patwari Y, Rahman M. A diarrhea clinic in rural Bangladesh: influence of distance, age, and sex on attendance and diarrhoeal mortality. *Am J Publ Health* 1982;72:1124-1128.
10. Ashraf A, Chowdhury S, Streefland P. Health, disease and health-care in rural Bangladesh. *Soc Sci Med* 1982;16:2041-2054.
11. Faruque ASG, Abu Eusof. Medical care utilisation prior to death in cholera outbreaks in rural Bangladesh. *Trop Doc* 1986;16:87-89.
12. Faruque ASG, Rhaman ASMM, Zaman K. Young childhood diarrhoea management by mothers and village practitioners in rural Bangladesh. *Trop Geogr Med* 1985;37:223-226
13. Chen LC, Rahman M, Sarder AM. Epidemiology and causes of death among children in a rural area of Bangladesh. *Int J Epid* 1980;9:25-33.
14. Chen LC. Control of diarrhoeal disease morbidity and mortality:some strategic issues. *Am J Clin Nut* 1976;31:2284-2291.
15. Shaikh K, Sarder AM, Abedin Z, Ahmed K, Mostafa G, Bhuiya A, Wojtyniak B. Demographic surveillance system - Matlab.Vol 10. Vital events and migration tables 1984.ICDDR'B Scientific report.
16. Ronsmans C, Bennish M, Wierzba T. Shigellosis in rural Bangladesh: Prevalence, clinical features and management strategies. Submitted for publication.
17. Briend A, Wojtyniak B, Rowland MGM. Arm circumference and other risk factors in children at high risk of death in rural Bangladesh. *Lancet* 1987:725-727.
18. Haltalin KC, Nelson JD, Ring R, Sladoje M, Hinton LV. Double-blind treatment study of shigellosis comparing ampicillin, sulfadiazine and placebo. *J Ped* 1967;70:970-81.
19. Feacham RG, Hogan RC, Merson MH. Diarrhoeal disease control: reviews of potential interventions. *Bull WHO* 1983;61:637-640.
20. Feacham RG. Preventing diarrhoea:what are the policy options? *Health Pol Plan* 1986;1(2):109-117

e. ABSTRACT SUMMARY

The study aims to describe the role of private practitioners in treatment of diarrhoea in under five children in rural Bangladesh. Special attention will be drawn to the use of antibiotics for bloody diarrhoea. In a community survey parents of children with various types of diarrhoea will be asked about the health care chosen and the treatment received. In another survey health care providers will be asked to provide treatment for a fictitious case history of a child with diarrhoea.

1. Mortality from diarrhoeal diseases is highest in children less than 5 years old and interventions aimed at reducing diarrhoeal deaths should focus on this age group.
2. There are no potential risks.
3. Procedures for protecting against or minimising potential risks: not applicable.
4. To ensure confidentiality all children and health care providers will be given a code number by which to identify them.
5. Since the study will be a part of the regular service activities provided in both areas, a specific written informed consent is not necessary. Verbal informed consent will be obtained from parents of children with diarrhoea as well as from health care providers.
6. An interview about 30 minutes long will take place in the house to collect information on the type of diarrhoea and the type of health care chosen.

The interview with the health care providers will take place in their place of practice and will require about 15 minutes.

7. Children with non-bloody diarrhoea will be treated with ORS and children with bloody diarrhoea will be referred to an ICDDR,B treatment centre. Each child encountered during the visits will be helped if required.

Knowledge about the accessibility and availability of appropriate treatment for diarrhoea for rural children will contribute to the design of new interventions aimed at reducing deaths from diarrhoea in children.

8. No samples will be taken.

f. SECTION III - DETAILED BUDGET

PERSONNEL REQUIREMENT

NEW RECRUITS

<u>Job</u>	<u>Level</u>	<u>No</u>	<u>Man mo</u>	<u>\$/mo</u>	<u>Amount(US\$)</u>
Field research off	GS5	2	7	352	2464
Health ass. Chandpur	GS3	6	18	219	3942
					6406

SUPPLIES AND MATERIALS

Drugs	50
Stationery and office supplies	200
	250

OTHER COSTS

Printing and publication	100
Per diem investigator	100
Service charges	100
	100

INTERDEPARTMENTAL SERVICES

Transport Dhaka-Matlab-Dhaka	300
Transport Matlab-Chandpur	300
Water transport-Matlab	250
Xerox	100
Medical illustration	50
	1000

TOTAL 7956

QUESTIONS TO BE ASKED TO THE MOTHER OF EACH CHILD IN THE STUDY

1. How old is your child?
2. Is it a girl or a boy?
3. Does your child have diarrhoea today or did it have diarrhoea during the last 7 days?
4. When did the diarrhoea start? (days)
5. What was the type of diarrhoea? (bloody vs non-bloody)
6. Who treated this diarrhoea?

-first contact : -----
 -second contact : -----
 -etc. : -----

Possible answers will be : no treatment has been given / mother / relative or neighbour / allopathic practitioner (qualified, semi-qualified or non-qualified) / homoeopathic practitioner / kobiraj and/or unani / religious or magic healer / other

7. Answer the following questions for each health care provider who attended the child:

- a. How many days after onset of diarrhoea did you seek help?
- b. What was the type of diarrhoea when you sought help?
- c. Why did you seek the help of this health care provider?

Possible answers will be: excessive purging (stool frequency in last 24 h?) / excessive vomiting / extreme weakness / presence of blood in the stool / other: -----

8. What treatment has the child taken?

Health care provider	Treatment taken:					For how many days
	Home prepar.	Allop.	Homoeop.	Herbal	Other	
1.						
2.						
Etc.						

10. If allopathic treatment, give for each drug taken:

Name	Presentation (tabl, susp, IV, IM, powder)	Dosis provided (no of tabl, bottles, etc.)	Frequency (no of tabl, spoons, etc. taken per day)	Duration (days)
1.				
2.				
etc.				

11. What was the total cost of the treatment? (including transport, consultation fee and cost of the drugs) ----- Take

QUESTIONS TO BE ASKED TO THE HEALTH CARE PROVIDERS

1. What type of health care do you provide? Give by order of priority: 1.
2.
etc.

Possible answers will be: allopathy / homoeopathy / herbal / religious / magic / other.

2. What is your qualification?

Possible answers will be: MBBS, LMF or Medical Assistant / a training course in a regional or local institution (how many years of study?) / apprenticeship to another practitioner (how many years?) / no formal training

3. I have a 2-year-old child with 3 days of diarrhoea. What treatment would you recommend?

Possible answers will be: no treatment / consult a doctor or another health worker / home preparation / allopathy / homoeopathy / herbal / magic, religious or other / a combination of different types

4. If you recommend drugs, give for each drug:

Name	Presentation (tabl, susp, IV, IM, powder)	Dosis (no of tabl., bottles, etc.)	Frequency (no of tabl., spoons, etc. per day)	Duration (days)
1.				
2.				
3.				
etc.				

5. Other advices

6. I have a 2-year-old child with 3 days of bloody diarrhoea. What treatment would you recommend?

Possible answers are the same as mentioned under 3., 4., and 5.

CONSENT FORM 1

HEALTH CARE CHOICE AND DRUG USE FOR DIARRHOEA IN RURAL BANGLADESH.

(This statement will be read to the mother before obtaining verbal consent)

Your child has diarrhoea now or had diarrhoea during the last week. We know that there is a wide variety of doctors in the village who treat diarrhoea and we would like to know more about them, especially about the type of treatment they provide. If you agree to participate in this study, we would like to ask you some questions about the treatment your child received for this diarrhoea; but you are free to refuse. All of the information we collect will be kept confidential.

CONSENT FORM 2

HEALTH CARE CHOICE AND DRUG USE FOR DIARRHOEA IN RURAL BANGLADESH.

(This statement will be read to the health care provider before obtaining verbal consent)

We are from the International Centre for Diarrhoeal Disease Research, Bangladesh and we are studying the treatment given for diarrhoea by different types of health care providers. This study will give us information on the availability of correct treatment for diarrhoea in the villages and will help us designing interventions to improve management of diarrhoea in the community.

If you agree to participate in this study, we would like to ask you to give your recommendations for a child with diarrhoea. On your qualification and answers to the questions will be recorded your name or address will not be mentioned.