## Miscellaneous Health-related Topics

### Reported Morbid Symptoms and Conditions of Pregnant, Intrapartum and Postpartum Women: Experience from Three Villages

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**Objective**: Investigate reported morbid symptoms and conditions of antepartum, intrapartum and postpartum women.

**Methodology**: In early 1996, a cross-sectional survey was conducted in three villages outside ICDDR,B Matlab intervention and comparison areas. All married women aged 14-49 years were identified, and 208 women were found to be either pregnant or within 12 weeks of postpartum period. One hundred and fifty-seven (76%) of these women were interviewed for morbid symptoms and conditions they had during the survey, and were also asked to recall symptoms and conditions they suffered during their antepartum, intrapartum or postpartum periods.

**Results**: During the survey, 127 (81%) women reported at least one morbid symptom or condition, while 85 (54.1%) women reported symptoms, indicative of anaemia, 36 (22%) leukorrhoea, 34 (21.7%) urinary problems, and 33 (21%) genital prolapse. In addition, 67 (43%) women reported postpartum haemorrhage, 44 (28%) prolonged, obstructed or difficult labour, 27 (17.2%) perineal tear, 19 (12 %) breast problems, and 16 (10%) postpartum fever. Women of older age and higher parity were more likely to report at least one morbid symptom or condition and also were more likely to report symptoms, indicative of anaemia ($p<.05$).

**Conclusion**: Pregnant, intrapartum and postpartum women in rural Bangladesh bear significant burden of morbid symptoms and conditions, especially with increasing age and parity. Though not validated by physical examinations or laboratory tests, the data suggest a true account of women's perceptions of their own illnesses which are of crucial importance since women, in most situations, use health services according to their perceptions of sufferings. To improve the rural women's health, health policy-makers need to be aware of women's health problems as women view them.

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### Efficacy and Safety of Ciprofloxacin Suspension in the Treatment of Childhood Shigellosis

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**Objective:** Compare the clinical and bacteriologic efficacy and toxicity of ciprofloxacin and amdinocillin pivoxyl in the treatment of shigellosis in children.

**Methodology:** This randomized, double-blind, controlled clinical trial was conducted at the Dhaka Hospital of ICDDR,B from August 1995 to March 1997. Children aged 2-15 years with *Shigella*-associated dysentery of ≤72 hours were eligible, provided their parents gave a written consent. Patients stayed in the hospital for 6 days and returned for follow-up evaluation 7 and 30 days after discharge. Assessment of joint symptoms and function was made daily and at follow-ups. Safety of the study drugs was evaluated in a total of 141 children enrolled in the study (70 in the ciprofloxacin group and 71 in the amdinocillin pivoxyl group), of whom the clinical and bacteriologic efficacy could be evaluated in 120 children (60 children in each treatment group). Patients received either

ciprofloxacin suspension, 10 mg/kg 12 hourly or amdinocillin pivoxyl tablets, 15-20 mg/kg 8 hourly for 5 days. Therapy was clinically effective, if a patient did not have frank dysentery on day 3; and had no bloody-mucoid stools on day 5, had ≤1 watery stool, ≤6 total stools, and was afebrile; and bacteriologically successful, or if *Shigella* could not be isolated from faecal samples on day 3 and thereafter. The rates of clinical and bacteriologic cure, and the rates and types of the adverse events in the two treatment groups were compared using the standard statistical tests.

**Results**: Therapy was clinically successful in 48/60 (80%) and 39/60 (65%) patients (difference 15%; 95% CI -0.7-30.8), and bacteriologically successful in 60 (100%) and 54 (90%) patients (difference 10%; 95% CI 2.4 -17.6%) who had received ciprofloxacin and amdinocillin respectively. Joint pain after initiation of therapy occurred in 13/70 (18.6%) and 16/71 (22.5%) patients who had received ciprofloxacin and amdinocillin respectively (p>0.2), and no patient had signs of arthritis.

**Conclusion:** Ciprofloxacin is an effective and safe drug for use in multiply-resistant childhood shigellosis.

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## Health Conditions of Pregnant Women and Perinatal Mortality in a Slum of Dhaka City, Bangladesh

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**Objective:** Examine the association between perinatal mortality with health conditions, and treatment-seeking behaviour of pregnant women in a slum population of Dhaka city in Bangladesh.

**Methodology:** A cohort of 2,007 pregnant women with a community setting was studied between June 1994 and January 1997. Women who, according to their last menstruation date, had less than 21 weeks of amenorrhoea, were considered for the study. The women were recruited from two antenatal clinics run by Radda Barnen, a large organization established in Mirpur, and from house-to-house survey in the catchment area of Radda Barnen. Those who signed a consent form were interviewed. The women were followed from 21 weeks of gestation to pregnancy termination. Information was collected on height, weight, mid-upper arm circumference (MUAC), haemoglobin, blood pressure, incidence of illnesses, and their treatments. Socioeconomic information was collected during the recruitment of the women, and information on the type of pregnancy termination was collected within 3 days of termination. Stillbirth or mortality of the newborns within 3 days of delivery was taken as the indicator of perinatal mortality.

**Results:** Perinatal mortality was 60.3 per 1,000 livebirths (stillbirth ratio was 40.5 and 0-3-day mortality was 18.8 per 1,000 live-births). The logistic regression analysis showed that eclampsia, history of blood loss during pregnancy, hypertension, haemorrhage, and other infections were significant risk factors for perinatal mortality. Intrauterine device used within the last two years preceding the present conception was also a significant risk factor for perinatal mortality. Body mass index or heights were not associated with perinatal mortality. Perinatal mortality was negatively associated with the number of visits to medical professionals during pregnancy. The educated women had significantly lower perinatal mortality than the uneducated ones, after controlling for demographic, biomedical and economic factors.