Results: The results of the study showed that the complete immunization coverage of the children aged 12-23 months in the study area was 60.2%. However, in the slum area, the immunization coverage was 48%, whereas in the non-slum cluster, it was 67%. The drop-out rate in the slum cluster from DPT1 to DPT3 was also higher than that in the non-slum cluster (21.7% vs. 9.3%). The characteristics of the urban slum children who completed their immunization series were strongly associated with the following variables: maternal education, maternal employment, family income, father's occupation, household possessions, and the number of living children. Provision-related factors that influence the low immunization coverage in urban slums were: inadequate location and timing of clinics, improper supervision, lack of referral, missed opportunities for vaccination, and lack of coordination among different service provider organizations.

Conclusion: The immunization coverage should be improved through strengthening routine immunization services and increasing the integration and coordination among the service providers. The Expanded Programme on Immunization (EPI) should develop a "Slum Strategy" to ensure that high-risk slum children are vaccinated properly. The EPI services should also be linked with development organizations to improve the overall health status of the slum dwellers. Further, health system research is needed to identify operational problems of EPI.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh

Maternal Morbidity in Rural Bangladesh: Where Do Women Go for Care?

Parveen A Khanum, Shameem Ahmed, Ariful Islam, and Sadia D Parveen

Objective: Assess the complications experienced and subsequent care-seeking behaviour of rural women and their knowledge about the complications of pregnancy and childbirth.

Methodology: A structured questionnaire was used for interviewing 2,105 rural Bangladeshi women who delivered within one year of the survey. They were interviewed in their homes between May and August 1996. In this study, maternal morbidity refers to any compilations reported by women during their last pregnancy, delivery and/or within 42 days after delivery.

Results: Obstetric complications were experienced by 66% of the women, and commonest among these were prolonged labour, fever, bleeding, and oedema. The older and higher parity women, and those with less education, were more likely to develop complications, and stillbirths were four times higher among those with complications. Among all the women who had complications, 41% consulted village practitioners, 18% went to homeopaths, and 6% went to traditional healers. Thirty-seven percent of the women went to nobody. Husbands were the principal decision-makers for consultation with service providers. Use of institutional facilities and/or trained providers was positively associated with women's education, parity, their knowledge of obstetric complications and average monthly family expenditure. Women's knowledge about complications of pregnancy and childbirth was limited. Most women knew about prolonged labour and malpresentation, but very few knew about bleeding, retained placenta, and convulsion. A majority knew nothing about postpartum complications. Thirty-seven percent of the women received antenatal care from medically trained personnel, like paramedic, and doctors. Ninety-two percent of all the deliveries took place at home, and only 7% of the complicated cases delivered at the health facility. Eighty-nine percent of the women had a livebirths, nearly 3% had stillbirths and rest had either induced or spontaneous abortion as the outcome of their last pregnancy.

Conclusion: Very few women in rural Bangladesh know about the common complications of pregnancy and childbirth, and most do not seek medical help for these. Also, use of government health facilities for the management of obstetric complications is poor. Therefore, efforts need to be strengthened for raising community awareness

emphasizing on the importance of seeking medical help for obstetric emergencies. As an effort toward this the Operations Research Project of ICDDR,B has designed an intervention on emergency obstetric care at the thana level.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh

Neonatal Morbidity and Care-seeking Behaviour in Two Rural Areas of Bangladesh

Shameem Ahmed, Farzana Sobhan, and Ariful Islam

Objective: Assess the pattern of neonatal morbidity and subsequent care-seeking behaviour in rural Bangladesh.

Methodology: Data were collected from 3,030 women who had livebirths between May 1995 and February 1997 in two rural subdistricts—Abhoynagar and Mirsarai—the field sites of the Operations Research Project of ICDDR,B. The women were interviewed in their homes using a semi-structured questionnaire. Bivariate analysis was done to assess the relationship between the different variables.

Results: More than two-thirds of the neonates were reported to have problems. The most common complaint was fever (40%), followed by respiratory distress (25%). Complications during pregnancy were found to be associated with increased neonatal morbidity ($p<0.001$). About 42% of the women did not seek help from any health service providers when their newborns had problems. Significant sex differential was observed among the male and female neonates for whom services were sought ($p<0.001$). In majority of the cases (48%), village doctors were consulted, followed by homeopaths in Mirsarai, whereas in Abhoynagar, the opposite trend was seen. Only a negligible percentage attended the government facilities, like Satellite Clinic, Health and Family Welfare Centre, and Thana Health Complex. However, 30% of the mothers consulted private practitioners. It was found that health care-seeking behaviour was associated with mothers' education ($p<0.01$).

Conclusion: The government facilities for neonatal care are under-used, and efforts should be made to raise awareness among mothers regarding this. Steps to reduce maternal morbidity by raising awareness of complications during pregnancy may result in decreased neonatal morbidity.

International Centre for Diarrhoeal Disease Research, Bangladesh (ICDDR,B), GPO Box 128, Dhaka 1000, Bangladesh

Perceptions and Involvement of Members of Zonal Health and Family Planning Coordination Committees of Dhaka City Corporation

J Uddin, MA Bhuiyan, SU Alamgir, and Cristobal Tuñón

Objective: Assess the perception and involvement of members of the zonal health and family planning coordination committees formed by the Dhaka City Corporation.

Methodology: The Dhaka City Corporation formed zonal health and family planning coordination committees in all 10 zones of the city to link all the local service providers and to establish a mechanism for local-level planning to ensure the effective use of the available local resources through minimizing gaps and overlaps in the health and family planning service delivery system. Of the 181 registered members of the zonal committees, 126 were selected