

Appendix I

Curriculum of Training for Traditional Birth Attendants:

Part I: Antenatal care

Training goal: To improve the knowledge, attitude, and practice of TBA in providing effective antenatal care to increase the ANC coverage of pregnant women.

Specific objectives: At the end of the session, TBA will be able to,

1. Explain purpose of antenatal care.
2. Understand her role in promoting the antenatal service.
3. Explain about antenatal care she can provide to pregnant women during home visit.
4. Recognize the signs and symptoms of pregnancy
5. Examine a pregnant women, explains its purpose and refer if any at risk conditions found.
6. Advise a pregnant woman regarding her care for safe delivery.
7. Manage minor discomforts of pregnancy and refer the severe cases

Preparation of teaching learning materials:

- A. Illustrated book for TBA and flip chart, Newsprint, simplified Lunar calendar.
- B. If possible, 2 pregnant women of > 32 weeks gestation.
- C. Doll womb model.
- D. Fetoscope, if not available a tube or rolled paper
- E. Height measuring tape of stick with mark of adequate and inadequate height.

- F. Real photograph of anemic woman
- G. Iron, folic acid tablets and contraceptives.
- H. Tetanus toxoid vaccine, syringe, and needle.
- I. Home-based prenatal records

Objective 1. Explain the purpose of antenatal care:		
Topic	Content	Teaching learning activities
1. Introduction	<ul style="list-style-type: none"> - Introduction of trainer and trainees - Pre-test - Objectives of training - Overview of subjects - Learning activities 	<ul style="list-style-type: none"> - Familiarize in the group by playing the name game - Relate pre-test with training objectives - Discuss the needs of this training
2. Purpose of ANC	<ul style="list-style-type: none"> - Purpose of ANC - Benefits Of ANC 	<ul style="list-style-type: none"> - Explain need of ANC - Discuss effects on mother and child if ANC lacks
Objective 2. Understand her role in promotion of antenatal service		
3. Promotion antenatal Service	<ul style="list-style-type: none"> - Activities of ANC - Role of TBA to promote ANC utilization by pregnant 	<ul style="list-style-type: none"> - Explain component of ANC and its activities. - Q/A on do they encourage, educate, motivate women to utilize the service and refer at risk pregnancies

Objective3. Explain about ANC that she can provide to pregnant during home visits		
Topic	Content	Teaching/ learning activities
4. TBA activities regarding ANC	<ul style="list-style-type: none"> - Purpose of home visit - Activities of home visit - Frequency of visit 	<ul style="list-style-type: none"> - Q/A on how often do they visit pregnant and why - What service they provide - Discuss custom, tradition, beliefs, behavior and practice - Emphasize significance of frequent visit depending on condition of woman
Objective 4. Recognize signs and symptoms of pregnancy		
5. Signs and symptoms of pregnancy	<ul style="list-style-type: none"> - Early signs of pregnancy - Signs that appears as pregnancy progresses - Proximity of uterus and bladder - Growth of the uterus with weeks of gestation 	<ul style="list-style-type: none"> - Review signs of pregnancy - Discuss their own experiences and share in a group - Q/A how do they suspect pregnancy, when do fetal movement start? - relate with frequency of urine - Relate various signs of Pregnancy to pregnancy duration - Re-enforce early ANC checkup
5 Examine a pregnant, explain its purpose and refer if at risk condition is found		
6. Examination of pregnant	<ul style="list-style-type: none"> - Purpose of examination - Estimation of Expected 	<ul style="list-style-type: none"> - Explain needs of regular examination to detect at risk pregnancy

Topic	Content	Teaching/ Learning activities
Woman	<p>Date of Delivery</p> <ul style="list-style-type: none"> - Steps of examination i.e. history taking of past and present pregnancy - Physical examination - Focus to check eyes, lips tongue, nails to see anemia - Focus to check puffiness of face, hands, and feet - Abdominal examination - Observe operation scar - Size of the abdomen - Position of the fetus i.e. transverse, breech - Listening to the fetal heart sound - Feel fetal movement 	<ul style="list-style-type: none"> - Explain how to calculate EDD using simplified Lunar calendar, and practice - History taking by role play, or ask with pregnant woman in the clinic - Demonstrate in a pregnant woman the correct site to check for paleness - Re-demonstration of procedure - Demonstrate correct site to see edema, show the real picture. - Demonstrate scar using flip chart - Encourage to refer the woman with too big abdomen, explain its cause - Demonstration/ re-demonstration of finding location of fetal part using doll and womb model, show normal and abnormal position, - Emphasize to refer if fetal head not found in the lower abdomen - Demonstrate/ re-demonstrate the correct site to listen fetal heart using fetoscope or rolled paper and how to feel fetal movement

Topic	Content	Teaching/ Learning activities
	<ul style="list-style-type: none"> - Importance to measure maternal height 	<ul style="list-style-type: none"> - Encourage them to refer if less than usual - Demonstrate and re-demonstrate to correctly measure height using tape measurement of stick and recognize short height to refer
Objective 6. Advise pregnant woman regarding her care for safe delivery		
<ul style="list-style-type: none"> - Prenatal education - Use of IEC materials 	<ul style="list-style-type: none"> - Component of education to include <ul style="list-style-type: none"> - Nutrition - Iron folic acid tablet - Tetanus injection - Care of breast - Hygiene - Taking regular rest - Avoid harmful practices 	<ul style="list-style-type: none"> - Explain importance of prenatal education using flip chart. - Discuss how nutrition and iron folic acid prevent bleeding during labor, tell for regular intake by woman - Q/A the importance of injection to immunize against tetanus - Focus on full course to take - Discuss importance of breast care teach pregnant how to care and maintain personal hygiene, and taking rest - Provide general advice to avoid harmful practice i.e. smoking, drinking, and abortion.

Topic	Content	Teaching/ Learning activities
-	<ul style="list-style-type: none"> - Child spacing - Safe delivery 	<ul style="list-style-type: none"> - Using flip show the various methods of contraceptives Q/A on which contraceptive method Is useful for lactating mothers - Emphasize that child spacing is also a health promotion measure - Advise TBA to teach mothers for delivering by trained personnel
8. 7. Manage minor disorders of pregnancy and refer severe cases		
Minor disorder Pregnancy	<ul style="list-style-type: none"> - Common minor disorders of pregnancy i.e. nausea, vomiting, heart burn, constipation, varicose veins, vaginal discharge, and itching 	<ul style="list-style-type: none"> - Discuss the topic using flip chart - Explain how to relief the problem - Encourage them to be checked if not relieved - Discuss how they manage with the problem in the community
Revise and summarize:		
<ul style="list-style-type: none"> A. Promotion of ANC in her community by her visiting B. Examining pregnant women to detect at risk condition and refer if the condition present. C. The need for tetanus toxoid vaccination and iron folic acid tablets according to recommended schedule. D. General advice on nutrition, rest, breast care, personal hygiene, avoid the harmful practices during pregnancy. 		

E. The relevance of pregnancy spacing for improving the health of the mother and Baby as well as the family.

F. Making preparation for the safe delivery.

Evaluation through oral/ practical examination in real situation using check-list as shown in appendix - v

Evaluation on a pregnant women, or by role playing, the TBA should be able to,

1. Identify signs of pregnancy
2. Examine a pregnant woman to detect at risk pregnancy and refer.
3. Advise the pregnant woman about nutrition, hygiene, breast care, rest, iron folic acid tablet, and tetanus injections, and use of IEC materials when giving prenatal advice.
4. Give advice on how to prevent severity of pregnancy disorders.

Part II Detection of “at risk” pregnancy:

Training goal: To improve knowledge, attitude, and practice of TBA in detection of at risk pregnancy and promote referral for timely management to reduce obstetrical complications.

Specific Objectives: At the end of the session, TBA will be able to,

1. Recognize common danger signs during pregnancy which require timely referral or immediate attention.
2. Assess at risk conditions and advise delivery in a place where special facilities exist
3. Learn about the places and people who can render referral support
4. Learn the use of Home Based Prenatal Record.

Preparation of teaching Learning materials:

- A. List of persons, places, both public and private, accessible to the community who will accept a TBA's referral.
- B. Invite someone from the health services to tell the TBA about facilities available for the TBA to refer at risk women for advice and services.
- C. Home-Based Prenatal Record (HBPR).
- D. Fetoscope.
- E. Tape or height measuring stick.
- F. Picture of deformed pelvis, or model.

Objective 1. Recognize common at risk condition during pregnancy which require timely referral or immediate attention.		
Topic	Content	Teaching/ Learning activities
At risk condition In Pregnancy	<ul style="list-style-type: none"> - List of "at risk" condition in pregnancy that may harm to life of mother and baby - Bleeding at any time, action to take and not to be taken 	<ul style="list-style-type: none"> - Explain common at risk condition which need immediate referral - Explain dangers to mother and fetus, condition worse if vaginal examination is done. - Q/A on how they handle the the a woman with vaginal bleeding

Topic	Content	Teaching/Learning activities
Condition of baby	<ul style="list-style-type: none"> - Fits and unconscious - Warning sign of toxemia as headache, blurred vision, swollen eyes, face, hands and feet - Deterioration of fetal condition i.e. less fetal heart sound and diminished fetal movement 	<ul style="list-style-type: none"> - Explain that majority of women die of bleeding in the world - Emphasize to refer immediately if woman is bleeding at any time - Emphasize need of prompt refer - Encourage TBA to avoid this condition by early referral of case with warning signs as tightening ring on finger, shoes feeling tight on the feet, and - Explain how to recognize the fetal condition - Immediate refer the woman if less or absent of fetal heart sound and fetal movement
Lack of blood	<ul style="list-style-type: none"> - Severe anemia and its effect On mother and baby 	<ul style="list-style-type: none"> - Demonstrate how to detect the condition by checking the paleness, explain the effect as maternal death, premature or birth of low birth weight. - Emphasize on nutrition and folic acid to take by mother

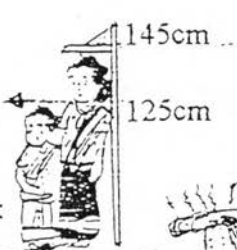














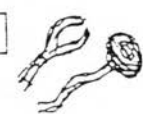


Topic	Content	Teaching/Learning activities
<p>Signs of infection</p> <p>Other medical Condition</p> <p>Abnormal Pregnancy</p> <p>-</p>	<ul style="list-style-type: none"> - Persistent high fever - Weakness, can not do household work - Heart disease - Diabetes - STD - Possible causes - Severe abdominal pain - Too fat pregnant woman - Excessive vomiting after third month of pregnancy 	<ul style="list-style-type: none"> - Explain causes of fever as TB and Malaria, and UTI - Refer if condition continues - Explain common complains by women, when these conditions present. - Refer these conditions for further investigation - Explain that she ma have twins or too much fluids inside the womb - Explain the cause and attention to be given in these condition
<p>Objective 2. Assess at risk condition and advise delivery in a place where special facilities exist</p>		
<p>Assess the “at risk” for referral</p>	<ul style="list-style-type: none"> - Assessment of at risk and referral the followings as, - Woman with short height - Previous baby born dead or small - Two previous abortions - Age below 18 years 	<ul style="list-style-type: none"> - Explain how these condition can be improved with early referral and management at the facility. - Emphasize her role to save the life of mother and baby - Explain effect of teen pregnancy

Topic	Content	Teaching/ Learning activities
		when she goes to health facility
Revise and summarize the major points discussed in the class as follows:		
<p>1. The various “at risk” signs during pregnancy with require referral:</p> <ul style="list-style-type: none"> * Vaginal bleeding * Fits and unconscious * Absent of less fetal heart sound or movement * Lack of blood or very pale women * Edema, blurred vision. swollen eyes, hands and feet. * Abdomen too big <p>2. The risk during pregnancy related to age, height, family size, pregnancy spacing, deformity, previous baby born dead or very small, recurrent abortions, first pregnancy, bleeding after delivery in last pregnancy and previous delivery by an operation, and medical disease conditions as TB, Diabetes, STD, Malaria etc.</p> <p>3. People and places to where referral can be made</p> <p>5. 4. The importance of HBPR in detection and management of at risk pregnancy</p>		
Evaluation:		
<p>Each TBA will:</p> <ol style="list-style-type: none"> 1. Focus ALL the “at risk” conditions in pregnancy requiring immediate referral of pregnant women 2. Remember at least two places near her village where medical help is available for women with “at risk” sign in pregnancy. 3. Explain how HBPR helps in recognizing the “at risk” conditions. 		











Topic	Content	Teaching/ Learning activities
	<ul style="list-style-type: none"> - First time pregnancy - Pregnant women over 35 age - Pregnant who has had more than 3 children -Pregnant who had an operation on her abdomen to deliver previous baby 	<ul style="list-style-type: none"> and motivate family for early referral and prevent the complication and death - Use the flip chart to show the scar, focus on referral
Objective 3. Learn about the places and people who can render referral support.		
Provision of Referral	<ul style="list-style-type: none"> - Possible places for referral i.e. Health center, District and zonal hospital, private Nursing homes - Possible people to contact Supporting in referral 	<ul style="list-style-type: none"> - Collect information from TBA where they can refer and a whom to contact - Consider distance, cost, service availability, nearest and appropriate place
Objective 4. Learn the use of a HBPR		
HBPR	<ul style="list-style-type: none"> - Purpose of HBPR - Benefit to TBA and mother - Correct use of HBPR - Distinguish at risk and not at risk - Method to use - Maintenance of HBPR and use 	<ul style="list-style-type: none"> - Explain to encourage every women to register in HBPR - Demonstration, how to use - Show the difference of “at risk” and not “at risk” cases by filling the HBPR - Practice by each trainees - Explain to keep it safely by mother take with her

Appendix II

Suggested HOME-BASED PRENATAL RECORD Side I:

Name:		Husband's name:	
Caste	Address:	Date of first visit:	
Age: * Below 18 <input type="checkbox"/>	18-35 <input type="checkbox"/>	* Above 35 <input type="checkbox"/> * <input type="checkbox"/>	
LMP:	EDD:	Height:	
Medical condition: * TB <input type="checkbox"/> 		* Diabetes <input type="checkbox"/> 	* Malaria <input type="checkbox"/> 
* STD <input type="checkbox"/> 	Essential hypertension <input type="checkbox"/> 	* Heart disease <input type="checkbox"/> 	
Number of babies: 0 <input type="checkbox"/>		I <input type="checkbox"/>	II <input type="checkbox"/>
		III <input type="checkbox"/>	* Multiparity <input type="checkbox"/> 
Previous pregnancy: * Oedema <input type="checkbox"/> 		* Fits/Unconscious <input type="checkbox"/> 	
* Bleeding <input type="checkbox"/> 	* Labor pain > 24 hrs <input type="checkbox"/> 	* Still birth <input type="checkbox"/> 	
* Abortion <input type="checkbox"/> 	* Delivery by Operation <input type="checkbox"/> 	* Delivery by Machine <input type="checkbox"/> 	
* Baby born < 2.5 kg <input type="checkbox"/> 	* Baby died within 7 days <input type="checkbox"/> 		
NOTE: REFER TO HEALTH CENTER IF ANY <input type="checkbox"/> TICK WITH ONE * AND REFER TO HEALTH CENTER OR HOSPITAL IMMEDIATELY IF ANY <input type="checkbox"/> TICK WITH TWO **			

HBPR Side 2:

Month:		0	00	000	00000	00000	00000	00000	00000	00000
** Bleeding										
** Fits and unconscious										
** Less or absent of Fetal heart movement										
Fetal position * Transverse * Head in upper abdomen										
*Lack of blood										
*Oedema										
*Big abdomen										
Prenatal advice by TBA:	Action/ Advice from referral center:									
Nutrition		Date	Problem relating to risk	Action / advice						
Iron/ folate tablet										
Tetanus toxoid										
Place of delivery										
Refer to PHC/ Hospital										
Delivery notes:										
By whom: TBA <input type="checkbox"/> Health worker <input type="checkbox"/> Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>										
Condition of baby: Alive <input type="checkbox"/> Dead <input type="checkbox"/> Birth weight: >2.5 kg <input type="checkbox"/> <2.5 kg <input type="checkbox"/>										

Appendix III**Potential Member of Project Implementation Team:**

1. Director,	National Health Training Center	Chairman
2. Director,	National Health Education, Information and Communication Center	Chairman
3. Director,	Family Health Division	Member
4. Director,	Redd-Barna	Member
5. Director,	UNICEF	Member
6. Public Health Officer,	Family Health Division	Member
7. Sr. Public H. Nurse,	Family Health Division	Member
8. Regional Director,	Regional Health Training Center	Member
9. District Health Officer,	Siraha District	Member
10. Medical Officer,	Kalyanpur Primary Health Center	Member
11. Lecturer, (Researcher)	Institute of Medicine, Nursing Campus	M. Secretary

Appendix - IV**Pre- test and post-test format:****Case study: How Mrs. Suntali died?**

Mrs Suntali, 37 years old, 7th gravida was living with her family in one of a remote village in Nepal. She had four alive children. She did not have enough food to eat and work very hard to earn the money together with household work. One daughter died of diarrhoea at the age of one year, and she had an abortion 18 months before this pregnancy.

In her village, literacy program was just initiated. But, Suntali could not attend that class due to heavy workload at home and outside. She could not attend any ANC either as it was very far from her home. She could not get any time to take rest and adequate food to eat. She started to become weak, tired, and pale during the third trimester of her pregnancy. Her face, eyes, hands and feet were swollen. At the time of her delivery, her mother-in-law prepared place for delivery in a corner of cowshed. The labor was not easy and short as before. Her mother in law encouraged to push the baby for its delivery. But, she was so weak that she could do a hard effort on it. After 2 day of prolonged and difficult labor, Suntali gave birth of a small baby with very weak cry. Unfortunately, placenta was retained inside the womb and she started to bleed. Mother-in-law tried to deliver the placenta using traditional method by inserting her hairs inside Suntali's mouth to make her vomiting for placenta to expel. But all the effort failed. At last, she tied up

the cord and cut it with unclean knife to separate the baby with the mother. She asked help with the neighbor, and relatives to take Suntali to the health center which was one day walk from her village. They could hardly manage some money and arrangement to move her from the house. It was already too late to get the medical help for her condition. Any how Suntali was taken to hospital. But, on the half way, she was already died.

Questions:

1. In your idea, why Mrs. Suntali died ?
2. What are the risk factors to cause for her death?
3. What was her age when she became pregnant?
5. How many times have she become pregnant?
6. Was she using any contraceptive method?
7. Was she a poor woman?
8. Was she working very hard to earn money?
9. Did she get time to take rest?
10. Did she have enough food to eat?
11. Was she very pale, and lacks blood?
12. Was she very swollen?
13. Did she attend ANC during her pregnancy period?
14. Did she live very far away from the health post?
15. Did she get iron or any vitamin tablets?
16. Did she get any injection against tetanus?

17. Did any body advise her to go to the health center for checkup?
18. How did she manage to go to health center?
19. Did any health worker present at the time of delivery?
20. Now can you tell the reason that why she died?
21. What are the responsible factors for her death?
22. In your idea, how her life could be saved?
23. As a TBA, how would you help her to prevent from death?
24. Have you ever seen or handle the case who died of pregnancy complication?
25. Do you have any idea that why ANC is needed?
26. How was the newborn? Was he a healthy baby?
27. What will happen to her family and rest of her children after Suntali's death?

Appendix V

Antenatal care check-list		
Activities:	Correctly	
	Done	Not done
History taking:		
1. Greets woman with warm welcome		
2. Explains woman the importance of ANC and tells the purpose of her visit		
3. Takes prior permission to take history and examination		
4. Asks questions to ensure that woman is pregnant		
<ul style="list-style-type: none"> - No menstruation for 6 week - Presence of signs and symptoms of pregnancy - Ensure that she is not using contraceptives - Asks name, age, and marital status 		
6. Takes information about previous deliveries		
<ul style="list-style-type: none"> - Numbers of children - Numbers of TT injection - Any problem during pregnancy and delivery - If yes, what kind - Delivery by operation (Cesarean section) 		

Antenatal care check-list		
Activities:	Correctly	
	Done	Not done
<ul style="list-style-type: none"> - Delivery by using instrument (Vacuum/ forceps) - Baby died after a month - Does she has history of abortion if yes, how many? 		
7. Takes information of present pregnancy		
<ul style="list-style-type: none"> - Asks date of last menstruation period and estimate correctly the expected date of delivery - Observes physical condition and interprets whether she looks sick or well - Asks does she have excessive vomiting? - Asks if she have severe headache, blurred vision, and giddiness? - Examines oedema on face, eyes, and hands - Asks does she have severe abdominal pain? - Asks if she have vaginal bleeding? - Asks if she have offensive vaginal discharge and itching? - Asks if she have recurrent fever? 		
8. Refers woman if any of the following condition found'		
<ul style="list-style-type: none"> - At risk pregnancy - Needs of TT injection - Any medical condition requiring treatment 		
9. Explains purpose of physical examination		
10. Selects private room with good light to examine		

Antenatal care check-list		
Activities:	Correctly	
	Done	Not done
11. Prepares woman by asking to empty bladder, loosen the clothes and letting the woman lie down flat		
12. Washes her hands, dries well and rubs to make warm		
13. Examines for cleanliness of hairs		
14. Examine eyes to check signs of jaundice and anemia		
15. Examines tongue and nails to check anemia		
17. Examine the neck to check goiter		
18. Examine hands and feet to check edema		
19. Examine breast to see the condition of nipple i.e. inverted or dirty		
20. Asks if she is suffering from constipation or burning micturition?		
21. Observes abdomen to see any operation scar, size of the abdomen and presence of fetal movement		
22. Takes fundal height and determine		
- Growth according to weeks of gestation - To detect position of baby - Baby's head goes down to pelvis		
23. Listen to fetal heart sound		
24. Explains woman about the findings whether normal or at risk		
If risk present, refer to health center		
25. Encourage mother to ask questions regarding her health		
26. Provides prenatal teaching using IEC materials		

Antenatal care check-list		
Activities:	Correctly	
	Done	Not done
27. Encourages woman to tell her problem		
28. Counsels about minor discomforts of pregnancy		
29. Advise how to prevent severity from discomfort		
30. Explains woman the effects of discomfort as a risk to mother and fetus if not get medical help		
31. Advise woman to consult TBA when need help		
32. Advise woman to avoid harmful practices as Smoking, drinking and abortion practice		
33. Advise about breast care, and personal hygiene		
34. Advise benefit of tetanus toxoid injection and refers if not taken		
35. Advise woman what kind of nutritious food to take and why		
36. Distributes iron folic acid tablet, advise her to take it regularly		
37. Encourage her to attend ANC once in every trimester		
38. Uses IEC materials appropriately in prenatal counseling		
39. Counsels about at risk symptoms and advise for prompt action		
40. Explains effects of at risk condition if not treated in time		
41. Records HBPR correctly on - Risk detection - Action taken as refer, nutrition advice, iron distribution, tetanus Injection and advice for safe delivery		
42. Takes permission to leave, greets woman, and washes hands		

Appendix - VI

Focus group discussion guideline for Women group:

SN.....

Part I. Respondent's general background

Respondent's name.....

Age Years Sex Male Female

Marital status

- Married
 Divorce
 Widow
 Other (Please specify).....

Religion

- Buddhist
 Islam
 Christian
 Other (Please specify)

Education

- No education
 Primary school
 Secondary school
 Bachelor
 Higher than Bachelor
 Other (Please specify)

Income Rupees/ month

Occupation

- Housewife
 Service
 Business
 Farming
 Laborer
 Other (Please specify).....

Part II. Specific information.

2. If you miss your period and you are not sure you are pregnant whom would you go for consult?
3. Have you ever visited antenatal clinic, and why?

4. How often did you visit antenatal clinic, and why?
5. How do you obtain the information about antenatal care?
6. Who had decided to get antenatal care?
7. At the time of your pregnancy/ delivery from whom do you prefer to get service and why?
8. At the time of your pregnancy where do you prefer to go for antenatal Care?
9. Did you get any problem during your pregnancy? if yes, what kind?
10. Where did you go first for consult when you got the problem and why?
11. If you go to health center who advise you to go and why?
12. What kind of service did you get from the center you visited?
13. What kind of advice did you get from health workers? do you have any difficulty following their advice?
14. Did you get any help from Traditional Birth Attendant (TBA) when you got the problem? If yes, what kind?
15. What kind of advice did you get from TBA when you got the problem?
16. Did TBA encouraged you to register for Home-Based Prenatal Record (HBPR)?
17. If yes, do you know why HBPR for?
18. Did TBA use HBPR when she examined you?
19. Did she give any idea about at risk pregnancy?
20. If yes, do you know why you should go to health center when at risk symptoms are present
21. Did you take HBPR with you when you visited health center?
21. How was health workers behavior towards you?
23. Did you suggest anybody to have antenatal care?

24. What kind of behavior would you like to have from health workers or TBAs?
25. What kind of service would you like to have in the health facility when you go for check up?

Appendix - VII

Focus group discussion guideline for Traditional Birth Attendants

SN.....

Part I. Respondent's general background

Respondent's name.....

Age Years Sex Male Female

Marital status

 Married Divorce Widow Other (Please specify).....

Religion

 Buddhist Islam Christian Other (Please specify)

Education

 No education Primary school Secondary school Bachelor Higher than Bachelor Other (Please specify)

Income Rupees/ month

Occupation

 Housewife Service Business Farming Laborer Other (Please specify).....

Specific questions

2. How long have you been working as a TBA?

3. How long ago did you have your training on HBPR?

4. How have you used the knowledge and skill, learnt in training?

5. What would you like to know more about or learn how to do and how would you use that?
6. What contribution do you feel you are making to the community?
7. What importance do you feel that community gives to your contribution since your training ?
8. What is the response of HP or hospital staff to your referral cases?
9. What did you do about ;
 - * Dizziness
 - * Edema
 - * Vaginal bleeding
 - * Transverse lie
 - * Less or absent of fetal heart or movement?
 - * Fits and unconscious
 - * Abnormal delivery position as breech or face?
10. Are you getting any help from MCHV and ANM?
11. Did you use IEC materials in prenatal teaching to mother?
12. Are you maintaining your record book regarding HBPR?
13. Do you have any difficulty in using HBPR? If yes, please specify which part?
14. Do you think that HBPR is helpful in detection of high-risk pregnancy?
15. Do you think that HBPR is helpful in increasing ANC coverage?
16. Do you have suggestion to promote antenatal care utilization by pregnant women? If yes, how? Please specify
17. Are you maintaining your diary book of ANC and delivery?
18. Any suggestion to promote antenatal service utilization by high-risk women?

Appendix - VIII**Data collection instrument****Survey Questionnaire**

SN.....

Part 1. Respondent's background

Survey ID

House-hold no.....

Women's name.....

Date of interview.....

Interviewer's name

A. Information about women.

1. What is your present age? Years

2. What is your current marital status?

1. Living with husband

2. Separated

3. Divorced

4. Widow

3. Can you read and write?

1. Yes

2. No, if no skip to no. 5

4. What is the highest grade you completed

1. Primary level (1 - 5)

2. Lower secondary (6 - 8)

3. Secondary (9 - 10)

4. Higher secondary (0 +)

5. What is your religion?

1. Hindu

2. Buddhism

3. Christianity

4. Muslim

6. What is your occupation?

1. Housewife

2. Service

3. Business

4. Farming
5. Laborer
6. Other (please specify)

7. What is the present occupation of your husband?

.....

8. How many children do you have?

.....

9. How many son and daughter do you have?

1. Son
2. Daughter.....

B. Information about family

10. Numbers of members in the household.....

11. Approximately, how much is your family income per month?

1. Less than 1,000
2. 1,000 - 1,999
3. 2,000 - 2,999
4. 3,000 - 3,999
5. 4,000 - 4,999
6. More than 5,000

12. Is this your own house?

1. Yes
2. No

13. Which of the following facilities do you have?

1. Pick up van
2. Motor cycle
3. Bicycle
4. Bullock cart
5. Telephone
6. Radio
7. Television

Part II Knowledge of antenatal care

A. Information about ante-natal care

14. Have you ever had any advice about antenatal care utilization?

1. Yes
2. No.

15. Which source did you get this advice?

1. Health program from radio, television, newspaper,
2. Medical doctor / nurse / midwife
3. Community health worker / TBA

4. Relatives, friends, neighbor
5. Other (please specify).

16. Who had decided to attend ANC?

1. Yourself
2. Health worker
3. Husband
4. Mother in law
5. Other (please specify)

B. History of pregnancy and child birth

17. What is your gravidity?

1. Primigravida, if primigravida, skip to no. 22.
2. Multigravida

18. What is your number of previous pregnancies?

19. What is your details of each pregnancy in the following table?

Order of pregnancy	Result (delivery / abortion)	Date of delivery / abortion	If delivery, what is the condition of the child
1			
2			
3			
4			

20. Did you use any contraception before this pregnancy?

1. Yes.
2. No. If no, skip to no. 22.

21. Which method did you use? (Only the last method)

1. Pills
2. IUD
3. Injection
4. Condom
5. Norplant
6. Diaphragm / jelly
7. Sterilization (either vasectomy or tubaligation)
8. Other (please specify)
9. None

22. Did you have any antenatal care during this pregnancy?

1. Yes
- 2.No

23. Where did you get it? (Can have more than one choice)
1. Sub health
 2. Health post
 3. Primary health center
 4. District hospital, private clinic.
 5. Other (please specify)
24. Who advise you to go for antenatal checkup and why?
1. Health worker
 2. TBA
 3. Relatives/ friends/ neighbor
 4. Radio/ television/ newspaper
 5. Other, (please specify)
25. How many months were you pregnant , when you first have antenatal visit?
.....months
26. How many visits did you have? months
27. Did you get any injection during this pregnancy?
1. Yes
 2. No. If no, skip to no. 32.
28. Why did you get it?
1. Sickness
 2. Health worker suggested to have it.
29. How many doses did you get?doses
30. How many months are you pregnant? when did you get the 1st dose?month
where?
31. How many months were you pregnant when you got the 2nd dose?months
where?
32. What were the indication for the injection?
1.
 2.
 3. Unknown.
33. Did you take any prenatal vitamins ?
- 1 No
 2. Yes, occasionally
 3. Yes, regularly
 4. Unknown
34. Did you get any prenatal blood checking?

1. No
 2. Yes, unknown result
 3. Yes, the result was normal
 4. Yes, the result was abnormal
- Specify, what abnormality was.....

35. Did you have any vaginal bleeding during pregnancy?
1. No
 2. Yes, within the first 7 months after last menstrual period
 3. Yes, after 7 months after last menstrual period
 4. Unknown

36. Did you have any of this problem?
1. Yes
 2. No

If yes, what kind?

1. Swelling of eyes, face, hands and feet
2. Giddiness
3. Lack of blood or paleness
4. Less or absent of fetal heart sound or movement
5. Fits and unconscious
6. Too big abdomen

37. Did you have any of the following disease?
1. Yes
 2. No

If yes, what kind?

1. Cough with fever more than 1 month or getting very thin (Tuberculosis)
2. Chest pain (Heart disease)
3. Smelly vaginal discharge with itching (Sexually transmitted disease)
5. Ants or sugar in urine (Diabetes)
7. Severe headache (Essential hypertension)
8. Yellowish color of the eyes and skin (Jaundice)
9. Recurrent fever with chill (Malaria)

38. Did you go for treatment?
1. Yes
 2. No

If yes, Whom did you consult before you go for treatment?

1. Health worker
2. TBA
3. Relatives/ neighbor/ friend
4. Others (please specify)

39. Where did you go for treatment?

1. District hospital
2. Private nursing home
3. Primary health center
4. Other (please specify)

40. Were you examined by anybody before going for treatment?

1. Yes
2. No

If yes, by whom

1. Physician
2. ANM
3. MCHW
4. TBA
5. Other (please specify)

41. Did you get any card with you before you go for check up?

1. Yes
2. No

If Yes, What kind, by whom? Please specify.....

42. What was the response of health workers towards you?

1. Responded but not recorded in her card
2. Responded and recorded in her card well
3. Ignored

43. When was your last menstrual period?

Month.....date.....year.

44. When was the expected date of delivery?

Month.....date.....year.....

45. Gestational age at delivery?

.....months

46. How long was your pregnancy, when this delivery took place?

.....months

47. Where did this delivery take place?

1. Home
2. Primary health center
3. Hospital
4. Private nursing home
5. Other (please specify)

48. Who attended birth?

1. Yourself
2. TBA
3. Relatives / neighbor / mother in law/ friend
4. Midwife
5. Nurse
6. Medical doctor
7. Other (please specify)

49. What was the route of delivery?

1. Vaginal delivery
2. Delivery by machine (vacuum, forceps)
3. Delivery by operation (Cesarean section)

50. Indication for operative / instrumental delivery?

1. Difficult and prolonged labor with short height (Cephalo pelvic disproportion)
2. Previous baby delivered by operation (Previous cesarean)
3. Less fetal heart sound or movement (Fetal distress)
4. Head not found in lower abdomen (Breech presentation)
5. Transverse lie
6. Bleeding
7. Others (please specify)

51. What was the condition of the baby?

1. Live birth
2. Still birth

52. What was the weight of the baby at birth?

1. More than 2500 Gms
2. Less than 2500 Gms
3. Do not know

53. Did they show you any interest to your problem?

1. Yes
2. No

54. Can you tell me, how was their behavior on dealing with you and your problem ?

1. Friendly
2. Trustworthy

Curriculum vitae

Name	:	Shakuntala shakya
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Bachelors Degree in Midwifery and Teaching and Learning: Nepal., 1980

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WORK EXPERIENCES:

Lecturer, Institute Of Medicine, Nursing Campus, Biratnagar, Nepal, 1994-1998

Training Officer , Britain Nepal. Medical Trust, Biratnagar, Nepal, 1992-1994.

Instructional Committee Chairman , Midwifery and Pediatrics 1982-1984

Chairman, University Teacher's Organization, Campus Unit, Nursing Campus, Biratnagar, Nepal, 1995-1997.

Trainer For TBA under Plan International, Nepal, 1990-1992

Publication: 1st and 2nd Edition Of Text Book Of Midwifery, "Prasav Syahar" (Nepali), 1987, 1996.