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**SAVE THE CHILDREN**  
**BURKINA FASO FIELD OFFICE**  
**CHILD SURVIVAL 8**  
**BASELINE SURVEY REPORT**

**Sapone Impact Area  
Bazega Province  
Burkina Faso**

**Agency for International Development**

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## EXECUTIVE SUMMARY:

Within the framework of the project entitled "Child Survival 8", financed by USAID, Save the Children/US conducted a baseline survey in the Sapone impact area of Burkina Faso.

During the survey, 240 mothers with children less than 24 months, from 21 villages, were interviewed by 10 interviewers, using a questionnaire of approximately 50 questions.

This study permitted us to collect information on the knowledge and practices of mothers concerning different health issues the project would like to address. It also allowed us to evaluate vaccination coverage rates for children 12 to 23 months, and for women of childbearing age.

The results strongly suggest the following steps be taken:

- improve Information-Education-Communication (IEC) to target populations;
- increase the accessibility and the availability of certain health services;
- better integration of activities at the peripheral level;
- improve the reputation of community health personnel, notably the village health worker;
- educate (basic literacy) women and community leaders ;
- set up a system of village credit/savings to increase family revenues; and,
- complement the KAP survey with a qualitative, sociological study on specific issues of concern.

## I - Introduction.

The mission of Save the Children/US is to help effect positive, lasting changes in the lives of disadvantaged children through community development projects in the communities in which these children live.

Save the Children conducts integrated activities in health, water resources, literacy, agriculture, animal breeding, community credit, and training in two project areas in Burkina Faso; Dori in Séno Province, and Saponé in Bazéga Province.

Activities began in the Saponé impact area in 1986. The project includes eighteen (18) villages in the departments of Saponé, Ipelcé and Doulougou.

In terms of health facilities, the eighteen (18) villages are covered by four 4 health service centers;

- The Medical Center (CM) of Saponé.
- The Center for Health and Social Welfare (CSPS) in the villages of Doulougou, Ipelcé, and Sambin.

In 1992, SC/US received funding from USAID for a "Child Survival 8" project in Saponé, beginning in October 1992 and ending in September 1995.

SC/US proposes to execute this project in collaboration with the Ministry of Health, Social Action and Family (through the Provincial Health Office in Bazéga province), and with two local NGOs: L'Association Vive Le Paysan (AVLP) and l'Association Burkinabé d'Action Communautaire (ABAC).

This project has the principal goal of decreasing infant morbidity and mortality in children under 5 years of age. It will cover 26 villages (including 16 villages in which SC/US already works) and a population of approximately 25,000 inhabitants.

The baseline survey was conducted in the Saponé impact area from December 1 - 11, 1992; the results are presented here.

This survey covered the following topics:

- Education/Economic Activities of women.
- Breastfeeding/Nutrition.
- Growth monitoring of children.
- Malaria.
- Diarrhea Control.
- Vaccinations.
- Care during pregnancy/Family Planning/STD-AIDS.
- Individual hygiene.

This baseline survey had the following principal objectives:

1. Evaluate the knowledge, attitudes, and practices of mothers concerning various areas of health and nutrition.
2. Utilize the data from the survey to prepare a detailed implementation plan (DIP) for the project.
3. Gather baseline data for future comparisons.

## II - Methodology

### 2.1. The questionnaire

A team from Save the Children worked together to produce a draft of the questionnaire using some basic documents:

- The generic questionnaire from Johns Hopkins University
- The questionnaires used by the Sudan and Mali field offices for their child survival projects.

Using these documents the team selected appropriate questions (in keeping with the various areas of intervention) and reformulated them to adapt them to the local socio-cultural context.

Upon the arrival of Dr Fodé DOUMBIA, the questionnaire was revised and amended using the experiences he acquired during an end-of-project baseline survey conducted for a Child Survival Project in Kolondieba, an impact area of SC/US in Mali.

The questionnaire was finalized and 300 copies were produced after a pre-test was done in the field in a village outside the baseline survey sample.

### 2.2. Determination of sample size.

The statistical unit is defined as:

Any woman aged 15 to 49 years of age who has one infant aged less than 24 months.

The classical sampling method of 30 clusters was used.

For a simple random drawing, the calculation for the size of the sample was based on the following formula (\*) :

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\* CF : "Guide pratique pour les enquêtes nationales de couverture vaccinale" OCCGE/Unité de Vaccinologie et Centre International de l'Enfance. Tome 1 - Version 1.0.- Page 2.

Number of subjects necessary =  $a^2 \cdot PQ / I^2$

For our study the following values were assigned :

a....(desired level of confidence)

= 90% or 1,65 (\*).

P....(proportion of the statistical unit in the population)

= 9% or 0,09.

Q....(proportion of subjects excluded from target population)

= 100 - P = 91% or 0,91.

I....(precision)

=  $\pm$  5% or 0,05.

Thus we had :

Number of necessary subjects =  $[1,65^2 (0,09 \times 0,91)] / 0,05^2$   
=  $[2,7225 \times 0,0819] / 0,0025$   
= 89

The corrective factor related to cluster sampling is 2, (89 x 2) = 178, but we went up to 2.7, (89 x 2.7) = 240.

The number of clusters was 30 and the size of a cluster is 240 / 30 = 8

Thus, a total of 240 mothers of children of less than 24 months were interviewed for the survey.

### 2.3. Location of clusters

The choice of location for each cluster was done according to a random proportional sampling by size of population, using the technique of cumulative populations.

In order to accomplish this we listed all 26 villages of the impact area by size of population. The population of each village was obtained from a UNICEF document and a document from the Ministry of Health in Burkina Faso entitled "The target populations of socio-health interventions - July 91". These population figures were increased by 2.68% annually.

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\* CF : Epidémiologie (principes. Techniques. Applications). Milos Jenicek et Robert Cléroux. Maloine S.A.. 2ème tirage 1983. Pages 192-193.

For more details on calculating sample size, please see:

a) Schlesselman J.J. in "Sample size requirements in cohort and case control studies of disease". AM.J. Epidemiol. 1974.

b) Schlesselman J.J. in "Tables of the sample size requirements of cohort and case-control studies of diseases".

Bethesda : Nat.Inst.Child Hum.Develop.; 1974.

The annual cumulative population was 29,020 which gives a sampling interval of 967 (29,020 / 30).

The location of the first cluster was obtained by a random choice from a random number table to give a three-digit number less than 967. The number 129 was drawn designating the first village to be the one whose cumulative population totaled 129.

The second cluster was obtained by adding 129 to the sampling interval (129 + 967 = 1,096) and designating the village with the corresponding cumulative population size as the second village.

Subsequent clusters were obtained according to the same procedure until 30 clusters were chosen.

Thus of the 26 villages originally chosen by the three organizations (ABAC = 2 ; AVLP = 2 ; SC/US = 22, 16 previously worked with), 21 villages were randomly drawn to be used in the study. (See Annex 2.)

#### 2.4. The Survey

The survey was conducted in the following manner :

- Information and sensitization of participants. -
- Revision of the questionnaire.
- Training of supervisors and interviewers (two days of theory and one day for the field test).
- Gathering of data.
- Data Entry: The data entry was done simultaneously with the data gathering. Each evening the coordination team arranged to have the questionnaires that had been filled out in Saponé picked up and brought back to Ouagadougou for immediate entry.
- Analysis of data.
- Summary feedback to project personnel.

The schedule that was followed appears in Annex 3 of this report.

The interview teams spent the night in the villages in order to conduct interviews the following morning.

In each village, the choice of the first household and the progression thereafter was done at random according to the manner described in the supervisor guide and the interviewer guide in Annexes 4 and 5.

In the households where there was more than one infant that fell into the appropriate age category, the mother of the youngest infant was interviewed.

The interviews were done in front of the woman's house, without the presence of the husband or others (onlookers).

The analysis was done using the EPI-INFO software program to find frequencies and percentages for each variable. (See Annex 7.)

## 2.5. Presentation of results

The results, summarized in tables and in text, are presented under the following headings :

1. General data.
2. Breastfeeding and weaning.
3. Vitamin A distribution.
4. Growth monitoring.
5. Malaria.
6. Diarrhea control.
7. Vaccinations.
8. Pregnancy and prenatal consultations.
9. Family planning.
10. AIDS.
11. Hygiene.

The discussion and conclusion are included in the last part of the report.

### III. Results

#### 3.1. General data

##### 3.1.1. Distribution of villages surveyed:

Of the 21 villages drawn at random, the division of clusters by village was the following:

<u>Num. of clusters</u>	<u>Num. of villages</u>	<u>Percentages</u>
1	13	61.91%
2	7	33.33%
3	1	4.76%
-----		
Total	21	100.00%

The division of villages by organization was the following:

	<u>Num. of clusters</u>	<u>Percent</u>
ABAC Villages	16	6.7%
AVLP Villages	24	10.0%
Previous SC/US villages	152	63.3%
New SC/US villages	48	20.0%

##### 3.1.2. Distribution by age-group, of women interviewed:

<u>Age group</u>	<u>Num.</u>	<u>Percent</u>
15-19 years	26	10.8%
20-24	52	21.7%
25-29	57	23.8%
30-34	44	18.3%
35-39	36	15.0%
40-44	19	7.9%
45 +	6	2.5%
-----		
Total	240	100.0%

##### 3.1.3. Distribution by age-group, of children:

<u>Age Group</u>	<u>Num.</u>	<u>Percent</u>
0-2 months	47	19.59%
3-5	40	16.67%
6-8	32	13.33%
9-11	34	14.16%
12-14	28	11.67%
15-17	22	9.16%
18-20	21	8.75%
21-23	16	6.67%
-----		
Total	240	100.0%

### 3.1.4. Education level of women:

	Number	Percent
no education	224	93.3%
literate	8	3.3%
primary school	5	2.1%
Koranic school	3	1.3%
	240	100.0%

### 3.1.5. Income generating activities of women:

Activities	Number*	%	n=
None	93	38.8%	240
Selling of food or drink	60	25.0%	240
Other (various activities)	55	22.9%	240
Small business (fry stand selling fowl, sugar etc.)	24	10.0%	240
Selling grain	9	3.8%	240
Handicrafts (hats, pottery weaving, etc.)	6	2.5%	240

\* 7 people cited 2 activities each.

### 3.2. Breastfeeding and weaning

All the women surveyed practiced breastfeeding, but we found that 86.7% of the women also give their children water and/or 'tisane' (herbal teas).

50% of women think they should begin breastfeeding immediately after childbirth and not throw out the colostrum. For the other half, 42.9% think they should wait 24 hours or more after childbirth before breastfeeding, and 4.6% think it is necessary to give the child water immediately after birth.

The majority of women (59,6%), believe that weaning should begin between a child's 4th and 6th month. 27.1% think weaning should begin before the 4th month.

For women, the following should be given as weaning foods:

- Porridge/sauce with 'soumbala', meat, fish----->35.8%
- Porridge/sauce, shea butter/oil----->12.5%
- Porridge with milk-----> 4.2%

### 3.3. Vitamin A distribution

62.1% of women said they had seen or heard of night blindness.

For these women, the level of knowledge about foods that could help prevent this ailment was the following:

- Don't know----->	92.6%
- Vegetables with green leaves----->	2.7%
- Meat, fish, egg yolk----->	2.7%
- Other----->	4.0%

(3 out of 138 people did not give any response.)

The project insures Vitamin A supplements for children from 6 months of age to 59 months. We noted that only 5.8% had received at least one distribution of vitamin A capsules.

### 3.4. Growth Monitoring

72.1% of mothers had a growth monitoring chart (or health book) for their child. Only 39.3% of the children were weighed in the last three months.

If the child falls below the normal growth chart line, 38.5% of mothers don't know what to do; 35.7% think it is necessary to go to the health center.

### 3.5. Malaria

55% of children have had a fever during the last 15 days. While the child had the fever, 48.1% of mothers gave the child chloroquine, 24.4% brought the child to the health center and 9.2% to the local health clinic.

The majority of women think that the most important actions to take in the case of a child's fever is to bring the child to the health center (49.4%), or to give the child chloroquine (37.2%).

Only 12.9% of women could cite one method of preventing malaria. such as: cutting the grass around the household, filling the swampy areas near the village, or sleeping under a mosquito net.

### 3.6. Diarrhea Control

39.6% of children had one episode of diarrhea in the last 15 days.

During the child's diarrhea, 98.9% of women continued to breastfeed, but only 4.7% gave the child more food than usual.

56.8% of women gave their children liquids other than breast milk.

45.3% of women asked for advice or treatment for their child's diarrhea at :

- CSPS (health center)-----> 48.8%
- PSP (village health post)-----> 30.2%
- Traditional healer-----> 11.6%
- Parents/friends/others-----> 11.7%

The treatments given to children :

- SSS/ORS-----> 34.8%
- Infusions or other liquids-----> 17.9%
- Anti-diarrhetics or antibiotics-----> 6.3%
- ORT made with grains-----> 1.1%
- Other-----> 34.7%

Serious signs according mothers are the following :

- Prolonged diarrhea (at least 14 days)-----> 29.9%
- Dry mouth, sunken eyes..(signs of dehydration)-----> 15.4%
- Fever-----> 11.3%
- Weakness, fatigue-----> 7.2%
- Vomiting-----> 3.6%
- Lack of appetite (refuse to breastfeed)-----> 2.7%
- Blood in the stools-----> 1.4%

In the case of persistent diarrhea, the most important action to take according to mothers is the following :

- Bring the child to the health center-----> 71.3%
- Bring the child to the community health agent-----> 10.0%
- Given the child more to drink/eat-----> 1.6%

When the child recovers from the diarrhea, 65.3% of mothers say it is necessary to feed the child more than usual.

### 3.7. Vaccinations

87.9% of children have a vaccination card, whereas 30.4% of women have a vaccination card for themselves.

90.4% of mothers said their child had been vaccinated.

21.7% of mothers knew that the anti-measles vaccine is to be given at 9 months.

46.3% of women did not know why women are vaccinated against tetanus, while 72.9% said that a pregnant women must be vaccinated two or more times against tetanus.

We evaluated the vaccination rates by observing the dates noted in the health cards. (Valid intervals were not taken into account in the analysis of coverage.)

The vaccination coverage rate of children 12 to 23 months is the following :

- BCG----->	92.0%
- DPT 1st dose----->	93.1%
- DPT 2nd dose----->	90.8%
- DPT 3rd dose----->	83.9%
- Polio 1st dose----->	92.0%
- Polio 2nd dose----->	89.7%
- Polio 3rd dose----->	82.8%
- Measles----->	78.2%
- Yellow fever----->	69.0%
- Completely vaccinated children-->	64.4%

The vaccination coverage rates of mothers are the following :

- TT 1----->	90.4%
- TT 2----->	89.1%
- TT 3 and more----->	80.8%

### 3.8. Pregnancy and Prenatal Consultations

During their last pregnancy, 51.7% of women said they ate as much or more than usual. 66.5% said that a pregnant woman should eat protein foods rich in iron (eggs, fish, meat) or green vegetables rich in iron (baobab leaves, pumpkin leaves, okra leaves) to prevent anemia.

41.7% of women said that it was necessary to begin prenatal consultations in the first trimester and 39.2% said the second trimester. 65% of women said it was necessary to have three or more consultations before giving birth. In reality, during the course of their last pregnancy 71.7% of women did not have even one prenatal consultation.

The majority of births were attended by the traditional birth attendant (68.3%) while 23.7% were attended by personnel at health centers.

### 3.9. Family Planning

68.6% of women do not wish to have another child in the next two years. But only 11.3% use a method of birth control.

Among the methods used, traditional methods (abstinence, withdrawal, traditional medicines) are used by 55.6%, while 44.4% use modern methods (the pill, condoms, injections, spermicide).

### 3.10. AIDS

94.6% said they had heard of AIDS. In terms of prevention, 37.5% of women said a single partner was necessary, 22.1% recommended abstinence, and 15.8% mentioned condom use.

### 3.11. Hygiene

Only 14.2% of women said they use a latrine.

Women think it is necessary to wash their hands at the following times :

- Before eating-----> 73.3%
- Before preparing meals-----> 8.8%
- After relieving oneself-----> 7.5%

#### IV - Discussion and conclusions

- 4.1. We think there is a good representation of different groups in proportion to their size in the population. However, we noted that 63.75% of the children surveyed were less than one year old. In part, this can be explained by the fact that the teams always asked to speak to the mother with the youngest child in each household.
- 4.2. We observed that 64.3% of women were less than 30 years of age. The average age was 29. We think that they will have at least one more child and they will be able to make lasting, positive changes in their behavior.
- 4.3. 63.75% of children were 0 to 11 months old, an age group exposed and vulnerable to vaccine-preventable diseases, malaria, and diarrhea. These are the same children who are most at risk from problems with breastfeeding and weaning. The questions asked of these children's mothers relate to their recent experiences, rather than the distant past. We think this explains in part, the quality of the responses obtained during the survey.
- 4.4. The majority of the population surveyed did not attend school. This could present a handicap in comprehending educational messages if appropriate methods of communication and information are not developed and specifically adapted to the present level of education.
- 4.5. 38.8% of women did not have any income generating activities of their own. This could constitute an obstacle in terms of financial accessibility to curative health measures. On the other hand, women without income generating activities are more available (outside of their field work) to attend project activities led by the organization.
- 4.6. Breastfeeding is practiced by all the women but associated with it is the practice of giving "tisane" (herbal teas). This traditional practice seems to be linked to uneducated populations and could be difficult to change. The delayed arrival of breast milk in many women (especially first-time mothers) could explain why women wait more than 24 hours to breastfeed a newborn. Poor weaning practices are also common (either too early or too late). This seems to be linked to a lack of knowledge on the subject and the absence of specifically designated weaning foods in the region.
- 4.7. Night blindness is known to many of the women interviewed but they don't associate it with a lack of vitamin A in their diet. This explains the more than 90% of women surveyed who don't know how to avoid this illness. This seemed to be linked to a lack of information and is supported by the very weak participation in vitamin A capsule distribution (5.8%).

- 4.8. Malaria seems to be a public health problem of high priority since 55% of children had a fever in the last 15 days. More than 75% of these fevers can be assumed to be related to malaria. The mothers had good reactions in the case of fever such as bringing the child to the health center, and giving the child chloroquine. On the other hand, knowledge in the prevention of malaria is very limited. This is also linked to misunderstanding on the part of mothers.
- 4.9. 35.8% of the cases of diarrhea were treated at the local health unit or medical center. Only 34.8% of children were treated with SSS/ORS. This illustrates a problem in treating diarrhea which seems to be due to two principal constraints:
- primarily : insufficient understanding of methods to fight diarrhea.
  - secondarily : the lack of availability of ORS packets or competence in the preparation of SSS.
- Dehydration is not perceived as the first serious sign of diarrhea. This not only supports our first hypothesis but also illustrates a general lack of understanding of information given by the health services in matters related to diarrhea.
- 4.10. Vaccinations seem to be very acceptable, as witnessed by the vaccination coverage rates of children and mothers. Accessibility to vaccination services (1st dose of DPT-Polio) is very good, but repeat visits diminish in a very significant way. The level of neglect seems to us to be linked to a misunderstanding of the vaccination calendar on the part of mothers and ignorance as to which vaccine the child should have received during a vaccination session. 90.4% of mothers said they had their child vaccinated, when in fact at least 93% of the children received a dose of DPT. Moreover, around 78.3% of women didn't know that the anti-measles vaccine should be given at 9 months, and 46.3% of women don't know why women of child-bearing age are vaccinated against tetanus. In sum, there are still problems in the quality of information given to people regarding vaccinations and prevention of disease. The conservation of vaccination documents is at an acceptable level.
- 4.11. 87.1% of the women interviewed know that it is very important to have a prenatal consultation even if only 41.7% know that it's necessary to begin in the first trimester (this is certainly linked to poor comprehension of information received). 65% of women think it is necessary to have three or more prenatal consultations before giving birth. What is curious is that only 28.3% had at least one prenatal consultation during their last pregnancy.

In our view, this seems to be linked to poor accessibility to prenatal consultation services. Prenatal consultations are done in the local health clinics that serve women only

in surrounding areas (around 5 Km). These are practically the same women who give birth in the local health clinics (23.7%). We note that the majority of births are assisted by the traditional birth attendant (68.3%) who does not do prenatal consultations. This means that the traditional birth attendant is a person who is a very important link in the health care system, and whose skills should be increased. As to the insufficient accessibility to prenatal consultation services, if we relate prenatal consultations to vaccination coverage, we see that very few women who are vaccinated have a prenatal consultation.

If vaccination activities were integrated with prenatal consultations (even at the village level), it could increase the numbers of prenatal consultations.

- 4.12. We ascertain that there is a strong demand for family planning. 68.1% of women do not want to become pregnant in the next two years. But services are not available to everyone : only 11.3% of women use a method of birth control. We can see that the most available method is the traditional one (whose limits we know) practiced by more than half of the women (55.5%) who use a method of birth control.
- 4.13. Almost all the women interviewed had heard of AIDS, but they have only limited knowledge of how to prevent it.
- 4.14. Concerning personal hygiene, it seems to be a very serious problem that only 14.2% of women use a latrine. It is also a problem that hand-washing before meals is not commonly practiced.

In conclusion, as part of the start-up of the "Child Survival 8" project, this study has permitted us above all to identify serious public health problems that are detrimental to mothers and children such as :

- Malaria.
- Diarrhea.
- Non-mastery of good breastfeeding practices.
- Lack of hygiene and sanitation.

The study also permitted us to identify structural and organizational problems such as :

- The qualitative lack of knowledge among target groups.
- Insufficient accessibility and availability of certain services (prenatal consultations and family planning).
- Insufficient integration of activities at the periphery.

Finally, the survey permitted us to ascertain that there are important assets that could be reinforced such as :

- An existing tendency to use health services (health centers and village health posts).
- The importance of the role of the traditional birth attendant.
- The readiness of groups to practice learned behaviors if the required means are available to them.

With respect to all the data taken together, we think that the following actions should be taken :

1. Improve the Information-Education-Communication (IEC) of target populations by :
  - \* Training field personnel (such as health promoters, health training agents, and village health workers) in communication. This training should cover techniques and messages.
  - \* Development of support and appropriate messages.
  - \* Individualization of messages.

At this level, the experience of the "Measles Initiative" that was led in Burkina Faso by the vaccination team, could be exploited.

2. Improve the availability and accessibility of certain services (prenatal consultations, post-natal consultations, family planning, and vitamin A).
3. In conjunction with the health authorities, discuss the integration of activities at the peripheral level.

4. Improve the reputation of the community health personnel, notably the village health worker, by :
  - \* Improving their competence.
  - \* Setting up dynamic village health structures.
  - \* Setting up an income generating mechanism that could support the community health personnel and generate benefits for the whole village.
  - \* Revitalize the pharmacy boxes and make the products contained in them permanently available.
  - \* Training-oriented supervision of health centers and community health agents.
5. Provide basic literacy training to women and leaders in the community (health centers, community health agents, and village group leaders).
6. Set up a system of village credit so that women can engage in income generating activities; the profits of which, in part, could be used for a health savings account.
7. Complement the KAP survey with a qualitative, sociological (focus group) study, above all on feeding practices, AIDS and latrine use.

ANNEX 1

LIST OF PARTICIPANTS

1 - Coordination Committee

- Mr. Oliver WILDER.
- Dr. Fodé DOUMBIA.
- Ms. Madeline WILLIAMS.

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- Mrs. Noëllie OUEDRAOGO.
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- Ms. Isabelle COMPAORE.

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- Mr. Gaston SOBGO.

5 - Secretary

- Ms. Pascale BERTA.

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## ANNEX 2

### Location of Clusters

Num.	Village	Cluster Number	Depart.	Organ.
1	Kackin	1	Ipelcé	SC/OV
4	Banghingogo	2	Ipelcé	SC/OV
6	Borogho	3	Doulougou	SC/NV
8	Siltougdo	4	Ipelcé	SC/OV
9	Doulougou	5	Doulougou	SC/NV
10	Boulougou	6	Saponé	SC/OV
11	Sandéba	7	Ipelcé	SC/OV
12	Sincéné	8	Doulougou	SC/NV
14	Kougpa	9 - 10	Saponé	SC/OV
15	Zeguéduguin	11	Ipelcé	SC/OV
16	Kouizzili	12	Saponé	ABAC
17	Yansaré	13	Saponé	AVLP
18	Banguémnini (Kelguin)	14 - 15	Saponé	AVLP
19	Nayalgue (Bonogo)	16	Saponé	ABAC
20	Soulli	17	Doulougou	SC/NV
21	Ipelcé	18 - 19	Ipelcé	SC/NV
22	Sambin	20 - 21	Ipelcé	SC/OV
23	Babdo	22 - 23	Ipelcé	SC/OV
24	Sagabtinga Yarcé	24 - 25	Ipelcé	SC/OV
25	Nionsna	26 - 27	Saponé	SC/OV
26	Targho	28 - 29 - 30	Saponé	SC/OV

SC/OV = Save the Children/Old Village

SC/NV = Save the Children/New Village

ABAC = Association Burkinabé d'Action Communautaire

AVLP = Association Vive le Paysan

ANNEX 3  
**Calendar**  
**Saponé Baseline Survey**

December 1 - 12, 1992

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Date	Time	Activity
Tues. December 1st	11H30 - 12H30	Meeting with supervisors and interviewers
	15H - 17H30	Training of supervisors
Wednesday December 2	8H - 12H30	Training of supervisors (cont.)
	15H - 17H30	Training of interviewers in the presence of the supervisors
Thursday December 3	8H - 11H	Training (cont)
	11H30 - 15H	Pre - test in a village
Friday December 4	8H - 9H30	Questionnaire corrections
	10H30 - 17H	Duplication of the questionnaire
	18H	Depart for the villages
Saturday December 5	7H - 18H	Survey in the field (1 cluster/team)
Sunday December 6		Rest day
Monday December 7	7H - 18H	Survey in the field (2 clusters/team)
Tuesday December 8	7H - 18H	Survey in the field (2 clusters/team)
Wednesday December 9	7H - 18H	End of surveying the field (1 cluster/team)
Saturday December 12	8H - 12H30	Feedback to project personnel

## ANNEX 4

### Supervisor Guide

1. Point of departure from the village:
  - Each cluster is made up of 8 mothers to be interviewed.
  - Procède as follows to find these 8 mothers:  
Upon entering a village, the supervisor chooses a central point (a church or a mosque).
  - If more than one central point exists, choose one at random as the central point of departure.
  - To choose at random, number each choice and draw them from a hat. The slip of paper that is chosen is the point of departure. Go to this point of departure and spin a bottle or a pen on the ground. The opening of the bottle or pen points to the first household to be interviewed by the first interviewer.
  - The opposite end of the bottle or pen points to the second household to be interviewed by the second interviewer.
2. Upon exiting the household, each interviewer should turn to the left to find the next household to be interviewed. Interviewers continue in this manner until all 8 mothers of a cluster have been interviewed.
3. Filling out the questionnaire heading:
  - do not fill in "IDNUM"
  - fill in "DEPARTEMENT"
  - fill in "STATUT" example: SC/OV (old village) or SC/NV (new village) etc.
4. Observe one interview per interviewer, per day.
5. Verifying the questionnaire :
  - be sure to number the clusters for the village (see the list of clusters by village)
  - be sure that each questionnaire is completely filled out.
  - send the completed questionnaires to Saponé.

## ANNEX 5

### Interviewer Guide

1. Choice of villages : those communicated to you by your supervisor.
2. Number of clusters : those communicated to you by your supervisor.
3. Choice of first household: to be done with the assistance of your supervisor during the course of the survey in the field.
4. Choice of mothers in each cluster:
  - In each household, be sure that there is a child of less than 24 months and that the mother is between the ages of 15 and 49. When these two criteria are met, you may interview the mother. If there are two or more children less than 24 months old, interview the mother of the youngest child. Conduct the interview apart from the presence of others.
5. If there is an orphaned child that falls into the appropriate age category, and the child has a primary caretaker between the ages of 15 and 49, this woman should not be interviewed.
6. If the mother is not available to be interviewed, the interviewer will attempt to make an appointment to see her later the same day. If the mother is not available while the team of interviewers is in the village, or if the mother has died, the interviewer should go on to the next household. If the interview team is not able to interview 8 mothers in a given village, they can complete the cluster with interviews from the next closest village.
7. Conditions of conduct with the mothers:
  - Be very courteous with the mothers.
  - Make the usual greetings.
  - Introduce yourself and give them the reason for your visit:
    - Goal = to gather information on the health of children and mothers to better understand their problems and to help resolve them.
  - Explain that all their responses are confidential and anonymous, and ask them to respond as they wish.
  - Explain the random choice of their interview.

8. Completing the questionnaire.
  - the heading of the questionnaire:
    - do not fill in "IDNUM"
    - do not fill in "DEPARTEMENT"
    - do not fill in "STATUT"
    - fill in the other parts of the heading.
  - Write the responses very legibly, without interpreting their meaning.
  - Follow the instructions concerning the following questions:
    - \*Several choices are possible (questions No....)
    - \*Read all the possibilities to the woman and she will choose a response (questions No....)
  
9. At the end of the questionnaire:
  - The interviewer verifies that the questionnaire is completely filled out before leaving the household.
  - Thank the mother.
  - Reassure the mother that someone will be back to give them some feed-back on the survey and discuss problems that were identified.
  - Make the usual greetings when leaving the household.
  
10. Leaving the household for the next interview:
  - turn to the left to find the next closest household for the next interview.
  - continue in the same manner until the end of the program for the day.

N.B. The results of this study greatly depend on the seriousness with which you take your work for the survey.

TRANSLATION

IDNUM: \_\_\_\_\_

CHILD SURVIVAL  
KNOWLEDGE AND PRACTICE SURVEY  
SAVE THE CHILDREN - BURKINA FASO  
SAPONE IMPACT AREA

All the questions should be asked to a mother (women aged 15 to 49) with a child less than 2 years of age (less than 24 months old).

Date of survey \_\_\_/\_\_\_/\_\_\_/

Department \_\_\_\_\_ Village \_\_\_\_\_ Organ. \_\_\_\_\_

Name of interviewer \_\_\_\_\_

Team supervisor \_\_\_\_\_

1. Name and age of the mother

Name \_\_\_\_\_ Age (in years) \_\_\_\_\_

2. Name and age of the child less than 2 years old

Name \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_ Age in months \_\_\_\_\_  
(day/month/year)

Education/Economic Activities of the Woman

3. What is your level of education?

- |                          |     |
|--------------------------|-----|
| 1. no education          | [ ] |
| 2. Koranic school        | [ ] |
| 3. literacy training     | [ ] |
| 4. primary school        | [ ] |
| 5. other (specify _____) | [ ] |

4. Do you have any income generating activities?  
(several responses are possible: note all responses given.)

- |   |     |
|---|-----|
| a. nothing  | [ ] |
| b. crafts (hats, pottery, weaving, etc.)                    | [ ] |
| c. selling grain  | [ ] |
| d. selling food/drink                                       | [ ] |
| e. animal fattening   | [ ] |
| f. market gardening   | [ ] |
| g. small business (used clothing, selling fowl, sugar etc.) | [ ] |
| h. paid work  | [ ] |
| i. other (specify _____)                                    | [ ] |

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## Breast-feeding/Nutrition

5. Are you breast-feeding your child now?

1. yes  -----> go to 7  
 2. no

6. Have you ever breast-fed your child?

1. yes   
 2. no

7. At this time do you give your child \_\_\_\_\_:  
 (Read each question one by one)

- |                                 | Yes                      | No                       |
|---------------------------------|--------------------------|--------------------------|
| a. water or herbal tea ?        | <input type="checkbox"/> | <input type="checkbox"/> |
| b. cow's milk?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| c. porridge?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| d. fruit or juice?              | <input type="checkbox"/> | <input type="checkbox"/> |
| e. mangoes, papayas, or squash? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. meat or fish?                | <input type="checkbox"/> | <input type="checkbox"/> |
| g. peanuts or beans?            | <input type="checkbox"/> | <input type="checkbox"/> |
| h. eggs?                        | <input type="checkbox"/> | <input type="checkbox"/> |

At this time are you adding any of the following items to your child's food?

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| i. green vegetables such as baobab leaves, green beans, eggplant, okra, etc? | <input type="checkbox"/> | <input type="checkbox"/> |
| j. honey or sugar?   | <input type="checkbox"/> | <input type="checkbox"/> |
| k. shea or cow butter, or peanut or cotton oil?                              | <input type="checkbox"/> | <input type="checkbox"/> |

8. How long after giving birth should a mother begin breast-feeding her child? (check only one response):

1. don't know
2. breast-feed as soon as possible after birth  
 (do not throw out the colostrum)
3. give the child water immediately after giving birth
4. wait 24 hours or more after birth

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9. At what age of the child should the mother give food other than mother's milk? (check only one response):
1. begin before the 4th month
  2. begin between the 4th and 6th month
  3. begin after the 6th month
  4. don't know
10. What should this additional food be?  
(several answers possible: note all answers given)
- a. don't know
  - b. porridge/sauce with shea butter/oil
  - c. porridge/sauce with "soumbala", meat or fish
  - d. porridge with milk
  - e. porridge/sauce made with baobab leaves, gourd leaves, or okra leaves
  - f. other (specify) \_\_\_\_\_
11. Have you ever heard of night blindness?
- a. yes
  - b. no  ----> go to 13
12. Which foods could help prevent night blindness?  
(Several answers possible: note all answers given)
- a. vegetables with green leaves
  - b. yellow fruits/vegetables(mangoes, papayas, yellow potatoes)
  - c. meat/fish
  - d. breast milk
  - e. egg yolk
  - f. don't know
  - g. other (specify) \_\_\_\_\_

#### Growth Monitoring

13. Do you have a growth chart or consultation card for your child?
1. yes  (Ask to see the card)
  2. lost  ----> go to 15
  3. never had one  ----> go to 15

14. Interviewer: Look at the growth chart of the child and note the following information:

Was the child weighed in the last three months?

- a. yes [ ]  
b. no [ ]

15. If the child's weight falls below the normal growth chart line, what should a mother do?  
(several answers possible: note all answers given)

- a. Go to the health center [ ]  
b. Consult the community health agent [ ]  
c. Consult a traditional healer [ ]  
d. Don't know [ ]  
e. Other (specify) \_\_\_\_\_ [ ]

16. Interviewer: Look at the Growth Chart of the child and note the dates that vitamin A capsules were taken.

(day/month/year)

1st \_\_\_/\_\_\_/\_\_\_

2nd \_\_\_/\_\_\_/\_\_\_

3rd \_\_\_/\_\_\_/\_\_\_

4th \_\_\_/\_\_\_/\_\_\_

none [ ]

#### Malaria

17. Does (name of child) have a fever at this time, or has he/she had one in the last 15 days?

- a. yes [ ]  
b. no [ ] -----> go to 19  
c. don't know [ ] -----> go to 19

18. When (name of child) had a fever, what did you do?  
(several answers possible: note all answers given)

- a. I did nothing [ ]  
b. I brought him/her to the health center [ ]  
c. I brought him/her to the traditional healer [ ]  
d. I brought him/her to the community health agent [ ]  
e. I gave him/her nivaquine [ ]  
f. don't know [ ]  
g. other (specify) \_\_\_\_\_ [ ]

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19. What are the most important actions to take when (name of child) has a fever?  
(several answers possible: note all responses given)

- a. I do nothing [ ]
- b. I bring him/her to the health center [ ]
- c. I brought him/her to the traditional healer [ ]
- d. I bring him/her to the community health agent [ ]
- e. I give him/her nivaquine [ ]
- f. don't know [ ]
- g. other (specify) \_\_\_\_\_ [ ]

20. What can you do to prevent a member of your family from contracting Malaria?  
(several answers possible: note all answers given)

- a. nothing [ ]
- b. fill swampy areas around the village [ ]
- c. sleep under a mosquito net [ ]
- d. cut the grass around the household [ ]
- e. don't know [ ]
- f. other (specify) \_\_\_\_\_ [ ]

Diarrhea Control

21. Does (name of child) have diarrhea at this time, or has he/she had it in the last 15 days?

- a. yes [ ]
- b. no [ ] -----> go to 28
- c. don't know [ ] -----> go to 28

22. Did you breast-feed (name of child) while he/she had diarrhea?

If yes: (read the choices to the mother). . .

- 1. more than usual [ ]
- 2. the same amount [ ]
- 3. less than usual [ ]

If no, specify: (read the choices to the mother) . . .

- 4. stopped breast-feeding completely [ ]
- 5. the child would not breast-feed [ ]

23. During (name of child)'s diarrhea, did you give (name of child) liquids others than breast milk?

If yes: (read the choices to the mother) . . . .

1. more than usual [ ]  
 2. the same amount [ ]  
 3. less than usual [ ]

If no, specify: (read the choices to the mother) . . . .

4. stopped breast-feeding completely [ ]  
 5. only breast milk [ ]

24. During (name of child)'s diarrhea did you give (name of child) solid or semi-solid food.

If yes: (read the choices to the mother) . . . .

1. more than usual [ ]  
 2. the same amount [ ]  
 3. less than usual [ ]

If no, specify: (read the choices to the mother) . . . .

4. stopped breast-feeding completely [ ]  
 5. only breast milk [ ]

25. When (name of child) had diarrhea, how did you treat him/her for it?  
 (several answers possible: note all answers given)

- a. nothing [ ]  
 b. ORS packet [ ]  
 c. Sugar-salt solution [ ]  
 d. ORT made with grain [ ]  
 e. infusions or other liquids [ ]  
 f. diarrhetics or antibiotics [ ]  
 g. other (specify) \_\_\_\_\_ [ ]

26. When (name of child) had diarrhea, did you ask for advice or treatment for his diarrhea?

- a. yes [ ]  
 b. no [ ]---> go to 28

23

27. To whom did you ask for advice or treatment of (name of child)'s diarrhea?  
(several answers possible: note all answers given)
- a. health center (CM or CSPS) [ ]
  - b. pharmacy [ ]
  - c. village health agent [ ]
  - d. traditional healer [ ]
  - e. traditional birth attendant [ ]
  - f. relatives/friends [ ]
  - g. other (specify) \_\_\_\_\_ [ ]
28. What signs/symptoms would prompt you to ask for advice or treatment for your child's diarrhea?  
(several answers possible: note all answers given)
- a. don't know [ ]
  - b. vomiting [ ]
  - c. fever [ ]
  - d. dry mouth, sunken eyes, depressed crown, less urine (dehydration) [ ]
  - e. prolonged diarrhea (at least 14 days) [ ]
  - f. blood in the stools [ ]
  - g. lack of appetite (refuses to breast-feed) [ ]
  - h. weakness or fatigue [ ]
  - i. other (specify) \_\_\_\_\_ [ ]
29. What are the most important actions you could take if your child has persistent diarrhea?  
(several answers possible: note all answers given)
- a. nothing [ ]
  - b. bring the child to the health center [ ]
  - c. bring the child to the community health agent [ ]
  - d. give the child more to drink than usual [ ]
  - e. give the child supplemental foods in small quantities more often [ ]
  - f. stop giving him/her liquids [ ]
  - g. stop giving him/her food [ ]
  - h. don't know [ ]
  - i. other (specify) \_\_\_\_\_ [ ]
30. What are the most important actions that should be taken when the child is recovering from diarrhea?  
(several answers possible: note all answers given)
- a. I do nothing [ ]
  - b. give the child food more often and in smaller quantities [ ]
  - c. more food than usual [ ]
  - d. I don't know [ ]
  - e. other (specify) \_\_\_\_\_ [ ]

IMMUNIZATION

31. Has (name of child) already been vaccinated?
- 1. yes
  - 2. no
  - 3. don't know
32. At what age should (name of child) be vaccinated against measles and yellow fever?
- a. specify the age in months
  - b. don't know  (99)
33. Can you tell us the principle reason why pregnant women should be vaccinated against tetanus? (check only one response).
- 1. to protect the woman and the newborn against tetanus
  - 2. to protect only the mother against tetanus
  - 3. to protect only the newborn against tetanus
  - 4. don't know
  - 5. other (specify) \_\_\_\_\_
34. How many vaccinations does a pregnant women need to protect the newborn against tetanus?
- 1. one
  - 2. two or more
  - 3. none
  - 4. don't know
35. Do you have a vaccination card for (name of child)?
- 1. yes  (Ask to see the card)
  - 2. lost -----> go to 37
  - 3. never had one -----> go to 37

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36. Look at the vaccination card and note the dates of all the vaccinations in the spaces below.

(day/month/year)

BCG		___/___/___/
Polio	0	___/___/___/
	1st	___/___/___/
	2nd	___/___/___/
	3rd	___/___/___/
DPT	1st	___/___/___/
	2nd	___/___/___/
	3rd	___/___/___/
Measles		___/___/___/
Yellow Fever		___/___/___/

Maternal Care/Family Planning/AIDS

37. Do you have a vaccination card for yourself?

1. yes	<input type="checkbox"/>	(Ask to see the card)
2. lost	<input type="checkbox"/>	-----> go to 39
3. never had one	<input type="checkbox"/>	-----> go to 39

38. Look at the vaccination card and note the number of vaccinations against tetanus in the spaces below. (check only one response):

1. one	<input type="checkbox"/>
2. two	<input type="checkbox"/>
3. three or more	<input type="checkbox"/>
4. none	<input type="checkbox"/> (0)

39. Did you have any prenatal visits during your last pregnancy? If yes, how many? (check only one response):

1. one	<input type="checkbox"/>
2. two or more	<input type="checkbox"/>
3. none	<input type="checkbox"/> (0)

40. Are you pregnant at this time?

a. yes	<input type="checkbox"/>	-----> go to 44
b. no	<input type="checkbox"/>	
c. don't know	<input type="checkbox"/>	

41. Would you like to have another child in the next two years?

- 1. yes [ ]
- 2. no [ ]
- 3. don't know [ ]

42. Do you or your husband use a method of birth control?

- a. yes [ ]
- b. no [ ]-----> go to 44

43. What is the principal method of birth control that you or your husband use?

- 1. tubal ligation [ ]
- 2. norplant [ ]
- 3. injectable [ ]
- 4. pill [ ]
- 5. intrauterine device [ ]
- 6. diaphragm [ ]
- 7. condom [ ]
- 8. gel/spermicide [ ]
- 9. breastfeeding [ ]
- 10. rthm (calendar) [ ]
- 11. abstinence [ ]
- 12. withdrawal [ ]
- 13. traditional method [ ]
- 14. other (specify) \_\_\_\_\_ [ ]

44. When you are pregnant when should you go to see a health agent (doctor, nurse, mid-wife, traditional birth attendant)? (check only one response):

- 1. first trimester (1-3 months) [ ]
- 2. second trimester (4-6 months) [ ]
- 3. last trimester (7-9 months) [ ]
- 4. it is not necessary to see a health agent [ ]
- 5. don't know [ ]

45. When you are pregnant how many times should you go and see a health agent (doctor, nurse, mid-wife, traditional birth attendant)?

- 1. Specify the number of times [ ]
- 2. Don't know [ ] (0)

46. Which foods should a pregnant woman eat to prevent anemia (have enough blood)?  
(several answers possible: note all answers given)
- a. don't know [ ]
  - b. protein foods rich in iron(eggs, fish, meat) [ ]
  - c. green vegetables rich in iron: baobab leaves, gourds, okra [ ]
  - d. other (specify) \_\_\_\_\_ [ ]
47. While you were pregnant with (name of child), how did you eat?  
(read the choices to the mother and check only one answer)
- 1. more than usual [ ]
  - 2. the same as usual [ ]
  - 3. less than usual [ ]
  - 4. don't know [ ]
48. During the birth of (name of child), who cut the umbilical cord?  
(check only one answer):
- 1. you [ ]
  - 2. a family member [ ]
  - 3. traditional birth attendant [ ]
  - 4. doctor, nurse, mid-wife [ ]
  - 5. other (specify) \_\_\_\_\_ [ ]
49. Have you heard of AIDS?
- 1. yes [ ]
  - 2. no [ ] -----> go to 51
  - 3. don't know [ ] -----> go to 51
50. Do you know how to protect yourself against AIDS?  
(several answers possible: note all answers given)
- a. single partner [ ]
  - b. Abstinence [ ]
  - c. Use condoms [ ]
  - d. Avoid using the same needle twice [ ]
  - e. other (specify) \_\_\_\_\_ [ ]

HYGIENE/SANITATION

51. Do you use a latrine?

- 1. Yes [ ]
- 2. No [ ]

52. At what time do you think you should wash your hands?  
(several answers possible: note all answers given)

- a. after using the toilet [ ]
- b. before eating [ ]
- c. before preparing food [ ]
- d. don't know [ ]
- e. other (specify) \_\_\_\_\_ [ ]

Fondation pour le Développement Communautaire  
Save the Children/US  
Projet Survie de l'Enfant 8 - Zone de Saponé

RESULTATS DE L'ENQUETE DE BASE  
Effectuée du 29 Novembre au 11 Décembre 1992  
dans les Départements de Saponé, Ipelcé et Doulougou

Questionnaires valables : Total = 240

Nombre de personnes enquêtées par village:

VILLAGE	Obs.	Pourcent
Babdo	16	6.7%
Banghingogo	8	3.3%
Banguemnini	16	6.7%
Borogho	8	3.3%
Boulougou	8	3.3%
Doulougou	8	3.3%
Ipelce	16	6.7%
Kackin	8	3.3%
Kougpaka	16	6.7%
Kouizzili	8	3.3%
Nayalgue	8	3.3%
Nionsna	16	6.7%
Sagabtinga	16	6.7%
Sambin	16	6.7%
Sandeba	8	3.3%
Siltougdo	8	3.3%
Sincene	8	3.3%
Soulli	8	3.3%
Targho	24	10.0%
Yansare	8	3.3%
Zeguedeguin	8	3.3%
Total	240	100.0%

Villages encadrés par:

	Obs.	Pourcent
ABAC*	16	6.7%
AVLP**	24	10.0%
FDC/Anciens villages***	152	63.3%
FDC/Nouveaux villages	48	20.0%
Total	240	100.0%

\* ABAC = Association Burkinabé d'Action Communautaire

\*\* AVLP = Association Vive le Paysan

\*\*\* FDC = Fondation pour le Développement Communautaire

13

1. Age de la mère interviewée (en années)

Q1AGEMERE	Obs.	Pourcent			
17	5	2.1%			
18	9	3.8%			
19	12	5.0%			
20	15	6.3%			
21	13	5.4%			
22	12	5.0%			
23	8	3.3%			
24	4	1.7%			
25	14	5.8%			
26	9	3.8%			
27	10	4.2%			
28	13	5.4%			
29	11	4.6%			
30	16	6.7%			
31	5	2.1%			
32	7	2.9%			
33	7	2.9%			
34	9	3.8%			
35	12	5.0%			
36	6	2.5%			
37	9	3.8%			
38	5	2.1%			
39	4	1.7%			
40	9	3.8%			
41	6	2.5%			
42	2	0.8%			
43	1	0.4%			
44	1	0.4%			
45	3	1.3%			
46	2	0.8%			
48	1	0.4%			
Total			Total		
240			240		
100.0%			100.0%		

  

Tranche d'âge	Obs.	Pourcent
15-19 ans	26	10.8%
20-24	52	21.7%
25-29	57	23.8%
30-34	44	18.3%
35-39	36	15.0%
40-44	19	7.9%
45 +	6	2.5%
Total		
240		
100.0%		

Somme = 6892.00  
Moyenne = 28.72  
Ecart type = 7.47

## 2. Age de l'enfant de moins de deux ans (en mois)

Q2BAGEENF	Obs.	Pourcent			
0	18	7.5%			
1	18	7.5%			
2	11	4.6%			
3	15	6.3%			
4	9	3.8%			
5	16	6.7%			
6	12	5.0%			
7	12	5.0%			
8	8	3.3%	Tranche d'âge	Obs.	Pourcent
9	10	4.2%	0-2 mois	47	19.58%
10	5	2.1%	3-5	40	16.66%
11	19	7.9%	6-8	32	13.33%
12	12	5.0%	9-11	34	14.16%
13	8	3.3%	12-14	28	11.66%
14	8	3.3%	15-17	22	9.16%
15	6	2.5%	18-20	21	8.75%
16	8	3.3%	21-23	16	6.66%
17	8	3.3%			
18	5	2.1%	Total	240	99.96% = 100.0%
19	8	3.3%			
20	8	3.3%			
21	7	2.9%			
22	4	1.7%			
23	5	2.1%			
Total	240	100.0%			

Somme = 2236.00  
Moyenne = 9.32  
Ecart type = 6.72

## 3. Quel est votre niveau d'éducation?

	Obs.	Pourcent
pas de niveau	224	93.3%
alphabétisée	8	3.3%
école primaire	5	2.1%
école coranique	3	1.3%
autre (à préciser)	0	0.0%
Total	240	100.0%

4. Faites-vous des activités génératrices de revenus?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
vente d'aliments et/ou boissons	60	25.0%	240
autres (diverses activités)	55	22.9%	240
petit commerce (friperie, volaille, sucre, etc.)	24	10.0%	240
vente de céréales	9	3.8%	240
artisanat (chapeaux, poterie, tissage, etc.)	6	2.5%	240
embouche	0	0.0%	240
marafchage	0	0.0%	240
salariée	0	0.0%	240

5. Donnez-vous actuellement le sein à (nom de l'enfant)?

Q5ALLAITE	Obs.	Pourcent
Oui	239	99.6%
Non	1	0.4%
Total	240	100.0%

6. Avez-vous jamais donné le sein à (nom de l'enfant)?

Q6ALLPASSE	Obs.	Pourcent
Oui	240	100.0%
Total	240	100.0%

1/6

7. Donnez-vous actuellement à (nom de l'enfant):  
(plusieurs réponses possibles)

(résultats pour les enfants > 6 mois)

	Obs.	Pourcent	n =
de la bouillie?	114	80.9%	141
de la viande ou du poisson?	110	78.6%	140
des arachides, haricots?	105	74.4%	141
des oeufs?	71	50.7%	140
des mangues, des papayes ou courge?	69	48.9%	141
des fruits ou des jus?	60	42.6%	141
le lait de vache?	39	27.7%	141

Ajoutez-vous actuellement aux repas de (nom de l'enfant):  
(plusieurs réponses possibles)

(pour les enfants > 6 mois)

du beurre de karité ou de vache, de l'huile d'arachide ou de coton?	115	81.6%	141
des légumes verts, tels que les feuilles de baobab, de haricot, d'aubergine, d'oseille, etc.?	113	80.1%	141
du miel ou du sucre?	103	73.0%	141

8. Combien de temps après l'accouchement une mère doit-elle  
donner le sein à son bébé?

Q8APRESSE1	Obs.	Pourcent
allaiter aussitôt que possible après l'accouchement (ne pas jeter le premier lait)	120	50.0%
attendre 24 heures ou plus après l'accouchement	103	42.9%
donner de l'eau immédiatement après l'accouchement	11	4.6%
ne sait pas	6	2.5%
Total	240	100.0%

9. A quel age de l'enfant une mère devrait-elle commencer  
à donner de la nourriture en plus du lait maternel?

	Obs.	Pourcent
commencer à donner entre 4 et 6 mois	143	59.6%
commencer à donner avant le 4ème mois	65	27.1%
commencer à donner au delà de 6 mois	18	7.5%
ne sait pas	14	5.8%
Total	240	100.0%

10. Quelle est cette nourriture additionnelle?

	Obs.	Pourcent.	n =
autre (réponses diverses)	139	57.9%	240
bouillie/sauce avec soumbala, viande ou poisson	86	35.8%	240
bouillie/sauce avec beurre de karité/huile	30	12.5%	240
bouillie/sauce contenant feuille de baobab, f. de courge, f. d'oseille	12	5.0%	240
ne sait pas	11	4.6%	240
bouillie avec du lait	10	4.2%	240

11. Connaissez-vous ou avez-vous entendu parler de la cécité nocturne?

	Obs.	Pourcent.
Oui	149	62.1%
Non	91	37.9%
Total	240	100.0%

12. Quels sont les aliments qui peuvent prévenir la cécité nocturne?  
(plusieurs réponses possibles)

	Obs	Pourcent	n =
ne sait pas	138	92.6%	149
autre (à préciser)	6	4.0%	149
légumes aux feuilles vertes	4	2.7%	149
viande/poisson	3	2.0%	149
jaune d'oeuf	1	0.7%	149
fruits/légumes jaunes (mangues, papayes, patates jaunes)	0	0.0%	149
lait maternel	0	0.0%	149

Autres	Obs.	Pourcent	Pourcent du Total (n=149)
foie grillé	2	33.3%	1.3%
soumbala	2	33.3%	1.3%
le foie des animaux	1	16.7%	0.7%
tô	1	16.7%	0.7%
Total	6	100.0%	

13. Avez-vous une Fiche de Croissance ou Carnet de Consultation pour (nom de l'enfant)?

	Obs.	Pourcent.
Oui	173	72.1%
Perdue	8	3.3%
Jamais eu	59	24.6%
Total	240	100.0%

14. L'enfant a-t-il été pesé durant les 3 derniers mois?

	Obs.	Pourcent	
Oui	68	39.3%	$\frac{68}{240} = 28.3\% =$ Pourcent du total enquêtés
Non	105	60.7%	
Total	173	100.0%	

15. Si le poids de l'enfant se situe en-dessous du chemin de la santé, qu'est-ce qu'une mère doit faire?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
Ne sait pas	85	38.5%	221
Aller au centre de santé	79	35.7%	221
Autre	47	21.3%	221
Consulter l'agent de santé communautaire	17	7.7%	221
Consulter le guérisseur traditionnel	2	0.9%	221
Total	47	100.0%	

16. Enquêtrice: Regarder la Fiche de Croissance de (nom de l'enfant) et noter les dates de prise de capsule de Vitamine A.

	Obs.	Pourcent	n =
1ère	14	5.8%	240
2ème	5	2.1%	240
3ème	1	0.4%	240

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17. Est-ce que (nom de l'enfant) a de la fièvre actuellement, ou a-t-il eu de la fièvre pendant les 15 derniers jours?

	Obs.	Pourcent
Oui	132	55.0%
Non	108	45.0%
Total	240	100.0%

18. Quand (nom de l'enfant) avait la fièvre, qu'est ce que vous avez fait ?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
j'ai donné la nivaquine à l'enfant	63	48.1%	131
j'ai emmené l'enfant au centre de santé	32	24.4%	131
autre (à spécifier)	20	15.3%	131
je n'ai rien fait	12	9.2%	131
j'ai emmené l'enfant à l'agent de santé communautaire	12	9.2%	131
ne sait pas	4	3.1%	131
j'ai emmené l'enfant chez le guérisseur traditionnel	2	1.5%	131

19. Quelles sont les actions importantes à entreprendre si (nom de l'enfant) a de la fièvre?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
j'emmène l'enfant au centre de santé	118	49.4%	239
je donne la nivaquine à l'enfant	89	37.2%	239
autre	29	12.2%	239
j'emmène l'enfant à l'agent de santé communautaire	26	10.9%	239
ne sait pas	13	5.4%	239
je ne fais rien	8	3.3%	239
j'emmène l'enfant chez le guérisseur traditionnel	4	1.7%	239

20. Que pouvez-vous faire pour éviter qu'un membre de votre famille n'attrape le paludisme?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
ne sait pas	147	61.3%	240
autre	57	23.8%	240
couper l'herbe autour des concessions	18	7.5%	240
rien	14	5.8%	240
remplir les fossés autour du village	12	5.0%	240
dormir sous la moustiquaire	1	0.4%	240

Détail "autre"	Obs.	Pourcent	Pourcent du Total (n=240)
nivaquine, comprimés	21	36.8%	8.8%
nettoyage, vider eaux sales	6	10.5%	2.5%
fumée/feu	2	3.5%	0.8%
détruire gîtes de moustiques	1	1.8%	0.4%
autres réponses	27	47.4%	11.3%
Total	57	100.0%	23.8%

21. Est-ce que (nom de l'enfant) a la diarrhée actuellement, ou a-t-il eu la diarrhée pendant les 15 derniers jours?

Q21DIARRHE	Obs.	Pourcent
Oui	95	39.6%
Non	145	60.4%
Total	240	100.0%

22. Pendant la diarrhée de (nom de l'enfant), lui avez-vous donné le sein?

Q22LAITDIA	Obs.	Pourcent
comme d'habitude	48	50.5%
moins que d'habitude	32	33.7%
plus que d'habitude	14	14.7%
l'enfant ne tétait pas	1	1.1%
arrêté complètement	0	0.0%
Total	95	100.0%

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23. Pendant la diarrhée de (nom de l'enfant), avez-vous donné à (nom de l'enfant) des liquides autres que le lait maternel?

Q23LIQDIA	Obs.	Pourcent
comme d'habitude	23	42.6%
plus que d'habitude	19	35.2%
moins que d'habitude	12	22.2%
arrêté complètement	0	0.0%
Total	54	100.0%

24. Pendant la diarrhée de (nom de l'enfant), avez-vous donné à (nom de l'enfant) de la nourriture solide ou semisolide?

Q24SOLDIA	Obs.	Pourcent
moins que d'habitude	33	54.1%
comme d'habitude	21	34.4%
plus que d'habitude	6	9.8%
arrêté complètement	1	1.6%
Total	61	99.9% = 100.0%

25. Quand (nom de l'enfant) avait la diarrhée, quels traitements lui avez-vous donnés?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
autre (réponses diverses)	33	34.7%	95
sachet de SRO	26	27.4%	95
infusions ou autres liquides	17	17.9%	95
rien	10	10.5%	95
solution salée-sucrée	7	7.4%	95
anti-diarrhéiques ou antibiotiques	6	6.3%	95
TRO faite de céréales	1	1.1%	95

26. Quand (nom de l'enfant) avait la diarrhée, avez-vous demandé conseil ou un traitement de sa diarrhée?

Q26CONSEIL	Obs.	Pourcent
Oui	43	45.3%
Non	52	54.7%
Total	95	100.0%

27. Auprès de qui avez-vous demandé conseil ou traitement pour la diarrhée de (nom de l'enfant) (plusieurs réponses possibles)

	Obs.	Pourcent	n =
centre de santé (CM ou CSPS)	21	48.8%	43
agent de santé villageois	9	20.9%	43
guérisseur traditionnel	5	11.6%	43
accoucheuse villageoise	4	9.3%	43
parents/amis	3	7.0%	43
autre	2	4.7%	43
pharmacie	0	0.0%	43

28. Quels signes/symptomes vous feraient demander conseil ou traitement pour la diarrhée de (nom de l'enfant)? (plusieurs réponses possibles)

	Obs.	Pourcent	n =
diarrhée prolongée (au moins 14 jours)	66	29.9%	221
ne sait pas	63	28.5%	221
déshydratation (bouche sèche, yeux enfoncés, fontanelle déprimée, diminution de la quantité d'urine)	34	15.4%	221
fièvre	25	11.3%	221
autre	18	8.1%	221
faiblesse ou fatigue	16	7.2%	221
vomissement	8	3.6%	221
manque d'appétit (refus de têter)	6	2.7%	221
sang dans les selles	3	1.4%	221

29. Quelles sont les actions les plus importantes que vous pourriez entreprendre si (nom de l'enfant) avait une diarrhée persistante? (plusieurs réponses possibles)

	Obs.	Pourcent	n =
emmener l'enfant au centre de santé	171	71.3%	240
autre (à spécifier)	42	17.5%	240
emmener l'enfant chez l'ASC	24	10.0%	240
ne sait pas	15	6.3%	240
donner à l'enfant plus à boire que d'habitude	2	0.8%	240
donner à l'enfant de la nourriture suppl., en petites quantités et plus souvent	2	0.8%	240
arrêter de lui donner des liquides	0	0.0%	240
arrêter de lui donner de la nourriture	0	0.0%	240

30. Quelles sont les actions les plus importantes qu'une mère devrait entreprendre quand un enfant est en train de se remettre de la diarrhée? (plusieurs réponses possibles)

	Obs.	Pourcent	n =
donner à l'enfant de la nourriture en plus petites quantités et plus souvent	93	38.9%	239
plus de nourriture que d'habitude	63	26.4%	239
autre	36	15.1%	239
je ne sais pas	29	12.2%	238
je ne fais rien	23	9.6%	239

31. Est-ce que (nom de l'enfant) a déjà été vacciné?

Q31ENFVACC	Obs.	Pourcent
Oui	217	90.4%
Non	22	9.2%
Ne sait pas	1	0.4%
Total	240	100.0%

32. A quel âge (nom de l'enfant) devrait être vacciné contre la rougeole et la fièvre jaune? (en mois) (n = 240)

ROUG	Obs.	Pourcent
0 mois	1	0.4%
1	10	4.2%
2	15	6.3%
3	15	6.3%
4	5	2.1%
5	1	0.4%
6	2	0.8%
7	1	0.4%
-----		
Total (moins de 9 mois)	50	20.8%
-----		
9	52	21.7%
12	2	0.8%
-----		
Total (plus de 9 mois)	54	22.5%
-----		
Ne sait pas	136	56.7%
=====		
Total	240	100.0%

33. Pouvez-vous dire la raison principale pour laquelle une femme enceinte a besoin d'être vaccinée contre le tétanos?

	Obs.	Pourcent
ne sait pas	111	46.3%
pour protéger la femme et le nouveau-né contre le tétanos	90	37.5%
pour protéger seulement le nouveau-né	16	6.7%
pour protéger seulement la mère contre le tétanos	15	6.3%
contre le tétanos		
autre	8	3.3%
	-----	
Total	240	100.0%

34. Combien de vaccinations une femme enceinte a-t-elle besoin pour protéger le nouveau-né contre le tétanos?

Q34COMBTET	Obs.	Pourcent
Aucun	0	0.0%
Une	8	3.3%
Deux ou plus	175	72.9%
Ne sait pas	57	23.8%
	-----	
Total	240	100.0%

35. Avez-vous une carte de vaccination pour (nom de l'enfant)?

LENFANT	Obs.	Pourcent
Oui	211	87.9%
Perdue	7	2.9%
Jamais eu	22	9.2%
	-----	
Total	240	100.0%

36. Regarder la carte de vaccination et noter les dates de toutes les vaccinations dans les espaces ci-dessous.

		Obs. ! (n=240)!		<u>Couverture Vaccinale</u> <u>Enfants de 12-23 mois</u>	
				Obs. (n=87)	Pourcent
BCG		209	!	80	92.0%
Polio	0	162	!	58	66.7%
	1ère	179	!	80	92.0%
	2ème	152	!	78	89.7%
	3ème	119	!	72	82.8%
DTCog	1ère	183	!	81	93.1%
	2ème	154	!	79	90.8%
	3ème	120	!	73	83.9%
Rougeole		85	!	68	78.2%
Fièvre Jaune		77	!	60	69.0%
Enfants complètement vaccinés				56	64.4%

37. Avez-vous une carte de vaccination pour vous-même?

Q37CARTVOU	Obs.	Pourcent
Oui	217	90.4%
Perdue	18	7.5%
Jamais eu	5	2.1%
Total	240	100.0%

38. Regarder la carte de vaccination et noter le nombre de vaccinations contre le tétanos.

Q38VACCTT	Obs.	Pourcent	Pourcent du total enquêté
Une	3	1.4%	3/240 = 1.3%
Deux	20	9.2%	20/240 = 8.3%
Trois ou plus	194	89.0%	194/240 = 80.8%
Total	217	100.0%	217/240 = 90.4%

39. Est-ce que vous avez fait une visite prénatale lors de votre dernière grossesse? Si oui, combien?

Q39VISPREN	Obs.	Pourcent
Une	40	16.7%
Deux ou plus	28	11.7%
Aucune	172	71.7%
Total	240	100.0%

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40. Etes-vous enceinte actuellement?

Q40	Obs.	Pourcent
Oui	1	0.4%
Non ou ne sait pas	239	99.6%
Total	240	100.0%

41. Voulez-vous avoir un autre enfant dans les prochains deux ans?

Q41VOULENF	Obs.	Pourcent
Oui	55	23.0%
Non	164	68.6%
Ne sait pas	20	8.4%
Total	239	100.0%

42. Utilisez-vous ou votre mari, une méthode pour éviter d'être enceinte?

Q42UTILMET	Obs.	Pourcent
Oui	27	11.3%
Non	211	88.7%
Total	238	100.0%

43. Quelle méthode principale utilisez-vous ou votre mari pour éviter une grossesse rapprochée? (n = 27)

Q43METHODE	Obs.	Pourcent	Pourcent du total répondant à la question 42 (n=238)
Abstinence	13	48.1%	5.5%
* Pillule	6	22.2%	2.5%
* Condom	4	14.8%	1.7%
* Injectable	1	3.7%	0.4%
* Gel/spermicide	1	3.7%	0.4%
Retrait	1	3.7%	0.4%
Méthode traditionnelle	1	3.7%	0.4%
Total	27	100.0%	11.3%

\* Méthodes "modernes" = 12/238 = 5.0% du total

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44. Quand vous êtes en grossesse, à quel moment irez-vous voir un agent de santé (médecin, infirmier, sage-femme, accoucheuse villageoise)?

Q44MOMVOIR	Obs.	Pourcent
Premier trimestre (1-3 mois)	100	41.7%
Deuxième trimestre (4-6 mois)	94	39.2%
Dernier trimestre (7-9 mois)	15	6.3%
Pas besoin de voir un agent de santé	8	3.3%
Ne sait pas	23	9.6%
Total	240	100.0%

45. Quand vous êtes enceinte, combien de fois devriez-vous aller chez un agent de santé? (médecin, infirmier, sage-femme, accoucheuse villageoise)

Q45FOIVOIR	Obs.	Pourcent
0 ou ne sait pas	50	20.8%
1	10	4.2%
2	24	10.0%
3	76	31.7%
4	38	15.8%
5	21	8.8%
6	6	2.5%
7	7	2.9%
9 ou plus	8	3.3%
Total	240	100.0%

46. Quels aliments une femme devra-t-elle manger quand elle est enceinte pour prévenir l'anémie (avoir assez de sang)? (plusieurs réponses possibles)

	Obs.	Pourcent	n =
protéines riches en fer (oeufs, poisson, viande)	110	46.0%	239
ne sait pas	89	37.4%	238
autre	53	22.2%	239
légumes verts riches en fer: feuille de baobab, de courge, d'oseille	49	20.5%	239

47. Pendant que vous étiez enceinte de (nom de l'enfant), avez-vous mangé:

Q47MANGGRO	Obs.	Pourcent
moins que d'habitude	114	47.5%
même quantité que d'habitude	81	33.8%
plus que d'habitude	43	17.9%
ne sait pas	2	0.8%
Total	240	100.0%

48. Durant l'accouchement de (nom de l'enfant), qui a coupé le cordon ombilical?

Q48CORDON	Obs.	Pourcent
accoucheuse villageoise	164	68.3%
médecin, infirmier, sage-femme	49	20.4%
un membre de la famille	15	6.3%
accoucheuse auxiliaire	8	3.3%
autre	3	1.3%
vous-même	1	0.4%
Total	240	100.0%

49. Avez-vous entendu parler du SIDA?

Q49ENTSIDA	Obs.	Pourcent
Oui	227	94.6%
Non	12	5.0%
Ne sait pas	1	0.4%
Total	240	100.0%

50. Comment peut-on prévenir le SIDA?  
(plusieurs réponses possibles)

	Obs.	Pourcent	n =
Partenaire unique	90	37.5%	240
Abstinence	53	22.1%	240
Utiliser les condoms	38	15.8%	240
Eviter d'utiliser 2 fois la même aiguille	1	0.4%	240
Ne sait pas ou autre	62	25.8%	240

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51. Utilisez-vous une latrine?

Q51	Obs.	Pourcent
Oui	34	14.2%
Non	206	85.8%
Total	240	100.0%

52. A quels moments pensez-vous qu'il est bon de se laver les mains?

(plusieurs réponses possibles)

	Obs.	Pourcent	n =
avant de manger	176	73.3%	240
ne sait pas	35	14.6%	240
autre (à préciser)	34	14.2%	240
avant de préparer	21	8.8%	240
après les toilettes	18	7.5%	240

Détail "autre"	Obs.
au reveil	12
chaque jour	4
après le travail	3
à tout moment	2
après avoir mangé	2
le matin	2
matin et soir	2
activité malpropre	1
ap.travail malprpre	1
avant faire qqchse	1
avant nourrir enfant	1
avant de prier	1
quand on veut	1
quand elles sales	1
Total	34