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**Selected Issues in Pre-Natal Care
Based on Data Collected for
The Perinatal/Neonatal Mortality Project
In Minia and Qaliubia, EGYPT**

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Introduction

This report contains the results of the Qualitative Data Analysis for pregnant women regarding their perceptions of health and illness and their experiences in the health sector for the Perinatal/ Neonatal Mortality Project, a USAID funded project via MotherCare. The data presented here were collected from 183 women in two regions (governorates) of Egypt: Minia and Qaliubia using two semi-structured (open question) interviews [See Appendix A]. These interviews were used as a means of collecting qualitative data to complement information collected in the Symptoms Checklist and the Nine Month and One Week Event History Matrices. In the event history matrices we were able to ask and record what women did in response to specific symptoms while in the semi-structured interviews we were able to ascertain from the respondent's perspective why she did what she did.

These results are preliminary so exact numbers may change in the future. The general pattern of results should however not be changed by further data management.

Analysis of Semi-Structured Interviews

The data that was collected was translated, managed, and analyzed by a team of research assistants at the Social Research Center at the American University in Cairo. The process was closely monitored at several levels. Upon receiving an initial draft of the translated text, the supervisory staff edited it against the original Arabic text to ensure that the meaning of the original was preserved in translation.

When a sufficient amount of translated text for pregnant women was available, a codebook for qualitative data analysis was drafted. Careful review of texts provided a set of conceptual domains that summarized common perceptions and behaviors as well as variables of programmatic interest. The conceptual domains include the following: Sources of Information, Reasons for Symptom-Related Inactivity, and Quality of Care.

The maternal [and neonatal] codebooks underwent pre-testing and revision to insure that codes were suitable to responses and sufficient to capture information of interest to the project [See Appendix B for codebooks].

The final computerized translations were hand-coded using abbreviated string codes. After review, the abbreviated codes were inserted into the text files. A macros program for codes was created. This program was written within the word processing program to replace all abbreviated codes with their extended versions. This procedure insured that the spelling of the extended codes was identical in all text files.

Research assistants used dtSearch to locate codes for analysis. dtSearch is a software package designed to identify codes or words that appear in multiple files and to retrieve blocks of text for analysis. The program has the capacity to search hundreds of files simultaneously for words, phrases, or codes of interest. Retrieving blocks of text about the same topic

permits easy identification of themes, relationships and potential conceptual frameworks¹

As with all methods of research, there are strengths and weaknesses in using semi-structured interviews as a means of understanding the current status of maternal and neonatal health. One of the key strengths of using this method is that it allows for women to speak freely, providing information that we could not have collected using a standard survey method. For example, we asked women what they did to take care of themselves during pregnancy and were amazed to discover that some women responded, *Nothing. I did not want this baby in the first place.* In addition, the semi-structured interview allowed us to collect more descriptive data in areas of programmatic interest. By asking the women in the regions of Minia and Qaliubia what happened when they went to the government health facilities and to private doctors, we were able to draw some conclusions about the areas in both public and private health care that need re-enforcement and improvement.

The general weaknesses of this method include a number of biases, the first of which is *interviewer bias*. Because the method relies upon the interviewer to probe for as much information as possible, one interviewer may probe on certain topics more than another. For example, when women who went to the government health centers for Tetanus Immunization were asked about their visit, some may have been asked more intensively about examination than others. This might make it seem as if more or less women are being examined, depending on how the interviewers conducted the interviews. One way in which we tried to limit the degree to which this bias affected the data was to have trained field supervisors and office staff go to the interviews and observe how the interviewers interacted with the respondents. They were then able to coach the interviewers as a group in order to standardize the way the interviews were being conducted.

The second weakness is *codes bias*. Because the texts were coded by a number of research assistants, there was the potential for variations in coding. As the maternal data for Minia and Qaliubia was being translated and coded, a validation of the codebook was undertaken. Three research assistants were asked to code the same five texts. The level of agreement for two having identical codes was above 85%. To minimize this bias, we designated one of the supervisory staff to review all coded material with the research assistants before finalizing the coding.

*How do these biases affect the analysis?*² Because the general purpose of including the semi-structured interviews is to complement other data and to allow us to have a general picture of what is truly happening in the field based on women's perceptions, the biases affect the analysis minimally when we are looking at the entire sample of women. They do, however, affect the analysis when we are quantifying data from small samples. In spite of this, we are still able to achieve our primary objective--to better understand the perceptions and attitudes of women in Minia and Qaliubia towards their health during pregnancy and the health of their neonates--with some confidence.

¹Yount K, Mecahel P, Langston R. Treatment Histories of Reported Neonatal and Maternal Illness: A Mixed Methods Approach (A Manual for Field Work) [Draft Publication Pending]

Delay in Treatment

In the 9- Month Event History Matrix each woman who sought treatment outside the home was asked how long she waited from the time she perceived the symptom until she sought treatment. Women who waited to do something outside the home were asked why they waited to seek care. Of 105 women who expressed that they waited to seek treatment 44.8% said that they delayed treatment because they thought that the symptom would go away.

I thought that they might go away but when I got more tired in a way that I couldn't do anything I was sleeping I went to the doctor

ID# 2 40 2 04 01 02 Qalubia, Age 27

21.0% responded that they waited because they did not have enough money to seek treatment.

I did not have money so I thought that it was not necessary.

ID#1 39 1 44 01 02 Minia Age 24

Less frequent responses but not insignificant included lack of severity (13.3%) unconscious of pregnancy (10.5%) and dislike of physicians and medicine (8.6%). One respondent interestingly mentioned that she waited because it is *haram* (forbidden) for a woman to go to the doctor during Ramadan (the Muslim month of fasting).

Stopping Treatment

Because the 9-Month Event History is a record of the woman's health and health-related activity during pregnancy discontinuation of medication became apparent. When 49 women who stopped treatment were asked specifically why they were no longer taking certain medications they responded because the symptom went away (32.7%) lack of money (18.4%) did not renew prescription (18.4%) and "the medication had no effect on her condition (14.3%). Other less salient responses included 'fear of medication' and "following doctors orders'.

Two respondents when asked why they had stopped taking vitamins during their pregnancies answered:

When I went to be examined during the 2nd month the doctor prescribed the medicines which I bought and took for 2 days then stopped (Why did you stop?) Because all the people said that vitamins are harmful for the baby and that they would cause difficulty during delivery. So I stopped them right away.

ID#1 42 2 38 01 02 Minia Age 35

Because the fetus had already grown and he did not need calcium or iron any more (When did you stop?) In the 6th month (Who told you to stop?) Nobody I did it myself because I knew that the fetus needs calcium and iron at the beginning (What was the physician's opinion?) I did not go to the physician from the 6th month because my husband did not want me to know the gender of the fetus so he prevented me

ID#1251160104 Minia Age 26

Tetanus Immunization

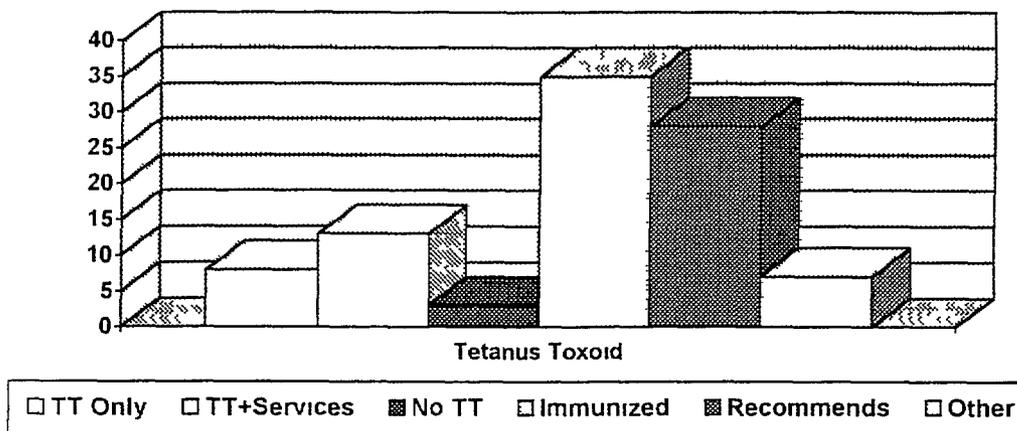
The following is a review of data provided by women regarding tetanus immunization. Because the general attitude of women in Minia and Qaliubia towards tetanus is positive, it is a critical point for intervention.

Figure 1

Tetanus Toxoid Classifications	Number of Women n=64
Women reporting receiving only the Immunization	8
Women reporting at least receiving two of the Following services upon going for Immunization (weighing, blood pressure, urine or blood analysis, gynecological exam)	13
Women reporting going for immunization and not receiving it	3
Women reporting that she was immunized to maintain her health during pregnancy	35
Women reporting that a pregnant woman ought to be immunized to maintain health during pregnancy	28
Women reporting other information regarding tetanus immunization	7

Note: Not all women in the sample were asked about their experiences regarding Tetanus

Figure 2



Because women utilize the Government Health Centers primarily for Tetanus Immunization, it is important to ascertain what types of services they are receiving and to what extent they perceive the immunization as a means of maintaining health.

for their babies For women who only received the tetanus immunization their responses to the question about what happened at the health center are very similar

(Who gave you the injection?) A nurse I do not know her name (What did she do for you?) She gave me the injection and that's all

ID#2 43 1 02 01 99 Qaliubia, Age 18

The same is not true for women who receive other services at the health centers The following is a break down of services provided to the thirteen women who mentioned receiving at least two of the aforementioned services

Figure 3

Service	Number of Women <i>N=13</i>
Prescribe Vitamins	5
Measure Blood Pressure	8
Measure weight	6
Discussion	5
Measure Temperature	2
Urine Analysis	2
Abdomen/ Heart Exam	1
Blood Analysis	3

Number of respondents receiving specified services at the health center

(What did she do for you?) She gave me the injection and she measured my blood pressure and weighed me that is all (Who measured the blood pressure for you?) Also the nurse

ID#2 42 1 19 01 02 Qaliubia Age ??

(What exactly happened at the health center?) As soon as I saw a nurse I told her my name and she wrote it on a card then she gave me a card for pregnancy follow-ups After that I entered the physician's room (What happened at the physician's room?) First he asked me about my age and my pregnancy history measured my blood pressure and my temperature Next he told the nurse to give me an injection I took the injection and the nurse said Come back after 4 weeks She wrote it on the follow up card But I didn't go again (Why didn't you go again?) Because I had no time and I heard that I should have only one injection (From whom did you know that?) From the people who live around us and had that vaccination before

ID#1 32 1 33 01 99 Minia Age 30

(What exactly had happened at the health unit when you went to take the Tetanus shot?) I went there they took 1 blood and urine samples There was a nurse who kept asking me a few questions about my age my education and my previous deliveries then she gave me the shot also she gave me sheets to follow up with them (How long did you stay to take the shot?) About half an hour (What else had happened there at the health unit?) She weighed me she asked me a few questions and she gave me the shot then I went back home

ID#2 19 1 02 01 02 Qaliubia Age 25

Based on the experience of one of the authors (PM) in visiting the homes of women there were many women who said that they went to health centers but did not receive

the immunization. The interview did not address this issue because it only looked at what happened to a sub-sample of women who did get the immunization. We did however, have a few women who spontaneously mentioned experiencing this problem.

(What exactly happened at the health unit for vaccination?) I want to be vaccinated, because they said that it is good for pregnant women. **(Who told you?)** All the people said that vaccination is good for pregnant women. **(What do you mean by "good"?)** It means that it protects a woman's health. **(What did you do?)** Every time I go to the unit, they tell me to come the next month. **(Who told you?)** The nurse there. Each time I go, she tells me to come the next month. **(What did they tell you the last time you went to the unit?)** Last time I was in the 6th month, they told me to come after Ramadan because there were no Tetanus shots. **(When do you think you can go again?)** Wednesday or tomorrow I will go and see. **(Why on Wednesday?)** Because it is the time at the unit for Tetanus vaccination.

ID#1 40 1 30 01 06 Minia Age 22

For many women in Minia and Qaliubia receiving the tetanus immunization is an important part of "maintaining health during pregnancy." The responses below were spontaneous responses to the questions *What do you do to care for your health while you are pregnant?* and *What do you think women in general should do to care for their health during pregnancy?*

I went to the health center to take the tetanus vaccination to take care of my pregnancy.

ID#1 10 1 40 01 02 Minia Age 23

(You said that you take the tetanus vaccination. Why?) Because I want to deliver a healthy child and to avoid him from getting tetanus.

ID#1 10 1 16 01 02 Minia Age 30

To take the immunization that will protect the woman and her baby from the tetanus.

ID#1 27 1 22 01 02 Minia Age 35

Quality of Care: Waiting Time

One factor in the quality of care that women receive is the amount of time that they wait for services. We asked 85 women about the time they waited before entering the examination room. 68% of the women mentioned waiting for less than one hour (short time) while 31.8% mentioned waiting for more than one hour (long time). This period ranged from half an hour to more than three hours. Women who were seeking treatment at the private doctors were more likely to wait for longer periods of time. One explanation for this may be that private doctors tend to have more patients and to take more time in examining them.

Preventative Care

Each woman in the sample taken from Minia and Qalubia (183) was asked about the things that she did in order to take care of her health during the pregnancy period (Actual Care). In addition, she was asked about the things that she recommended for other pregnant women to do in order to take care of their health (Normative Care).

Figure 4

Responses	Normative Care <i>NO OF WOMEN = 183</i>	Actual Care <i>NO OF WOMEN = 183</i>
Rest	27.0	22.4
Reduce workload	24.0	23.5
No Lifting	43.0	39.3
Seek Treatment	30.6	23.4
Follow Doctor's Orders	3.8	47.5
Food	42.0	32.7
Nothing	3.3	28.4
Nothing- Unwanted Pregnancy	--	3.3
Other	47.0	39.3

Percentage of women by things they do and recommend for other women in order to take care of their health during pregnancy

The data in Figure 4 show the differences between what women report they do to take care of their health during pregnancy and what they recommend for other women. 3.8% of the women reported that to follow doctor's orders is important for other pregnant women while 47.5% of the total sample follow doctor's orders during their own pregnancies. Most significantly is that 28.4% of the women reported that they do not do anything to take care of their health during pregnancy while 3.3% recommended that other women should do nothing to take care of their health during pregnancy. The following texts are some examples that show the ways that women care for themselves and the ways that they recommend that other women do the same:

I try to relax when I feel tired. [ACTUAL CARE: REST] I do not carry heavy things. [ACTUAL CARE: NO LIFTING] I do not run or run down.

the stairs quickly [ACTUAL CARE OTHER] Usually I leave these things to God [ACTUAL CARE OTHER]

ID# 2 45 1 13 01 02 Qalubia Age 29

Almost throughout the entire pregnancy period I rest and sleep on my back to avoid a miscarriage [ACTUAL CARE REST] I did not perform a lot of housework [ACTUAL CARE REDUCE WORKLOAD] and sometimes I would eat eggs and drink milk [ACTUAL CARE FOOD/NUTRITION] (What else?) That is all

ID# 2 31 1 13 01 02 Qalubia Age 21

To take care of herself concerning food by maximizing its quantity to avoid fatigue or low blood pressure also it must be useful food like eggs fish who is capable can eat who is not God support him [NORMATIVE CARE FOOD/NUTRITION] Also during the 1st period not to carry heavy things also at the last months of pregnancy close to the delivery [NORMATIVE CARE NO LIFTING] (And did you prevent yourself from carrying heavy loads in the 1st months?) As much as I could there is nothing heavy in our house (And concerning food what did you do?) When we have I eat sometimes there isn't so I eat from their normal food

ID# 1 37 1 37 01 02 Mimia Age 26

She must take care of her health and if she becomes sick she must be examined immediately [NORMATIVE CARE SEEK TREATMENT] Also she should take the medication at its time just as the physician says [NORMATIVE CARE FOLLOW DOCTOR S ORDERS]

ID# 1 37 1 42 01 09 Mimia Age 25

Figure 5 Normative Care Other Responses (Mimia)

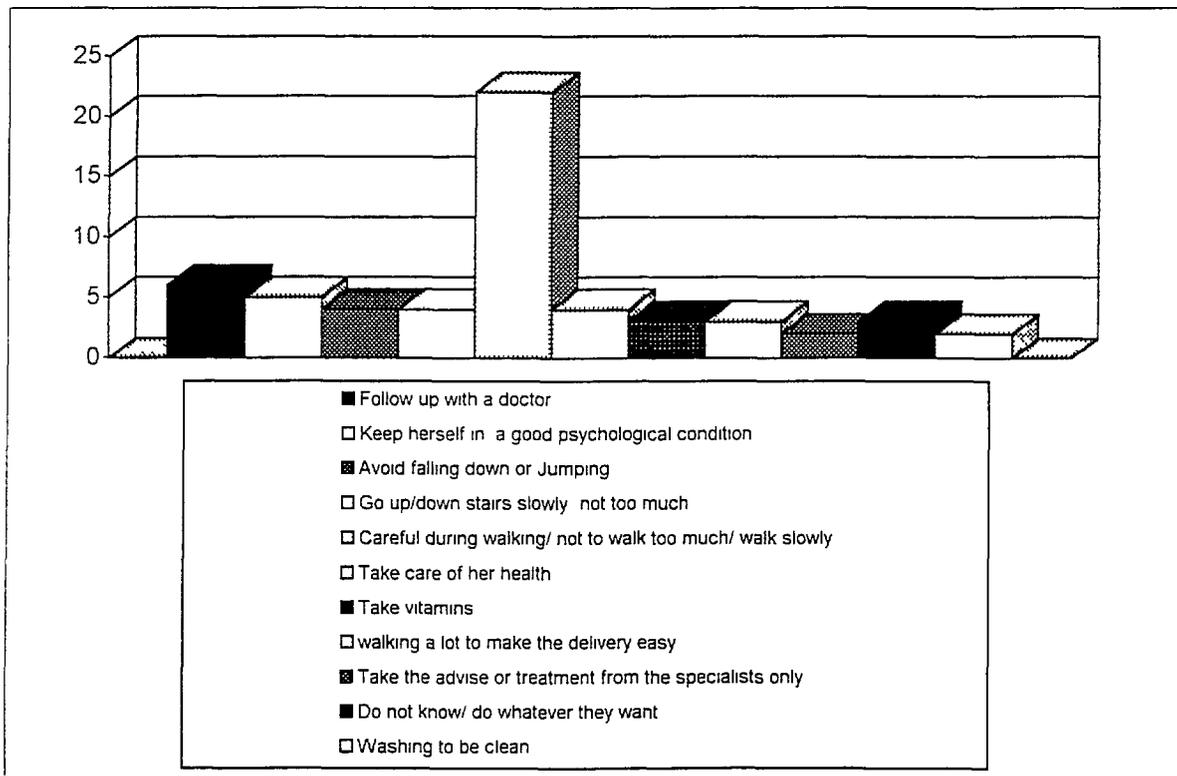


Figure 6 Actual Care Other (Mina)

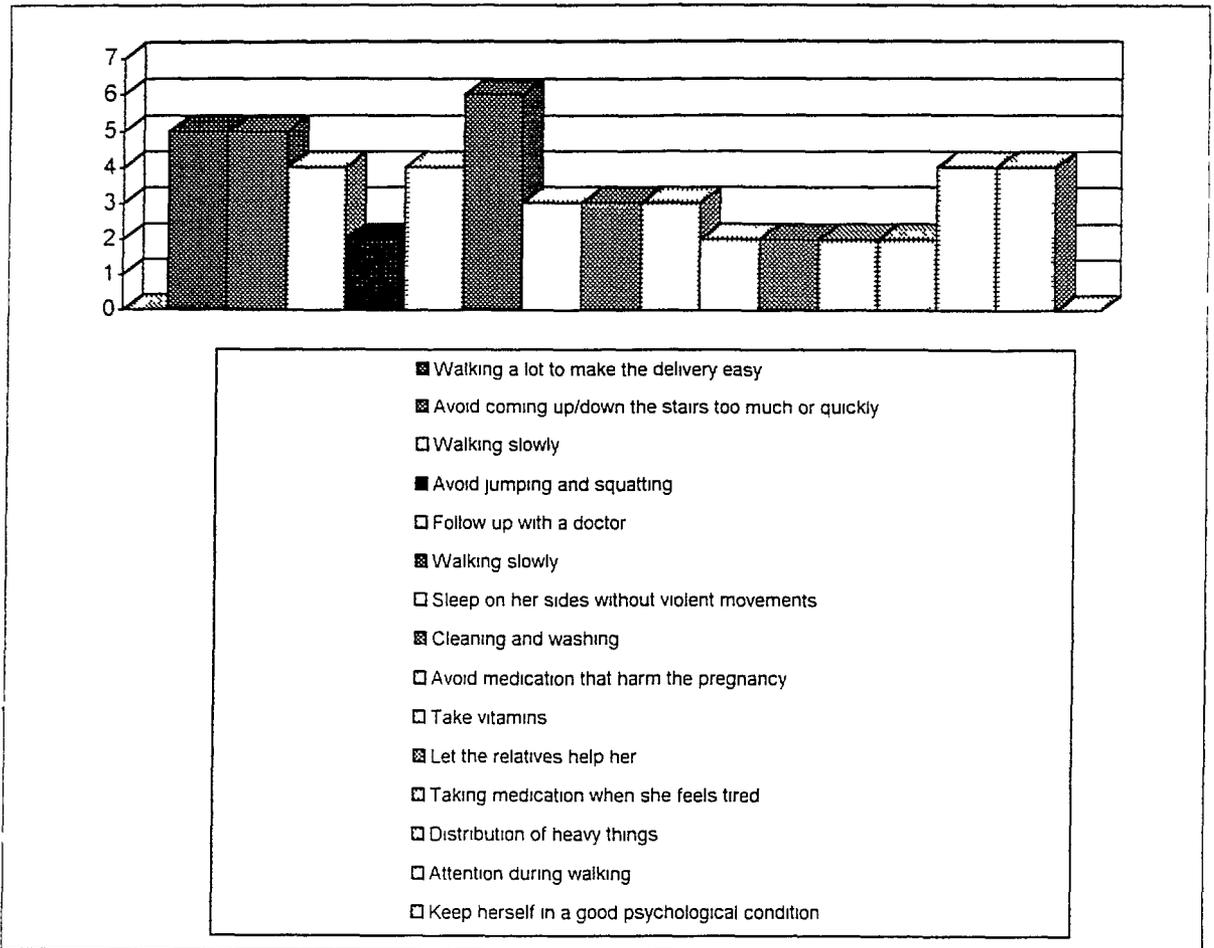
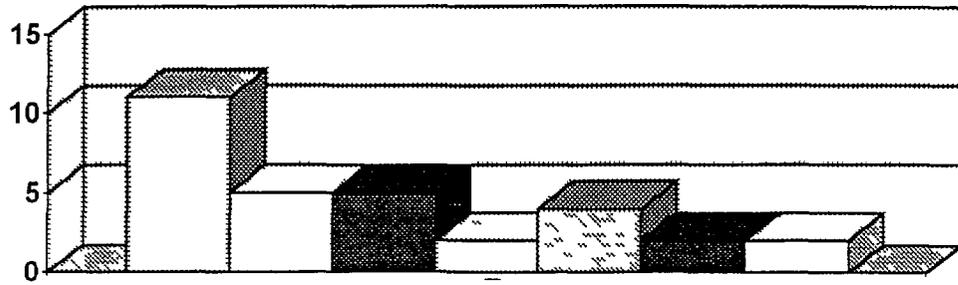
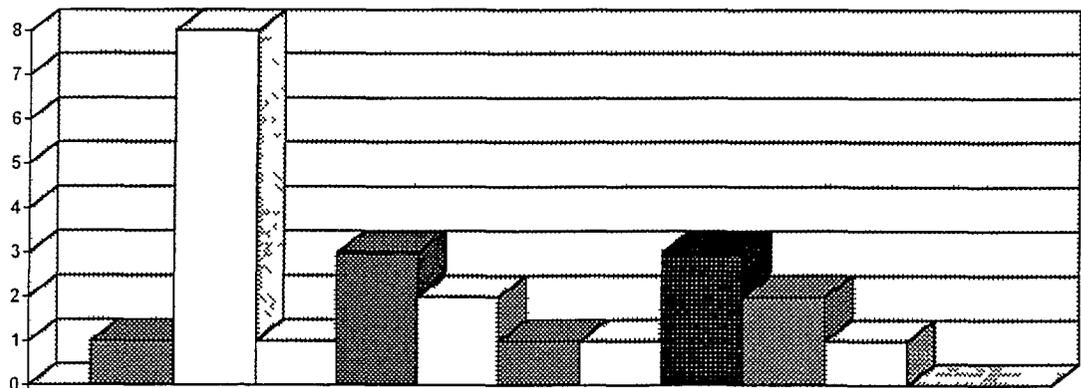


Figure 7 Normative Care Other (Qalubia)



- Follow up with a Doctor
- To sleep
- Not to run down the stairs or walk too much quickly
- Maintain Good Psychological State
- Take care of her health
- Shouldn't have frequent intercourse with her husband
- To sleep on her back if she is very tired

Figure 8 Actual Care Other (Qalubia)



- Leave things to god
- Follow up with a doctor
- Walking a lot
- Don't go the stairs quickly
- Avoid riding cars (transportation)
- Take vitamins
- Working not resting
- Sleep
- Taking medication after consulting the doctor
- Non-frequent sexual intercourse
- Walking slowly

Figure 9 Actual Care (Food and Nutrition)

Type of Food	Responses <i>No of women = 60</i>
Milk	66 7
Eat well	41 7
Eggs	26 7
Meat	10 0
Juices	10 0
Vegetables	10 0
Fruits	10 0
Fish	6 6
Calcium iron (vitamins)	6 6
Warm liquids	6 6
Liver	5 0
Cottage cheese	3 3

Percentage of women by type of Food mentioned as a way to take care of their health during pregnancy

Figure 10 Normative Care (Food and Nutrition)

Type of Food	Responses <i>No of women = 77</i>
Milk	45 5
Eggs	35 0
To eat well	32 5
Meat	23 4
Nutritious food full of vitamins	19 5
Vegetables	15 6
Fruits	13 0
Proteins	10 0
Chicken	10 0
Fish	7 8
Avoid pickles and fatty food	6 5
Salad	5 2
Take care of her nutrition	5 2
Juices	5 2
Any food in front of her	3 9
Liver	2 6
Honey	2 6
Dairy products	2 6
Sweets	2 6
Not to eat things against her appetite	2 6

Percentage of women by the type of Food they recommended for other women to eat during pregnancy

Sources of Information

A key interest in the development of Public Health programs for pregnant women and their neonates is the way in which information is transferred from one person to another. In the case of this study the two main questions we wanted to answer were *Where did a woman get the information that she has?* and *What types of information are they receiving from these sources?* The following table illustrates the types of people that women mentioned learning something from because they had told her.

Figure 11

Source of Information <i>(Based on relationship to respondent)</i>	Minia N=114	Qaliubia N=69	Total N=183
Herself	42.1	68.1	52.9
Mother-in-Law	29.8	29.0	29.5
Mother	19.3	8.7	15.3
Sister-in-Law	16.7	11.6	14.8
Husband	16.7	8.7	13.7
Other Relatives	13.2	10.1	12.0
Neighbor	10.5	17.4	13.1
Biomedical Practitioners (Nurses/Physicians)			33.9
Traditional Practitioners (Davas Tunargis)			1.09
Media			4.4
Other Non-Relatives	21.9	17.4	20.2

Percentage of women by Governorate who said that they knew something because one of the above relations had told them

The majority of women when asked how they knew something generally attributed it to their own previous experience. What then becomes interesting is the significance of the mother-in-law in providing information. This is primarily due to the traditional living arrangement of Egyptians. After a woman marries she leaves her paternal home to join the family of her husband making the mother-in-law and frequently her sisters-in-law her sources of information. Also noteworthy is the substantial difference between the reliance of pregnant women on their own mothers in Minia versus Qaliubia. Because Qaliubia is a more urban governorate women are more likely to live further away from their mothers than they are in Minia which tends to be more traditional.

So *what are mothers and mothers-in-law telling their daughters and daughters-in-law?* In general the types of information that mothers provide are related to the symptoms. They generally express that all pregnant women get the symptoms and must endure the symptoms that they have (39.3%). Mothers also recommend certain home remedies for their daughters (21.4%). At the same time 21.4% of the women who mentioned their mothers as a source of information responded that she recommended seeing a physician. Another type of information included providing explanations for certain symptoms. For example several women reported that the mother told her that stomach problems were caused by the child's hair.

Mothers-in-law tend to be a little bit different than mothers in terms of the types of information they provide. 29.6% of women who responded that they knew

something from their mothers-in-law reported that she was told that her symptoms were a normal part of pregnancy. 46.3% of the same group of women reported that she knew a specific home treatment because her mother-in-law recommended it while 16.7% recommended that the woman go see a physician. Note the variations.

Because a significant amount of emphasis has been placed in program design on including traditional practitioners in Information, Education and Communications programs it is important to note that only 1.09% of women in the entire sample spontaneously mentioned knowing something because a traditional practitioner told her. The following example tells a very clear story about the role of TBAs in the life of a pregnant woman. This TBA was called upon to provide delivery services. Besides this her involvement with pregnant women is limited.

My mother in law thought that I was starting labor so the midwife came but she told me to go to the Doctor and he gave me medicine and suppositories and I took them and was cured at once.

ID#1 27 1 03 01 02 Minia Age 22

Another area of interest to developing communications campaigns is the appearance of media as a means for gaining information. In the sample 4.4% of the respondents spontaneously mentioned knowing about something because they had seen something about it on television (75%), heard it on the radio (12.5%) or heard an announcement about it over a loud speaker (12.5%). The information that they received was either regarding tetanus immunization or the effects of medication on pregnancy.

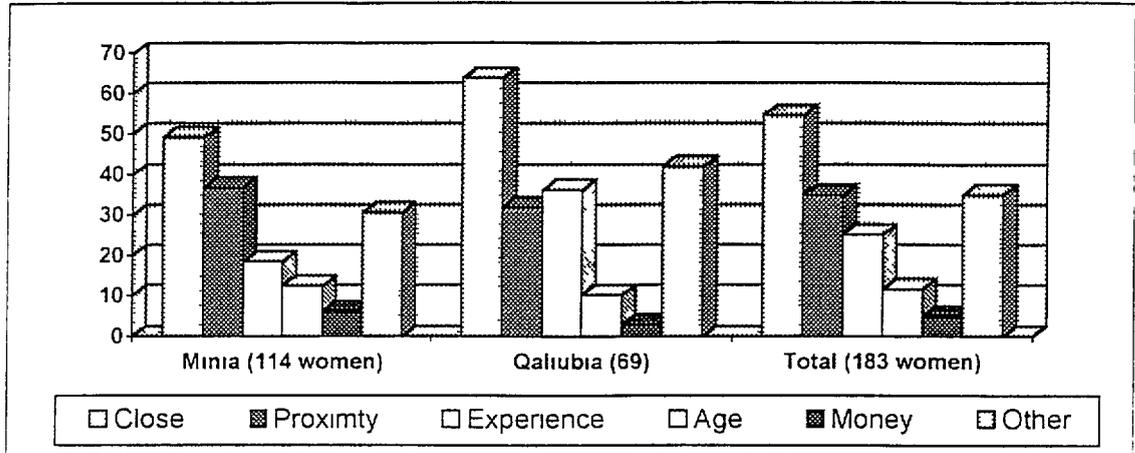
As for the headache pregnant women are not supposed to take any medicines unless the doctor prescribes them because they may cause deformities. (How did you know?) From the television.

ID#23922401 04 Qalubia Age 23

Characteristics of Sources of Information

Now that we have an idea about with whom women are talking and what women are learning from various sources of information we should look at why a woman chooses to talk to these people in particular *What are the characteristics of these Sources of Information?*

Figure 12



Percentages of women by governorate who express that they talk to certain people because they have the specified characteristics

With my mother in law but only when she is at our house (Why her specifically?) Isn't she the only one at home with me and no one else?
[CHARACTERISTICS PROXIMITY]

ID#2 24 1 14 01 02 Qaliubia Age 32

(Why did you choose to talk with your mother in law and what did you talk about?) That's normal and there is no reason it's just that these are the people who live with me [CHARACTERISTICS PROXIMITY]

ID#1 3 1 27 01 02 Minia Age 30

Because if I told him that I'm sick he might hit me and say to me that I'm pretending not to do anything in the house so I don't tell him until he sees that I'm sick Thank God I can move and do anything

ID#1 38 13 01 19 Minia Age 24

(Why your mother in particular?) She is the only one whom I trust to keep my secrets [CHARACTERISTICS CLOSE] (What else?) She is an old woman and she knows all the symptoms that happen during pregnancy [CHARACTERISTICS AGE] [CHARACTERISTICS EXPERIENCE]

ID#1 32 2 04 01 02 Minia Age 27

(Why did you talk to your sister?) Because she is my sister and my friend [CHARACTERISTICS CLOSE] She is like my mother [CHARACTERISTICS OTHER] She is older than me so she knows more than I do [CHARACTERISTICS AGE] Also she gave birth before so she knows these things [CHARACTERISTICS EXPERIENCE]

ID#1 321 02 01 99 Minia Age 24

Unwanted Pregnancy

During data collection it became fairly apparent that there is a degree of "Unmet Need" in terms of family planning in Egypt. We did not set out to estimate its prevalence but we were able to get an idea about the underlying reasons and methods that women use to attempt aborting the fetus without success. We did have 4.4% of our sample (8 women) blatantly state that they did not want to be pregnant. The reasons for these unwanted pregnancies are primarily due to the feeling that she the respondent has too many children. Other reasons include that the pregnancy was unexpected, she has no energy for babies, or that the woman feels too old for children. In terms of methods, women reported seeking out abortions with physicians who refused for religious purposes, taking injections, carrying heavy loads, and having either their husbands or children hit her in her stomach and back. The following are two examples of women's responses to the question about preventative care:

Generally what are all things that you do to take care of yourself (since you have been pregnant)?

I did nothing! I did all my efforts to have an abortion so I carried heavy loads. I went up the stairs many times and jumped over it, and my husband was hitting my stomach and my back but God wanted it so I didn't do anything after that. [ACTUAL CARE NOTHING UNWANTED PREGNANCY]

ID#1 25 1 23 01 02 Minia Age 36

I didn't do anything. [ACTUAL CARE NOTHING] I wanted to have an abortion because I don't want any babies any more. [ACTUAL CARE NOTHING UNWANTED PREGNANCY] (Why?) I feel restless and I have no power to raise babies any more. (What did you do to be aborted?) I let the children ride on top of me and sit on my abdomen. I fell down the stairs. I carried heavy things. But that is God's will. He wants the baby to be born.

ID#1 18 2 02 01 02 Minia Age 45

Conclusions and Recommendations

In reviewing the data, it is the general feeling of the research team that two key points of intervention in the area of neonatal health are tetanus immunization and the improvement of nutrition during pregnancy. Because a significant number of women are receiving tetanus immunizations during pregnancy, it is paramount to ensure that the quality of care they receive is beneficial for their health as well as that of the child. Rural women have a great number of responsibilities and so their time is

limited. Health centers should take that into consideration by insuring the availability of the tetanus vaccination. In terms of nutrition, one might consider initiating a television campaign about healthy eating and vitamin supplementation that involved dialogs between women and the female members of her marital home, who tend to be her major sources of information. Egyptian women maintain a healthy consumption of milk products. This should be reinforced, while an effort should be made to encourage the use of supplements. Consequently, supplements should be made more appealing to women, considering that there seems to be a low compliance rate.

APPENDIX A

<p>Semi-Structured Interview for the 9-Month and 1-Week Event History Matrices</p>
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1-What exactly have you done in (the place name) to treat (the symptom name)? The question will ask about what had been done outside the home

1A- Why did you choose (the place name) to treat (the symptom name)?

2- You did (what was done) to treat (the disease name) Why did you choose to do that?

3- What are the reasons that made you wait (Days) before seeking treatment?

4- Why didn't you do anything at all to treat (the symptom name)?

5- You took a treatment for (the symptom name) When exactly did you start and why did you stop?

6-Generally, what are all things that you do to take care of yourself (since you have been pregnant)?

7- Generally, what is the most important thing any woman can do to take care of her health (while she pregnant)?

1-Why did you do what you have done about (the symptom name)?

2-What was the result of everything you did? Like

3-Why didn't you do anything about (the symptom name)?

4-When do think you can endure this symptom or other symptoms and when can't you endure them?

5-Did you talk to (person name) about (the symptom name or the treatment name)? What exactly did you talk about? Talk to me about (the person's name) For example why did you choose to talk to (person name) about (the symptom's name and the treatment's name)?

6-Who else do you think you could talk with about (the symptom name or the treatment name) other than (the people named in Q 5) and why specifically those people?

7-Who are the people that you don't want to talk with about (the symptom name or the treatment name)? And why specifically those people?

8-Why did (the person name) decide that you receive treatment outside the home? And why did (the person name) decide that you receive treatment inside the home? For example what is the difference between your treatment inside and outside the home?

9-What are the circumstances that make you seek treatment outside the home? Probe for example what are the symptoms that you would treat outside the home?

10- What are the circumstances that make you treat yourself inside the home? For example circumstances related to your sickness or the state of the family?

APPENDIX B

Maternal and Neonatal Codebooks

MATERNAL CODEBOOK

CODE	EXTENDED VERSION	USES	EXAMPLES
TT_EX	Tetanus Toxoid with an exam	When the respondent mentions receiving TT immunization and having two of the following things done weighed, blood pressure urine analysis or gynecological exam	<i>We went there [health center] and took the shot They weighed us made urine analysis He examined my abdomen and the heart He measured my blood pressure and my weight He took a blood sample from me to analyze</i>
TT_ON	Tetanus Toxoid with Injection Only	When the respondent mentions that nothing happened at the health center besides the injection	<i>he gave me this injection and that s all</i>
TT_RE	Reasons for getting Tetanus Immunization	When the respondent mentions a cause for getting the immunization	<i>In my previous pregnancy I didn t took the shot so I had labored the girls had pimples on her body and people said that was because I haven t had the Tetanus immunization so this time I decided to take it because I was afraid and in that case the child will be born healthy</i>
TT_NO	Tetanus Toxoid Not Received	When the respondent mentions going to a health facility to get the immunization but not receiving the injection	
TT_OT	Tetanus Toxoid Other	When the respondent mentions something related to getting the tetanus immunization for which there is no code	<i>I took the injection then they gave me a card to follow the pregnancy</i>

SI_PR_BM	Source of Information Practitioner Biomedical	When the respondent mentions knowing something or doing something based on what was said by a biomedical practitioner, such as a physician, a nurse, a pharmacist	<i>[I drank milk for the pain in my bones] because the doctor prescribed it and said that I should take it because I was sick</i>
SI_PR_TR	Source of Information Practitioner Traditional	When the respondent mentions knowing something or doing something based on what was said by a traditional practitioner such as a daya a tamargi, an attar (herbalist)	<i>I thought I was going in labor so the midwife (daya) came but she told me to go to the doctor</i>
SI_ME	Source of Information Media	When the respondent mentions knowing something or doing something based on information from an external source That includes media loud speakers the mosque and church	<i>They called out with a mike that each pregnant woman should come for vaccination</i>
SI_FA_MO	Source of Information Family Mother	When the woman mentions knowing or doing something because her mother told her something	<i>She (mother) told me that this is the load of the baby</i>
SI_FA_SL	Source of Information Family Sister-in-Law	When the woman mentions knowing or doing something because her sister-in-law told her something	<i>When my sister-in-law noticed that I am very tired and I have fever she said to me you have to go to Dr Fat hi s clinic because he is good</i>
SI_FA_ML	Source of Information Family Mother-in-Law	When the woman mentions knowing or doing something because her mother-in-law told her something	<i>My mother-in-law told me to go to the unit cut a paper (ticket) maybe they can give you something to make you feel better</i>
SI_FA_HS	Source of Information Family Husband	When the woman mentions knowing or doing something because her husband told her something	<i>When I told my husband about the headache he always encourage me to take novaljeen</i>

SI_FA_OT	Source of Information Family Other	When the woman mentions knowing or doing something because a family member for whom there is no code told her something	<i>Who told you? My aunt and my uncle</i>
SI_NE	Source of Information Neighbor	When the woman mentions knowing or doing something because her neighbor told her something	<i>[about discharges] I thought to tell my neighbor She told me that this is the child's {kolfa} environment so do not be afraid</i>
SI_WO	Source of Information Woman	When the woman mentions knowing or doing something because she knows something from before	<i>I know this by myself</i>
SI_OT	Source of Information Other	When the woman mentions knowing or doing something because someone for whom there is no code established told her	
CH_PR	Characteristics Proximity	When the woman mentions talking with someone because that is who is around to talk with	<i>Because they are living with me in the house</i>
CH_MO	Characteristics Money	When the woman mentions talking with someone in particular because she needs money to seek the type of care she wants	<i>because they can to buy the medicine</i>
CH_EX	Characteristics Experience	When the respondent mentions talking with someone because they are experienced in childbearing	<i>She has delivered and so has experience</i>

CH_AG	Characteristics Age	When the respondent mentions talking with someone because they are older than she is	<i>My mother-in-law is an old lady everything she says to me to do I listen to her</i>
CH_CL	Characteristics Close	When the respondent mentions talking with someone because she is close to that person	<i>Because they are very close to me She keeps all of my secrets and never tells them</i>
CH_OT	Characteristics Other	When the respondent mentions talking with someone for a reason for which there is no code	<i>They are closer to me than my husband</i>
DT_GA	Delay in Out of Home Treatment Go Away	When the respondent mentions that she waited to treat because she thought that what she had would go away or was normal	<i>I didn't expect that it would endure with me Because I expected it would stop so that's why I have waited</i>
DT_MO	Delay in Out of Home Treatment Money	When the respondent mentions lack of money as a reason for waiting to seek care outside the home	<i>The poor conditions of the family, the lack of money</i>
DT_OT	Delay in Out of Home Treatment Other	When the respondent mentions something for which there is no code as a reason for waiting to seek care outside the home	<i>Because I wanted to make sure if I was pregnant or not first and I was waiting for my period to come</i>
NA_UP	No Action Outside the Home Unwanted Pregnancy	When the respondent mentions not doing something outside the home because she did not want the pregnancy	<i>I wanted the pregnancy to fail</i>
NA_FA	No Action outside the home Family	When the respondent mentions that she was forbidden from going or feared to bring up the issue of going to the doctor or any place outside the home with any member of the family	<i>When I say that I will go to the doctor my husband refuse and my mother-in-law tells me that all of the pregnant women are like that I don't want to make him worry</i>

NA_RF_WO	No Action outside the home Refusal of woman to seek care or follow biomedical treatment for any reason other than fear of medication	When the respondent mentions refusing to do something outside the home or prescribed by someone outside the home for any reason other than fear of medication	<i>I am shy</i>
NA_FM	No Action outside the home Fear of Medicine	When the woman mentions not doing something outside the home because she is afraid of medication	<i>I am afraid to take medication</i>
NA_GA	No Action Outside the home Go Away	When the respondent mentions that she did not do anything for a symptom because she thought it would go away	<i>It means that the dizziness will go when I will be in the 4th and 5th month of pregnancy and I will be all right</i>
NA_NO	No Action Outside the Home Normal	When the respondent mentions not doing something outside the home for a symptom because it normal	<i>It is a normal phenomenon for a pregnant woman</i>
NA_EX	No Action Outside the Home Experience	When the respondent mentions not doing something outside the home for a symptom because she has experienced it before	<i>I used to feel pain in my side in all my previous pregnancies</i> <i>I am used to having</i>
NA_EN	No Action Outside the Home Enduring	When the respondent mentions not doing something outside the home because she is enduring	<i>She (pregnant woman) can endure them</i> <i>I am bearing the pain</i>
NA_ML	No Action Outside the Home Mild	When the respondent mentions not doing anything outside the home because the symptom is mild	<i>They are mild</i> <i>It was light</i>

NA_NT	No Action Outside the Home No Treatment	When the respondent mentions that she did not do anything outside the home because there is nothing which can be done for the symptom	<i>What can I do?</i>
NA_DK	No Action Outside the Home Don t Know	When the respondent mentions that she did nothing outside the home for a symptom because she did not know what to do for the symptom	<i>I don t know what to do</i>
NA_TI	No Action Outside the Home Time	When the respondent mentions not doing something outside the home for a Symptom because she had no time or was busy	<i>I have a lot of work</i>
NA_RE	No Action Outside the home Religion	When the respondent mentions not doing anything outside the home for a symptom because she is leaving it to God or for other reasons having to do with religious beliefs	<i>I leave it to God</i> <i>We are fasting Ramadan</i>
NA_MO	No Action Outside the Home Lack of Money	When the respondent mentions money as a reason for not doing something	<i>Because there is no money for the investigation and the treatment because we are building now</i>
NA_OT	No Action Outside the Home Other	When the respondent mentions not doing anything for a reason for which no code exists	<i>My daughter was sick by her heart in the hospital I wasn t free to do anything</i>
HT_ST	Home Treatment Stomach Problems	When the respondent describes a home remedy for a stomach problem	<i>when the pain increased[in my stomach] I boiled some menthe (mint) and drank it</i> <i>Coca-Cola is good for the burning and it relaxes the stomach</i>

HT_HA	Home Treatment Headache	When the respondent describes a home remedy for a severe headache	<i>I thought immediately that I have to take anything because the headache was severe I drank heavy tea for the headache but till now it comes and goes</i> <i>I took Revo for the headache</i>
HT_OT	Home Treatment Other Symptoms	When the respondent describes a home remedy for symptoms for which there is no code established	<i>I thought to make lemon juice to lessen the dizziness</i>
HT_MO	Home Treatment lack of Money	When the respondent mentions money as a reason for doing a Home Treatment	<i>The circumstances that may make me search a treatment inside home are to have no money to go and be examined in the health center or at the physician s clinic because all of these things need money</i>
OT_EX	Out of Home Treatment Experience	When the respondent mentions going to a certain place for treatment outside the home because she has gone there before-or has had experience with the provider in the past	<i>because I am used to him Every time I feel sick I go to him</i>
OT_PT	Out of home Treatment Personality Traits	When the respondent mentions going to a particular provider because of his/her personality traits	<i>He is clever</i>
OT_RC	Out of home Treatment Recommendation	When the respondent mentions going to a place because someone recommended that she go there	<i>My neighbor went to him to be examined They said that he is a good doctor and his treatment is good</i>

OT_OT	Out of home Treatment Other	When the respondent mentions going to a place for a reason for which there is no code	<i>Because he can examine and give treatment</i>
ST_MO	Stopped Treatment Lack of Money	When the respondent mentions stopping treatment because she does not have money to continue	<i>My daughter is more important because she is sick by her heart and needs this money</i>
ST_WA	Stopped Treatment Went Away	When the respondent mentions stopping treatment because the symptom went away	<i>Because the pain in my side went</i>
ST_OT	Stopped Treatment Other	When the respondent mentions stopping treatment for some reason not having to do with money	
NC_RE	Normative Care Rest	When the respondent mentions rest as something which should be done in order for a pregnant woman to remain healthy	<i>To get some rest</i>
NC_RW	Normative Care Reduce Workload	When the respondent mentions reducing her workload as something that should be done for a pregnant woman to be healthy	<i>She shouldn't work too much in the housework</i>
NC_NL	Normative Care No Lifting	When the respondent mentions not lifting heavy things as something which should be done in order for a pregnant woman to remain healthy	<i>never carry heavy things</i>
NC_FO	Normative Care Food/Nutrition	When the respondent mentions eating certain foods as something which should be done in order for a pregnant woman to remain healthy	<i>and finally eat well</i>

NC_TT	Normative Care Tetanus Toxoid	When the respondent mentions getting the tetanus immunization as something which should be done in order for a pregnant woman to remain healthy or to protect her child	<i>My opinion is she goes for vaccination</i>
NC_ST	Normative Care Seek Treatment	When the respondent mentions seeking treatment outside the home as what a pregnant woman should do to remain healthy	<i>If she feels any pain she should go to the doctor</i>
NC_DO	Normative Care Follow Doctor's Orders	When the respondent mentions following the doctor's advice as what a pregnant woman should do to maintain health	
NC_NO	Normative Care Nothing	When the respondent mentions nothing as what a pregnant woman should do to remain healthy	
NC_OT	Normative Care Other	When the respondent mentions something for which there is no code which should be done in order for a pregnant woman to remain healthy	<i>She shouldn't ride the cars a lot</i>
AC_RE	Actual Care Rest	When the respondent mentions rest as something which she does in order to remain healthy	<i>I relax if I am tired</i>
AC_RW	Actual Care Reduce Workload	When the respondent mentions reducing her workload as something which she does in order to remain healthy during pregnancy	<i>Reduce doing housework</i>

AC_NL	Actual Care No Lifting	When the respondent mentions not lifting heavy things as something which she does in order to remain healthy during pregnancy	<i>I don't carry heavy things like before</i>
AC_FO	Actual Care Food/Nutrition	When the respondent mentions eating certain foods as something which she does in order to remain healthy during pregnancy	<i>I follow what the doctor tells me about what to eat and not to eat</i>
AC_TT	Actual Care Tetanus Toxoid	When the respondent mentions getting the tetanus immunization as something which she does in order to remain healthy during pregnancy or to protect her child	<i>I went and took the Tetanus vaccination at the unit</i>
AC_ST	Actual Care Seek Treatment	When the respondent mentions seeking treatment outside the home as what she does to remain healthy during pregnancy	<i>When I have pain I go to the doctor</i>
AC_DO	Actual Care Follow Doctor's Orders	When the respondent mentions following the doctor's treatment as something that she does to remain healthy during pregnancy	<i>I used to take the medications do everything that the doctor told me to do He used to prescribe the medications and I would take them</i>
AC_NO	Actual Care Nothing	When the respondent mentions doing nothing to remain healthy during her pregnancy for any reason other than an unwanted pregnancy	<i>Nothing I am what I am before and during the pregnancy I eat the same The work at the house is the same</i>

AC_NO_UP	Actual Care Nothing Unwanted Pregnancy	When the respondent mentions doing nothing to remain healthy during her pregnancy because it is an unwanted pregnancy	<i>I did nothing¹¹ I did all my efforts to have an abortion so I carried heavy loads I went up the stairs many times and jumped over it and my husband was hitting my back but God wanted it so I didn't do anything after that</i>
AC_OT	Actual Care Other	When the respondent mentions something for which there is no code as something, which she does in order to remain healthy during pregnancy	<i>walk as much as I can in order to facilitate the delivery</i>
RC_PP	Routine Care outside home due to problems in Previous Pregnancies	When the respondent mentions doing certain things for her health during pregnancy because she has had problems in previous pregnancies	
QC_DP	Quality of Care Discussions with Patient	When the respondent mentions the details of a conversation with a health care provider or advice given to her by the physician	<i>I told him about the discharges that I have He told me that this is normal and I should not worry about it</i>
QC_EX	Quality of Care Full Examination	When the respondent mentions having three of the following things done weighed blood pressure urine analysis blood analysis sonar or gynecological exam at the health care provider if she saw a physician (whether public or private)	<i>He measured my blood pressure He examined me with the sonar He measured my weight and temperature</i>

QC_PE	Quality of Care Partial Examination	When the respondent mentions having none one or two of the following things done weighed blood pressure, urine analysis blood analysis sonar or gynecological exam at the health care provider if she saw a physician (whether public or private)	
QC_PM	Quality of Care Prescribes Medication	When the respondent mentions that the health care provider prescribed medication	<i>He prescribed medication for me</i>
QC_WT_LO	Quality of Care Waiting Time Long	When the respondent mentions waiting for an hour or more to receive health services	<i>[How long did you wait?] Around one hour</i>
QC_WT_SH	Quality of Care Waiting Time Short	When the respondent mentions waiting for any period of time less than one hour	<i>I stayed from 8 30 until 9 15 [waiting for the doctor]</i>
QC_OT	Quality of Care Other	When the respondent mentions something for which there is no code but is related to the care she receives at a health service provider	<i>They refused to give me anything (in terms of medication) They said that I am pregnant and that it (the pain) will go because you are pregnant</i>
GF_PO	Government Health Facility Positive	When the respondent speaks of the health clinic or government hospital as a place that she would go to willingly	<i>(What are the places that you would go to?) The health center</i>
GF_NE	Government Health Facility Negative	When the respondent complains or expresses dissatisfaction with the health clinic or government hospital	

GF_OT	Government Health Facility Other	When the respondent mentions something about the health center for which there is no code	
PD_PO	Private Doctor Positive	When the woman mentions that she would rather go to a private doctor for treatment	<i>I would go to a private doctor</i>
SP_ST	Severe Pain Seek Treatment	When the respondent mentions severe or any type of pain as a reason to seek treatment	<i>Only if the illness is severe and I am suffering a lot</i>
UP	Unwanted Pregnancy	When the respondent spontaneously mentions not wanting her pregnancy in a context other than as a reason for inaction or doing nothing to care for herself during pregnancy	<i>I did not want this pregnancy</i>
OT_IN	Other Interesting Information	When the respondent mentions anything which may be of interest to the project for which there is no code	

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CODE	EXTENDED VERSION	USES	EXAMPLES
SI_PR_BM	Source of Information Practitioner Biomedical	When the respondent mentions knowing something or doing something based on what was said by a biomedical practitioner such as a physician a nurse a pharmacist	<i>Also the doctor encouraged me to give her milk all the time and it will cure any illness</i>
SI_PR_TR	Source of Information Practitioner Traditional	When the respondent mentions knowing something or doing something based on what was said by a traditional practitioner such as a daya a tamargi an atar (herbalist)	<i>She advised me to put powder on his umbilicus and she gave it to me</i> <i>The daya gave me a red medication powder and alcohol</i>
SI_ME	Source of Information Media	When the respondent mentions knowing something or doing something based on information from an external source That includes media loud speakers the mosque church	
SI_FA_MO	Source of Information Family Mother	When the woman mentions knowing or doing something because her mother told her something	<i>(Who told you about the herbs?) My mother and sister s told me</i>
SI_FA_SL	Source of Information Family Sister-in-Law	When the woman mentions knowing or doing something because her sister-in-law told her something	<i>told me that she (the neonate) was breast-fed more than what she needed so she vomited that excess milk</i>
SI_FA_ML	Source of Information Family Mother-in-Law	When the woman mentions knowing or doing something because her mother-in-law told her something	<i>She told me that it was a normal symptom and that it should happen so I did not do anything</i>

SI_FA_HS	Source of Information Family Husband	When the woman mentions knowing or doing something because her husband told her something	<i>My husband said we should take him to the doctor</i>
SI_FA_OT	Source of Information Family Other	When the woman mentions knowing or doing something because a family member, for whom there is no code, told her something	<i>[My aunt] told me to squeeze milk out of my breast in the child's eye but if it did not become better then I should buy ointment for her</i>
SI_NE	Source of Information Neighbor	When the woman mentions knowing or doing something because her neighbor told her something	<i>She encouraged me to boil Sheeh (wormwood) or mint for him to help him recover</i>
SI_WO	Source of Information Woman	When the woman mentions knowing or doing something because she knows something from before	<i>I know this by myself I said he might have a stomachache</i>
SI_OT	Source of Information Other	When the woman mentions knowing or doing something because someone for whom there is no code established told her	<i>They said we should get medicine for the stomachache</i>
* PC_SY	Perceived Cause for a symptom	When someone mentions their opinion on what caused a certain symptom	<i>The window was broken during your delivery the baby must have caught the flu I thought she was hungry</i>
DS_MF	Content of Mother/Father Discussions	When there is a description of a conversation between the child's mother and father	<i>When his father came home I told him that the child had a stomachache and asked him to buy medication for him from the pharmacy</i>
* DS_MO	Content of Discussions between Mother and her Mother	When there is a description of a conversation between the child's mother and her mother	<i>I told me mother and she replied that the slow breathing could have been caused by the cold and she asked me to warm him up</i>

* DS_ML	Content of Mother/Mother in law Discussions	When there is a description of a conversation between the child's mother and her mother in law	<i>I told my mother in law and she said that he is good</i>
* DS_SL	Content of Mother/sister in law Discussions	When there is a description of a conversation between the child's mother and her sister in law	<i>I told me sister in law and she replied that he might have caught a cold</i>
* DS_NE	Content of Mother/ Neighbor Discussions	When there is a description of a conversation between the child's mother and her neighbor	<i>I told my neighbor that the child had a stomachache and she said that it would be better if I bought stomachache medicine</i>
DS_OT	Content of Discussions between the Mother and Someone other than the Child s Father	When there is a description of a conversation between people other than the child s parents	<i>I told me sister and she encouraged me to boil cumin for him</i> <i>I told my uncle s wife that his eye was hurting him and she told me to apply kohl</i>
CH_PR	Characteristics Proximity	When the woman mentions talking with someone because that is who is around to talk with	<i>Because we stay together at home so I tell her everything</i>
CH_MO	Characteristics Money	When the woman mentions talking with someone in particular because she needs money to seek the type of care she wants	<i>It is he who pays the money</i>
CH_EX	Characteristics Experience	When the respondent mentions talking with someone because they are experienced in childbearing	<i>Because she breast-feeds more than me and she has experiences in these things</i>
CH_AG	Characteristics Age	When the respondent mentions talking with someone because they are older than she is	<i>Because she is older than me</i>

CH_CL	Characteristics Close	When the respondent mentions talking with someone because she is close to that person or trusts that person	<i>Because they are family</i> <i>Because we are friends</i> <i>Because she is dear to my heart</i>
CH_OT	Characteristics Other	When the respondent mentions talking with someone for a reason for which there is no code	<i>He is the father of the child and I have to tell him about everything</i> <i>I m under his responsibility</i>
* ST_TR	Stopped Treatment	When the woman mentions stopping a treatment (whether inside or outside the home) for any reason	<i>I did not want to give her again because she might get used to consuming these liquids</i>
NA_FA	No Action taken outside the Home Refusal of Husband or His Family	When the respondent mentions that she was forbidden from going or feared to bring up the issue of going to the doctor or any place outside the home by or with any member of the family	
NA_RF_WO	No Action Outside the Home Refusal of woman to seek outside care for her neonate or follow biomedical treatment for any reason other than fear of treatment	When the respondent mentions refusing to do something outside the home or prescribed by someone outside the home for her neonate for any reason other than fear of treatment	<i>When the boy has a cold she told me to boil for him some cumin but I did not do anything because I didn t want him to get used to it</i>
NA_FT	No Action Outside the Home Fears Treatment	When the woman mentions not doing something outside the home for her child because she is afraid for her child (she might say that the child is too weak to go outside etc)	<i>I do not want to take her to the doctor and h give her medication because she it still too young</i>

NA_GA	No Action Outside the Home Go Away	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she thought it would go away	<i>I thought he would get well on his own</i> <i>I would not take her anywhere because it will go away by itself</i>
NA_NO	No Action Outside the Home Normal	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she considers it to be normal	<i>I thought that it was a normal thing and it does not deserve attention</i>
NA_ML	No Action Outside the Home Mild	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she considers it to be a mild symptom	<i>The vomiting was mild so I did not do anything</i>
NA_NT	No Action Outside the Home No Treatment	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because there is nothing that can be done for the symptom	<i>What can I do?</i> <i>There is no treatment for the cough</i>
NA_DK	No Action Outside the Home Don t Know	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she did not know what to do for the symptom	<i>I don t know what they do in such cases</i>
NA_TI	No Action Outside the Home Time	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she was too busy or had no time	

NA_RE	No Action Outside the Home Religion	When the respondent mentions that she did not do anything to treat her child outside the home for a symptom because she is leaving it to God or for other reasons having to do with religious beliefs	<i>*God will help him</i> <i>* I did not do anything because I leave it to God</i>
NA_MO	No Action Outside the Home Lack of Money	When the respondent mentions money as a reason for not doing something	<i>But I do not have money to take her to the doctor What can I do?</i>
NA_EX	No Action Outside the Home Experience	When the respondent mentions not doing anything because she has had experience with these symptoms on other children	<i>I experienced these things with the older children</i>
NA_OT	No Action Outside the Home Other	When the respondent mentions not doing anything for a reason for which no code exists	<i>Nothing because it happens once per day It wasn't on a continuous basis</i>
HT_KT	Home Treatment Known Treatment	When the respondent mentions using a home treatment because she knows this treatment works from previous experience	<i>When I know the treatment I treat at home</i>
HT_MS	Home Treatment Mild Symptom	When the respondent mentions using a home treatment because the symptom is mild	<i>When it is a mild symptom like a mild fever that does not require that I take him to the doctor I can treat him at home</i>
HT_IN	Home Treatment Infusions	When the respondent describes treating her child using warm infusions such as mint sheeh (wormwood), caraway seeds etc	<i>I can boil Sheeh (wormwood) for him if he has a mild stomachache</i>

HT_BM	Home Treatment Biomedical	When the respondent describes giving her child a biomedical treatment inside the home (this includes cough medicine, aspirin, and other medications purchased at the pharmacy)	<i>I gave him Revo I bought ORS packets from the pharmacy I was giving her half a packet every day</i>
HT_OT	Home Treatment Other	When the respondent describes a home remedy for which there is no code established (a home remedy that is neither an infusion nor biomedical)	<i>My aunt inserted the small soap in her After that immediately she urinated made a stool and slept until the morning</i>
HT_MO	Home Treatment lack of Money	When the respondent mentions money as a reason for doing a Home Treatment	<i>When there is no money I will try to do anything at home to help her recover</i>
SY_EN	Symptoms that the Child can Endure	When the respondent mentions symptoms that her child can endure without outside treatment	<i>A child can endure a stomachache</i>
SY_NO	Symptoms that the Child can Endure Nothing	When the respondent mentions that there are no symptoms that the child can endure	<i>There is no child that can endure anything</i>
SY_UN	Symptoms that the Child Cannot Endure	When the respondent mentions symptoms for which she would seek treatment outside the home	<i>The fever is dangerous so we should take him to the doctor to examine him</i>
QC_DP	Quality of Care Discussions with Patient or when the practitioner provides an advice for the family	When the respondent mentions the details of a conversation with a health care provider or advice given by the physician	<i>*He asked me about my complaint and I told him the child was feverish and had diarrhea since the morning * The doctor encouraged me to give her water with starch and tea with lemon</i>

QC_EX	Quality of Care Examination	When the respondent mentions having any of the following things done for her child weighed, stethoscope used, temperature measured, bilirubin, or any other type of exam at the health care provider if she took her child to a physician (whether public or private)	<i>He measured his temperature and examined his chest and abdomen with the stethoscope</i>
QC_PM	Quality of Care Prescribes Medication	When the respondent mentions that the health care provider prescribed medication for her child	<i>He prescribed for the child two kinds of tablets one for diarrhea and the other for fever</i>
QC_WT_LO	Quality of Care Waiting Time Long	When the respondent mentions waiting for an hour or more to receive health services	<i>About one hour</i>
QC_WT_SH	Quality of Care Waiting Time Short	When the respondent mentions waiting for any period of time less than one hour	<i>About half an hour</i>
QC_OT	Quality of Care Other	When the respondent mentions something for which there is no code but is related to the care she receives at a health service provider	<i>I took her to the health center and I did not find the doctor</i>
SP_ST	Severe Pain Seek Treatment	When the respondent mentions that she will seek outside home treatment if the child is very sick	<i>She had severe pain so I took her to the doctor</i>
GF_PO	Government Health Facility Positive	When the respondent speaks of the health clinic or government hospital as a place that she would go to willingly	<i>*Beautiful I swear *They are helpful there and examine the child perfectly</i>

GF_NE	Government Health Facility Negative	When the respondent complains or expresses dissatisfaction with the health clinic or government hospital	<i>(At the Health Center) The doctors are for free so they do not help They give two tablets and that's all They are useless</i>
GF_OT	Government Health Facility Other	When the respondent mentions something about the health center for which there is no code	<i>*When the symptom is mild and does not deserve I will take him to the health center * A nurse from the health center came to register the girl in the records</i>
GF_VC	Government Health Facility Vaccination only	When the respondent mentions that she seeks the governmental facilities for vaccination only	<i>I never go to the health center except for giving my child the vaccination</i>
PD_GF	Private Exam at Government Health Facility	When the respondent mentions receiving a private exam at the health center or paying extra money for health center services	<i>Yes We paid for a private exam and the doctor is in the health center</i>
PD_PO	Private Doctor Positive	When the woman mentions that she would rather go to a private doctor for treatment	<i>When we go to a doctor and pay money for the examination he prescribes medication and we can buy it on our own</i>
OT_IN	Other interesting information	When the respondent mentions anything that is interesting and has no code	