

PD KA1839

UNITED STATES AID MISSION TO ECUADOR
INTERNATIONAL DEVELOPMENT COOPERATION AGENCY
AGENCY FOR INTERNATIONAL DEVELOPMENT
QUITO, ECUADOR

Letter Grant Agreement
No. 518-0026-G-00-6162-00

CONFORMED COPY

- ADP
- DDP
- DDP/12
- O/DF
- O/PE
- EXO
- O/COMY 2
- O/DE 2
- GDO
- FHD 2
- U/R
- BDO
- PAR
- TLO
- MG VEA
- DPS
- TIC
- RF
- IEE
- CB
- WASH 10
- RLA
- CO

Doctora
 Betty Proaño
 Directora Ejecutiva
 CEPAR
 Inglaterra 567 y Vancouver
 Ciudad

Estimada doctora Proaño:

Dear Dr. Proaño:

De conformidad con la autorización contenida en el Acta de Cooperación Externa de los Estados Unidos de 1961 y sus enmiendas, la Agencia para el Desarrollo Internacional (referida en este documento como "A.I.D.") por medio de esta Carta Convenio de Fondos No Reembolsables conviene en proporcionar al Centro de Estudios de Población y Paternidad Responsable (referido en este documento como CEPAR), una cantidad que no excederá de Treinta y Dos Mil Trescientos Dólares de los Estados Unidos (US\$32,300) en Fondos No Reembolsables para la realización de la segunda Encuesta Demográfica y de Salud Familiar del Ecuador.

Pursuant to the authority contained in the U.S. Foreign Assistance, Act of 1961, as amended, the Agency for International Development (hereinafter referred to as A.I.D.), through this Letter Grant Agreement, agrees to make available to the Center for Population Studies and Responsible Parenthood (hereinafter referred to as CEPAR) an amount not to exceed Thirty Two Thousand Three Hundred United States Dollars (US\$32,300) in Grant funds for the execution of the Second Ecuadorian Demographic and Family Health Survey.

Las actividades que desarrollará CEPAR se describen en detalle en el Anexo A, "Descripción del Proyecto" adjunto, y constituyen una parte integral de esta Carta Convenio.

The activities that will be carried out by CEPAR are described in detail in Annex A, "Project Description", which is attached herewith and which constitutes an integral part of this Letter Grant Agreement.

Este Convenio y la asignación de Treinta y Dos Mil Trescientos Dólares

This Agreement and the availability of Thirty Two Thousand Three Hundred

INTERNATIONAL MAIL ADDRESS
 U S AID Mission to Ecuador
 c/o American Embassy
 Quito - Ecuador

BEST AVAILABLE COPY
 MAIL ADDRESS
 Agency for International Development
 Washington, D C 20523
 CABLE ADDRESS USAID QUITO
 Phone 521100

de los Estados Unidos (US\$32,300) entrará en vigencia en la fecha en que un representante autorizado por CEPAR firme esta Carta Convenio. Los Fondos No Reembolsables podrán utilizarse únicamente para financiar los objetivos de este Proyecto que se describen en el Anexo A. La fecha de terminación de este Proyecto será el 31 de diciembre de 1987.

El desembolso de fondos para el Proyecto se realizará de acuerdo con el plan financiero descrito en el Anexo B "Presupuesto Estimado".

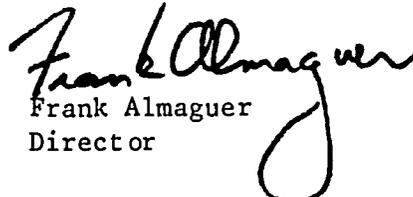
Los Anexos C "Estipulaciones Uniformes" y D "Descripción del Proyecto de Encuesta" se adjuntan y forman parte de esta Carta Convenio.

United States Dollars (US\$32,300) will be effective on the date that CEPAR's authorized representative signs this Letter Agreement. The Grant funds may be used only to finance objectives of the Project as described in Annex A. The Project Assistance Completion Date (PACD) under this Grant will be December 31, 1987.

Disbursement of funds to CEPAR for the project will be made in accordance with the Financial Plan described in Annex B, "Estimated Budget".

Annex C, "Standard Provisions" and D "Description of the Survey Project" are attached herewith and form part of this Letter Grant Agreement.

Atentamente,


Frank Almaguer
Director

Anexos: A. Descripción del Trabajo.
B. Presupuesto
C. Estipulaciones Uniformes
D. Descripción del Proyecto de Encuesta

Aceptado por:


Dra. Betty Proaño
Directora Ejecutiva
Centro de Estudios de Población y
Paternidad Responsable - CEPAR

Fecha: 1-7-87

Datos Contables:
Appropriation: _____
BPC: LDPA-87-25518-KG13
Grant No. 518-0026-G-00-6162-00
Project No. 518-0026.7

BEST AVAILABLE DOCUMENT

ANEXO A

Descripción del Proyecto

1. Propósito del Proyecto

El propósito de esta Carta Convenio de fondos no reembolsables es el de proveer la financiación de las partidas específicas que se detallan en el Anexo B a esta Carta Convenio. Este financiamiento permitirá a CEPAR ejecutar la Segunda Encuesta Demográfica y de Salud a nivel nacional, que se llevará a cabo con el apoyo técnico y financiero del Instituto para el Desarrollo de Recursos (IRD-Westinghouse) y el auspicio del Ministerio de Salud Pública del Ecuador.

IRD proporcionará asistencia técnica bajo el proyecto central "Encuestas sobre salud familiar y demográficas", Proyecto No. 936-3023, Contrato No. DPE-CA-483.

2. Actividades del Proyecto

Los fondos provistos por este Convenio de Fondos no Reembolsables cubrirán los costos de las siguientes actividades:

a. Contratación de personal técnico profesional y administrativo para la dirección de la encuesta.

b. Contratación del personal técnico necesario para la actualización de la muestra y provisión de facilidades de movilización que permitan el cumplimiento de este propósito.

c. Contratación de personal para la realización del trabajo de campo (del módulo de información de la comunidad) proveyéndolo de las facilidades de movilización.

d. Contratación de personal para el procesamiento de la información.

ANNEX A

PROJECT DESCRIPTION

1. Project Purpose

The purpose of this Letter Grant Agreement is to provide the funding for the items detailed in Annex B of this Letter Grant Agreement. This funding will enable CEPAR to conduct the Second Demographic and Health Survey at a national level, which will take place with the technical and financial support of the "Institute for Resource Development Inc." (IRD-Westinghouse) and the sponsorship of the Ecuadorean Ministry of Public Health.

IRD will provide technical assistance under the centrally funded Demographic and Health Surveys, Project No. 936-3023, Contract No. DPE-CA-4083.

2. Project Activities

The funds provided for this Grant Agreement will cover the costs of the following activities:

a. Hiring technical professional and administrative personnel to conduct the survey

b. Hiring required technical personnel for updating the sample and providing required transportation.

c. Hiring personnel to conduct field work and providing transportation.

d. Hiring personnel for required data processing.

BEST AVAILABLE COPY FROM THE NATIONAL ARCHIVES

3. Jefe de Proyecto de A.I.D.

El Jefe de Población de USAID/Ecuador será el Jefe de Proyecto para este Convenio de Fondos no Reembolsables. Toda la correspondencia e informes relacionados con el Proyecto deberán ser enviados al Jefe de Población, USAID/Ecuador, Edificio Computec, Av. Colombia 1573, Quito.

4. Director del Proyecto

El Director del Proyecto por parte de CEPAR será el Director Ejecutivo de CEPAR, quien tendrá la responsabilidad de la dirección y administración de este Convenio de Fondos no Reembolsables.

3. A.I.D. Project Officer

The USAID/Ecuador Population Officer will be the Grant Agreement Project Manager. Correspondence and reports related to the Project should be addressed to the Population Officer, USAID/Ecuador, Edificio Computec, Av. Colombia 1573, Quito.

4. Project Director

The Project Director on behalf of CEPAR will be the Executive Director of CEPAR, who will be responsible for the management of the Agreement.

ANEXO B
(ANNEX B)

Presupuesto Estimado*
(Estimated Budget)**

Tasa estimada de cambio: S/.140 = US\$ 1
(Estimated exchange rate)

1. <u>Personal Técnico Profesional</u>	
1 Director de Encuesta (12 m/h) (1 Survey Director)	8,580.00
1 Director Adjunto (1 Assistant Director)	3,430.00
1 Jefe de trabajo de campo (1 chief of field work)	1,790.00
1 Asistente (1 Assistant)	<u>3,000.00</u>
Subtotal	16,800.00
2. <u>Muestreo - (Sampling)</u>	
a. <u>Personal Técnico - (Technical Personnel)</u>	
1 Técnico Estadístico (4 h/m) (1 Statistitian)	2,290.00
3 Supervisores, actualización (3 h/m) (3 Supervisors for updating)	750.00
12 Actualizadores (12 h/m) (12 Updaters)	1,720.00
3 Vehículos (arriendo) (3 Vehicles - rent)	<u>3,860.00</u>
Subtotal	8,620.00
b. <u>Personal Administrativo - (Administrative Personnel)</u>	
1 Secretaria (12 h/m) (1 Secretary)	<u>1,890.00</u>
Subtotal	1,890.00
3. <u>Trabajo de Campo - (Field Work)</u>	
<u>Información de la comunidad</u> (Community information)	
4 Entrevistadores (8 h/m) (4 Interviewers)	1,380.00
1 Vehículo (arriendo) (1 Vehicle - rent)	<u>2,570.00</u>
Subtotal	3,950.00
4. <u>Misceláneos/imprevistos</u> (Miscellaneous/contingencies)	
	1,040.00
Total	32,300.00

5

*CEPAR podrá modificar individualmente los rubros de este presupuesto hasta un 15%, según sea necesario, para un efectivo cumplimiento de los objetivos de este Convenio de Fondos No Reembolsables. Si los cambios a los rubros del presupuesto son mayores a 15% se requerirá aprobación escrita previa de la A.I.D. Los pagos de honorarios de manera individual no podrán exceder a la cantidad resultante de la aplicación de la tasa estimada en este presupuesto.

*CEPAR may modify individual budget line items by up to 15% as necessary for effective completion of the objectives of this Grant. Changes in budget line items greater than 15% will require prior A.I.D. written approval. The individual personnel costs will not exceed the equivalent of the application of the estimated rate in this budget.

5403P-5402P

4

ANNEX D

DEMOGRAPHIC AND HEALTH SURVEYS POPULATION AND HEALTH INFORMATION FOR THE LATE 1980s

Robert J. Lapham and Charles F. Westoff*

Introduction

The Demographic and Health Surveys program (DHS) is intended as a primary source of international population and health information for policymakers and for the research community. With a new emphasis on the collection and analysis of data on major health phenomena as well as on family planning, fertility, and mortality, DHS has four objectives: (1) to provide the survey countries with a data base and analysis useful for informed policy choices, (2) to expand the international population and health data base, (3) to advance survey methodology, (4) and to help to develop in participating countries the technical skills and resources necessary to conduct demographic and health surveys.

DHS was initiated in September 1984, as a five-year follow-on activity to the World Fertility Survey (WFS) and Contraceptive Prevalence Surveys (CPS) programs carried out during the years 1972-1984 and 1977-1985, respectively. Funded by the U.S. Agency for International Development (AID), DHS is being implemented by Westinghouse Institute for Resources Development, a division of the Westinghouse Electric Corporation, and the Population Council, which is involved in DHS as a major subcontractor. The project provides financial and technical assistance for 35 surveys in Africa, Asia, and Latin America, as well as for 25 further-analysis studies of DHS and related survey data.

At this point (February 1986) fieldwork for one survey has been completed (El Salvador) and eight others are in various implementation stages ranging from field work (Liberia and Senegal) to initial design work (Mali). Fieldwork during 1986 is scheduled in Brazil, the Dominican Republic, Mali, Mexico, Nigeria (Ondo State), and Peru, among others. In addition, discussions are underway with another 10 countries.

The purpose of this paper is to summarize the program components and to review the general strategy adopted to achieve program objectives.

Program Components

There are four components: (1) development and testing of new survey methodology and procedures, (2) conducting 35 surveys, (3) dissemination of findings, and (4) further analysis of DHS and related survey data. The first includes the development of a new core questionnaire for collecting family planning, population, and health data, plus several modules that focus on specific topics. These include health, women's employment, value of children, natural family planning, family structure, migration, microeconomic decision-making, and social marketing. Also under this component, experimental surveys are scheduled in Peru and in the Dominican Republic, where in addition to a regular survey using the standard questionnaire, a second sample will simultaneously be interviewed with a questionnaire that will include alternative ways of collecting certain information. Examples of the alternatives to be tested include a comparison of a full versus a truncated birth history, using a detailed monthly calendar for the collection of information on contraception and other proximate determinants over the preceding five years, examining the usefulness of data on fetal deaths, and

*Robert J. Lapham is affiliated with the Demographic and Health Surveys program, Westinghouse Electric Corporation, Box 866, American City Building No. 400, Columbia, MD 21044, Charles F. Westoff is affiliated with the Office of Population Research, Princeton University, 21 Prospect Avenue, Princeton, NJ 08544.

including alternative ways of measuring numerous other health and demographic results. A field trial has been completed recently in Thailand to assess some of these newly developed instruments. A second one is in process in El Salvador to test alternative ways of measuring height and weight among small children. The latter also includes a test of a community information instrument that focuses on the availability of family planning and health services and supplies, both public and private.

Turning to the second component, the project calls for two rather different types of surveys. The first type is that most commonly associated with the WFS and CPS surveys, but in the case of DHS, there is an additional focus on health as well. Attention is also paid to aspects of family planning information such as contacts with program efforts in information, education, and communication (IEC), brand identification of pills, reasons for discontinuation and problems experienced while using contraception, detailed information on knowledge, and past and current use of all methods. The second type is "in-depth", 4 of the 35 surveys are expected to be intensive interview-based investigations of topics that have theoretical or programmatic implications.

Although the project is worldwide, priority is given to implementing a substantial number of surveys in Africa, perhaps approaching half of the total. Decisions on country participation are made jointly by national authorities, AID, and DHS staff. For each survey, an agreement is made with a host-country executing agency, and overall responsibility for survey operations rests with this agency. Technical assistance is provided by DHS staff. In all of this work, DHS coordinates its activities with national and other international survey programs insofar as possible.

The third component is the dissemination of findings. These activities include publication of reports and the holding of seminars and conferences. The plans call for a preliminary report to be made available to policymakers and program administrators a few months after the completion of fieldwork. In the case of El Salvador, fieldwork was completed early in July 1985, and before the end of that month, tabulations of selected variables were available in El Salvador for planning purposes. Preliminary reports are to be followed by a country report for wider distribution and a summary. Furthermore, seminars in countries are intended to focus national attention on population and/or health issues, and regional conferences are expected to promote the exchange of technical skills and survey findings.

DHS will establish a data archive consisting of a standard recode tape and supporting documentation for each survey. As a special feature of DHS, the Population Council is arranging to publish a section in Studies in Family Planning, titled "New Data", to present project information and findings.

As its fourth component, the DHS program calls for 25 further-analysis studies to be carried out at institutions in survey countries, with technical assistance for these studies provided as needed (by the Population Council as part of its subcontract responsibilities). The intent is to spur scientifically sound analyses while building host-country capacity for population and health research. The further-analysis projects are expected to provide new insights into factors relating to family planning, health, fertility, mortality, and other topics.

Program Strategy

Several elements in the overall DHS strategy have been mentioned above. The next section is concerned with more specific aspects of the 10 principal features of the strategy being used to develop DHS.

1. Although merging the needs of several audiences is sometimes less than ideal, the DHS program is trying to serve two main audiences. (a) policymakers and program officials concerned with family planning and health; (b) the research communities interested in the study of population and health phenomena, including fertility behavior. DHS has been urged by many persons within various parts of the population community to serve both of these audiences, while advice and urging from the health community has centered on a call to serve the immediate measurement needs of health program managers and

health policymakers. There may be two reasons for this. First, the health community sees a great need for the types of information that the population community now take for granted, for example, nationally representative estimates of contraceptive prevalence, fertility, and infant mortality for a large number of countries. In the health area, such information would include the incidence of diarrhea and treatment obtained, immunization prevalence, and prenatal care, among others. Second, health plays a more minor role than population in DHS, and priorities have still to be determined.

2 After much work and many revisions, a core questionnaire has been developed that concentrates on fertility and its proximate determinants, and on family planning and health information for policymakers and program officials, with limited attention to explanatory variables. The areas covered are the following, in this order:

- respondent's background
- fertility and infant and child mortality
- contraception
- fertility planning
- health
- marriage
- fertility preferences
- husband's background
- height and weight of children under age three (subsample only in most countries)

There are A and B versions of this core, respectively, for high and low contraceptive prevalence countries. The B core has less information on contraception and on family planning services. It is the intent of DHS to have either the A or B core included in the survey for each country participating in the program. Only minor modifications are foreseen, for example, to make IEC questions country-specific, or to delete culturally unacceptable items. Thus, the strategy is to have the core of information collected routinely in every DHS regular survey, i.e., excluding the in-depth surveys. A list of the variables measured in these questionnaires is attached as an appendix.

3. In many survey countries, the implementing agency probably has particular topics on which it wishes to focus. Therefore, some local additions will be made to the core. In El Salvador, for example, additional questions on sterilization and on social marketing were included, while in Mexico and Brazil there is interest in adding questions on sterilization and abortion.

4 In each DHS country, community-level information is to be collected in order to determine local conditions, such as the availability of family planning and health services in both the public and private sectors, and to permit adding community characteristics to the data collected in the individual interview.

5 Turning to the needs for improved understanding of population processes, DHS strategy has three parts: (a) in selected countries, longer questionnaires that give attention to some explanatory variables will be used, (b) modules that permit more detailed investigation of particular sets of relationships will be added to some core questionnaires, and (c) in-depth studies will be carried out in four countries, selected to include at least one each in Asia, Africa, and Latin America.

(a) In some 12 to 15 countries, longer versions of the A and B cores are being used or planned (e.g., Mexico, Senegal, Brazil, and Peru). These versions have a full birth history, and questions designed to permit the investigation of some explanatory relationships between social, cultural, and economic phenomena and dependent variables that include contraceptive prevalence, infant and child mortality, and fertility. By definition, the CPS program concentrated on program variables, while the WFS program was faulted for not achieving further understanding of population processes. Therefore, DHS considers this part of the strategy important for the latter half of the 1980s. Draft versions of the longer A and B questionnaires are available, much of the

explanatory information has been developed by drawing upon the modules mentioned earlier.

(b) The set of DHS modules can be used to expand the explanatory content in selected countries. Because some countries will want to use only the core questionnaire plus their own country-specific questions, and because the longer questionnaires are just that, long, it is likely that the modules will be used infrequently at best. Nevertheless, DHS considers it important to have draft modules available and anticipates using them in selected cases. For example, some countries in Africa may want to include the expanded set of health questions that constitute the health module. In Mali, there is interest in studying social and psychological factors associated with fertility, and the value of children module provides appropriate questionnaire content.

(c) The in-depth surveys carry this process one step further, permitting in four countries a detailed investigation of selected topics. It is likely that various data collection techniques will be used for the in-depth surveys, including focus group discussions, some survey work, and possibly some ethnographic investigation. (The Population Council is responsible for three of the four in-depth surveys, and also for designing the most appropriate tools to use in this endeavor.) It is expected that each in-depth survey will be done in a country where a regular DHS survey is also conducted. However, this principle is not mandatory, as there may be cases where an in-depth survey could appropriately follow a preceding non-DHS survey, or even precede a regular DHS survey.

6. DHS further-analysis studies build on all of the above. The objective is to use DHS data, possibly combined with other data sets that would permit an examination of trends and relationships not generally covered in the preliminary and final country reports, which will be more descriptive in nature. A peer review selection process is envisaged for selecting among institutions in developing nations that apply to undertake these further-analysis studies. The sums of money only average \$25,000 per study. Nevertheless, the MEAWARDS program has demonstrated (for the Middle East) that modest sums of money such as this can lead to useful investigations. Moreover, as part of its involvement in the project, the Population Council will provide technical assistance for these studies. They are intended both to improve understanding of relationships, and to upgrade scientific capacity in developing nations.

7. DHS is prepared to cooperate with other programs in the collection of needed program information, through over-sampling, association with operations research projects, or other means. Obviously, these add-on activities cannot lead to changes in the strategy elements outlined above, but DHS is open to and welcomes suggestions. One example comes from Liberia. There, the Ministry of Health, with AID support, is conducting a pilot health program in two counties. DHS was asked to over-sample sufficiently in these two counties so that independent estimates for them could be obtained. This has been done, even though it necessitated adding some 1,000 interviews to the design. A related example is some over-sampling in Ondo State, Nigeria, to permit evaluation of a UNICEF-supported child health program.

8. A question that keeps coming up is "why health?" There is so much to do on the family planning and fertility side, that adding another whole subject-matter area would seem to complicate the program unnecessarily, goes the argument. However, DHS believes that the inclusion of health information is important. There is much discussion and not enough known about interrelationships between health and population processes, there are major international programs to increase the prevalence of immunizations and decrease the prevalence of diarrhea, and there is a major "health for all by the year 2000" push throughout the world by bilateral and multilateral agencies. Thus, there is a substantial need in the health area, and DHS can contribute to measurement and understanding related to that need, albeit in a modest way.

Drawing upon the advice of experts, the questionnaires include a variety of questions on maternal and child health, some of which are also relevant for

population study. These are listed in the appendix. The main emphasis is on estimating the prevalence of certain types of preventive health measures, sanitary facilities, and the incidence of certain diseases and their treatment. In addition, there is the intention to measure the height and weight of children under three years of age (at least on a sample basis) in order to evaluate nutritional levels. A community module will also obtain data on health facilities in the area

9. Data access is a crucial aspect of DHS strategy. There are growing numbers of institutions and scholars in the third world capable of carrying out country-specific and comparative analysis of population and health data. DHS believes that it is important to serve these groups and individuals by making sure that DHS data become available in a timely fashion. In addition, the understanding of relationships will be enhanced if other scholars throughout the world have timely access to the information collected. For these reasons, the data access strategy is as follows: each participating country is asked to allow the data tapes resulting from the survey to be made available for scientific and program-related purposes, once the preliminary and final country reports have been published. Since these two reports are due within 3 months and 12 months, respectively, following the completion of fieldwork, this time constraint is not considered serious.

10. Finally, to help keep this strategy on track and to help make sure that the program runs according to accepted international scientific standards, a scientific advisory committee has been established. Chaired by Ronald Freedman, this group met twice during 1985, and will meet about twice a year for the rest of the project duration.

Appendix

Content of Core Questionnaires

- * Identifies variables included in all versions of the DHS core questionnaire.

Background Information

- * Number of persons in the household
- * Number of children ages 5 and under in the household
- * Woman's place of residence (current, prior, as a child)
Duration of residence
Number of localities lived in
- * Date of birth
- * Education and literacy (wife and husband)
- * Radio and television exposure
- * Source of drinking water, source of other water; time it takes to fetch water
- * Type of toilet facilities for household, age at which children use same facility as adults
- * Presence of soap in household
- * Material of the floor
- * Household possessions
- * Religion
- * Ethnicity
Husband's occupation, type of work
Woman's work and use of income
Whether lived with parents since marriage

Reproduction

- * Numbers of sons, daughters ever born, now living
- * Birth history (full or truncated 5-year)--includes dates of birth, sex, alive or dead, date of death, whether living with mother
- * Date of last menstrual period
- * Current pregnancy status
- * Knowledge of fertile period
- * Preference for additional children
 - Intensity of preference
 - Spacing preference
- * Desired number of children
 - Optimal spacing of births
 - Optimal interval between birth and resumption of sex

Marriage

- * Current marital status
- * Whether married once or more than once
- * Date of first marriage
 - Whether living with husband
 - Number of other wives, order of wife
 - Survival status of parents of couple (current and at first marriage)
 - Co-residence with parents (past, present)
- * Age at first sexual intercourse
 - Coital frequency in past four weeks
- * When last sexual intercourse

Contraception

- * Knowledge of different methods
- * Use of methods--past, current
- * Perceived source of supply
 - Perceived problems with different methods
 - Type of periodic abstinence used (if ever used); brand and cost of pill (if using)
 - Number of children when contraception first used
 - Date of sterilization
 - Whether visited family planning outlet in past 12 months, attitude toward service
 - Problems with current method, if any
 - Duration of use of current method
 - Concurrent use of other method
 - Reason for discontinuation* (if stopped using)
- * Intention to use contraception in the future, method preference
 - Reasons for nonuse if woman does not want to become pregnant
 - Exposure to radio messages about family planning
 - Acceptability of family planning messages on radio or television
 - For each birth in last five years
 - Methods used in each interval
 - Duration of use of last method
 - Planning status of pregnancy
 - Reason for discontinuation
 - Whether wanted any more children before that pregnancy
 - Whether wanted to wait longer before that pregnancy
 - Approval of contraception
 - Discussion with husband

Maternal/Child Health

Current status: (asked about all births in past five years)

- * Tetanus toxoid injection
- * Prenatal care
- * Assistance at delivery
- * Postpartum amenorrhea

- * Postpartum abstinence
- * Breastfeeding duration and frequency
- * Supplementary foods

For each child under five:

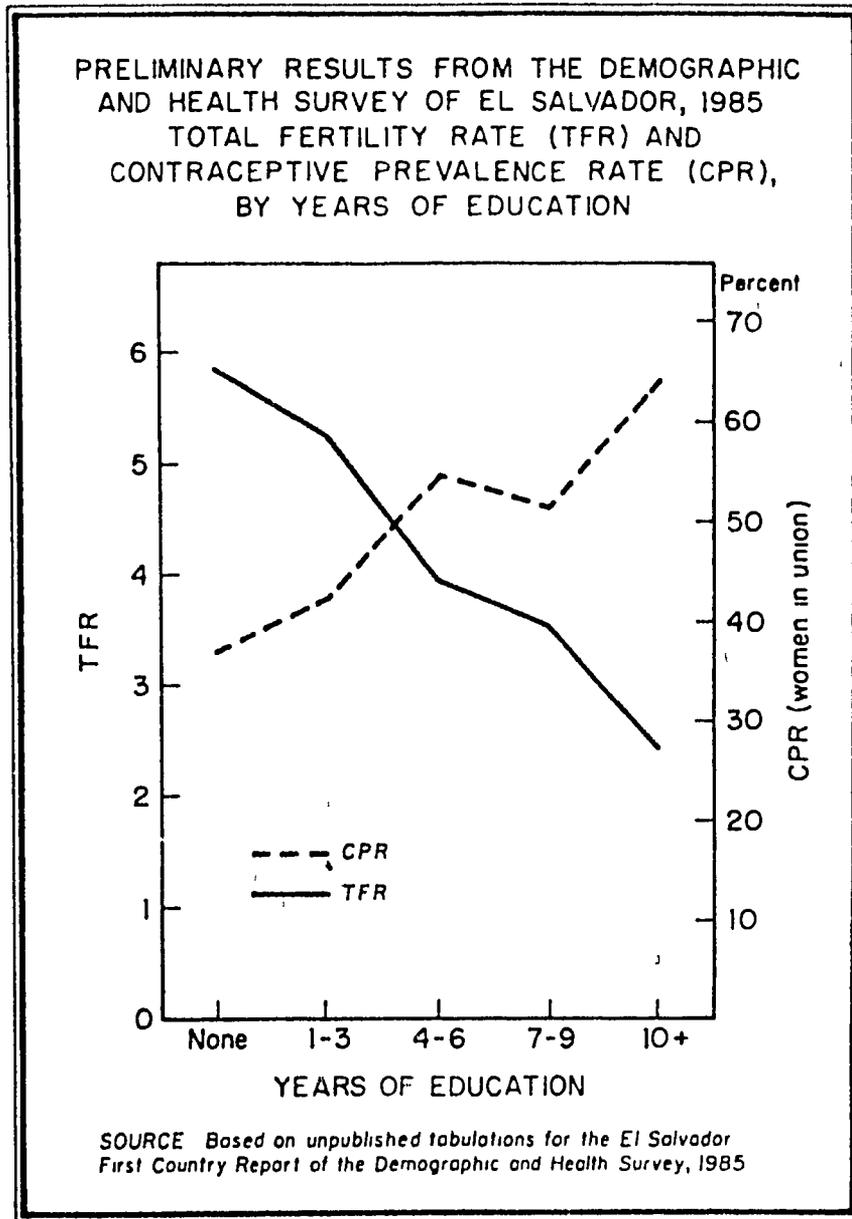
- * Dates of different immunizations
- * Whether had diarrhoea in last 24 hours; in last two weeks
- * Treatment of diarrhoea, knowledge of oral rehydration therapy
- Whether had difficulty breathing in last four weeks (and treatment)
- Whether had fever in last four weeks (and treatment)
- Height and weight (index of nutrition)

POPULATION INDEX

VOL 52

SPRING 1986

NO 1



OFFICE OF POPULATION RESEARCH, PRINCETON UNIVERSITY
POPULATION ASSOCIATION OF AMERICA, INC

US ISSN 0032-4701