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Terre des hommes, Lausanne
Child Survival Projects
Districts of Cheringoma and Muanza.
Sofala Province.

Financed by USAID, Maputo.
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Report of Preliminary KPC Survey

Survey Date: June 1997.

Country Director: Dr. Abimbola Lagunju

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Introduction.

The Terre des hommes, Lausanne, a Swiss NGO, obtained a grant in May 1997 from the USAID Maputo to finance its Child Survival Projects in the districts of Muanza and Cheringoma in northern Sofala.

The districts of Muanza and Cheringoma were among the most adversely war-affected districts in the province. The war left the all socioeconomic infrastructures in ruins, and in the health sector, the impetus gathered by the health system in late seventies/early eighties was halted by abandonment of these areas by trained staff, destruction of all health infrastructures, and the total cut-off of these areas from the National Health System. All these factors coupled with the lack of basic drugs and equipments resulted in total disintegration of the districts health systems with all its attendant consequences like total disappearance of preventive medical services, inadequate curative services and inexistence of any health policy. In the immediate post war period, the health system was supported by non-governmental organizations and international agencies.

The re-integration of these district health systems into the National Health System began in 1995 with gradual posting of trained staff, supply of drugs and equipments, implementation of the National Health Policy and supervision of procedure compliance. These activities are however limited to the district headquarters and a greater proportion of the population which actually lives in villages ranging in distance from 30 - 100km away from the

district headquarters do not have access to health services. Untrained personnel whose activities are usually unsupervised man the available few health posts.

In a situation of restricted access to health services, educating the community in basic health matters with a view to improve knowledge, individual self care at household level, awareness of various health services as may be available and the provision of most basic community health service become a priority.

As traditional Terre des hommes beneficiaries and as the most vulnerable members of the community, the Tdh project in these two districts will focus on the well being of children at the household level through improvement of knowledge of mothers, change of potentially harmful attitudes, provision of basic health services as may be related to child survival and supervision of quality of services delivered.

The Terre des hommes, therefore set the following as its objectives:

- Promotion of Exclusive Breastfeeding of Infants for the first 4months of life.
- Promotion of Use of ORT for Treatment of Diarrheas.
- Improvement of Antenatal and Postnatal Services
- Improvement of Vaccination Coverage
- Introduction and Promotion of Family Planning Services.

The following indicators have been defined to monitor the impact of the project:

- a) Percentage of infants less than 4 months who are being exclusively breastfed.
- b) Percentage of infants/child (<24months) who had diarrhea in the past 2 weeks and were treated with ORT.
- c) Percentage of children with a Z-score for weight/height and Height/age of > -2 .
- d) Percentage of children 12-23 months who have received DPT3.
Percentage of mothers who received at least 2 doses of tetanus toxoid before the birth of their youngest child.
- e) Percentage of mothers who had at least one antenatal visit with trained health personnel prior to the birth of their youngest child.
- f) Percentage of mothers who are not pregnant and who desire no more children in the next 2 years or are not sure and who are using a modern contraceptive method.

A preliminary KPC survey was held between 13th June and 17th and 3rd and 7th July in the districts of Cheringoma and Muanza respectively to:

- Assess the performance of MCH and EPI programs in the 2 districts.
- Have baseline data to compare with subsequent follow-up surveys for impact measurement.

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Terre des hommes, Lausanne
Child Survival Projects
Districts of Muanza and Cheringoma.

Preliminary Survey Findings.

Date of Survey: June/July 1997

Indicators	Muanza District	Cheringoma District
1 Percentage of infants less than 4 months who are being exclusively breastfed.	23%	14%
2 Percentage of Infants/children who had diarrhea in the past 2 weeks and were treated with ORT	24%	29%
3 Percentage of children aged 6-23 months with a Z-score for height/age (stunting) of >-2	34%	37%
4 Percentage of children aged 12-23 months who have received DPT3	13%	26%
5 Percentage of mothers who received at least 2 doses of tetanus toxoid before the birth of their youngest child	13%	26%
6 Percentage of mothers who had at least one antenatal visit with trained health personnel prior to the birth of their youngest child.	24%	32%
7 Percentage of mothers who are not pregnant and who desire no more children in the next 2 years or are not sure and who are using a modern contraceptive method	1%	1%

Summary.

The survey directed at mothers with children between 0 to 23 months was fashioned in such a manner to be able to determine their knowledge, attitude and practice as regards breast-feeding, diarrhea and its management at household level, family planning and immunization of their children. 300 households each were interviewed in the districts of Muanza and Cheringoma

The findings in the two districts are similar; this may be explained by:

- Same ethnic grouping (similar cultural beliefs)
- Similar post war socio-economic conditions.

It was observed that taboos vary from community to community within the same district.

a) Breast-feeding and Nutrition:

All the respondents were either breastfeeding or had breastfed the surveyed children. In the district of Muanza, 70 children were 0-4months of age; of this number, 16 (23%) were exclusively breastfed while 23 (33%) were predominantly breastfed (breast milk + other fluids). In Cheringoma, 90 children were in the 0-4months age group. Only 13 (14%) were exclusively breastfed while 11 (12%) were predominantly breastfed.

It was observed that all the children on exclusive breastfeeding were less than 1 month old during the survey.

In both districts, 160 (53%) of respondents claimed to have begun breastfeeding their last child in the first hour after delivery. However, only (36) 12% of all the respondents believes that colostrum is

good for the health of the child. More than 50% in both districts believe that additional foods (mostly maize porridge) should be added to the diet of the infant before the age of 4 months.

Chronic malnutrition (<-2 Z-score) was observed in 65.9% and 62.9% of children aged 6-23 months in Muanza and Cheringoma respectively.

b) Diarrhea

116 (39%) and 110 (37%) of the surveyed children in Muanza and Cheringoma respectively had diarrhea in the past 2 weeks. 28 (24%) and 32 (29%) respectively were treated with ORS.

270 (90%) and 261 (87%) of respondents in Muanza and Cheringoma recognize the standard UNICEF ORS packet, however just about half of them know how to prepare the solution correctly. Less than 1% of respondents in both districts know about home made solutions for the treatment of diarrhea.

Only 33 (11%) of respondents in Muanza and 15 (5%) in Cheringoma think that ORS should be prepared and administered during an episode of diarrhea. 120 (40%) of respondents in Muanza and 165 (55%) in Cheringoma think that the best approach during an episode of diarrhea is to seek help in the nearest health post.

c) Antenatal consultations and Deliveries

While the majority of the respondents recognize the need to have antenatal consultations, most of them [180 (60%) in Muanza and 153 (51%) in Cheringoma] do not know when a pregnant woman should begin antenatal clinic visits.

In Muanza district, 73 (24%) of respondents claimed to have had at least one antenatal consultation during their last pregnancy, while in Cheringoma 96 (32%).

Family members assisted majority of the respondents [210 (70%) in Muanza and 186 (62%) in Cheringoma] during the deliveries of their babies. Traditional birth attendants respectively assisted only 12 (4%) and 33 (11%).

d) Immunization

151 (50%) of the surveyed children in Muanza and 158 (53%) in Cheringoma were vaccinated. However, only 18 (12.6%) [Muanza] and 21 (19%) [Cheringoma] of children aged between 12-23 months had DPT3.

Only 39 (13%) [Muanza] and 78 (26%) [Cheringoma] of surveyed mothers had at least 2 doses of tetanus toxoid before the birth of their youngest child.

e) Family Planning

Only 76 (25%) [Muanza] of respondents and 89 (30%) [Cheringoma] had ever heard of childspacing. 14 (5%) [Muanza] and 13 (5%) [Cheringoma] of the non-pregnant respondents use contraceptive methods, of these only 4 and 5 respectively use modern contraceptive methods.

Methodology.

A multi-stage cluster sampling technique was applied. A total list of the different chiefdoms (regulos) was obtained from the local

administrator, the total number of villages in each of these chiefdoms was recorded.

- To determine the number of households to be interviewed in each chiefdom, the following formula was applied:

$$m/n \times 300 \text{ households}$$

where m = number of villages in a given chiefdom

n = total number of villages in all the chiefdoms.

- The villages (clusters) to be interviewed in each chiefdom were randomly chosen.
- A total of 10 households were interviewed in each cluster
- To determine which households were to be interviewed, at the center of each village (as shown by the local chief), a pen was spun and all houses on the line indicated by the tip of the pen were counted and numbered to the limits of the village. The first household was then randomly chosen using bits of paper on which the house numbers had been written.

The survey questionnaire was fashioned after John Hopkins University KPC survey model and adapted to the realities of the project districts. The questions were directed at mothers with children between 0 - 23 months of age. Different opinions were sought on the suitability of the questionnaire to reflect the set indicators. The questionnaire is attached as attachment #1.

A 2-day pre-survey workshop was held to familiarize the survey team with the survey instrument, explain the methodology and standardize translation

procedures. A pre-survey test using the survey instrument was carried out to determine procedure compliance by the survey staff. An analysis of the pretest was conducted; errors were discussed and corrected before the beginning of the survey proper.

Project MCH nurses and some District health directorate trained staff conducted the interview.

Results

The data of the 2 districts were separately analyzed, however for comparison purposes they are simultaneously reported.

The sample size in each district was 300 households.

EPI Info 6.3 software was used to perform the analysis.

For the purposes of clarity, findings in Muanza district will be mentioned first followed by Cheringoma findings.

1. General Data.

The age of the respondents ranged from 16 to about 43 years of age in Muanza District and from 12 to 49 years in Cheringoma district. Most of the respondents did not know their actual age and the following parameters were used to roughly calculate the age:

- Important events in the country or in the community (Independence, droughts, building of an infrastructure)
- Age of first child
- Physical appearance.

In the district of Muanza, (282) 94% of the respondents were between the ages of 16-35 years, while 6% are above 35 years. In Cheringoma, 4 (1.33%) of the respondents were below 16 years, 261 (87%) were between 16-35 years and 35 (11.7%) above 35 years.

In the district of Muanza the total number of births recorded for all respondents is 1022 (mean = 3.407) of which 1002 (98%) were live deliveries. Of the total number of live deliveries, about 717 (71%) are still alive. In Cheringoma, the total number of deliveries for all the respondents is 1094 (mean = 3.647), of which 1077 (98%) were live deliveries. Of the total number of live deliveries, about 731 (68%) are still alive. See table below:

Table 1.

	Total no. of births of respondents	Live births	No. of children alive.
Muanza	1'022	1'002	717
Cheringoma	1'094	1'077	731
Total	2'116	2'079	1'448

In the 2 districts, about 95% of the respondents can neither read nor write.

In Muanza 276 (92%) of the households are headed by the father of the surveyed child and in Cheringoma, 279 (93%).

In both districts the major occupation of respondents 225 (75%) is small scale farming. Most of the farming is done near their homes 160 (71%).

28% (83) of the respondents make their livelihood (farming, selling) away from their homes. Of this number, 60 (72%) take their children with them.

In Muanza district, 159 (53%) of the surveyed children were females and 141 (47%) were males. In Cheringoma, 158 (53%) were females and 141 (47%) were males.

The age distribution of the children is as below:

Table 2

	0-4mths	5-11months	12-23months
Muanza	70 (23.1%)	87 (29.1%)	143 (47.8%)
Cheringoma	90 (29.8%)	98 (32.8%)	112 (37.4%)
Total	160	185	255

2. Breastfeeding and Nutrition

In Muanza 237 (79%) of respondents breastfeed their children, while in Cheringoma District, 270 (90%).

Among the reasons given by non breastfeeding respondents were:

- Age of the child (>18months) [30% in Cheringoma, 49% in Muanza].
- Pregnancy [41% in Cheringoma; 25.4% in Muanza]

- Illness of child [26% in Cheringoma and 14.3% in Muanza]

In both districts, 160 (53%) of respondents claimed to have begun breastfeeding their last child in the first hour after delivery, 110 (37%) began between 1-8hrs after delivery and about 21 (7%) after the first 8 hours.

84 (28 %) and 63 (21%) of respondents in Muanza and Cheringoma respectively think that exclusive breastfeeding for the first 4 months of life is a way to successfully breastfeed their infants.

84 (28%) and 95 (32%) of respondents in Muanza and Cheringoma respectively do not know what to do to successfully breastfeed their children.

In both districts, only 12% believe that colostrum is good for the health of the child.

In Muanza, of a total number of 70 infants in the 0-4months age group 16 (23%) are being exclusively breastfed, 23 (33%) are predominantly breastfed (breastfeeding + other liquids). All the children being exclusively breastfed were less than a month old at the time of the survey.

In the district of Cheringoma of the total respondents (90) with infants aged 0-4months, only 14% (13) exclusively breastfeed their children, 11 (12%) practise predominant breastfeeding (breastfeeding+other liquids). All the children being exclusively breastfed were also less than a month old at the time of the survey.

2.1 Other foods.

165 (55%) of respondents in Muanza and 162 (54%) in Cheringoma believe that additional foods should be introduced into the diet of an infant before the age of 4 months while 101 (33.6%) think they should be introduced between 4 and 6 months of age.

201 (67%) of respondents in Cheringoma and 162 (54%) in Muanza believe that maize porridge only is the best supplementary food for infants.

Respondents were asked what kinds of foods they introduced into the diet of their children. The pattern of an affirmative response for the 2 districts is as below:

Table 3

Food type	Cheringoma	Muanza
Water and other liquids	264 (88%)	282 (94%)
Fresh animal milk	8 (2.7%)	11 (3.7%)
Maize meal	273 (91%)	232 (77%)
Fruits	115 (38%)	124 (41%)
Green vegetables (cooked)	150 (50%)	186 (62%)
Meat or fish	176 (59%)	198 (66%)
Groundnuts, beans	101 (33.6%)	101 (33.3%)
Eggs	59 (19.7%)	132 (44%)
Sugar or honey	114 (38%)	172 (57%)

2.2 Source of additional foods.

Respondents were asked the source of additional foods introduced into their children's diet. The pattern of response is as below:

Table 4

	Family source	Buying	Wilds (hunting, fishing, fruit picking)
Meat/Fish	1.5% (M) * 4.4% ©*	55% (M) , 49%©	44% (M) , 48%©
Fruits	59% (M) , 86%©	0%	41% (M) , 14%©
Groundnuts, beans	68% (M) 69%©	32% (M) , 31%©	0%

(M) * = Muanza

©* = Cheringoma

2.3 Nutritional Status

The 6-23 months age group is considered. Of the 300 respondents in Muanza and Cheringoma, 230 and 210 children respectively are in this age group.

The indicators for weight/height (wasting) and height/age (chronic malnutrition or stunting) were calculated for each child.

A z-score for weight/height lower than -2 represents acute malnutrition; no cases of kwashiorkor were observed during the survey.

Muanza District.

Table 5

	Weight/Height (Wasting)	Height/Age (Stunting)	Growth faltering rates W/A
< -2 Z-score	6%	66%	30%

Cheringoma District.

Table 6

	Weight/Height (Wasting)	Height/Age (Stunting)	Growth faltering rates (W/A)
< -2 Z-score	6%	63%	36%

2.4 Vitamin A

139 (46%) respondents in the district of Muanza and 132 (44%) in Cheringoma have heard of night blindness. Of this number, 31 (22%) and 36 (27%) in Muanza and Cheringoma respectively have a member of the family suffering from this illness. All of the respondents in both districts however, do not know what foods to give their children to protect them from night blindness.

None of the health cards has any space for recording vitamin A application.

3. Diarrhea

In Muanza and Cheringoma, respectively, a total number of 116 (38.7%) and 110 (36.8%) children had diarrhea in the 2 last weeks before the survey. The knowledge and conduct of the mothers during these episodes are elaborated in the table below:

Table 7

	Muanza	Cheringoma
Children treated with ORS.	28 (24%)	29 (26%)
Children untreated	49 (42%)	25 (23%)
Children treated with home made salt-sugar solution	1 (<1%)	3 (3%)
Mothers who sought help in the nearest health post	37 (32%)	40 (36%)
Children treated in health post and were administered ORS	24 (65%)	20 (50%)

The knowledge of all respondents as regards diarrhea, its management and what a mother's conduct should be during an episode is elaborated below:

Table 8

	Muanza	Cheringoma
% of mothers who know more than 2 signs of severe diarrhea.	45 (15%)	42 (14%)
% of mothers who recognize the standard ORS packet.	270 (90%)	261 (87%)
% of mothers who know how to correctly prepare oral rehydration solution.	138 (46%)	162 (54%)
% of mothers who think that ORS should be prepared and administered during an episode of diarrhea.	33 (11%)	15 (5%)
% of mothers who think that the child should be taken to the nearest health post during an episode of diarrhea.	120 (40%)	165 (55%)

during the first trimester of pregnancy, 47 (15.7%) - 2nd trimester, 8 (2.7%) - 3rd trimester and 180 (60%) do not know when.

In Cheringoma, 79 (26.3%) of respondents think a pregnant woman should begin antenatal visits in the 1st trimester of pregnancy, 60 (20%) - 2nd trimester, 8 (2.7%) - 3rd trimester, while 153 (51%) do not know when.

5. Immunization.

In the district of Muanza, 151 (50.3%) children were vaccinated, while in Cheringoma, 158 (52.7%). The possession of a health card with recorded immunization dates or the presence of BCG scar in non cardholders were the criteria used to determine if a child was vaccinated or not.

The immunization pattern is elaborated in the table below:

Muanza District.

Table9

	Children with health cards	BCG Only	BCG + DPT1	BCG + DPT1 + DPT2	BCG + DPT1,2,3	BCG + DPT1,2,3 + Measle	Assorted combination of vaccines
0-6 mths	13 (18.8%)*	4	8	1	0		0
6-11mths	36 (41.3%)*	9	12	7	5	1	2
12-23 m	45 (31.5%)*	3	7	6	1	17	11
Total	94	16	27	14	6	18	13

* Expressed as a fraction of the total number of surveyed children in each age-group

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Cheringoma District.

Table 10

	Children with health cards	BCG Only	BCG + DPT1	BCG + DPT1 + DPT2	BCG + DPT1,2,3	BCG + DPT1,2,3 + Measle	Assorted combination of vaccines
0-6 months	25 (28%)*	9	13	2	1		0
6-11mths	36 (36.7%)*	5	15	7	4	3	2
12-23 mths	62 (55%)*	2	12	3	2	19	24
Total	123	16	40	12	7	22	26

* Expressed as a fraction of the total number of surveyed children in each age-group

Table 11

	Cheringoma	Muanza
Vaccinated children.	158 (52.7%)	151 (50.3%)
Children with Health Cards.	123 (77.8%)*	94 (62.5%)*
Children without cards but with BCG scar	35 (22.2%)*	57 (37.7%)*
Number of children aged 12-23 months who had DPT3	21 (18.6%)**	18 (12.6%)**

*Expressed as a fraction of the total number of vaccinated children.

**Expressed as a fraction of the total number of surveyed children in this age group.

5.1 Tetanus Toxoid.

A total of 80 (45%) and 135 (45%) respondents in the districts of Muanza and Cheringoma respectively had their health cards. Of these numbers, 40 (50%) (Muanza) and 79 (58.5%) (Cheringoma) had at least 2 doses of tetanus toxoid before the birth of their youngest child.

When expressed as a fraction of the total number of respondents, only 13% and 26% of the respondents in Muanza and Cheringoma respectively had at least 2 doses of tetanus toxoid before the birth of their youngest child.

207 (69%) and 191 (64%) respondents in Muanza and Cheringoma respectively do not know why a pregnant woman should be vaccinated against tetanus.

6. Family Planning.

Only 76 (25.3%) and 89 (29.7%) of respondents in the districts of Muanza and Cheringoma respectively have heard of child spacing.

105 (35%) and 119 (39.7%) of respondents in Muanza and Cheringoma think that child spacing has advantages, while 142 (47%) (Muanza) and 128 (42.7%) (Cheringoma) respondents are not sure.

34 (11.3%) and 20 (6.7%) of respondents in Muanza and Cheringoma respectively are pregnant.

Of the non-pregnant respondents, 194 (73.2%) in Muanza and 188 (67%) in Cheringoma will like to have another child in the next 2 years, while 55 (20.8%) (Muanza) and 64 (22.9%) (Cheringoma) Cheringoma are not sure.

Only 14 (5.2%) and 13 (4.7%) of non-pregnant respondents in Muanza and Cheringoma respectively use one form of contraception or other. The types of contraception used is explained in the table below:

Table 12

	Muanza	Cheringoma
Women using contraceptive methods	14	13
Women using modern contraceptive methods	4 (28.6%)	5 (38.5%)
<i>Types of modern contraceptives:</i>	4 (100%)	4 (80%)
• Pills	-	1 (20%)
• Injections		
<i>Source of contraceptives:</i>		
District headquarters hospital	4 (100%)	5 (100%)
Women who claim to use exclusive breastfeeding as a form of contraception.	4 (28.6%)	4 (30.8%)

7. Additional Information.

7.1 Nearest Health Post.

Though aware that the use of time reference in a predominantly illiterate rural community is not reliable, the respondents were asked how much time it would take to get to the nearest health post from their village. The response is elaborated in the table below:

Table 13

	< 30minutes	30-60 minutes	1-2 hours	> 2hours
Cheringoma	74 (24.7%)	69 (23%)	32 (10.7%)	125 (41%)
Muanza	57 (19%)	18 (6%)	25 (8.3%)	200 (66.7%)

7.2 Water source

174 (58%) and 179 (59.7%) of respondents in Muanza and Cheringoma respectively claimed that the community water source is not permanent throughout the year. The majority of the respondents [202 (67%) in Muanza and 171 (57%) in Cheringoma] said the walking time to the nearest water source was less than 30 minutes. About 90 (30%) in each district take 30-60 minutes to get to the nearest water source.

Below is a table of water sources in the 2 districts:

Table 14

Source	Muanza	Cheringoma
Public pump	5 (1.7%)	9 (3%)
Community well	92 (30.7%)	117 (39%)
Individual well	31 (10.3%)	34 (11.3%)
Streams/rivers	172 (57.3%)	128 (42.7%)
Others	-	12 (4%)

A strong relationship exists between water source and episode of diarrhea in the past 2 weeks. This relationship is shown below:

Muanza District.

Table 15

Water source	Public pump	Community well	Private well	River/streams
Episodes of diarrhea in past 2 weeks	1 (0.9%)	38 (33%)	15 (13%)	61 (53%)

Cheringoma District

Table 16

Water source	Public pump	Community well	Private well	River/streams
Episodes of diarrhea in past 2 weeks	4 (3.7%)	37 (33.9%)	13 (11.9%)	50 (45.9%)

7.3 Access

130 (43.3%) and 143 (47.7%) respondents in Muanza and Cheringoma respectively described their villages as being accessible throughout the year; 170 (56.7%) and 157 (52.3%) described access as being very difficult during some periods of the year.

Discussion.

Exclusive breastfeeding for the first 4 months of life as a practice does not exist in the 2 districts. Only mothers with infants less than 1 month old practice exclusive breastfeeding. The

exclusion of other foods from the diet of this proportion of infants suggest that probably these are mothers that have had contact with the health workers or traditional birth attendants in their communities.

All other infants more than a month old are either predominantly breastfed (introduction of other fluids alongside breastfeeding) or have other foods introduced into their diets.

Majority of mothers believes that colostrum is not good for the health of the infant.

Majority of mothers introduces maize porridge in the diet of their children very early in life. The inconsistency of infant feeding habits in these communities show that the practice may not be rooted in cultural beliefs, but more in the lack of appropriate knowledge.

More than half of the mothers in Muanza claimed to introduce different foods (eggs, meat, fish, vegetables etc.) into the diet of their children, however, these claims are not upheld by the anthropometric measurements conducted in the district. The proportion of chronically malnourished children in Muanza is higher than in Cheringoma. It is not unlikely that given the more difficult access to health services in Muanza (more than 70% live more than one hour away from any health post), unchecked diarrheal diseases, measles and intestinal parasites contribute to the high chronic malnutrition index. This claim may be further supported by the fact that 42% of children

that had diarrhea in the past 2 weeks in Muanza were untreated as against 23% in Cheringoma.

The low prevalence of wasting (weight/height) may not be unrelated to the period of the survey. June/July are immediate post harvest months when most families have sufficient food. The rate of chronic malnutrition is however much higher than the national permissible index. So also is the growth faltering rate.

In both districts, more than a third of the surveyed children had diarrhea in the past 2 weeks. This high incidence of diarrhea among other possible causes may be due on one hand to poor knowledge about the possible causes of diarrhea (more than two-thirds of all the respondents in both districts do not know at least one way to avoid diarrhea) and on the other hand to poor community water sources (about 57% and 43% take their water from rivers in Muanza and Cheringoma respectively).

While more than half of mothers in both districts recognize prolonged diarrhea as a sign of severity of a diarrheal episode, a very insignificant proportion recognizes the signs of dehydration as consequences of diarrhea.

This may explain why only a very small percentage of mothers are aware of the need to prepare home made salt sugar solutions or ORS solutions or to increase the fluid intake of their children during an episode of diarrhea.

Two criteria, namely the health card and the presence of a BCG scar in non-cardholders were used to identify vaccinated children. Using these criteria, more than half of the surveyed children in both districts had been vaccinated, however, about a fifth and a third of the vaccinated children in Cheringoma and Muanza respectively did not have their health cards. The loss of health cards by mothers may not be unrelated to the little or no importance they attach to the growth monitoring and immunization of their children. This may be due to lack of sufficient and comprehensible information about the importance of these procedures. This may also probably explain why less than a fifth of children aged 12-23 months had DPT3. Besides, preventive services to communities are given by mobile teams whose activities may be irregular due to difficult roads and some other logistic difficulties.

The same lack of adequate information is reflected in the response of mothers to why a pregnant woman needs to be vaccinated against tetanus and how many doses she must get during pregnancy. About two thirds of respondents in each of the districts do not know why a pregnant woman needs to be vaccinated. This lack of knowledge is reflected in the number of respondents that had at least 2 doses of tetanus toxoid before the birth of their youngest child - in Cheringoma 79 (26%), in Muanza 40 (13%).

The use of antenatal clinic services also reflects the knowledge of the respondents. More than half of

the respondents in both districts does not know when a pregnant woman should seek antenatal services. Only 73 (24%) and 96 (32%) in Muanza and Cheringoma districts respectively visited the antenatal clinic at least once during their last pregnancy.

More than two thirds of respondents delivered of their last babies with the help of family members and less than 12% were assisted by traditional birth attendants and about 17% by health professionals. This finding may be due to the lack of ready access to professional health service providers, given the long distances that more than half of the respondents in the 2 districts have to travel to reach the nearest health post. The low index of traditional birth attendants' assisted deliveries may be related to their insufficient number in the communities or to inadequate quality of service rendered by these community health workers.

Use of family planning services by respondents is also limited by lack of information on the advantages and availability of such services. More than two thirds of respondents in both districts have never heard of family planning before. About 11% and 7% of respondents in Muanza and Cheringoma respectively are pregnant. More than two thirds of non-pregnant respondents say they will like to have another child in the next 2 years. Some unknown social factors rather than the true wish of the respondent probably influence this response. Only about 1% of respondents in both districts thinks

INQUERITO DE CONHECIMENTO, ATITUDE E PRATICAS
SOBRE A SAUDE DA MAE E DA CRIANÇA
QUESTIONARIO

Terre des hommes, Lausanne
Projecto de Sôfala

PERGUNTAR SOMENTE AS MAES DE CRIANÇAS DOS 0 -23 MESES

INFORMAÇÃO GERAL

Nome do aglomerado			
Data da entrevista			1997
Nome do entrevistador			
Nome do supervisor			
Distrito	Régulo	Múfimo	Aldeia
Criança n°	Pontos de Referencia para localização da casa		
Tipo de acesso a Aldeia	transitavel ao longo de todo o ano		1
	dificilmente transitavel		2

Quanto tempo leva a andar até a unidade sanitária mais próxima?	<30 minutos	1
	30 - 60 minutos	2
	1 - 2 horas	3
	> 2 duas horas	4

Nome da mae	Idade da mae (anos)
Nome da criança < 24 meses	
Data de nascimento da criança (DD/MM/AA)	
a) Sexo da criança	M F
b) Quantos partos a senhora teve ?	_____
c) Quantas crianças nasceram vivas ?	_____
d) Quantas crianças estão vivas ?	_____

Profissão do chefe da familia	_____
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Vive aqui esta criança	Sim	1
	Nao	2

Idade da criança em meses	menos de 6 meses	1
	6 - 11 meses	2
	12 - 23 meses	3
	24 -59 meses	4

7) Habilitações literarias (marcar uma só das respostas)	Nenhuma	1
	Primaria, mas nao sabe ler	2
	Primaria, e sabe ler	3
	Secundaria	4

Que trabalho e rendimento faz (as respostas podem ser múltiplas)	Nenhuma		1
	artesanato		2
	trabalha na machamba		3
	venda de produtos agrícolas		4
	criação de animais		5
	empregada doméstica		6
	funcionária do Estado		7
	outro		8

Trabalha fora da casa? Se sim passa para pergunta seguinte Se não passa para pergunta 11	sim		1
	nao		2

0. Habitualmente quem toma conta da criança quando a mãe não está em casa? possibilidade de marcar múltiplas respostas)	leva consigo a criança		1
	fica com marido/parceiro		2
	fica com outras crianças mais velhas		3
	fica com a família		4
	fica com os vizinhos/amigos		5
	fica com o/a empregado		6
	fica na escolinha		7

NUTRIÇÃO

1. Está a amamentar esta criança (nome)? Se sim passa para pergunta 15 Se não passa para a pergunta seguinte	Sim		1
	Nao		2

2. Se não está amamentar, mas esta criança já esteve amamentar?	Sim		1
	Nao		2

3. Com que idade a criança foi desmamada? marcar só uma resposta	< 4 meses		1
	4 - 6 meses		2
	7 - 11 meses		3
	12 - 18 meses		4
	> 18 meses		5

4. Porque parou de amamentar esta criança? marcar só uma resposta	porque já estava grande		1
	estava grávida		2
	doença da mãe		3
	doença da criança		4
	a mãe faleceu		5
	tradição		6
	outro		7

15 Depois do parto, a partir de quando começou amamentar esta criança? (marcar uma só resposta)	durante a primeira hora depois do parto		1
	entre 1 - 8 horas depois do parto		2
	mais de 8 horas depois do parto		3
	nao lembra/nao sabe		4

16 Por dia, esta criança tem quantas refeições?	uma		1
	duas		2
	tres		3
	quatro		4
	cinco e mais		5

	Sim=1	Nao=2	Nao Sabe
17 Costuma dar água ou outros líquidos para a criança beber?			

18 Costuma dar leite(fresco) de vaca, cabra ou outro animal para a criança tomar?			
---	--	--	--

19 Costuma dar a criança(nome da criança) alimentos semi solidos como papa ou massa de farinha de milho?			
---	--	--	--

20 Costuma dar frutas para a criança (nome) comer?			
--	--	--	--

21 Se sim, quais as frutas que costuma dar?	silvestre			
	da machamba			

22 Costuma dar a criança cenora, papaia manga ou caju?			
--	--	--	--

23 Costuma dar vegetais (muchocobwe) ou abobora para a criança?			
---	--	--	--

24 Costuma dar (nome da criança) carne ou peixe?	sim		1
	nao		2

24.1 Se nao, porque? _____			
----------------------------	--	--	--

25 Se sim, qual e a proveniencia dos produtos?	animais domesticos		1
	caça		2
	pesca		3
	compra		4

26 Costuma dar (nome da criança) amendoim castanha ou feijao?			
---	--	--	--

27 Se sim, qual e a proveniencia dos produtos	machamba			
	compra			

28 Costuma dar ovos a crianca?	Sim=1	Nao=2	N/sabe
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Se não, porque? _____

29 Quando prepara a alimentacao de crianca (nome _____), costuma adicionar folhas de mandiocas ou outras verduras?			
---	--	--	--

30 Quando preparar a comida de crianca (nome da crianca) _____ costuma adicionar mel ou açucar ?			
---	--	--	--

31 Os trabalhadores de saude aconselham amamentar a crianca nos primeiros dois anos de vida. O que que uma mae deve fazer para conseguir amamentar a sua crianca nos primeiros 4 meses da vida ?	começa amamentar logo depois do parto e nao deita colostro			
	começa amamenta depois de cuidar os mamilos			
	chupa frequentemente para estimular a producao de leite			
	exclusivamente leite do peito durante os primeiros 4 meses			
	reinicia a amamentacao em caso de possivel interrupcao			
32 possibilidade de multiplas respostas 33 marcar todas as respostas	nao sabe			

32 Com quantos meses de idade é aconselhavel introduzir outras comidas na dieta de crianca ? (marcar só uma resposta)	começa a dar antes de 4 meses			1
	começa a dar entre 4 - 6 meses			2
	começa a dar a partir dos 6 meses			3
	começa a dar depois de 6 meses de idade			4
	nao sabe			5

33 Qual é o melhor tipo de comida adicional para uma crianca? (possibilidade de respostas multiplas)	nao sabe			1
	adiciona oleo de cozinha na comida			2
	papa de farinha de milho somente			3
	papa, peixe e carne			4
	papa peixe carne e sumos naturais			5
	outro			6

34 Conheço a coquelha nocturna?	Sim			1
	Nao			2

35

36

37

35 Alguem da sua familia sofreu desta doenca?	sim		1
	nao		2
	nao sabe		3

36 Quais sao os alimentos que se deve dar a criança para prevenir a cegueira nocturna? <i>possibilidade de respostas multiplas</i>	nao sabe		1
	frutas/vegetais		2
	verduras		3
	carne/peixe		4
	ovos		5
	leite materno		6
	outro		7

37 Quais sao os alimentos que contem vitamina que protege contra a cegueira nocturna?	nao sabe		1
	massamba		2
	fruta amarela		3
	carne/peixe		4
	leite materno		5
	gema de ovo		6
	outro		7

38 A criança(nome) tem cartao de saude?	sim		1
	nao		2
	perdeu		3

39 A criança (nome) foi pesada nos ultimos 4 meses?	sim		1
	nao		2

40 No cartao da criança tem algum espaco para preencher se tomou Vitamina A?	sim		1
	nao		2

	dia	mes	ano
41 Se sim escreva datas de aplicacao de vitamina A?	primeira aplicacao		
	segunda aplicacao		
	terceira aplicacao		
	quarta aplicacao		

42 a) Altura da criança em centimetros	cm	
b) Peso da criança em grammas	grammas	

DIARREIA

43. Esta criança, teve diarreia nas últimas duas semanas? <i>(Se não passa para 49, Se sim passa para seguinte)</i>	sim		1
	nao		2

44. Durante o episódio de diarreia como amamentou a criança? <i>marcar só uma resposta</i>	mais do que o habitual		1
	normalmente		2
	menos do que o habitual		3
	parou completamente		4

45. Durante o episódio de diarreia continuou a dar alimentos adicionais como papa e massa? <i>marca uma so das respostas</i>	mais do que o habitual		1
	normalmente		2
	menos do que o habitual		3
	parou completamente		4

46. Como tratou a criança (nome) quando tinha diarreia? <i>possibilidade de respostas multiplas ponta todas as respostas</i>	nao deu nada		1
	deu SRO (pacote)		2
	deu soluçao caseira de açucar + sal		3
	deu soluçao de agua de arroz		4
	outros liquidos (agua de coco, chia)		5
	medicamentos anti-diarreicos ou antibiotico		6
	outro		7

47. Quando a criança teve diarreia, procurou algum conselho para tratá-la?	sim		1
	nao		2

48. Se sim, a onde procurou o conselho? <i>possibilidade de respostas multiplas</i>	Posto/Centro de Saude		1
	curandeiro		2
	parteira tradicional		3
	anciao		4
	outro		5

49. Quais sao os sinais e sintomas de diarreia que pode levar uma mae a pedir algum conselho? <i>possibilidade de respostas multiplas ponta todas as respostas</i>	nao sabe		1
	vomitos		2
	febres		3
	boca seca/olhos escovados		4
	diminuição de urina		5
	diarreia prolongada (> 14 dias)		6
	fezes com sangue		7
	falta de appetite		8
	fraqueza/cansaço		9
	outros		10

50 O que e que uma mae deve fazer quando a criança tem diarreia? (possibilidade de respostas multiplas aponta todas as respostas)	nao sabe		1
	rapidamente inicia a dar liquidos		2
	da a criança mais liquidos que o habitual		3
	da poucos liquidos em mais vezes		4
	prepara e administra SRO		5
	leva a criança ao hospital/centro de saude		6
	dar mais de comer depois de cada episodio		7
	de diarreia para a criança readquirir o seu peso		
	para de dar todos os liquidos		8
	para de dar alimentos		9
outra		10	

51 O que e que uma mae deve fazer quando a criança esta a recuperar da diarreia? (possibilidade de respostas multiplas aponta todas as respostas)	nao sabe		1
	dar pouca comida em mais vezes		2
	menos comida do que o habitual		3
	dar alimentos solidos		4
	outra		5

52 Conhece este pacote ? Seguinte, Se não passa para pergunta 55	Se sim passa para a pergunta	sim		1
	Se não passa para pergunta 55	nao		2

53 Se conhece, sabe como se prepara?	um pacote diluir com agua fervida		1
	um pacote diluir c/ 1lt de agua fervida		2
	dar o conteudo do pacote para comer		3
	nao sabe		4

54 Na sua opiniao, como pode-se evitar diarreia? (possibilidade de respostas multiplas apontar todas as respostas)	Lavar as maos antes de comer		1
	Nao deixar produtos alimentares ao ar livre		2
	Ferver agua para beber		3
	Utilizar latrinas		4
	Nao sabe		5

INFECÇÃO RESPIRATORIA AGUDA

55 Nas ultimas duas semanas a criança (nome) teve tosse ou dificuldades de respirar?	sim		1
	nao		2

Pg 7

56 A criança (nome _____) tinha dificuldades de respirar?	sim		1
	nao		2

57 Quando a criança teve esse problema respiratório foi tratada?	sim		1
	nao		2

59 Quando a criança tinha tosse ou dificuldades respiratorias onde foi tratada?	hospital geral		1
	posto/centro de saude		2
	clinica privada/ medico		3
	parreira tradicional		4
	farmacia		5
	amigos		6
	outros		7

61 Quais sao os sinais ou sintomas de infecção respiratoria aguda que levam a unidade sanitaria? <i>possibilidade de respostas multiplas aponta todas as respostas</i>	nao sabe		1
	dificuldade respiratoria		2
	falta de apetite		3
	febres		4
	tosse		5
	outro		6

VACINAÇÃO

60 Esta criança foi vacinada?	sim		1
	nao		2
	n/sabe		3

61 Com que idade esta criança (nome _____) recebeu a vacina de sarampo?			
---	--	--	--

62 Pode dizer porque as mulheres gravidas precisam de ser vacinadas (contra o tétano)?	p/ protecção da mulher e do recém nascido		1
	para somente proteger a mulher		2
	para somente proteger o recém nascido		3
	nao sabe ou outra resposta diferente		4

63 Quantas doses de vacina uma mulher grávida deve receber?	uma dose		1
	duas doses		2
	mais de 2 doses		3
	nenhuma		4
	nao sabe		5

64 Esta criança tem cartão de vacinação? <i>marcar Só uma das respostas</i> <i>Se sim passa para pergunta seguinte e se não ou n/sabe passa para 66</i>	sim		1
	nao		2
	perdeu		3

65 Olha para o cartão de vacinação da criança e aponta neste espaço as datas de vacinação	BCG	dia	mes	ano		1
	DPT/POLIO	1ª				2
		2ª				3
		3ª				4
	sarampo					5

66 Olha para o local de vacinação de BCG se tem ou nao cicatriz da BCG	tem		1
	n/tem		2

67 A senhora tem a ficha pre natal da gravidez desta criança? <i>Se sim passa para pergunta seguinte Se nao passa para 69</i>	sim		1
	nao		2
	perdeu		3
	US		

68 Olha para a ficha pre natal da mulher e aponta neste espaço o n' de consultas pre natais feitas	uma		1
	duas		2
	tres		3
	quatro		4
	cinco e +		5
	nenhuma		6

69 A senhora tem cartão de saude da mulher?	sim		1
	nao		2

70 Se sim, apontar neste espaço o n' de doses de VAT aplicadas	uma		1
	duas		2
	tres		3
	quatro		4
	cinco e +		5
	nenhuma		6

PLANEAMENTO FAMILIAR

71	Já ouviu falar de espaçamento de gravidez/crianças?	sim		1
		nao		2
		n/lembra		3

72	Acha que o espacamento de gravidezes tem vantagens? <i>Se sim, passe para a pergunta seguinte Se nao passe para No 74</i>	sim		1
		nao		2
		nao sabe		3

73 Quais sao essas vantagens? _____

74 Porque que a senhora acha que nao tem vantagens? _____

75	A senhora está grávida? <i>Se sim, passe para pergunta 80 Se nao, passe para a pergunta seguinte</i>	sim		1
		nao		2
		n/sabe		3

76	Gostaria de ter outro filho nos proximos dois anos?	sim		1
		nao		2
		nao sab		3

77	Actualmente utiliza algum metodo para evitar ou retardar a gravidez? <i>Se sim, passe para a pergunta seguinte Se nao passe para No 79</i>	sim		1
		nao		2

78	Qual é o método que utiliza?	Injectavel		1
		pilula		2
		DIU		3
		camisinha		4
		amamentação exclusiva		5
		abstinencia		6
		coito interrompido		6
outro		7		

78b. Se utiliza um dos metodos modernos (injectavel, pilula, DIU, camisinha) pergunta a proveniencia e aponta neste espaco. _____
depois passe para pergunta No 80

79 Porque a senhora nao utiliza ?	nao sabe onde encontrar		1
	nao quer utilizar		2
	quando utiliza faz-lhe mal		3
	marido proibe		4
	nunca foi informado		5
	outra		6

80 A partir de quantos meses uma senhora grávida deve começar frequentar consultas pós-natais?

81 O que e que uma mulher grávida deve comer para evitar anemia ? _____

82 Quantas refeições, uma senhora grávida deve servir por dia?	uma		1
	duas		2
	tres		3
	quatro		4
	nao sabe		5

83 Quem foi que assistiu o parto desta criança? <i>Possível respostas multiplas</i>	sozinha		1
	membro da familia		2
	parteira tradicional		3
	profissional da saude		4
	nao se lembra		5

83A. Se resposta e multipla, pergunta a senhora que aconteceu ?

Monta a resposta neste espaço. _____

84 A partir de que mes depois do parto que uma senhora deve começar a frequentar consultas post natais? <i>marcar uma só resposta</i>	< 1 mes		1
	1 mes		2
	2 mes		3
	3 meses e mais		4
	nao sabe		5

85 Quais sao os alimentos (proibidos) que uma grávidas nao deve comer?

86 Já ouviu falar sobre HIV/SIDA? <i>Se não, passe para pergunta No 89</i>	sim		1
	nao		2
	não se lembra		3

38. Quais são as diferentes maneiras de contrair HIV/SIDA? possibilidade de respostas múltiplas	Relações sexuais com parceiro infectado		1
	maos		2
	picadas de insectos		3
	seringas e agulhas		4
	beijo		5
	prostituição		6
	cordão umbilical para o bebé		7
	sangue e produtos do sangue		8
	outra		9

39. Quais são as diferentes maneiras de prevenir ou evitar HIV/SIDA? possibilidade de respostas múltiplas	relações sexuais com único parceiro		1
	uso de camisinha em parceiro ocasional		2
	uso de sangue/derivados seguro		3
	nao manter relações sexuais extra conjugais		4
	nao manter relações com prostitutas		5
	outra		6

ABASTECIMENTO DE AGUA

40. Qual é a principal fonte de água (para beber) usada pela família?	fontenário público		1
	poço colectivo		2
	poço individual		3
	rio		4
	outro		5

41. Quanto tempo leva a andar até a fonte mais próxima?	<30 minutos		1
	30 - 60 minutos		2
	1 - 2 horas		3
	> 2 horas		4
	nao sabe		5

42. Essa fonte de água é permanente durante o ano?	e permanente		1
	nao e permanente		2
	nao sabe		3