

Report
On
**Acceptability and Adherence Test of Zinc
Tablet in Young Children**



Submitted To:



Social Marketing Company

Conducted by:

 **ACNielsen Bangladesh**

December 2006

December 28, 2006

Mr. Toslim Uddin Khan
Head
Research & Information Services
Social Marketing Company

Sub: Submission of the report on **"Acceptability and Adherence Test of Zinc Tablet in Young Children"**.

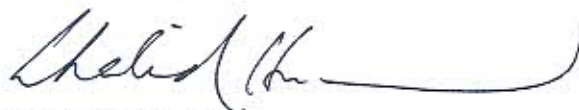
Dear Mr. Khan:

We are pleased to submit a copy of the report on "Acceptability and Adherence Test of Zinc Tablet in Young Children". We have incorporated all the feedback from you and your team on the draft report.

We would like to take this opportunity to thank you and team for your valuable input at different stages of the study and report writing.

With best regards.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Khalid Hasan', followed by a long horizontal flourish.

Khalid Hasan, PhD
Managing Director

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EXECUTIVE SUMMARY

Introduction

Diarrhea contributes to the major share of child morbidity and mortality in developing countries, which can be effectively reduced by zinc. Zinc has been found to play an effective role in reducing severity and length of diarrheal episode and in reducing the risk of subsequent diarrheal illness in children aged below five years. Given the importance of zinc tablet in diarrheal treatment, SMC intends to social market zinc tablets as a treatment for diarrhea in children.

Methodology

The overall objective of the study was to assess the acceptability of 20 mg dispersible zinc tablets among children under five years of age with an active case of diarrhea and compliance uses.

The study utilized quantitative approach for data collection of this study. Caregivers or mothers of the <5 children with diarrheal episode who took ORS were interviewed. A total of 453 sample were contacted with the following two groups,

- ☐ Caregiver/mother of 214 children of 6-23 months
- ☐ Caregiver/mother of 239 children of 24-59 months

The study was conducted in both urban and rural sites, as per suggested by SMC. Particularly, the areas were:

Urban areas:

- ☐ Mirpur, Dhaka
- ☐ Chandgaon, Chittagong
- ☐ Paba, Rajshahi

Rural areas:

- ☐ Bakergonj, Barisal
- ☐ Terokhada, Khulna
- ☐ Balagonj, Sylhet

Six Sales Officers from the SMC and six Field Investigators (FIs) from ACNielsen received a one-day orientation about zinc treatment in diarrhea. Each sales officer selected 10 urban and 10 rural outlets from their respective sample areas. The pharmacists/ doctors provided the detail information to the respondents as well as the zinc tablets. Before collecting data, FIs visited each of the selected pharmacies to follow-up of the distribution work of zinc. The final data collection for the study was carried out during the month of September – October 2006.

FINDINGS

Background Information

A total of 453 respondents who were mothers (83%) or caregivers (17%) of children were interviewed. Higher proportion of respondents had primary level of education (38%) followed by secondary level of education (31%). Further, 48% were children of lower age group (6-23 months) and 52% were children aged 24-59 months. Wide

majority (94%) of the children aged 6-23 months (n=216) were also breastfeeding at the time of survey.

At the time of survey, 91% of the children have recently recovered from diarrhea while 2% were still suffering from diarrhea.

Child's Last Episode of Diarrhea and Acceptance of Zinc Tablet

Higher proportion of children found to suffer for 3 days (33%), which was little higher for children aged 24-59 months (34%) compared to children aged 6-23 months (32%). Around one-fourth of the children suffered for 4 days (23%) and 14% suffered for 5 days. The average duration for the children to suffer from diarrhea was 4.3 days for last time.

Almost all of the respondents gave ORS (98%) and zinc tablet (100%) to their children. All the parents/ caregivers, except for 3, gave their children 1 tablet per day, as suggested by the pharmacists. Majority of the respondents (81%) reported to have completed the 10-day dose of Zinc tablet for their children's treatment. Nineteen percent of the respondents did not complete the 10-day dose of zinc tablet, because their child was recovered from diarrhea (8%), they forgot to give their child medicine (3%), their child didn't want to take medicine (3%), and their child did vomit (3%).

Process of giving zinc tablet to the children

Wide majority of the respondents (91%) followed the process of dissolving the tablet in water in a spoon, while 8% dissolved the tablet in ORS and dissolved in water and in other than spoon (8%). Further, 83% of the respondents did not have any difficulty as the tablet dissolved easily and they found tablet easy to feed. One-tenth of the respondents stated that the tablet solution spilled over the spoon and 6% of caregivers had some difficulty, for instance, tablet did not dissolve easily, tablet is difficult to feed, etc.

Reaction of the children after giving Zinc Tablet

More than two-thirds of the respondents perceived the zinc tablet has good taste (67%) as their child took the medicine easily and 14% opined that the tablet seemed bitter or bad taste to them. Another 8% of the respondents opined their child felt like vomiting after they were given the zinc tablet. About the overall likings by the children, 42% of the children liked very much.

Information on vomiting by the children

About one-third of the caregivers for children aged 6-23 months (30%) and 17% of the caregivers for children aged 24-59 months have reported that their children had vomit after giving zinc tablet. Further, 24% of the caregivers of children aged 6-23 months and 14% of the caregivers of children aged 24-59 months kept giving both zinc tablet and ORS to their children. About 3% stopped zinc tablet and gave only saline while a very few of the caregivers stopped both the zinc tablet and ORS after their child did vomit.

Future Intention of using zinc tablet

Almost all of the parents/ caregivers (99%) showed positive intention to use zinc tablet in future during their child's diarrhea.

More than half of the respondents (55%) opined 10 taka would be acceptable for a 10-tablet strip with an average of 13 taka for the same. Further, 90% of the respondents preferred to buy the zinc tablets from pharmacy followed by grocery shop (10%).

CONCLUDING REMARKS

On the basis of the findings the following conclusions and recommendations can be made:

- ❑ The study found that, the parents/ caregivers of children under five were willing to give zinc tablet to their children with ORS as a treatment for diarrhea.
- ❑ All the children received the standard dose of one tablet per day and 81% completed the full 10-day course of zinc treatment. Majority of the children were been able to feed the medicine with ease.
- ❑ Over 90% of the parents/ caregivers complied with the instructions addressing frequency of administrations, dosage, and the procedure to prepare the medicine. Therefore, it can be concluded that among the group of parents/ caregivers of children who experienced acute diarrhea, zinc treatment was acceptable and adherence to the instructions was quite good.
- ❑ Finally, the present study found that the formulation is well accepted among young children. Parents/ caregivers also observed to find the procedure to administer the zinc tablets to their children easy to remember. The full-compliance with 10-day length of the treatment was also found high among the group of respondents. Yet, less experience with a treatment with dispersible tablet or completion of the dose even after disease is cured need to be taken care of during promotional activities. As suggested by the respondents, media campaign (television, radio, IPC, etc.) would be useful in dealing with such issues.

CHAPTER ONE INTRODUCTION

SECTION I: Introduction

Background

Social Marketing Company (SMC) is dedicated to providing opportunities for better family health for the people of our country by addressing issues of social priority. SMC is regarded as a significant contributor to the delivery of health services in Bangladesh by complementing public sector distribution with private sector marketing model.

SMC is marketing WHO-formula based new packaged ORSaline-N (Oral Rehydration Salt). SMC has extended its line by introducing BNF-based flavored ORS brand ORSaline Fruity.

SMC has a very efficient nation-wide sales and distribution network which operates through strategically located twelve sales offices. The Company has a little over 100 sales personnel who are distributing products to more than 215,000 retail outlets countrywide.

SMC played a key role in expanding the use of oral rehydration therapy in the country. SMC's ORSaline brand of ORS now accounts for 52 percent of all oral rehydration salts purchased from the shops.

SMC has a strong communication program to facilitate and sustain behavior changes for improved reproductive and nutritional health. These are carried out through radio programs, direct community education programs, mobile video programs, health providers' training program, direct mailing, telephone counseling, and interpersonal educational programs for focused groups on STI/AIDS prevention.

SMC has one of the most established, extensive and efficient distribution networks in Bangladesh. Nationwide coverage is carried out through nine Area Offices and three Depot Offices located in major district towns of the country. This enables SMC's 85 men strong sales force to distribute products to the far-flung outlet promptly and regularly. On an average, about 230,000 outlets are served by SMC sales force each year of which approximately 35% are pharmacies and the rest non-pharmacies. In-addition, numerous other retailers take supplies from the stockists.

Brief Description on Zinc¹

Zinc is an essential micronutrient for human growth and development. A large proportion of populations in developing countries are deficient in zinc. Young children in developing countries are the highest risk groups for infection and death due to diarrhea and other infections. Zinc has been found to be very effective in reducing severity and length of diarrheal episode and in reducing the risk of subsequent diarrheal illness in children aged below five years. Zinc, available in syrup form, is being prescribed to increase growth, increase appetite, improve digestion and reverse weakness. Zinc tablets have advantages over syrup, as tablets are easier to handle, less costly and easier to dose.

Given the findings, SMC aims to social market zinc tablets as a treatment for diarrhea in children. Prior to committing to a large marketing campaign and launching the products,

¹ This information is taken from the RFP provided by SMC

SMC aims to test the acceptability and compliance of zinc tablet as a treatment for diarrhea in children in urban and rural household settings.

SECTION II: Methodology

ACNielsen Bangladesh conducted the study for the following objectives and with the detailed methodology discussed later.

Study Objective

The overall objective of the study was to assess the acceptability of 20 mg dispersible zinc tablets among children under five years of age with an active case of diarrhea and compliance uses.

The specific objectives of the study were as follows:

1. To assess if the zinc tablet is acceptable among children under five years of age with an active case of diarrhea.
2. To determine the rate of compliance with zinc treatment regimen.
3. To document reasons for non-compliance with the treatment regimen.

Study Approach

To meet the aforementioned objectives, the study utilized quantitative approach of data collection.

Target Respondent

For the study, caregivers or mothers of the <5 children with diarrheal episode who took ORS were interviewed.

The study intended to determine acceptability and adherence of zinc tablet in younger children (6 moths-23 months) and older children (24-59 months). Thus a total of 453 sample were contacted with the following two groups,

- ☐ Caregiver/mother of 214 children of 6-23 months
- ☐ Caregiver/mother of 239 children of 24-59 months

The study was conducted in both urban and rural sites, as per suggested by SMC. Particularly, the areas were:

Urban areas:

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Rural areas:

- ☐ Bakergonj, Barisal
- ☐ Terokhada, Khulna
- ☐ Balagonj, Sylhet

Study Implementation

The present study was implemented in the following manner:

Initial visit

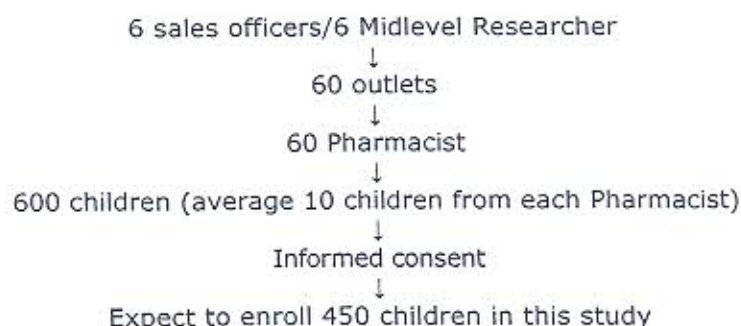
Six Sales Officers from the SMC and six Field Investigators (FIs) from ACNielsen received a one-day orientation about zinc treatment in diarrhea. Each sales officer was instructed to select 10 urban and 10 rural outlets from their respective sample areas. After completion of the orientation, both the sales officers and FIs visited their respective sample areas and selected the pharmacy outlets. They recorded the names of Pharmacists with address and telephone number of each Pharma outlets. Each pharmacist was advised to identify and maintain a list of 10 diarrhea-affected children, whoever comes to that outlet to buy ORS.

Children living within close distance were given preference in order to facilitate data collection. The seller maintained details of the residence of the children suffering diarrhea including their name, age, address, prominent landmark near the residence and contact number in the address sheet provided by the FI.

Follow-up visit

Before collecting data, FIs visited each of the selected pharmacies to follow-up of the distribution work of zinc at the pharmacist. FIs also kept continuous communication with the pharmacist after the initial visit. After the distribution of the tablets FIs collected the list of children and depending upon the completion of the consumption of doses they went for the interview.

Flowchart of recruitment of study participants:



Survey Tool

A structured questionnaire was used for quantitative survey. Survey questionnaire was finalized in consultation with SMC.

Survey Period

The data collection for the study was carried out during the month of September - October 2006.

CHAPTER TWO

FINDINGS

SECTION I: Background Information

Respondents' Profile

A total of 453 respondents who were mothers or caregivers of children were included in the study. Out of the total respondents, majority was mothers (83%) of the children and rest were caregivers, including fathers, brother, grandmother or relatives.

Out of the 453 respondents, higher proportion have had primary level of education (38%) followed by secondary level of education (31%). Among the female respondents, majority were housewives (84%) with others involved in service, business, agricultural labor work, etc. On the other hand, most frequently mentioned occupation for males was business (40%), service (32%) and agricultural labor (19%).

Figure 1. Occupation of the respondents (%)

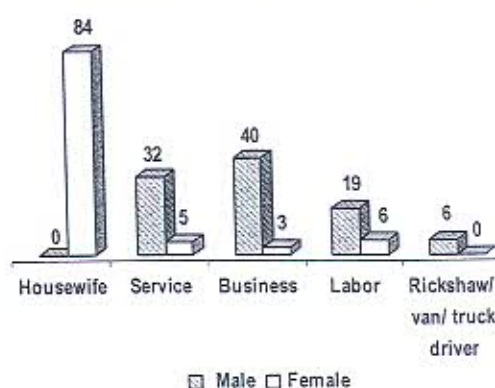


Table 1: Percentage distribution of respondents according to their education by area

Educational Status	Children aged 6-23 months	Children aged 24-59 months	Total
Illiterate	15.7	16.9	16.3
Primary	40.7	36.3	38.4
Secondary	32.4	29.1	30.7
Higher Secondary	8.3	9.3	8.8
Graduate/Post Graduate/Vocational	2.8	8.4	5.7
N	216	237	453

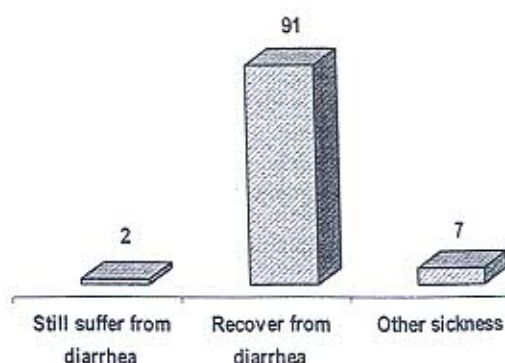
Information about the Children

Out of 453 children, 48% were children of lower age group (6-23 months) and 52% were children aged 24-59 months. More than half of these children were males (57%) with 43% female children. Further, wide majority (94%) of the children aged 6-23 months (n=216) were breastfeeding at the time of survey.

Health Status of the Child

The respondents (mothers/ caregivers of children) were enquired about the health status of the children under study.

Figure 2. Current health status of children (% of respondents)



According to 66% of the respondents, their children usually are in good health, while 19% usually remain sick and 14% remain very good health.

Regarding current health status of children, 91% of the respondents stated that their children have recently recovered from diarrhea while 2% were still suffering from diarrhea. Few of the children (7%) are suffering from diseases other than diarrhea.

Table 2: Percentage distribution of respondents according to the usual health status of children

Usual health status of children	Children aged 6-23 months	Children aged 24-59 months	Total
Very good health	17.6	11	14.1
Good health	63	68.4	65.8
Sick	18.1	19.8	19
Very Sick	1.4	0.8	1.1
N	216	237	453

When the respondents were further asked about the usual place for their children's treatment, 47% of the respondents reported to consulting village doctors or *kabiraj* and pharmacy usually for their children's sickness. Another 14% of the respondents reported of consulting MBBS doctors or child specialists while 6% of the respondents mentioned they go to hospital or clinic for such treatment. Higher proportion of respondents (52%) (parents /caregivers) for children aged 6-23 months reported of going to village doctors for their children's treatment compared to parents/caregivers of children aged 24-59 months (43%). The reverse was found in case of treatment from pharmacy for children aged 24-59 months (52%) and children aged 6-26 months (42%).

Table 3: Percentage distribution of respondents according to the usual place to consult for children's treatment

Usual places for treatment	Children aged 6-23 months	Children aged 24-59 months	Total
MBBS Doctor/ Child specialist	13.4	14.3	13.9
Village Doctor/ Kabiraj	52.3	42.6	47.2
Pharmacy	41.7	51.5	46.8
Hospital/ clinic	4.2	7.6	6.0
N	216	237	453

SECTION II: Child's Last Episode of Diarrhea and Acceptance of Zinc Tablet

Duration of Child's Last Episode of Diarrhea

The respondents (mothers/caregivers of children) were enquired about the last episode of diarrhea for the children. Regarding duration of the last episode of diarrhea, higher proportion of children found to suffer for 3 days (33%), which was little higher for children aged 24-59 months (34%) compared to children aged 6-23 months (32%). Around one-fourth of the children suffered for 4 days (23%) and 14% suffered for 5 days. However, 9% of the children have been reported to suffer for 2 days and 16% suffered for 6-8 days. The average duration for the children to suffer from diarrhea was 4.3 days for last time. The pattern of duration for children of both age group was quite consistent.

Table 4: Percentage distribution of respondents according to the duration of children's last episode of diarrhea

Duration of last episode of diarrhea (in days)	Children aged 6-23 months	Children aged 24-59 months	Total
2	9.3	9.3	9.3
3	31.5	33.8	32.7
4	22.7	23.6	23.2
5	16.7	11.8	14.1
6-8	14.9	16.8	15.9
9+	5.1	2.5	3.7
Average days	4.4	4.1	4.3
N	216	237	453

Treatment during last episode of diarrhea

Regarding treatment of the children during last episode of diarrhea almost all of the respondents reported of giving ORS (98%) and zinc tablet (100%)². There was little difference in giving ORS to the children according to their age group. For instance, 98% of the children aged 6-23 months and 99% of the children aged 24-59 months were given ORS during their last episode of diarrhea.

Further, all the respondents have affirmed that they have given zinc tablet to their child during their last episode of diarrhea. Yet, 94% of the respondents could show the empty strip to the interviewers.

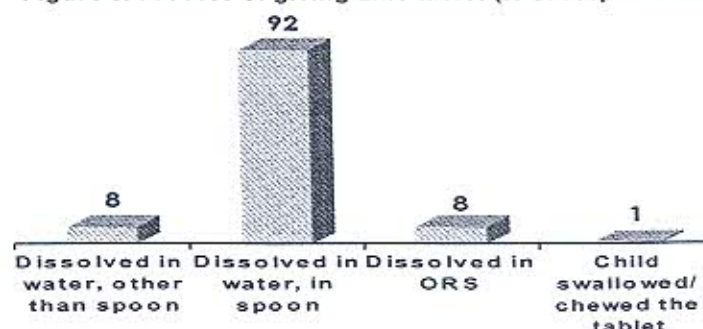
Usage of Zinc tablet during Children's Last Episode of Diarrhea

All of the caregivers of the children under study affirmed that they have given zinc tablet to their children during their last episode of diarrhea. The caregivers were also asked about the number of zinc tablet per day, and all of the respondents, except for 3 respondents gave their children 1 tablet per day, as suggested by the pharmacists.

Majority of the respondents (81%) reported to have completed the 10-day dose of Zinc tablet for their children's treatment.

Process of giving zinc tablet to the children

The caregivers were further asked to explain the way they gave zinc tablet to their children. Wide majority of the respondents (91%) mentioned that they followed the process of dissolving the tablet in water in a spoon, which was mentioned by 94% of caregivers for children

Figure 3. Process of giving zinc tablet (% of respondents)

² The respondents who mentioned providing zinc tablet to their children were calculated by combining the proportion of respondents who mentioned giving any medicine during diarrhea and then mentioned zinc as a follow up question and the proportion of respondents who admitted providing zinc tablet to their children in a direct question; irrespective of the completion of the dose.

aged 6-23 months and 90% of caregivers for children aged 24-59 months. Little less than one-tenth of the caregivers gave the zinc tablet dissolved in ORS (8%) and dissolved in water and in other than spoon (8%). However, a handful of the children aged 24-59 months swallowed or chewed the zinc tablet (2%).

Being asked about the experience of giving the children zinc tablet, 83% mentioned that they did not have any difficulty as the tablet dissolved easily and they found tablet easy to feed. Another 10% of the caregivers stated that the tablet solution which was dissolved in the spoon spilled over. However, there were 6% of caregivers who reported difficulty in giving the tablet to their children, including the tablet did not dissolve easily, tablet is difficult to feed, etc.

Table 5: Percentage distribution of respondents according to their experience of giving zinc tablet in the suggested way

Experience of giving zinc tablet	Children aged 6-23 months	Children aged 24-59 months	Total
No difficulty (dissolved easily/ easy to feed)	85.2	81.0	83.0
Tablet did not dissolve easily/ difficult to feed	5.6	5.5	5.5
Tablet solution spilled over	9.7	10.5	10.2
Did not fed by dissolving	0	1.7	0.9
N	216	237	453

Reason for not completing the 10-day Dose of Zinc

Out of the total respondents, 19% have reported not to complete the 10-day dose of zinc tablet. When they were asked about the reason for not being able to complete the complete dose of zinc tablet, 8% of the caregivers mentioned that they stopped as their child was recovered from diarrhea. This was mentioned by 5% of the caregivers of children aged 6-23 months and 11% of the caregivers of children aged 24-59 months. Few of the caregivers further stated that they forgot to give their child medicine (3%), their child didn't want to take medicine (3%), and they stopped as their child did vomit (3%). However, a handful of the respondents could not state specifically the reason for not completing the dose.

Reaction of the children after giving Zinc Tablet

During the interview, the caregivers were asked to report about the children's reaction after giving the zinc tablet. The respondents were requested to think and recall about the children's reaction. About two-thirds of the total caregivers perceived it has good taste (67%) as their child took the medicine easily.

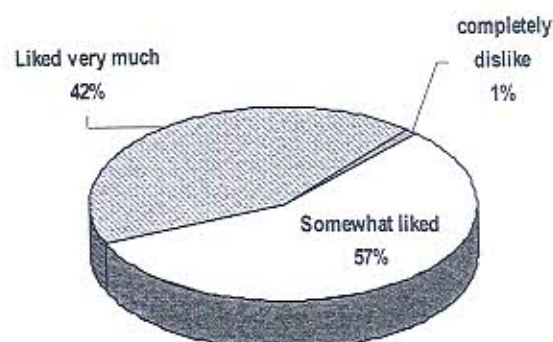
A little higher than one-tenth of the caregivers (14%) opined that the tablet seemed bitter to them and 8% of them opined their child felt like vomiting after they were given the zinc tablet.

Figure 4. Reaction of child after giving zinc tablet (% of respondents)



The caregivers were then asked about the overall likings of their children about the zinc tablet. Among the caregivers of young children aged 6-23 months 40% opined their children liked the zinc tablet while 14% opined their children did not like the tablet much. Similarly, for the children aged 24-59 months, 45% of caregivers thought their children liked the zinc tablet and 10% stated the opposite.

Figure 5. Overall likings of children about zinc tablet (% of respondents)



Information on vomiting by the children

The caregivers were further asked whether their children vomit after giving saline and zinc tablet during the last episode of diarrhea. About one-third of the caregivers for children aged 6-23 months (30%, n=216) and 17% of the caregivers (n=237) have affirmed that their children had vomit. Regarding the number of vomiting by the children, 10% of the respondents mentioned their child did vomit once a day while 8% mentioned of twice a day and 4% mentioned of thrice a day.

Being asked about the steps the respondents took after their child did vomit, 24% of the caregivers of children aged 6-23 months and 14% of the caregivers of children aged 24-59 months stated that they kept giving both zinc tablet and ORS to their children. About 3% stopped zinc tablet and gave only saline while a very few of the caregivers stopped both the zinc tablet and ORS after their child did vomit.

Table 6: Percentage distribution of respondents according to the steps taken when their child vomit after giving zinc tablet and ORS

Steps taken by the respondents	Children aged 6-23 months	Children aged 24-59 months	Total
Child did not vomit	69.9	83.5	77.0
Gave both zinc tablet and saline	24.1	13.5	18.5
Gave only saline	3.7	2.1	2.9
Gave only zinc	0.5	0	0.2
Stopped both zinc and saline	1.9	0.8	1.3
N	216	237	453

Failure to feed zinc tablet to child

When the caregivers were asked about any incidence when they failed to feed the child zinc tablet, a small proportion of the caregivers (6%) reported positively. This was reported by higher proportion of caregivers of younger children (6-23 months) (8%) as compared to the caregivers of older children (24-59 months) (5%). As the reason for not being able to feed the tablet to their children, 3% of the caregivers mentioned vomiting, while 2% opined the taste was not good.

SECTION III: Knowledge of the Respondents about Zinc Tablet**Number of Tablets received from Pharmacists/ Doctors**

The respondents (parents/ caregivers) have received zinc tablets and the process of feeding the tablets to their children from the pharmacists or doctors. Therefore, the respondents were further asked about the issue to assess their knowledge.

Almost all of the respondents (97%) reported that the pharmacists/ doctors informed them to give 10 tablets to their children for 10 days. Further, 98% of the respondents reported that the pharmacists/ doctors also explained them how to feed the tablet. About three-fourths of the caregivers (73%) could specifically mention that the pharmacists/ doctors told them to take a tablet in a spoon, add water and give to the children. Another 17% of the caregivers also mentioned that the service provider told them to take a tablet in a spoon, add saline water and give to the child.

However, there were 7 respondents who mentioned the pharmacists/ doctors did not give them 10 tablets. There might be two reasons behind this finding, either, the respondents have forgotten the number of tablets the pharmacists/ doctors provided or the pharmacists/ doctors have forgotten the number of tablets they were requested to provide.

Knowledge about Diarrhea and treatment by ORS and Zinc Tablet

The caregivers were enquired about their knowledge on the benefit of saline (ORS) or zinc tablet during children's diarrhea. About benefit of ORS, 73% of the caregivers mentioned that it prevent dehydration followed by it prevent loose motion (53%) and reduce deficiency of body salt (49%). Further, about benefit of zinc tablet, 57% of caregivers mentioned that zinc tablet reduce frequency of loose motion, 32% mentioned it helps to improve condition faster and 30% stated that zinc tablet reduces chance of next episode of diarrhea. However, 17% of the respondents did not know any specific benefit of zinc tablet for children's diarrhea.

Table 7: Percentage distribution of respondents according to their knowledge on benefit of ORS and Zinc Tablet during children's diarrhea

Knowledge	Children aged 6-23 months	Children aged 24-59 months	Total
Benefit of ORS			
Prevent Dehydration	71.3	74.3	72.8
Prevent loose motion	56.9	50.2	53.4
Prevent child mortality	10.6	4.6	7.5
Reduce deficiency of body salt	51.4	46.4	48.8
Benefit of Zinc tablet			
Reduce frequency of loose motion	54.2	59.1	56.7
Helps to improve condition faster	33.3	31.2	32.2
Reduce chance of next episode of diarrhea	31.5	28.3	29.8
Don't Know	17.1	13.5	15.2
N	216	237	453

Overwhelming proportion of the respondents (98%) found to know that in a diarrheal episode, 10 zinc tablets are needed to give to a child. More than 60% of the caregivers

have stated that they came to know about the importance of zinc tablet in treatment of diarrhea from the doctor (61%) followed by pharmacy (28%).

SECTION IV: Future Intention of the Respondents about Using Zinc Tablet

Future Intention of using zinc tablet

In response to the question regarding future intention to feed zinc tablet during children's diarrhea, almost all of the parents/ caregivers showed positive intention except for 1% of them. According to the few caregivers, who did not intend to give zinc tablet in future, they would not give their children because, child vomit, smell is not good and child was not cured.

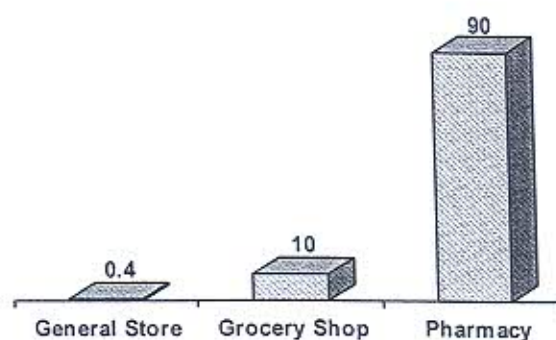
Price perception of the respondents for a 10-tablet strip

The respondents (parents/ caregivers) were further asked what could be the price of a 10-tablet strip of zinc tablet. More than half of the respondents (55%) opined 10 taka for a 10-tablet strip followed by 20 taka (17%), 15 taka (12%) and 5 taka (8%). According to them, on an average 13 taka could be the price of a 10-tablet strip.

Perception on place to get the zinc tablet

When the respondents were asked generally from where they buy ORS, 94% mentioned they buy it from pharmacy and 13% mentioned grocery shop. The respondents were further asked from where they would prefer to buy zinc tablets and 90% of them preferred pharmacy followed by grocery shop (10%).

Figure 6. Preferred place to buy zinc tablet (% of respondents)



Opinion about use of zinc tablets

The respondents were finally asked about their suggestion regarding use of zinc tablet in diarrhea. Regarding their opinion about the zinc tablet, more than one-fourth of the respondents opined that it would be better if given in syrup form instead of tablet form while another 8% of the respondents opined that doctors need to tell every diarrhea patient about the zinc treatment. However, 11% of the respondents suggested adding fruit flavor to the tablets, 6% suggested to keep the price low, 5% suggested reduction of sweet taste, etc.

Regarding the mass dissemination of information on zinc tablet, most frequently mentioned media was television (61%) followed by radio (24%), poster (14%) and news paper (12%). Few of the respondents further suggested doctors (8%) and door to door communication (5%) could be other ways to disseminate information on zinc tablets to the mass.

CHAPTER THREE

CONCLUSION AND RECOMMENDATIONS

Depending upon the study about the acceptance and adherence of zinc tablets during treatment of children's diarrhea the following conclusions and recommendations can be made:

- ❑ The study found that, the parents/ caregivers of children under five were willing to give zinc tablet to their children with ORS as a treatment for diarrhea.
- ❑ All the children received the standard dose of one tablet per day and 81% completed the full 10-day course of zinc treatment. Majority of the children were been able to feed the medicine with ease.
- ❑ For the present study, the pharmacists/ doctors did not receive any formal training or orientation regarding zinc treatment; instead they were asked by the sales officers to provide instructions to the parents/ caregivers of children regarding preparation, time and duration of zinc treatment. The sales officers received a formal orientation and provided the pharmacists/ doctors with a one-page hand out containing basic information about zinc. Almost all of the parents/ caregivers could report that the pharmacists/ doctors informed them to give 10 tablets to their children for 10 days (97%) and explained them how to feed the tablet (98%). Further, 73% of the parents/ caregivers could specifically mention that the service provider told them to take a tablet in a spoon, add water and give to the children.
- ❑ Over 90% of the parents/ caregivers complied with the instructions addressing frequency of administrations, dosage, and the procedure to prepare the medicine. Therefore, it can be concluded that among the group of parents/ caregivers of children who experienced acute diarrhea, zinc treatment was acceptable and adherence to the instructions was quite good.
- ❑ Finally, the present study found that the formulation is well accepted among young children. Parents/ caregivers also observed to find the process easy to remember the procedure to administer the zinc tablets to their children. The full-compliance with 10-day length of the treatment was also found high among the group of respondents. Yet, less experience with a treatment with dispersible tablet or completion of the dose even after disease is cured need to be taken care of regarding promotional activities. As suggested by the respondents, media campaign would be useful in dealing with such issues.

ACNielsen Bangladesh Ltd.
Questionnaire for Caretakers/Mothers

Questionnaire NO.

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Job #:	SR# 016/06/08				CENT ER	ঢাকা	1
PROJECT	Acceptability and Adherence Test of Zinc Tablet in Young Children					চট্টগ্রাম	2
NAME OF RESPONDENT					TYPE	খুলনা	3
ADDRESS IN FULL						রাজশাহী	4
DISTRICT:	UPAZILLA:				CHILDREN CATEGORY	সিলেট	5
UNION:	VILLAGE:					বরিশাল	6
LANDMARKS					START	Rural	1
TELEPHONE (IF ANY)	HOME		WORK			Urban	2
NAME OF INTERVIEWER		CODE		DATE OF			
CHECK DETAILS		CODE	ACCOMPANY	BACK CHECK	2006	SIGNATURE	
NAME OF FS			CODE	DATE	CODE	DATE	REMARKS
NAME OF FC							
NAME OF OTHER OFFICIAL							
FIELD EXECUTIVE							
NAME OF CODER							

আমি _____ এই মর্মে শপথ করছি যে, এই সাক্ষাৎকারের সকল তথ্য সম্পূর্ণ সত্য এবং সঠিক।
প্রশ্নপত্রের তথ্য সংগ্রহের ক্ষেত্রে আমি কোন মিথ্যার আশ্রয় নেইনি এবং যথাযথ নিয়মানুগ পস্থা অনুসরণ করেছি।

Signature of Interviewer

Informed Consent for Respondent

-ঃ পরিচিতি :-

ছালাম/আদাব, আমার নাম। আমি ACNielsen Bangladesh নামক একটি শীর্ষস্থানীয় গবেষণা সংস্থা থেকে এসেছি। বর্তমানে আমরা আপনাদের এলাকাতো বাচ্চাদের ডায়রিয়া চিকিৎসায় জিঙ্ক ট্যাবলেট ব্যবহারের উপর একটি গবেষণা পরিচালনা করছি। আমি এই গবেষণার পক্ষ থেকে আপনার সাথে কথা বলতে এসেছি। এই গবেষণায় আমরা আপনার বাচ্চার ডায়রিয়া চিকিৎসায় জিঙ্ক ট্যাবলেট ব্যবহারে আপনার অভিজ্ঞতা জানতে চাইছি। আপনি কি অনুগ্রহ করে এই ব্যাপারে ১০-১৫ মিনিট আমাদের সাথে কথা বলবেন? আপনার দেয়া তথ্য সম্পূর্ণভাবে গোপন রাখা হবে এবং শুধুমাত্র গবেষণার কাজে ব্যবহার করা হবে।

আপনি কি সাক্ষাৎকার প্রদানে রাজী আছেন?

1	সাক্ষাৎকার দিতে রাজী হয়েছেন
2	সাক্ষাৎকার দিতে রাজী হন নি

Section I: Screening Question

101.	আপনি কি ডাক্তার সাহেব/ঔষধ বিক্রেতার নিকট থেকে জিহ্ব ট্যাবলেট পেয়েছেন?	হ্যাঁ	1	102
		না	2	বন্ধ করুন
102.	আপনি কি আপনার শিশুকে জিহ্ব ট্যাবলেট খাইয়েছেন?	হ্যাঁ	1	201
		না	2	103
103.	কেন বাওয়াননি?			(উত্তরদাতাকে ধন্যবাদ দিয়ে এখানে সাক্ষাৎকার গ্রহণ শেষ করুন)

Section II: Background Characteristics of the Respondents

No	Questions and Filters	Coding Categories	Code	Skip
201.	আপনি শিশুর কে হন?	মা শিশু পরিচর্যাকারী (উল্লেখ করুন).....	01	
202.	আপনি সর্বশেষ কোন শ্রেণী পর্যন্ত পড়াশোনা করেছেন?	নিরক্ষর প্রাথমিক মাধ্যমিক উচ্চ মাধ্যমিক স্নাতক/স্নাতকোত্তর কারিগরি শিক্ষা	1 2 3 4 5 6	
203.	আপনার স্বামী/স্ত্রী সর্বশেষ কোন শ্রেণী পর্যন্ত পড়াশোনা করেছেন?	নিরক্ষর প্রাথমিক মাধ্যমিক স্নাতক/স্নাতকোত্তর কারিগরি শিক্ষা	1 2 3 4 5	
204.	আপনার পেশা কি?	কৃষি দিন-মজুর শ্রমিক রিস্তা/ভ্যান চালক ড্রাইভার (ট্রাক/বাস/অন্যান্য) চাকুরীজীবী বেকার গৃহিনী অন্যান্য (উল্লেখ করুন)	01 02 03 04 05 06 07 08	
205.	অনুগ্রহ করে বলবেন কি, আপনার পরিবারের মাসিক আয় কত?	-----টাকা		

Section III: General Information of the Child

No	Questions and Filters	Coding Categories	Code	Skip
301.	শিশু ছেলে না মেয়ে তা লিপিবদ্ধ করুন।	ছেলে মেয়ে	1 2	

302.	আপনার শিশুর বয়স কত?	-----মাস		
303.	(৬-২৩ মাস বয়সী শিশুর জন্য প্রশ্ন করুন) আপনার শিশু কি বর্তমানে বুকের দুধ খাচ্ছে?	হ্যাঁ না	1 2	
304.	আপনার শিশুর বর্তমান শারীরিক অবস্থা কি?	ডায়রিয়া আছে ডায়রিয়া থেকে সুস্থ হয়েছে অন্য কোন কারণে অসুস্থ আছে (নির্দিষ্ট করে)	01 02 03	
305.	আপনার শিশুর শারীরিক অবস্থা সচরাচর কেমন থাকে?	খুবই সুস্থ থাকে মোটামুটি সুস্থ থাকে অসুস্থ থাকে বেশী অসুস্থ থাকে	1 2 3 4	
306.	যদি অসুস্থ থাকে তাহলে কি কি কারণে অসুস্থ থাকে বলে আপনি মনে করেন?			
307.	আপনার শিশুর জন্য কোন ধরনের ঔষধ সবচেয়ে বেশী ব্যবহার করতে হয়?			
308.	আপনার শিশুর চিকিৎসার জন্য সাধারণত: আপনারা কোথায় যান?	এমবিবিএস ডাক্তার গ্রাম্য ডাক্তার এনজিও ক্লিনিক স্বাস্থ্য কর্মী ফার্মেসী অন্যান্য	01 02 03 04 05	

Section IV: Information on Child's Last Episode of Diarrhea

আপনার শিশুর শেষবার যে ডায়রিয়া হয়েছিল, এখন আমি সে সম্পর্কে কিছু প্রশ্ন করবো?

No	Questions and Filters	Coding Categories	Code	Skip
401.	এইবারে ডায়রিয়ায় আপনার শিশু কতদিন ভুগেছে?	-----দিন		
402.	আপনি আপনার শিশুকে ডায়রিয়া চলাকালীন সময়ে কি কি খাইয়েছেন? (একাধিক উত্তর হতে পারে)	ওরস্যালাইন (দোকানের) বাড়ীতে তৈরী খাবার স্যালাইন স্বাভাবিক খাবার মায়ের দুধ এন্টিবায়োটিক অন্যান্য ঔষধ (উল্লেখ করুন)	01 02 03 04 05	
403.	(যদি 402 নং প্রশ্নে কোন প্রকার স্যালাইনের কথা না বলে- তাহলে প্রশ্ন করুন) আপনি কি আপনার শিশুকে খাবার স্যালাইন খাইয়েছেন?	হ্যাঁ না	1 2	

404.	(যদি 402 নং প্রশ্নে কোন এন্টিবায়োটিক এর কথা না বলে-তাহলে প্রশ্ন করুন) ডায়রিয়া চিকিৎসায় আপনার শিশুকে কি কোন এন্টিবায়োটিক খাইয়েছেন?	হ্যাঁ না	1 2																																	
405.	(যদি 402 নং প্রশ্নে কোন প্রকার ঔষধের কথা না বলে- তাহলে প্রশ্ন করুন) এছাড়া আপনার শিশুকে কি অন্য কোন ঔষধ দিয়েছেন?	হ্যাঁ না	1 2 →	501																																
406.	যদি q. 405-এ উত্তর হ্যাঁ হয়, তাহলে প্রশ্ন করুন কি কি ঔষধ খাইয়েছেন? (যদি সম্ভব হয় ঔষধের বোতল বা ট্যাবলেটের পাতা দেখে নিন) (নোটঃ শুধুমাত্র শেখবার ডায়রিয়ার কারণে যে সকল ঔষধ খাওয়ানো হয়েছে, সেগুলো লিখুন)	<table><tr><th>ঔষধের নাম</th><th>কোড</th><th>দেখা হয়েছে</th><th>দেখা হয়নি</th></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr><tr><td></td><td></td><td>1</td><td>2</td></tr></table>			ঔষধের নাম	কোড	দেখা হয়েছে	দেখা হয়নি			1	2			1	2			1	2			1	2			1	2			1	2			1	2
ঔষধের নাম	কোড	দেখা হয়েছে	দেখা হয়নি																																	
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407.	<p>(চেক প্রশ্ন q. 403 এবং q. 404, যদি স্যালাইন এবং কোন এন্টিবায়োটিক ঔষধ খাওয়ায়, তাহলে প্রশ্ন করুন) আপনি যে আপনার শিশুকে স্যালাইন এবং এন্টিবায়োটিক খাইয়েছেন, তার জন্য আপনি কার বা কোথা থেকে পরামর্শ নিয়েছিলেন?</p> <p>(নোটঃ শুধুমাত্র শেষবার ডায়রিয়ার কারণে যার বা যেখান থেকে পরামর্শ নেয়া হয়েছে, সেখানকার নাম লিখুন)</p>	<table border="1"> <tr> <th>a. স্যালাইন-এর পরামর্শদাতা/স্থান</th> <th>কোড</th> </tr> <tr> <td>এমবিবিএস ডাক্তার</td> <td>01</td> </tr> <tr> <td>গ্রাম্য ডাক্তার</td> <td>02</td> </tr> <tr> <td>এনজিও ক্লিনিক</td> <td>03</td> </tr> <tr> <td>স্বাস্থ্য কর্মী</td> <td>04</td> </tr> <tr> <td>ফার্মেসী</td> <td>05</td> </tr> <tr> <td>নিজে</td> <td>06</td> </tr> <tr> <td>স্বামী/স্ত্রী</td> <td>07</td> </tr> <tr> <td>অন্যান্য</td> <td></td> </tr> </table>	a. স্যালাইন-এর পরামর্শদাতা/স্থান	কোড	এমবিবিএস ডাক্তার	01	গ্রাম্য ডাক্তার	02	এনজিও ক্লিনিক	03	স্বাস্থ্য কর্মী	04	ফার্মেসী	05	নিজে	06	স্বামী/স্ত্রী	07	অন্যান্য		
		a. স্যালাইন-এর পরামর্শদাতা/স্থান	কোড																		
এমবিবিএস ডাক্তার	01																				
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এনজিও ক্লিনিক	03																				
স্বাস্থ্য কর্মী	04																				
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অন্যান্য																					
<table border="1"> <tr> <th>b. এন্টিবায়োটিক -এর পরামর্শদাতা/স্থান</th> <th>কোড</th> </tr> <tr> <td>এমবিবিএস ডাক্তার</td> <td>01</td> </tr> <tr> <td>গ্রাম্য ডাক্তার</td> <td>02</td> </tr> <tr> <td>এনজিও ক্লিনিক</td> <td>03</td> </tr> <tr> <td>স্বাস্থ্য কর্মী</td> <td>04</td> </tr> <tr> <td>ফার্মেসী</td> <td>05</td> </tr> <tr> <td>নিজে</td> <td>06</td> </tr> <tr> <td>স্বামী/স্ত্রী</td> <td>07</td> </tr> <tr> <td>অন্যান্য</td> <td></td> </tr> </table>	b. এন্টিবায়োটিক -এর পরামর্শদাতা/স্থান	কোড	এমবিবিএস ডাক্তার	01	গ্রাম্য ডাক্তার	02	এনজিও ক্লিনিক	03	স্বাস্থ্য কর্মী	04	ফার্মেসী	05	নিজে	06	স্বামী/স্ত্রী	07	অন্যান্য				
b. এন্টিবায়োটিক -এর পরামর্শদাতা/স্থান	কোড																				
এমবিবিএস ডাক্তার	01																				
গ্রাম্য ডাক্তার	02																				
এনজিও ক্লিনিক	03																				
স্বাস্থ্য কর্মী	04																				
ফার্মেসী	05																				
নিজে	06																				
স্বামী/স্ত্রী	07																				
অন্যান্য																					

Section V: Information on Usage of Zinc Tablet during Child's Last Episode of Diarrhea

যদি 406 নং প্রশ্নে জিংক ট্যাবলেট-এর কথা না বলে থাকে, তাহলে 501 নং প্রশ্ন জিজ্ঞেস করুন, অন্যথায় 502 নং প্রশ্নে যান

No	Questions and Filters	Coding Categories	Code	Skip
501.	কিছুক্ষণ আগে আপনি যেসব ঔষধের নাম বলেছেন, এসব ঔষধ ছাড়াও ডায়রিয়া চলাকালীন সময়ে আপনার শিশুকে কি আপনি জিংক ট্যাবলেট দিয়েছিলেন?	হ্যাঁ না	1 2 →	601
502.	আপনার শিশুকে প্রতিদিন কয়টি জিংক ট্যাবলেট খাইয়েছেন?	-----টি		
503.	আপনার শিশুকে কতদিন (মোট কয়টি) জিংক ট্যাবলেট খাইয়েছেন?	-----দিন		
504.	আপনি কি একটু বিস্তারিত ভাবে আমাকে বলবেন, কি ভাবে আপনার শিশুকে জিংক ট্যাবলেট খাইয়েছেন?	ট্যাবলেট পানিতে গুলিয়ে চামুচে ট্যাবলেট নিয়ে পানির সাথে গুলিয়ে গ্লাস বা অন্যন্য কোন পাত্রে ট্যাবলেট নিয়ে পানির সাথে গুলিয়ে ওরস্যালাইনের সাথে গুলিয়ে ট্যাবলেট গিলে খেয়েছে ট্যাবলেট চুষে খেয়েছে অন্যান্য (উল্লেখ করুন)	01 02 03 04 05 → 06	507
505.	আপনি কি একটু বিস্তারিত ভাবে আমাকে বলবেন, জিংক ট্যাবলেট পানিতে গুলিয়ে আপনার কি অভিজ্ঞতা হয়েছে?			
506.	(যদি q. 403-এ কোন অসুবিধার কথা না বলে, তাহলে প্রশ্ন করুন) ট্যাবলেট পানিতে গুলাতে কোন ধরনের অসুবিধা হয়েছিল কি?	হ্যাঁ না	1 2	
507.	কি কি অসুবিধা হয়েছিল?			
508.	(চেক প্রশ্ন 503 : সবগুলো খাইয়েছি কি না দেখে নিন। যদি শিশুকে ১০ দিনের কম জিংক ট্যাবলেট খাওয়ানো হয়, তাহলে প্রশ্ন করুন) (ট্যাবলেট-এর পাতা দেখে) আপনি তো আপনার সন্তানকে -----টি ট্যাবলেট খাইয়েছেন। দয়া করে বলবেন কি, কেন আপনি জিংক ট্যাবলেট পুরো ১০ দিন খাওয়াননি?	বাচ্চা ঔষধ খেতে চায় না খাওয়াতে মনে থাকে না ডায়রিয়া ভালো হয়ে গিয়েছিল বেড়াতে গিয়েছিলাম বাচ্চা বমি করেছিল অন্যান্য -----	01 02 03 04 05	

509.	কি করলে ডায়রিয়া চিকিৎসায় আপনার শিশুকে মোট ১০ দিন জিঙ্ক ট্যাবলেট খাওয়াতেন?			
510.	(চেক প্রশ্ন 406 & 504, যদি ডায়রিয়া চলাকালীন সময়ে ওরস্যালাইন এবং জিঙ্ক ট্যাবলেট দুটোই খাওয়ানোর কথা না বলে, তবে জিজ্ঞেস করুন) আপনার শিশুর ডায়রিয়া চলাকালীন সময়ে জিঙ্ক ট্যাবলেট এবং ওরস্যালাইন দুটোই কি খাইয়েছিলেন?	দুটোই একই সাথে খাইয়েছি ডায়রিয়া চলাকালীন ওরস্যালাইন দিয়েছি, পরে ডায়রিয়া ভালো হবার পর জিঙ্ক ট্যাবলেট দিয়েছি ডায়রিয়া চলাকালীন সময়ে জিঙ্ক ট্যাবলেট খাওয়ানো শুরু করার পর থেকে ওরস্যালাইন বন্ধ করে দিয়েছি ডায়রিয়া ভালো হবার পর ওরস্যালাইন এবং জিঙ্ক দুটোই বন্ধ করে দিয়েছি	1 2 3 4	

	আপনার শিশুকে জিঙ্ক ট্যাবলেট খাইয়েছেন, জিঙ্ক ট্যাবলেটটি আপনার শিশুর কাছে কেমন লেগেছে, এখন আমি সে সম্পর্কে কিছু প্রশ্ন করবো?			
511.	আপনার মতে জিঙ্ক ট্যাবলেটের স্বাদ আপনার শিশুর কাছে কেমন মনে হয়েছে? অর্থাৎ, ট্যাবলেটটি খাওয়ার পর শিশুর প্রতিক্রিয়া হয়েছিল? (মাকে শিশুর প্রতিক্রিয়ার বিষয়টি একটু চিন্তা করে বলতে বলুন)			
512.	সার্বিকভাবে আপনার শিশুর কাছে জিঙ্ক ট্যাবলেট কেমন লেগেছে বলে মনে করেন?	একদম পছন্দ করেনি তেমন পছন্দ করেনি মোটামুটি পছন্দ করেছে বেশ পছন্দ করেছে খুব বেশী পছন্দ করেছে	1 2 3 4 5	
513.	শেষবার ডায়রিয়া চলাকালীন যখন আপনি আপনার শিশুকে স্যালাইন এবং জিঙ্ক ট্যাবলেট খাইয়েছেন, সেই সময় কখনো শিশু বমি করেছিলো কি?	হ্যাঁ না	1 2	
514.	দিনে সর্বোচ্চ কতবার বমি করেছিলো?	----- বার		
515.	তখন আপনি কি করেছিলেন?	স্যালাইন এবং জিঙ্ক খাইয়েছেন শুধু স্যালাইন খাইয়েছেন শুধু জিঙ্ক খাইয়েছেন স্যালাইন এবং জিঙ্ক দুটোই বন্ধ করে দিয়েছেন	1 2 3 4	
516.	এমন কি কখনো হয়েছে যে, চেষ্টা করেও আপনার শিশুকে জিঙ্ক ট্যাবলেট খাওয়াতে পারেননি?	হ্যাঁ না	1 2	515
517.	কয়টি ট্যাবলেট খাবার পর?	----- টি ট্যাবলেট		

518.	জিঙ্ক ট্যাবলেট না খেতে চাওয়ার কারনগুলি কি বলে আপনি মনে করেন?			
ডাক্তার/ঔষধ বিক্রেতা জিঙ্ক ট্যাবলেট দেয়ার সময় আপনাকে কি কি বলে দিয়েছে এখন আমি সে সম্পর্কে কিছু প্রশ্ন করবো?				
519.	আপনি তো ফার্মেসী হতে ডাক্তার/ ঔষধ বিক্রেতার কাছ থেকে জিঙ্ক ট্যাবলেট পেয়েছেন। দয়া করে বলবেন কি কতগুলো জিঙ্ক ট্যাবলেট পেয়েছিলেন?	-----টি		
520.	এর জন্য কি আপনাকে কোন টাকা দিতে হয়েছিল?	হ্যাঁ না	1 2 →	518
521.	কত টাকা	-----টাকা		
522.	ডাক্তার সাহেব/ঔষধ বিক্রেতা কয়টি জিঙ্ক ট্যাবলেট আপনার শিশুকে খাওয়াতে বলেছিলেন?	-----টি ট্যাবলেট		
523.	ডাক্তার সাহেব/ঔষধ বিক্রেতা আপনার শিশুকে কতদিন জিঙ্ক ট্যাবলেট খাওয়াতে বলেছিলেন?	-----দিন		
524.	ডাক্তার সাহেব/ঔষধ বিক্রেতা কি আপনাকে বলেছিল কিভাবে জিঙ্ক ট্যাবলেট খাওয়াতে হবে?	হ্যাঁ না	1 2 →	601
525.	ডাক্তার সাহেব/ঔষধ বিক্রেতা কিভাবে জিঙ্ক ট্যাবলেট খাওয়ার কথা বলেছিল, অনুগ্রহ করে বলুন?			

Section VI: Future Intention to give Zinc tablet during Child's Diarrhea

No	Questions and Filters	Coding Categories	Code	Skip
601.	আপনি কি জানেন ওরস্যালাইন বা খাবার স্যালাইন আপনার শিশুর ডায়রিয়ার ক্ষেত্রে কি কি উপকার করে ?	পানি স্বল্পতা রোধ করে পাতলা পায়খান রোধ করে শিশু মৃত্যু রোধ করে শরীরে লবণের স্বল্পতা কমায়ে অন্যান্য (উল্লেখ করুন)----- জানি না	01 02 03 04 99	
602.	আপনি কি জানেন জিঙ্ক ট্যাবলেট আপনার শিশুর ডায়রিয়ার ক্ষেত্রে কি কি উপকার করে ?	ঘন ঘন পাতলা পায়খান হওয়া কমায়ে শিশুর রোগ দ্রুত ভালোর দিকে যায় পরবর্তীতে শিশুর ডায়রিয়াতে আক্রান্ত হওয়ার সম্ভাবনা কমায়ে অন্যান্য (উল্লেখ করুন)----- জানি না	01 02 03 99	
603.	আপনি কি জানেন ডায়রিয়ার চিকিৎসাতে শিশুকে কতটি জিঙ্ক ট্যাবলেট খাওয়াতে হয়?	----- টি জানি না	99	

604.	শিশুর ডায়রিয়ার চিকিৎসাতে জিঙ্ক ট্যাবলেট-এর উপকারিতা অথবা কতটি জিঙ্ক ট্যাবলেট খাওয়ানো দরকার এসম্বন্ধে আপনি কোথা থেকে জেনেছেন?			
605.	আপনি কি এর পর আপনার শিশুর ডায়রিয়া হলে জিঙ্ক ট্যাবলেট খাওয়াবেন?	হ্যাঁ না	1 2 →	604
606.	না হলে, কেন আপনি শিশুর জন্য জিঙ্ক ট্যাবলেট খাওয়াবেন না?			
607.	আপনার মতে ১ পাতা (১০ টি) জিঙ্ক ট্যাবলেটের দাম কত টাকা হতে পারে?	----- টাকা		
608.	আপনাদের পরিবারের সাধারণত: শিশুর রোগ হলে কে ঔষধ কেনে?			
609.	আপনার সাধারণত: কোথা থেকে ওরস্যালাইন কিনে থাকেন?	জেনারেল স্টোর মুদির দোকান ডিপান্টমেন্টাল স্টোর ফার্মেসী অন্যান্য (উল্লেখ করুন)	01 02 03 04	
610.	জিঙ্ক ট্যাবলেটটি আপনার কোথা থেকে/ কোন ধরনের দোকান থেকে কিনতে সুবিধা হবে বলে আপনি মনে করেন?	জেনারেল স্টোর মুদির দোকান ডিপান্টমেন্টাল স্টোর ফার্মেসী অন্যান্য (উল্লেখ করুন)	01 02 03 04	
611.	ডায়রিয়া চিকিৎসায় জিঙ্ক ব্যবহারে আপনার কোন পরামর্শ আছে কি?			
612.	ডায়রিয়া হলে ওরস্যালাইনের সাথে শিশুর জন্য জিঙ্ক এর দরকার, এটা যদি সবাইকে জানাতে হয় তাহলে কি করলে সবাই ভালোভাবে জানবে ও বুঝবে; আর ডায়রিয়া চলাকালীন ওআরএস এর পাশাপাশি জিঙ্ক ট্যাবলেট শিশুকে খাওয়াবে বলে আপনি মনে করেন?			
613.	যিনি শিশুর দেখাশোনা করেন, তাদের জন্য জিঙ্ক ট্যাবলেট বিষয়ে মনে রাখার সুবিধার জন্য কিভাবে জিঙ্ক বাজারজাত করা যায়? এ বিষয়ে মতামত?			

ধন্যবাদ জানিয়ে আশ্চর্যকার শেষ করুন