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APPENDICES

APPENDIX A:
PARTICIPANT'S INFORMATION LEAFLET &
INFORMED CONSENT FOR ANONYMOUS QUESTIONNAIRES

Researcher's name: Dr O.C. Agbeniyi
Student Number: 26104921
Department of Community Dentistry, University of Pretoria.

Dear Participant,

**THE ASSOCIATION BETWEEN PERIODONTAL DISEASE DURING
PREGNANCY AND LOW BIRTH WEIGHT OF NEWBORNS IN THE CHRIS
HANI DISTRICT OF THE EASTERN CAPE**

I am a Postgraduate Master's student in the Department of Community Dentistry at the University of Pretoria, and a dentist at Cala hospital, Chris Hani District. You are invited to volunteer to participate in our research project on the above title.

This letter gives information to help you to decide if you want to take part in this study. Before you agree, you should fully understand what is involved. If you do not understand the information or have any other questions, do not hesitate to ask the Sister-in-charge. You should not agree to take part unless you are completely happy about what we expect of you.

The purpose of the study is to investigate if there might be an association between a particular mouth condition and the weight of the new born baby. This study would also inform us of oral health conditions experienced during pregnancy and access to care, and thus help us design appropriate strategies to improve the situation.

We would like you to complete a questionnaire. This may take about ten minutes. The Sister-in-charge will collect the questionnaire from you and then you will be invited to the dental clinic for an oral examination. This will be carried out by me. The questionnaire will be kept in a safe place to ensure confidentiality. Please do not write your name on the questionnaire. We will also request access to your maternity record to get the gender and weight of your newborn at birth, duration of your pregnancy and any associated pregnancy related problems.

This study will enable you to get information on how to care for your teeth and those of the newborn. Furthermore, you benefit directly from the free oral/dental examination. This may allow early detection of any oral problems and referral for early treatment thereof.

No particular risk is posed by participating in this study. In general, the probing may cause some discomfort, but this is usually no problem. The oral

examination is similar to any oral examination you would have during the course of routine dental care or check-up.

The Research Ethics Committee of the University of Pretoria, Faculty of Health Sciences, has granted written approval for this study.

Your participation in this study is voluntary. You can refuse to participate or stop at any time without giving any reason. As you do not write your name on the questionnaire, you give us the information anonymously (that is, without us knowing who you are). Therefore, once you have given the questionnaire back to us, you cannot recall your consent. We will not be able to trace your information. Therefore, you will also not be identified as a participant in any publication that comes from the study.

If you have any questions concerning this study, contact me on 0478770129.

We sincerely appreciate your help.

Yours truly,

Dr O C Agbeniyi

CONSENT TO PARTICIPATE IN THIS STUDY

I have read (or had read to me) in a language that I understand the above information before signing this consent form. The content and meaning of this information have been explained to me. I understand that if I do not consent, there will be no repercussions for me in any way. I understand that treatment will not be performed on me and I am at liberty to go for treatment at a clinic/dentist of my choice. I hereby consent to participate in this study.

.....
Participant's signature	Date
.....
Researcher's signature	Date
.....
Witness's signature	Date

APPENDIX B: QUESTIONNAIRE: ORAL HEALTH IN PREGNANCY

SECTION A

INFORMATION FROM THE PARTICIPANT'S MATERNITY RECORD

1. Height of baby as on record/Ubude

	cm
--	----

2. Weight of baby/Ubunzima bomntwana

	kg
--	----

3. Sex of baby/Isini Somntwana

	Male/Yinkwenkwe
	Female/Yintombazana

4. Gestational age/Inyanga Zokukhulelwa

	Weeks/iiveki
--	--------------

5. Obstetric factors/Izigulo zomama (mark all that applies)

1.		Antepartum Haemorrhage
2.		Pre-eclampsia
3.		Parity
4.		Gravidity
5.		Others (specify)
6.		No problems

SECTION B

QUESTIONNAIRE: ORAL HEALTH IN PREGNANCY

Please answer every question to the extent possible by marking the appropriate response./

Phendula yonke imibuzo ngokukhetha impendulo eyiyo.

6. Age/ Iminyaka

	Years/Iminyaka
--	----------------

7. Marital status/imo yomtshato

1.		Never married/ Zange watshata
2.		Divorced/Separated/ Waqhawula umtshato
3.		Widowed/Umhlokokazi
4.		Married/Utshatile

8. What is the highest school you completed?/
Ngawaphi amabanga emfundo ephezulu owagqibileyo?

1.		Completed primary school or less/ Uwenzile amabanga aphantsi/nangezantsi
2.		Did some high school/ Uwenzile amabanga aphakamileyo
3.		Completed high school/ Uphumelele amabanga aphakamileyo
4.		Did some university/technikon/ Uyile eyuniversity/technikon
5.		Completed university/technikon/ Ugqibile eyuniversity technikon
6.		Post-graduate training after university/ Abantu abagqibileyo ukufunda eyunivesiti

9. How many people living in your home?/Bangapi abantu abahlala kowenu?

.....person(s)

10. How many rooms in your house?/Mangaphi amagumbi endlu yakho?

.....room(s)

11. What is your employment status?/Uyintoni emsebenzini?

1.		Paid employment /Uyabhatalwa
2.		Housewife/Umfazi ongaphangelile
3.		Student/Umfundi
4.		Unemployed/Awuphangeli
5.		Unemployed but on grant/ Onga sebenziyo kodwa ufumana isibonelelo kurhulumente

12. How many times did you visit antenatal clinic before delivery?
/Uye kangaphi ekiniki yokuhlukuhla pambi kokubeleka?

1.		None/Zange waya
2.		One/Kanye
3.		Two to three/Kabini ukuya kwisithathu
4.		Four to five/Kane ukuya kwisihlanu
5.		Six or more/Kathandathu nanga phezulu

13. How many children have you had?/Unabantwana abangaphi?

0.		None/Akakho
1.		One/Mnye
2.		Two/Ababini
3.		Three/Abathathu
4.		Four/Abane
5.		Five/Abahlanu
6.		More than five/Ngaphezu kwesihlanu
7		None

14. How would you describe the area where you currently reside?/
Uhlalla kweyiphi ilokishi ngoku?

1.		Urban/Edolophini
2.		Rural/Ezilalini

15. Oral Health/Imeko yomlomo

A. How often do you brush/clean your teeth?/
Uwahlamba kangaphi amazinyo?

1.		Not every day/Andiwahlambi qho
2.		Once a day/Kanye ngemini
3.		Twice a day/Kabini ngemini
4.		More than twice a day/Kaninzi

B. When and why do you usually visit a dentist?/
Uya xa kutheni kugqirha wamazinyo?

1.		I have never visited a dentist/ Zange ndiye kugqirha wamazinyo
2.		I have visited dentist mainly when in pain/ Xa ndisiva intlungu
3.		I have visited dentist mainly for routine checkup/cleaning/ Xa ndiyowacoca nowajonga

C. How would you rate your oral health status? /
Xa uzijonga umlomo wakho ucocekile?

1.		Very good/Kakuhle kakhulu
2.		Good/Kakuhle
3.		Poor/Kakubi
4.		Very poor/Kakubi kakhulu
5.		Do not know/can't choose/ Andiqinisekanga/andazi

D. During your pregnancy, how often did it happen that your gums bled on brushing and/or you had painful gums? /

Ukhe uye kuvavanyo lwamazinyo ngexesha lokukhulewa?

1.		Never/Hayi
2.		Rarely/Iyenzeka
3.		Often/Ngamanye amaxesha
4.		Very often/Rhoqo
5.		Always/Roqo

E. Have you ever visited a dental clinic for dental treatment of bleeding gums during this pregnancy? /

Wakhe waya kwavanyo lwamazinyo ngexesha lokukhulwa?

1.		Never/Zange
2.		I did at least once during 0 to 13 weeks of pregnancy/ Ndiya kanye ukusuka 0 ukuya kwinyanga ezintathu ndikhulelwe
3.		I did at least once during the 14 to 26 weeks of pregnancy/ Ndiya kanye ukusuka kwinyanga ezintathu ukuya kwinyanga ezintandathu ezineveki ezimbini
4.		I did at least once only after 26 weeks of pregnancy/ Ndiya kanye nangaphezulu kwinyanga ezintandathu

16. Tobacco use/ Ukutshaya

A. In the past nine months, did you ever smoke a cigarette, even one puff?

Kwinyanga ezilithoba ezidlule, ukhe watshaya icuba nah?

1		Yes/Ewe
2		No/Hayi

B. Do you currently smoke cigarettes? /
Okwangoku ingaba uyatshaya nah?

1.	Yes every day/Ewe yonke imihla
2.	Yes, some days/Ewe ngentsuku ezithile
3.	No, I have completely stopped smoking/Hayi ndayeka
4.	I have never smoked before/ Andizange ndatshaya kwasekuqaleni

C. During the past nine months, on the days you smoked, how many cigarettes did you smoke per day?/
Kwezinyanga zilithoba utshaye izoli ezingaphi?

0.	Never/Zange
1.	Less than one cigarette per day/Ngaphantsi kwezoli enye
2.	One cigarette per day/Izoli enye ngosuku
3.	Two to five cigarettes per day/Ezimbini ukuya kwezintlanu
4.	Six to ten cigarettes per day/Ezintandathu ukuya kwezilishumi
5.	More than ten cigarettes per day/Ngaphezu kweshumi

D. In the past nine months, did you ever use smokeless tobacco such as snuff or chewing tobacco?/
Kwezinyanga zilithoba zidlulileyo ubukhe walisebenzisa igwada okanye icuba elihlafunwayo?

1.	Yes/Ewe
2.	No/Hayi

E. Do you currently use any smokeless tobacco such as snuff or chewing tobacco? /
Uyalisebenzisa icuba elingaqhumiyo njenge-gwada okanye elihlafunwayo?

1.	Yes/Ewe
2.	No/Hayi

F. Do you currently use smokeless tobacco daily?/
Usebenzisa icuba elingaqhumiyo rhoqo?

1.		Yes/Ewe
2.		No/Hayi

G. On average how many times do you use each of the following items per day?/
Uzisebenzisa kangaphi ezi zinto ziladelayo ngemini?

0	0 times	Never/Zange
1.	1-5 times	Snuff by mouth/Ugwada kangaphi ngomlomo
2.	1-5 times	Snuff by nose/Ugwada kangaphi ngemini ngempumlo
3.	1-5 times	Chewing tobacco/Ulihlafuna kangaphi icuba ngemini

H. During the past nine months did you live in a house where other people smoke cigarettes daily?/
Kwezinyanga uhlala kwindlu apho kutshaywayo kuyo?

1.		Yes/Ewe
2.		No/Hayi

I. During the past nine months did you work in a job where other people smoke cigarettes around you? /
Kwezinyanga esebenza nabantu abatshayayo?

1.		Yes/Ewe
2.		No/Hayi

17. Alcohol Use/Utywala

A. Have you ever consumed drinks that contain alcohol such as beer, wine, spirit or sorghum beer? /

Ubukhe wasele isiselo esinxilisayo njenge-beer, iwayini okanye ispiriti?

1.		Yes/Ewe
2.		No/Hayi

B. Was this within the last nine months? /
Ubusele kwisithuba senyanga ezilithoba?

1.		Yes/Ewe
2.		No/Hayi

C. In the past nine months, how frequently have you had at least one drink?/
Kwezinyanga zilithoba ubusele kangakanani?

1.		5 or more days a week/ Kahlanu nangaphezulu ngeveki.
2.		1 to 4 days per week/ Kanye ukuya kwintsuka ezine ngeveki
3.		1 to 4 days per month/ Kanye ukuya kwintsuku ezine ngenyanga
4.		Less than once a month/ Ngaphantsi kwinyanga nokuba kukanye