

# Appendix 1: Ministry of Health Ethics Committee Approval letter

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MINISTRY OF HEALTH PRIVATE BAG 0038 GABORONE

# REPUBLIC OF BOTSWANA

REFERENCE No: PPME: 13/18/1 Vol V11 (649)

11 October, 2012

Principal Investigator: Bontle Mbongwe

Department/ Organization: University of Botswana

Protocol Title: <u>DEVELOPING A CLINICAL ASSESMENT TOOL FOR</u>
<u>SCREENING LEAD EXPOSURE LEVELS DURING PREGNANCY AND AFTER</u>
<u>DELIVERY</u>

Review Type: Health Research and Development Committee

Review Date: 05 October, 2012 Approval Date: 11 October, 2012 Expiration Date: 10 October, 2013

This certifies that the continuing review request for the protocol above was reviewed and

approved for a period of 1 year.
The research poses minimal risk to participants
The study has not been activated
Enrollment is still ongoing
X Study is still open for data analysis and report writing
includes only collection of data from voice, video, digital, or image recordings made for
research purposes
research on individual or group characteristics or behavior (including, but not limited to,
research on perception, cognition, motivation, identity, language, communication, cultural believes
or practices, and social behavior)
Research employing survey, interview, oral history, focus group, program evaluation, hum
factors evaluation, or quality assurance methodologies.

Continuing Review

In order to continue work on this study (including data analysis) beyond the expiration date, the Health Research and Development Committee (HRDC) must reapprove the protocol after conducting a substantive, meaningful, continuing review. This means that you must submit a Continuing Report form as a request for continuing review. To best avoid a lapse, you should



# Appendix 2: University of Pretoria Ethics Committee Approval Letter

Research Ethics Committee, Faculty Health Sciences, University of Pretoria complies with ICH-GCP guidelines and has US Federal wide Assurance.

- \* FWA 00002567, Approved dd 22 May 2002 and Expires 13 Jan 2012.
- IRB 0000 2235 IORG0001762 13 Aug 2011.



Faculty of Health Sciences Research Ethics Committee Approved dd Jan 2006 and Expires Fakulteit Gesondheidswetenskappe Navorsingsetiekkomitee

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PROTOCOL NO.	110/2009
PROTOCOL TITLE	Developing a Clinical Assessment Tool for Screening Lead Exposure Levels During Pregnancy and After Delivery.
INVESTIGATOR	Principal Investigator: Ms B Mbongwe
SUBINVESTIGATOR	Not Applicable
SUPERVISOR	Prof K Voyi kvoyi@med.up.ac.za
DEPARTMENT	Dept: School of Health Systems and Public Health E-Mail: bm190460@gmail.com
STUDY DEGREE	PhD (Environmental Health)
SPONSOR	None
MEETING DATE	24/06/2009

This Protocol and Informed Consent have been considered by the Faculty of Health Sciences Research Ethics Committee, University of Pretoria on 24/06/2009 and found to be acceptable

 $^st$  Members attended  $\,\&\,$  Feedback at the meeting .

Prof A Nienaber (female) BA (Hons) (Wits); LLB; LLM (UP); PhD; Dip l. Datametrics (UNISA)

Prof V.O.L. Karusseit MBChB; MFGP (SA); MMed (Chir); FCS (SA) Dr N K Likibi MB.BCh; Med.Adviser (Gauteng Dept.of Health) Dr T S Marcus (female) BSc (LSE), PhD (University of Lodz, Poland) \*Snr Sr J. Phatoli (female) BCur (Eet.A) BTec (Oncology Nursing Science)

(female) B.Pharm, BA Hons (PSy), PhD \*Dr L Schoeman \*Dr R Sommers (female) MBChB; MMed (Int); MPharMed;

Mr Y Sikweyiya MPH; SARETI Fellowship in Research Ethics; SARETI ERCTP; BSC (Health Promotion)

Postgraduate Dip in Health Promotion \*Prof TJP Swart BChD, MSc (Odont), MChD (Oral Path), PGCHE

\*Dr A P van Der Walt BChD, DGA (Pret) Director: Clinical Services of the Steve Biko Academic Hospital \*Prof C W van Staden MBChB; MMed (Psych); MD; FCPsych; FTCL; UPLM; Dept of Psychiatry

DRRSOMMERS; MBChB; MMed (Int); MPharMed.

Chairperson of the Faculty of Health Sciences Research Ethics Committee, University of Pretoria

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# **Appendix 3: Client Consent Form**



# UNIVERSITY OF PRETORIA & UNIVERSITY OF BOTSWANA



PhD Research Topic: Clinical Assessment Tool for Screening Lead Exposure Levels during Pregnancy and After Delivery

# Client Consent Form Information Sheet

For collection of blood, Environmental Samples and access to information after delivery.

### PRINCIPAL INVESTIGATOR CONTACT DETAILS:

Bontle Mbongwe, University of Pretoria, Contact telephone Numbers: 3905809 (Home); 355 5238 (work)

Mobile Number: 718 01975 or 72301975

E-mail address: mbongwe@mopipi.ub.bw OR bm190460@gmail.com

# THE PURPOSE OF THIS CONSENT FORM:

This consent form is meant to provide you with information and to invite you to participate in a research project intended to develop clinical assessment tool for screening lead exposure levels during pregnancy until two months after delivery

# INTRODUCTION TO THE STUDY:

We invite you to participate in a study intended to assess lead exposure levels among pregnant women until they deliver. If you are within the ages of 15 and 49 you qualify for the study.

Lead is absorbed into the body following inhalation, ingestion and skin absorption. Once a person is exposed, lead is distributed throughout the body. Several studies have shown that lead levels increase in pregnancy rising overall by 20-30%. This therefore suggests your fetuses could potentially be exposed to significant amounts of lead during pregnancy. Short-term effects of lead include headache, fatigue, nausea, abdominal cramps and joint pains. Long-term effects include forgetfulness, irritability, tiredness, impotence and depression morbidity and mortality from exposure in *utero*. Other potential consequences for pregnant women include high blood pressure, still-births, pre-term births, etc. The potential effects of low-level lead exposure on reproduction in humans are a cause for concern.

In developed countries screening mechanisms have been put in place to safeguard the health of women, children and their babies. Such mechanisms include blood-lead test analysis. The tests are however, extremely



expensive and developing countries such as Botswana faced with competing health priorities can not afford to send every pregnant woman for blood lead tests.

This study therefore seeks to collect information that can be used to develop screening tool that can be used by health workers to identify lead exposure levels in pregnant women. The tool will enable the health workers to detect whether the blood lead test is necessary or not.

The specific objectives of the study are:

- a) To determine blood-lead levels in pregnant women aged 18-49 years in city of Gaborone and Serowe/Palapye villages.
- b) To estimate lead levels and related health outcomes during pregnancy and two months after delivery.
- c) To assess pregnancy related behaviours and practices that have an influence on the severity of lead poisoning among women of reproductive age.
- d) To identify environmental lead sources soil, water and paint and blood using stable isotopes of lead.

# **NUMBER OF PARTICIPANTS:**

Approximately 500 women will participate in the study and data collection is expected to last 15 months (June 2009-September 2010).

# WHAT WILL HAPPEN DURING THE STUDY?

Interested participants will be recruited from Government and private clinics with or without maternity. Once you have signed this form, you will be issued with a risk assessment questionnaire, which will ask you questions about yourself, personal behaviours, cultural practices, tobacco use, diet, type of energy used at home, etc. A trained and experienced phlebotomist will then collect blood samples from you three times during the your entire pregnancy. A final blood sample will be collected after you deliver your baby. During the study, a registered nurse will be engaged to make clinical observations throughout your pregnancy. This may include following you at your home.

You will be issued a unique identifying number at the time you sign the consent form. You will be requested to donate approximately a tablespoon of blood (15 ml) in two containers of 7mls each. The blood sample will be taken to the laboratories in South Africa for testing. We will only collect blood samples from through your permission. If you are not feeling well at the time of blood collection please inform the phlebotomist in order to decide whether to take a sample or not. The blood collection will be repeated during your 2<sup>nd</sup> and 3<sup>rd</sup> trimester and once after delivery.

For us to know where you could be getting you blood lead levels from, we will also collect soil, water and paint samples at your home or in the surrounding grounds only once during your pregnancy. A second sample may only be collected if you change locations during pregnancy. These samples will also be sent to the laboratories in South Africa for testing. If you eat soil or non-food items during pregnancy, we will also take such a sample for analysis.

An appointment will be made with you for a home visit prior to the collection of the environmental samples (soils, water, etc.). No activity will be undertaken at your home without prior arrangements.

# WHAT ARE THE RISKS INVOLVED WITH BEING ENROLLED IN THIS STUDY:

Your safety in blood collection will be given the highest priority possible. This will be achieved through the employment of a qualified phlebotomists and a registered nurse who will be recruited and trained specifically for this purpose.



Drawing of blood is normally done as part of routine medical tests and presents a slight risk of discomfort. It may result with a bruise at the puncture site. You are assured of protection by the employment of experienced personnel to perform the procedure under sterile conditions.

# WITHDRAWAL FROM THE STUDY:

You may refuse to take part in this study or, once in the study, you may decide to discontinue participation at any time.

The data collected from you before you discontinue participation will be used by the study sponsor. Data, which has already been collected, will be maintained with the research records.

# DATA COLLECTION AND CONFIDENTIALITY:

Maintaining confidentiality is important to this study. Any personal information concerning you will be identified by a number (coded). Your name will not appear in any publications or reports produced from this study.

You have the right to know about the data being collected on you for the study and about the purpose of this data.

# WHOM SHOULD YOU CALL WITH QUESTIONS ABOUT THIS STUDY?

You have the right to ask the Principal Investigator, Bontle Mbongwe any questions concerning this study at any time. Her contact details are at the very beginning of this document. You may also contact the Ministry of Health at this address:

### Head of Health Research Unit

Ministry of Health Private Bag 0038 Botswana

Tel: (+267) 3914467 Fax: (+267) 3914697

# POTENTIAL BENEFITS OF PARTICIPATION

By taking part in this study, you will know your blood-lead levels and whether some interventions are necessary to reduce the levels either at home or workplace. Should your blood lead-level exceed the Centers for Disease Control action level of  $10\mu g/dL$ , you will (should you so wish) be informed as well as receive information and advice on possible interventions for reducing exposure to lead. You are advised to indicate at the end of this consent form if you will be interested in knowing your blood-lead level. You may also be referred to a medical practitioner for further assistance should the levels exceed the recommended action level.

Other benefits include acquisition of knowledge on lead and how you can avoid possible or further exposure. The results of this project may also help researchers acquire more money to expand this study to other study groups such as infants and school children in Botswana as well as motivating the Government to make it mandatory for all pregnant and lactating women to have blood-lead level screening.

# YOUR RESPONSIBILITY:

You are responsible for providing accurate information about yourself during pregnancy and after delivery. This will help us to determine whether blood samples should or should not be collected from you. By giving this consent, you are also giving us permission to consult you antenatal and postnatal cards. After delivery,



your baby will be examined by a qualified midwife for any abnormalities which could be associated with high lead levels.

# CLIENT STATEMENT OF CONSENT:

I voluntarily consent to participate in this study. I understand the nature and the purpose of the study.

The information I have been given has mentioned both possible risks and benefits to consider before participating in this study.

I have been given time and an opportunity to read the information carefully, to discuss it with others and to decide whether to take part in this study.

I understand that I am free not to participate in the study or to withdraw at any time.

I confirm that I have informed the investigator and/or the project team to the best of my knowledge of my health status prior to the study.

I understand that I will keep a copy of the signed and dated consent form for my own records. By signing and dating this consent form, I have not waived any of the legal rights that I would have if I were not a participant in the study.

Head of Household Signature	Date	Printed Name
Your Name/ (Print Name/s)	Signat	ure
Your date of birth		
Would you like to know your blood-lead level	□ Yes	□No
Contact Details: Postal Address	_ Area/Kgotla _ Tel:	
For Official Use Only:  Client ID Ref #		



# Appendix 4: Risk Assessment Questionnaires for Trimester 1, 2 & 3



# UNIVERSITY OF PRETORIA

# School of Health Systems and Public Health

# PhD Research Topic:

# Developing a Clinical Assessment Tool for Screening Lead Exposure Levels During Pregnancy and After Delivery

# Risk Assessment Questionnaire (First Trimester)

# About this questionnaire:

This questionnaire is part of the research targeting women aged 18 to 49 years, who are pregnant and have consented to take part in this study. Women who are eligible to respond to these questions must have signed a consent form and have a full understanding of the requirements of the research.

A trained research assistant will ask the client questions and complete the questionnaire on her behalf.

The client/respondent is therefore requested to spend 30 to 45 minutes to complete the questionnaire. After responding to the questionnaire, a blood sample will be collected as soon as possible.

Date Interview Completed:	•••••	•••••	•••••	•••	D	D	MN	M	Y	Y		
Interviewer Contact details:												
First and last Names:												
Mobile Phone:	+	2	6	7								
Email address:												

For Offic	cial Use:
Client Ref	
ID Code #	
Date of first	
interview	
Date of first	
blood Test	
Date of	
water	
collection	
Water	
sample ref	
ID	
Date of soil	
collection	
Soil sample	
ref ID	
Pica	
material collected	
Pica sample	
Ref ID	
Soil field	
rapid test	
conducted	
Field soil ref	
ID	
Field Water	
rapid test	
done	
Field water	
ref ID	
Dust field	
rapid test	
done	
Field dust	
ref ID	
Hematocrit	
test done	
Hematocrit	
test ID	

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SE	CTION A: CLIENT INFOI	RM	AT	ION	J			<u> </u>				<u> </u>		J
All a	questions must be attempted.													
1.	Client ID REF. CODE # (As in	Con	sent	For	m)									
2.	Study Area Code #		•••••	•••••		•••••		•••••	••••	•••••	•••••		•••••	
3.	Health Facility Code:									•••••				
4.	Current place of residence: villa	ige/to	own,	/		•••••				•••••				
5.	Length of stay at the present add  Days (specify)  Weeks (specify)  Months (specify)  Years (specify)							•••••						
6.	Where did you live before you of than one response)?								pro	priate	e, you	ı may	y ticl	x more
	Area Urban area in Botswana	Na	ame		]	engt	h of	stay						
	Rural Area in Botswana													
	Other													
7.	Date of birth:				DD 1	ИМ	YY							
8.	Marital status (please tick as app	ropr	iate)	:										
	☐ Single			L										
	<ul><li>☐ Married</li><li>☐ Divorced</li></ul>													
	Other (Please specify)		•••••				•••••		•••••		•••••	•••••	•••••	
9.	Level of education:													
	Primary													
	<ul><li>☐ Secondary</li><li>☐ Tertiary</li></ul>													
	non-formal													
	☐ Other (please specify)	•••••	•••••		••••••	•••••	•••••					•••••	•••••	•••
10.	Religion:													
	☐ Christian ☐ Islam													
	□ Hinduism													

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<ul><li>□ Buddhism</li><li>□ Other (Pleas</li></ul>	e specify)				
11. Number of Preg  None  1  2  3  More than 3	nancies includii	ng this one:			
12. Ages of Children  Child  1st child  Last child  N/A	:	Age			
13. Length of breast					
Child Numb	er Mont	hs/years	Comments		
14. Do you plan to b  ☐ Yes ☐ No	reastfeed this cl	hild?			
15. Your last menstr	ual period:				
SECTION B: EM	PLOYMENT	T AND YOU	JR OCCUPATIO	ON:	
16. Are you employe ☐ Yes ☐ No	d:				
17. Monthly income  ☐ Less than 150 ☐ 1500-2500 ☐ 2501-3500 ☐ 3501-4500					
☐ 4501-5500 ☐ 5501-6500 ☐ 6501-7500 ☐ 7501-8500 ☐ 8501-9500 ☐ More than 95	00				

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18. Occupation (Please tick as appropriate)- US Bureau of Labour Statistics Criterion):

Occupation category	Job title	Yes	No	Years/months worked
Management				
Professional & related				
Service				
Sales & related				
Office & administration support				
Farming, fishing and forestry				
Construction, trades& related				
Installations ad repairs				
Production				
Transportation & material				
moving				
Armed forces				
Other				

19. Do you ever work with:

Item	Yes	No	Years/months worked
Pigments			
Painted surfaces (house)			
Painted surfaces (bridge, other			
structure			
Spray painting			
Solder material (new)			
Solder (old plumbing repair)			
Welding material			
Cleaning chemicals			
Cosmetics			
Television and radio repairs			
Car batteries			
Automobile radiators			
Pottery/ceramic glazes			
Scrap metal			
Bullets (lead shots)			
Lead glass			
Other ( specify)			

20.	Is your spouse/partner employed  ☐ Yes  ☐ No
21.	Spouse/partner income:  Less than 1500  1500-2500

Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other ( specify)        ECTION C: PERSONAL HABITS:  3. Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Alwa	□ 3501-4500 □ 4501-5500 □ 5501-6500 □ 6501-7500 □ 7501-8500 □ 8501-9500 □ More than 9500  Does your spouse/partner or other members of your family that your family family that your family family family family family family family family family					
□ 3501.4500 □ 4501.5500 □ 5501.6500 □ 6501.7500 □ 7501.8500 □ 8501.9500 □ More than 9500  22. Does your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your spouse/partner or other members of your family that your family that your spouse/partner or other members of your family that you family that you family that your family that you family that yo	□ 3501-4500 □ 4501-5500 □ 5501-6500 □ 6501-7500 □ 7501-8500 □ 8501-9500 □ More than 9500  Does your spouse/partner or other members of your family that your family fam		2501-3500			
4501-5500   5501-6500   6501-7500   7501-8500   8501-9500   More than 9500	□ 4501-5500 □ 5501-6500 □ 6501-7500 □ 7501-8500 □ 8501-9500 □ More than 9500   Does your spouse/partner or other members of your family that you learn yes learned surfaces (house) Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  ECTION C: PERSONAL HABITS:  Do you wash your hands before eating/drinking? □ Never □ Occasionally □ Usually □ Always  Do you use any of the following tobacco products (Please tick as applications) Rolled tobacco Snuff					
□ 5501-6500 □ 6501-7500 □ 7501-8500 □ 8501-9500 □ More than 9500  22. Does your spouse/partner or other members of your family that you Item Yes No Don't know Pigments Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  SECTION C: PERSONAL HABITS:  23. Do you wash your hands before eating/drinking? □ Never □ Occasionally □ Usually □ Always  24. Do you use any of the following tobacco products (Please tick as applicabled tobacco Snuff	□ 5501-6500 □ 6501-7500 □ 7501-8500 □ 8501-9500 □ More than 9500  Does your spouse/partner or other members of your family that you Item Yes No Don't know Pigments Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other (specify)  SCTION C: PERSONAL HABITS:  Do you wash your hands before eating/drinking? □ Never □ Occasionally □ Usually □ Always  Do you use any of the following tobacco products (Please tick as applications) Rolled tobacco Snuff					
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□ More than 9500    22. Does your spouse/partner or other members of your family that your lamb   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other (specify)   SECTION C: PERSONAL HABITS:    23. Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Always	More than 9500    Does your spouse/partner or other members of your family that your law yes   No   Don't know		7501-8500			
Does your spouse/partner or other members of your family that yo   Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other ( specify)   SECTION C: PERSONAL HABITS:  23. Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Alw	Item Yes No Don't know Pigments Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder (noted plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  ECTION C: PERSONAL HABITS:  Do you wash your hands before eating/drinking? Never Occasionally Usually Always  Do you use any of the following tobacco products (Please tick as ap Tobacco product Rolled tobacco Snuff		8501-9500			
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Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other ( specify)   SECTION C: PERSONAL HABITS:    3. Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Always   No   Cigarettes   Rolled tobacco   Snuff   No   No   Cigarettes   Rolled tobacco   Snuff   No   Cigarettes   Rolled tobacco   Snuff   Commonwealth   Commonweal	Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other ( specify)   Section C: PERSONAL HABITS:    Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Always   No   Cigarettes   Rolled tobacco   Snuff   Snuffer					
Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other ( specify)   SECTION C: PERSONAL HABITS:  23. Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Always   No   Cigarettes   Rolled tobacco   Snuff   No   Cigarettes   Rolled tobacco   Snuff	Item   Yes   No   Don't know   Pigments   Painted surfaces (house)   Painted surfaces (bridge, other structure   Spray painting   Solder material (new)   Solder (old plumbing repair)   Welding material   Cleaning chemicals   Cosmetics   Television and radio repairs   Car batteries   Automobile radiators   Pottery/ceramic glazes   Scrap metal   Bullets (lead shots)   Lead glass   Other (specify)   Section C: PERSONAL HABITS:    Do you wash your hands before eating/drinking?   Never   Occasionally   Usually   Always   Always   No   Cigarettes   Rolled tobacco   Snuff   Snuffer					
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Painted surfaces (house) Painted surfaces (bridge, other structure  Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other (specify)  SECTION C: PERSONAL HABITS:  23. Do you wash your hands before eating/drinking? Never Occasionally Usually Always  24. Do you use any of the following tobacco products (Please tick as application) Cigarettes Rolled tobacco Snuff	Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  ECTION C: PERSONAL HABITS:  Do you wash your hands before eating/drinking? Never Occasionally Sually Always  Do you use any of the following tobacco products (Please tick as application) Cigarettes Rolled tobacco Snuff		Item	Yes	No	Don't know
Painted surfaces (house) Painted surfaces (bridge, other structure Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  SECTION C: PERSONAL HABITS:  23. Do you wash your hands before eating/drinking? Never Occasionally Usually Always  24. Do you use any of the following tobacco products (Please tick as appropriate to the product of the	Painted surfaces (house) Painted surfaces (bridge, other structure  Spray painting Solder material (new) Solder (old plumbing repair) Welding material Cleaning chemicals Cosmetics Television and radio repairs Car batteries Automobile radiators Pottery/ceramic glazes Scrap metal Bullets (lead shots) Lead glass Other ( specify)  ECTION C: PERSONAL HABITS:  Do you wash your hands before eating/drinking? Never Occasionally Sually Always  Do you use any of the following tobacco products (Please tick as approbacco product Cigarettes Rolled tobacco Snuff		Pigments			
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23. Do you wash your hands before eating/drinking?  Never  Occasionally Usually Always  24. Do you use any of the following tobacco products (Please tick as appropriate tobacco products)  Cigarettes  Rolled tobacco Snuff	Do you wash your hands before eating/drinking?  Never  Occasionally  Usually  Always  Do you use any of the following tobacco products (Please tick as appropriate tobacco product of the following tobacco product of the following tobacco product of the following tobacco products of the following tobacco produc		Other ( specify)			
Do you wash your hands before eating/drinking?  Never  Occasionally Usually Always  4. Do you use any of the following tobacco products (Please tick as appropriate tobacco product) Cigarettes Rolled tobacco Snuff	Do you wash your hands before eating/drinking?  Never  Occasionally  Usually  Always  Do you use any of the following tobacco products (Please tick as appropriate tobacco product and t					
3. Do you wash your hands before eating/drinking?  Never  Occasionally  Usually Always  4. Do you use any of the following tobacco products (Please tick as approduct Yes No Cigarettes Rolled tobacco Snuff	Do you wash your hands before eating/drinking?  Never  Occasionally  Usually  Always  Do you use any of the following tobacco products (Please tick as appropriate tobacco product and t					
<ul> <li>Never</li> <li>Occasionally</li> <li>Usually</li> <li>Always</li> </ul> 4. Do you use any of the following tobacco products (Please tick as approbacco product <ul> <li>Yes</li> <li>No</li> <li>Cigarettes</li> <li>Rolled tobacco</li> <li>Snuff</li> </ul>	<ul> <li>Never</li> <li>Occasionally</li> <li>Usually</li> <li>Always</li> <li>Do you use any of the following tobacco products (Please tick as appropriate tobacco product and tobacco p</li></ul>	ECT	ION C: PERSONAL HAB	ITS:		
<ul> <li>Never</li> <li>Occasionally</li> <li>Usually</li> <li>Always</li> </ul> 4. Do you use any of the following tobacco products (Please tick as approbacco product Yes No Cigarettes <ul> <li>Rolled tobacco</li> <li>Snuff</li> </ul>	<ul> <li>Never</li> <li>Occasionally</li> <li>Usually</li> <li>Always</li> <li>Do you use any of the following tobacco products (Please tick as appropriate tobacco product and tobacco p</li></ul>					
☐ Occasionally ☐ Usually ☐ Always  4. Do you use any of the following tobacco products (Please tick as approduct	☐ Occasionally ☐ Usually ☐ Always  Do you use any of the following tobacco products (Please tick as appropriate tobacco product			ting/drin	king?	
Usually Always  24. Do you use any of the following tobacco products (Please tick as approduct Yes No Cigarettes Rolled tobacco Snuff	☐ Usually ☐ Always  Do you use any of the following tobacco products (Please tick as approximately tobacco product					
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Always  24. Do you use any of the following tobacco products (Please tick as appropriate tobacco product	□ Always  Do you use any of the following tobacco products (Please tick as approximately tobacco product					
24. Do you use any of the following tobacco products (Please tick as app  Tobacco product  Cigarettes  Rolled tobacco  Snuff	Tobacco product Yes No Cigarettes Rolled tobacco Snuff					
Tobacco product Yes No Cigarettes Rolled tobacco Snuff	Tobacco product Yes No Cigarettes Rolled tobacco Snuff		··································			
Tobacco product Yes No Cigarettes Rolled tobacco Snuff	Tobacco product Yes No Cigarettes Rolled tobacco Snuff					
Tobacco product Yes No Cigarettes Rolled tobacco Snuff	Tobacco product Yes No Cigarettes Rolled tobacco Snuff	24. De	you use any of the following to	bacco pr	oducts (	Please tick as an
Cigarettes Rolled tobacco Snuff	Cigarettes Rolled tobacco Snuff					Trace tiek as ap
Rolled tobacco Snuff	Rolled tobacco Snuff			169	110	_
Snuff	Snuff					
	Chewing todacco					
Unewing tobacco	<u></u>		newing tobacco			

25.	25. Do you wash your hands before using tobacco products?  Never  Occasionally  Usually Always								
26.	Does anyone living with you smol □Yes □ No								
27.	Does anyone living with you smol □Yes □No								
	Maternal Alcohol use during pres Alcohol use Not drinking at all Binge drinking One drink per day Two drinks per day Three or more drinks per day  Did you drink alcohol before falli	Yes	No No not?						
□No  30. Have you used any recreational drugs: □Yes □No									
31.	At any time during your lifetime, appropriate)?	did you e	at any of the	e following	non-food items	(please ticl	k as		
	Item		Always	Usually	Occasionally	Never			
	Soil								
	Clay (seloko)								
	Crushed pottery (nkgwana e e sid	ilweng)							
	Termite mounts (Seolo)								
	Crushed bone meal								
	Paint chips								
	Painted furniture								
	Matchsticks								
	Pencil								
	Other (Specify)	•••••							

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32.	If the answer is yes to any of the above, p	please indicate in the tabl	le below when you usually ea
	these items:		

Item	I started during this pregnancy	In all my previous pregnancies	Occasionally even when I am not pregnant
Soil			
Clay (seloko)			
Crushed pottery (nkgwana e e			
sidilweng)			
Termite mounts (Seolo)			
Crushed bone meal			
Paint chips			
Painted furniture			
Matchsticks			
Pencil			
Other			
(Specify)			

33. Does anyone in your family have a history of eating soil, clay or anthill mounts (Please tick as appropriate?

Relative	Yes	No
Mother		
Aunt		
Father		
Uncle		
Sister		
Brother		
Other		

34. Have you renovated your home /place of residence recently (please tick appropriate answer:

Renovation	Yes	No
Less than a month ago		
1-3 months ago		
3-6 months ago		
Over 6 months ago		

35. At any time during your lifetime did you use any of the following products to treat skin diseases/ringworm? (please tick as appropriate)

Item	Yes (Specify ailment)	No
Dry cell Batteries powder		
Used Brake fluid oil		
Other (Please specify)		

36.	Have you ever used skin lightening creams?
	☐ Yes
	□ No



37. How often do you dye your hair?  Never  Once a month Once every 3 months Other (please specify)								
SEC	CTION D: DIET & HEALTH:							
	Have you recently experienced any of the following (P   Extreme tiredness   Irritability or nervousness   Metallic taste in your mouth   Stomach aches or abdominal cramps   Weak wrists or ankles   Trouble sleeping   Difficulty concentrations   Muscle or joint pain   Weight loss   Headache   Anaemia   Constipation   Nausea   High blood pressure   Low blood pressure   Ringing of the ears   Heart disease   Type 1 diabetes mellitus (DM)   Other (please specify)							
	Are you on anti-depressants  ☐ Yes ☐ No							
40. Are you on hypertension medication?  ☐ Yes ☐ No								
41.	Periodontal care:							
,	Condition	Yes	No	Don't know	Don't Remember			
	Do your gums ever bleed?				_			
	Are your teeth loose?							
	Have your gums receded, or do your teeth look							
	longer?			1		4		
	Have you seen a dentist in the last two years?							
	How often do you floss?					4		
	Have you had any adult teeth extracted due to gum disease?							



	Have any of your fami	ly members h	ad gum c	lisease?								
42.	2. Have you had spontaneous abortion/miscarriage?  ☐ Yes ☐ No											
43.	If yes, to above questio  ☐ One ☐ Two ☐ More than two	n, how many	?									
44.	At what months were	the abortions	/miscour	ages?								
	Trimester		Yes	No								
	1 <sup>st</sup>			7.0								
	2 <sup>nd</sup>											
	3 <sup>rd</sup>											
			-		-							
45.	Do you normally have  ☐ Yes ☐ No	a good appet	ite?									
46	How often do you eat	the following	(place t	ick as a	nnranriat	·a)?						
40.	Food item		(prease t		Response							
	Green leafy	Everyday	Often (a		Seldom		) Ot	her (please				
	vegetables,	Everyday	twice a		month)			ecify)				
	Citrus		twice a	wcck)	monun		эрс	.Ciry)				
	fruits(oranges, etc)											
	Legumes											
	Whole grains											
	Peas											
	Peanuts											
	Breakfast cereals											
	Red meat											
	Fish											
	Poultry											
	Eggs											
	Dried fruits											
	Milk											
	Ice cream											
	Yogurt											
	Canned											
	fish(salmon)											
	Canned foods in											
	general											
		•			•							
47.	Are you using any supp	plements dur	ing this t	rimeste	er?							
	Supplement	-	Yes	No								
	Iron											
	Calcium											



	Folate (folic acid)			7	
	Zinc			1	
	Vitamin D			-	
	Other (specify)			1	
	Other (specify)			_	
48	Did you use supplements prior to pre	egnancy?			
10.	Yes	-granicy.			
	□ No				
	140				
40	If yes please indicate which supplemen	nte vou k	1100	A prior to this programmy	
77.	Supplement	Yes	No	prior to this pregnancy:	
	Iron	168	140	-	
	Calcium			-	
	Folate ( Folic acid)			-	
	Zinc			-	
	Vitamin D		1	-	
				-	
	Other (specify)				
50	Do you use over the counter drugs cu	umantly?			
30.	Yes (specify)				
	□ No	••••••	•••••		
	140				
51.	Do you use traditional herbs during tl	his pregr	nancy?		
	□ Yes	Fregr			
	□ No				
	_				
52.	If yes on the above question, mention	the con	dition y	ou are using them for?	
53.	Do you use any pottery dishes for cool	king or s	storing f	ood?	
	☐ Yes				
	□ No				
54.	Do you ferment mabele or phaleche o	n a clay	pot?		
	☐ Yes				
	□ No				
	D (				
55.	Do you ever fast at any stage of pregna	ancy!			
	☐ Yes				
	□ No				
QT/	TION E. HOUSING				
SEC	CTION E: HOUSING:				
<b>5</b> 6	Vous homo io				
50.	Your home is:  ☐ Owned				
	☐ Rented				
	☐ Other (please specify)				
	Crief (picase specify)	••••••	••••••		
57.	How do you describe the home:				

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	☐ House (cement and brick)			
	House (mud and brick)			
	☐ Informal house ( shack)			
	☐ Other (please specify)	•••••	•••••	•••••
58.	How many people live in this house?			
59.	Is your home painted, pigmented (Please tick a	s appropriat	re)?	_
	Type of paint, pigment	Yes	No	
	Oil paint			
	Water-based paint			
	Both water and oil paint			
	Pigmented (Lokgapho)			
				_
60.	Is the paint peeling from inside walls, doors or	window sills	s of your home	2?
	☐ Yes ☐ No			
61.	How old is the home (approximately)?			
	Ye	ears,	Mo	nths
62.	Is your near a busy road (approximately 500 M)			
	☐ Yes ☐ No			
63.	Is your home near a rail road or a railway station	on?		
	☐ Yes			
	□ No			
64	What fuel is used most for cooking in your hor	mo?		
04.	☐ Electricity	iiie.		
	□ Paraffin			
	☐ Gas			
	□ Wood			
	Coal			
	Car batteries			
	☐ Other (please specify)	•••••		
65.	Have you ever used treated wood or gum poles	for heating	or cooking?	
	☐ Yes		er ee eanaag.	
	□ No			
66.	Do you use cold or hot tap water for cooking?			
	Yes			
	□ No			
67	Where do you get your water most of the time	?		
01.	Tracks do you get your water intost of the time.	•		

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	☐ Indoor tap ☐ Outdoor tap ☐ Rainwater tank ☐ Borehole ☐ River/stream ☐ Other (please specify)	
68.	What type of plumbing (water pipes) does your home have?  Plastic  Metal Other (please specify)	
69.	Do you damp dust or use feather duster when cleaning?  Damp dust Feather dust Both	
70.	Do you dampen the ground when sweeping outside to reduce dust?  ☐ Yes ☐ No	
71.	Do family members take off their shoes when entering the house?  All the times  Sometimes  Never	
72.	How many cars are owned by people living in your home?	
73.	Does anyone do regular car repair work at your home?  ☐ Yes ☐ No	
74.	Do your neighbors do car repair work at home?  ☐ Yes ☐ No	
75.	Does anyone regularly do spray painting at your home?  ☐ Yes ☐ No	
76.	Does anyone in your hose do paint art?  ☐ Yes ☐ No	
77.	Does anyone in the household do Tv/radio repairs  ☐ Yes	

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□ No	
78. Is your home near a waste dump site?  ☐ Yes ☐ No	
SECTION F: SOCIAL ASPECTS	
79. How many people live in this house?  □ 1-3	
□ 4-6 □ 7-9	
☐ More than 9	
80. With whom do you live (you may circle more than one answer)?  My partner/husband	
☐ Both parents ☐ Mother only	
☐ Father only ☐ Other (please specify)	
81. What is the highest education qualification of your husband/partner/father/mother?	
82. What type of job does your husband/partner/father/mother have?	
83. Please describe the hobbies of people living in the house    Home remodelling	
☐ Car/boat repair ☐ Radio/TV repair	
☐ Oil painting ☐ Making stained glass	
☐ Repairing old painted wooden or metal toys ☐ Glazing/making pottery	
☐ Jewellery making ☐ Re-loading/target shooting	
☐ Using pastel art pencils ☐Furniture re-finishing	
☐ Welding ☐ Other (please specify)	
84. Does your partner/husband/father/mother bring work clothes home for laundry?	
□ No	
END of Questionnaire, thank you for your time	

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# UNIVERSITY OF PRETORIA

# School of Health Systems and Public Health

# Client Ref ID Code # Date of 2<sup>nd</sup> interview Date of 2<sup>nd</sup> blood Test Ref ID for blood test Any follow up samples Hematocrit sample taken Ref ID for

Hematocrit

test

For Official Use:

# PhD Research Topic:

# Developing a Clinical Assessment Tool for Screening Lead Exposure Levels During Pregnancy and After Delivery

# Risk Assessment Questionnaire (2<sup>nd</sup> Trimester)

This questionnaire is for follow up purposes when collecting blood samples during the second trimester.

The questionnaire is administered at the time of the second blood sample collection for lead analysis.

Date Interview Completed: Interviewer Contact:	•••	D	D	MM	1	ΥY						
First and last Names Name:												
Mobile Phone:	+	2	6	7	Į.					1		
Email address:												

# SECTION A: CLIENT INFORMATION:

- 1. Client ID REF. CODE # (As in Consent Form).....
- 2. Study Area Code #.....



3.	Health Facility Code:									
4.	Current place of residence: village/town/									
5.	Is this the same place you lived at the last time you were interviewed?  ☐ Yes ☐ No									
6.	Have your contact d ☐ Yes ☐ No	etails changed since the	first trimes	ster:						
7.	If was mlasses masside	the fallersing.								
1.	If yes please provide Physical address	Telephone contacts	Postal ac	11,000						
	Physical address	Telephone contacts	Postai ac	iaress						
8.	Do you have a craving appropriate)?	ng for any of the followi	ng non-foo	d item	s at tl	nis stage (please	tick as			
	Item		Always	Usu	011v	Occasionally	Never	7		
	Soil		Always	Usu	any	Occasionany	Never	-		
	Clay (seloko)							-		
		\						-		
		kgwana e e sidilweng)						-		
	Termite mounts (Se							-		
	Crushed bone meal							-		
	Paint chips							-		
	Painted furniture Matchsticks							-		
								+		
	Pencil Other (Specify)							+		
	Other (Specify)							_		
9.	·	your home /place of rea	sidence rec		_	tick appropria	te answer)	):		
	Renovation			Yes	No					
	Less than a month	ago								
	1-3 months ago									
	3-6 months ago									
	Over 6 months ago	)								
SE	CTION B: DIET	& HEALTH:								
10.		s trimester? (Please tick	all those th	at app	ly):					
	☐ Extreme tiredness									
	☐ Irritability or ners	iolienece								

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 	<ul> <li>□ Metallic taste in you</li> <li>□ Stomach aches or ab</li> <li>□ Weak wrists or ankle</li> <li>□ Trouble sleeping</li> <li>□ Difficulty concentra</li> </ul>	odominal cra es	mps				
	☐ Muscle or joint pain						
	□ Weight loss	•					
	☐ Headache						
	☐ Anaemia						
	□ Constipation □ Nausea						
	□ High blood pressure	<u>,</u>					
	☐ Low blood pressure						
	☐ Ringing of the ears						
	□ Heart disease □ Type 1 diabetes m	allitus (DM)	١				
	□ Type 1 diabetes m □ Type 1 diabetes m						
	☐ Other (please specify						
	Are you on anti-depres	sants?					
	□ Yes □ No						
	NO						
12.	Are on blood pressure	medication?					
	□ Yes						
	□ No						
13.	How often do you eat 1	the following	this trimester (r	lease tick as approp	riate)?		
	Food item			Response		1	
	Green leafy	Everyday	Often (at least	Seldom (Once a	Other (please		
	vegetables,		twice a week)	month)	specify)		
	Citrus fruits(oranges, etc)						
	Legumes						
	Whole grains						
	Peas						
	Peanuts						
	Breakfast cereals						
	Red meat Fish						
	Poultry					-	
	Eggs						
	Dried fruits						
	Milk						
	Ice cream						
	Yogurt						
	Canned fish(salmon)						
	11311(341111011)	1	1	İ	1	1	



14.	Are you using any supplements durin	g this tri	mester (	please tick all that apply)?	
	Supplement	Yes	No		
	Iron				
	Calcium				
	Folate (folic acid)				
	Zinc				
	Vitamin D				
15.	Do you use any over the counter drug	_			
	Yes (specify)		•••••		
	□ No				
16	What do you use them for?				
10.	what do you use them for	••••••	••••••	•••••	
17.	Do you use traditional herbs during t	his trime	ester?		
	☐ Yes				
	□ No				
18.	What do you use the herbs for?	•••••	•••••		
19.	Have you fasted during this or the pro	evious tr	imester?		
	Yes				
	□ No				
20	Are there any changes in your overall	health t	his trim	ester?	
20.				coter.	
			•••••		
OT:	CTION C FOLLOWINDET	ATT C			
3E	CTION C: FOLLOW-UP DETA	AILS:			
21.	Your expected date of delivery:				
22	D 1 ( 1	1 .	1 6	1 1 61	
22.	Do you plan to move from the current	location	before t	the end of the next trimester!:	
	Yes				
	□ No				
23.	If yes please give details of where you c	an be			

END of Questionnaire, thank you for your time





# UNIVERSITY OF PRETORIA

# School of Health Systems and Public Health

# For Official Use:

Client Ref	
ID Code #	
Date of 3 <sup>rd</sup>	
interview	
Date of 3 <sup>rd</sup>	
blood Test	
Hematocrit	
test	
Any follow	
up samples	

# PhD Research Topic:

# Developing a Clinical Assessment Tool for Screening Lead Exposure Levels During Pregnancy and After Delivery

# Risk Assessment Questionnaire (3<sup>rd</sup> Trimester)

This questionnaire is for follow up purposes when collecting blood samples during the third trimester.

The questionnaire will only be responded to strictly by clients who took part in the study during the first and second trimesters.

Date Interview Completed:						D	MN	Л	Y	Y			
Interviewer Contact.													
First and last Names Name:													
Mobile Phone:	+	2	6	7									
Email address:													

# SECTION A: CLIENT INFORMATION

- 24. Client ID REF. CODE # (As in Consent Form).....
- 25. Study Area Code #.....
- 26. Where do you stay currently

27.	Is this the same plac  ☐ Yes ☐ No	e you lived at the last tin	me during	the 1 <sup>st</sup> :	and 2	nd trimesters?	
28.	Have your contact □ □ Yes □ No	Details changed since the	e first trime	ester:			
20	T( .1 +1 .	1 (11	1 1				
29.		the following in the tabl		11		$\neg$	
	Physical address	Telephone contacts	Postal ac	aaress			
30.		ng for any of the followi		-			
	Item		Always	Usu	ally	Occasionally	Never
	Soil						
	Clay (seloko)	. 1.1					
		kgwana e e sidilweng)					
	Termite mounts (Se						
	Crushed bone meal						
	Paint chips Painted furniture						
	Matchsticks						
	Pencil						
	Other (Specify)						
	Carer (openiy)						
31	Have you renovated	your home /place of re	sidence rec	ently (1	าโควรร	tick appropriat	e answer).
J 1.	Renovation	your nome / place of te		Yes	No	appropriat	u110 WC1/•
	Less than a month	ago		_ 50	1.5		
	1-3 months ago	0					
	3-6 months ago						
	Over 6 months ago						
	o ver o momeno ago				<u> </u>		
SE	CTION B: HEAL	TH AND DIFT.					
OL.	CITOIT D. HEAL	TITIME DIET:					
32.	How do you feel this	s trimester? (Please tick	all those th	at ann	(v):		
~ <b>~ .</b>	☐ Extreme tiredness			app	- / / *		
	☐ Irritability or nerv						
	☐ Metallic taste in y						
	☐ Stomach aches or						
	☐ Weak wrists or an						

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	☐ Trouble sleeping ☐ Difficulty concentrations ☐ Muscle or joint pain ☐ Weight loss ☐ Headache ☐ Anaemia ☐ Constipation ☐ Nausea ☐ High blood pressure ☐ Low blood pressure ☐ Ringing of the ears ☐ Heart disease ☐ Type 1 diabetes mellitus (DM) ☐ Type 1 diabetes mellitus (DM) ☐ Other (please specify)	
33.	Are you on anti-depressants?  ☐ Yes ☐ No	
34.	Are on blood pressure medication?  ☐ Yes ☐ No	
35.	Are you using any supplements during this trimester (Please tick all those that apply?  Supplement Yes No  Iron Calcium Folate (folic acid) Zinc Vitamin D	
36.	Do you use home remedies for illness or to improve health?  ☐ Yes (specify)	
37.	Do you use traditional herbs during this trimester?  ☐ Yes ☐ No	
38.	Have you fasted this trimester?  ☐ Yes ☐ No	
39.	Are there any changes in your overall health this trimester?	



SE	CTION C: FOLLOW-	UP DETAILS:		
٠.	CHOIN C. I OLLOW	CI BETTHEO!		
40.	In which facility do you ir	ntend to deliver your bab	v <b>:</b>	
,	Facility Name	Village/town	Expected date of delivery	
41.	Do you plan to move from	the current location befo	ore the end of the next trimester?:	
	Yes			
	□ No			
	If yes please give details of	where you can be		
	found:			
EN	ID of Questionnair	e, thank you for v	our time	
	. •	,		

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# **Appendix 5: Proof of Statistical Support**





# BIOSTATISTICS UNIT

Private Bag X385, Pretoria, South Africa, No. 1 Soutpansberg Road, Pretoria Tel: 012 339 8519, Fax: 012 339 8582 URL://www.mrc.ac.za/

Date: 28/05/2009

# LETTER OF STATISTICAL SUPPORT

This letter is to confirm that the student, Bontle Mbongwe studying at the University of Pretoria discussed the Project with the title "Developing a Clinical Assessment Tool for Screening Lead Exposure Levels during Pregnancy and After Delivery" with me.

I hereby confirm that I am aware of the project and also undertake to assist with the statistical analysis of the data generated from the project.

Sample size issues have been addressed and data analysis will involve modelling, e.g. logistic regression.

Prof. PJ Becker



# **Appendix 6: Proof of Validation of Questionnaire by Scholars**

Daily News does not publish on Saturdays, Sundays and public holidays. Please email your comments to <a href="mailto:DailyNews@gov.bw">DailyNews@gov.bw</a>

From 6 July 2006, a graphic version of current edition is available at the <u>Daily News</u> Online web site.

Return to main news index

Next: Magistrate extends Briton remand warrant

# Lead threatens human life

17 April, 2009

GABORONE - Scholars in the fields of public and environmental health have stated that any amount of lead in a human being is dangerous as opposed to the past when it was deemed beneficial.

Lead, a known toxicant, affects nearly every system in the body and relates to both adults and children. "Unborn and young ones suffer metabolic and developmental damage from exposure levels of lead previously thought safe," said Ms Bontle Mbongwe, PhD scholar with the University of Pretoria.

She said babies both lactating and those still in their mothers' wombs face a rage of the lead if it is present in their mother's bodies. Children born under such circumstances stand a good chance of being perpetrators of social ills.

Such children, Ms Mbongwe said, can exhibit aggression, delinquency and abuse.

Others are born hyperactive combined with anti social behaviours. The presence of toxic lead in the human body has long-term effects.

The low amounts will result in decreased performance of the functions of the nervous system. The victims will exhibit weaknesses in fingers, wrists and ankles. Ms Mbongwe said lead is a naturally occurring element, which is found almost everywhere in the environment. It can be found in many of the household equipment such as pottery and it can enter the human bodies through ingestion and inhalation.

Her findings reveal that, "there is a linear association between blood lead concentration and high blood pressure in adults." However, it is worth noting that lead is not the only cause of high blood pressure in adults.

The persistent toxicant element is said to have bad and far-reaching consequences



on humankind.

In reproduction, lead is "associated with sterility, spontaneous abortion, stillbirths and neonatal morbidity and mortality from exposure to utero," reveals the research. Pregnant and lactating mothers face the chances of spontaneous abortion and hypertension. Other worse results may be reduced gestational age, reduced birth weight and adversely delayed cognitive development. Pregnant and lactating mothers usually acquire lead through their habits and other factors such as equipment and environmental issues.

Pica behaviour has been identified as the pathway for pregnant women to get lead. These include intentional ingestion of non-food items.

Most of these women ingest soil, pottery parts, paint chips and others.

Ms Mbongwe highlighted that children and pregnant women absorb 70 per cent of ingested lead whilst the non pregnant absorb only up to 20 per cent. Though they absorb 70 per cent of ingested lead, only small amounts of it are excreted through faeces, sweat, hair and nails.

Ms Mbongwe is currently working on the effects of lead in pregnant and lactating mothers in Botswana.BOPA

Return to main news index
Next: Magistrate extends Briton remand warrant



# **Appendix 7: Proof of Training Health Workers at Conception of Project**

# Developing a Clinical Assessment Tool for Screening Lead Exposure Levels During Pregnancy and After Delivery Training Workshop for Participating Health Facilities 02 July, 2009, Cresta Botsalo Hotel, Palapye

# 1. In attendance:

Name	Facility	Section	Contact Telephones
G. Mogorosi	Palapye Primary Hospital	Laboratory	4920333/74012113
K. Dongwana	Palapye Primary Hospital	Mataernal & Child Health	4920333/71382827
B. Mmutle	Palapye Primary Hospital	Maternity Ward	4920333/72756002
T. Gower	Palapye Primary Hospital	General Ward	4920333/74616802
J. setshego	Palapye Primary Hospital	Maternal & Child Health	4920333/72296726
I. Bontsheng	Serowe Memorial Hospital	Labour Ward	4611000/72362793
K. Serefentse	Serowe Memorial Hospital	Maternal & Child Health	4611000/71489181
Clemence Simango	Serowe Memorial Hospital	Laboratory	4611000/71404289
K. Rajemane	Palapye Primary Hospital	Theatre	4920333/72166060
Z. Busumane-Khiwa	Palapye Primary Hospital	Out-Patient Ward	4920333/72235090
L. Morotsi	Palapye Primary Hospital	Out-Patient Ward	4920333/71431238
G. Ntau	Research Assistant	Midfife	4632081/72374289
Tshego Badubi	Research Assistant		72927633

# 2. Introductions and Workshop Objectives:

Participants introduced themselves. The Principal investigator gave the following as the objectives of the workshop:

- a) To raise the level of awareness of the health workers in the participating health care facilities on lead and its impacts on human health.
- b) To familiarizes participating facility health professionals with critical study protocols and recruitment processes required for the study
- To agree on research logistics and identify contact persons for each facility
- d) To agree on the work program



Appendix 8: Proof of Pretesting and Validation (Clinical Assessment Tool, Policy Brief, awareness leaflet)



# **UNIVERSITY OF BOTSWANA**

# **FACULTY OF HEALTH SCIENCES**

Private Bag 0022 Gaborone, Botswana

Telephone: (+267) 355 000 (*Switchboard*) (+267) 355 2917 (Direct)

E-mail: medical@mopipi.ub.bw

Fax: (+267) 397 4538 Telegraph: University Gaborone Telex: (+267) 2429 BD

Date: October 2012

tool a Policy brief

Briefing and pretesting Meeting - Ministry of Health

Name	Division	Contacts	Signature
A.MAKWA	Metriton citod Control Division MFCD	3632160	(A. Molwo
B. Petrayone-Medi	se NFCS	3632136	B. P.M.
J. Sibiya	NFCD	3632163	String
Tronne T. Chinyon	NFCD NFCD	3632186	Quanzin
DR BORNAPATE	Disease Cound DIVISION DCD - DPH	363 2108	Bun
Mphayamodino Mongati	NFCD	3632134	the Tab'
TSHIAMO R. KEAKABETS E	SRH Health	3 3 3 3 7 7 00	The
MPODI KEBAFILWE	NFCD	3632159	Harpadi
Phaedhathe	NFCD/MOH	3632263	
Michael BASHERE	HECS	3632162	ALC.
HH-T. TARIMO	MEH-NADA	3632124	It how



e					
	P. Madale	NECD	363758	Mada P	
		,			





# **UNIVERSITY OF BOTSWANA**

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Fax: (+267) 397 4538 Telegraph: University Gaborone Telex: (+267) 2429 BD

Date: 5 October 2012

Leaflet Pretesting Meeting - Women, Serowe

Name	Village	Contacts	Signature
Ania Bosekeng	Serowe	71279570	A-Bookeng
Gelly Gaamanguc	berowe	74052812	G. Governangive
Bonola Modifieng	Serowe	74080378	B. Modisong
(Todiva mangs. Lette	file Serove	75513081	Eur-
TSHIAMO KHUMONG	SERONE	71126021	Thuray
SAKEBITSE NTAU	SERONE	72374289	5 Htcu
4			

Comments



# Appendix 9: Proof of Journal article submission and conference Presentation:

# Submission of Manuscript (Review Paper) to Journal of OEM - Email Confirmation

oemeditorial@bmjgroup.com via manuscriptcentral.com

2/20/

12

to me, mbongwe

20-Feb-2012

Dear Ms. Mbongwe:

Your manuscript entitled "Uncommon sources of lead poisoning: an emerging public health threat with life-long implications – A review of literature" has been successfully submitted online and is presently being given full consideration for publication in Occupational and Environmental Medicine.

Your manuscript ID is oemed-2012-100738.

Please mention the above manuscript ID in all future correspondence or when calling the office for questions. If there are any changes in your street address or e-mail address, please log in to ScholarOne Manuscripts at <a href="http://mc.manuscriptcentral.com/oem">http://mc.manuscriptcentral.com/oem</a> and edit your user information as appropriate.

# **FEES**

You have selected: My article does not contain colour images and I do not wish to unlock my article.

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You can also view the status of your manuscript at any time by checking your Author Center after logging in to  $\frac{\text{http://mc.manuscriptcentral.com/oem}}{\text{odd}}$ .

Thank you for submitting your manuscript to Occupational and Environmental Medicine.

Respectfully,

Editor Occupational and Environmental Medicine

# Presentation of Paper (Chapter 3 ) at National Conference, Gaborone, Botswana



# MINISTRY OF INFRASTRUCTURE SCIENCE AND TECHNOLOGY

Inaugural RSTI Policy Launch, S&T Conference and Exhibition Programme





# 14-15 August 2012

GICC, Grand Palm Hotel, Gaborone

Day 1: RSTI POLICY LAUNCH AND OFFICIAL OPENING OF THE CONFERENCE  MC: Mr Christopher Nyanga  Chairperson: Mr. Alan Boshwaen, Botswana Innovation Hub						
			Rapporteurs:			
			7:30	Registration and tea		
	Arrival of the Minister of Infrastructure Science and Technology					
09:00	Prayer	Volunteer				
9:05 - 9:15	Introduction of guests	Ms. Lorato Plaatjie, MIST DPS Corporate Services				
9:15 - 9:30	Welcome Remarks	Mr Dikagiso B. Mokotedi, MIST PS				
9:30 - 9:45	Highlights of the RSTI Policy and Implementation Plan	Ms. Lesego M. Motoma, Director Department of Research Science and Technology				
9:45 - 10:30	Keynote Address: STI for Botswana's economic development: a personal perspective	Prof. Nelson Torto, Head of the Department of Chemistry, Rhodes University, RSA				
10:30 - 10:40	Entertainment	Ms. Keabonye T. Bareng, Poet				
10:40 - 11:10	Launch of the RSTI Policy and the official opening of the	Hon. Johnie K. Swartz, Minister of				

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	RSTI Conference and Exhibition	Infrastructure Science and Technology
11:10 - 11:20	Entertainment	Kgabosereto Traditional Troupe
11:20 - 11:35	Vote of Thanks	Mr Godfrey Mosimaneotsile, Botswana Technology Centre
11:35 - 11:45	Entertainment	Kgabosereto Traditional Troupe
11:45 - 12:00	Group Photo	MIST PR and Journalists
12:00 - 12:30	Tour of the exhibition stalls	Minister and his entourage
LUNCH		

SESSION 1: PLENA	ARY		
MC:			
Chairperson: Dr. Ed	lson T. Selaolo		
Rapporteurs:			
14:00 – 14:15	Objectives of the S&T conference and exhibition	Mr. Tebelelo Tsheko, Deputy Director DRST	
14:15 - 14:35	<b>Presentation</b> : Views on the implementation of the RSTI policy	Kalmari, A. Aika (Pty) Ltd	
14:35 - 14:45	Discussion		
14:45 – 15:05	<b>Presentation</b> : Harnessing Botswana's Natural Capital for Economic Development	Totolo, O. University of Botswana	
15:05 – 15:15	Discussion		
	TEA		
SESSION 2a: WATI	ER RESOURCES		
Chairperson: Prof. Wellington Masamba, Okavango Research Institute			
Rapporteurs:			
15:30 – 15:50	<b>Presentation</b> : The fate of inorganic contaminants in treated sewage water used for irrigation	Paphane, B.D and Mogopodi, D Botswana College of Agriculture	
15:50 – 16:00	Discussion		
16:00 – 16:10	Presentation: Towards Improved Water Management Strategies for Botswana	Parida, B. P. Kenabatho, P. K. and Moalafhi, D. B., <i>University of Botswana</i>	
16:20 – 16:30	Discussion		
16:30 – 16:50	<b>Presentation</b> : Biotechnology is an innovative technology that can mitigate climate change	George, D.G.M., Department of Agricultural Research	
16:50 – 17:00	Discussion		
17:00	Wrapping up and closure of Day 1	Chairperson	

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SESSION 2b: ICT:		
Chairperson: Dr. A	udrey Masizana, University of Botswana	
Rapporteurs:		
15:30 – 15:50	Presentation: Implementing the M3 & E Model	Roodt, L. and Lubbe, S., Chervil (Pty)
15:50 – 16:00	Discussion	
16:00 – 16:10	Presentation: Alternative Livestock and Crops Diagnostic Technology System: a Case Project at Botswana College of Agriculture	Mabalane, D. and Hulela, K, Botswand College of Agriculture
16:20 – 16:30	Discussion	
16:30 – 16:50	Presentation: E-Government: My Stake as "Monana wa Motswana"	Morakanyane, R., University of Botswana
16:50 – 17:00	Discussion	
17:00 – 17:20	<b>Presentation</b> : E-Crime: Obligating A New Paradigm Towards A Cyber Secure Botswana Nation	
17:20 – 17:30	Discussion	
17:30 – 17:50	Presentation: Mobbo: Re-imagining and Monetizing Online Social Networking	Setuke, M, Entrepreneur and software developer
17:50 – 18:00	Discussion	
18:00	Wrapping up and closure of Day 1	Chairperson
SESSION 2c: SCIE	NCE, ENGINEERING AND TECHNOLOGY	
Chairperson: Prof.	Otlogetswe Totolo, University of Botswana	
Rapporteurs:		
15:30 – 15:50	<b>Presentation</b> : A Quantum Description of Space-time and Gravitation	Marongwe, S., McConnell College
15:50 – 16:00	Discussion	
16:00 – 16:10	<b>Presentation:</b> Impacts of Palm Wine Tapping on the Populations of <u>Hyphaene petersiana</u> in Shorobe, Northern Botswana	Sethebe, B., University of Botswana
16:20 – 16:30	Discussion	
16:30 – 16:50	<b>Presentation</b> : E-Waste Recycling: A Review of the Infrastructure and Technology Alternatives available for Botswana	Sethebe, K. M. and Molelekwa, T., Rural Industries Innovation Centre, Barbus, V. Silogistic (Pty) Ltd
16:50 – 17:00	Discussion	
17:00 – 17:20	Presentation: Interaction of Large Magnetic Fields and the Quantum Vacuum	Marongwe, S., McConnell College
17:20 – 17:30	Discussion	
17:30	Wrapping up and closure of Day 1	Chairperson



Day 2: SESSION 3	PLENARY	
MC:		
Chairperson: Mr. M	falekantwa Mmapatsi, Private technology policy practitio	oner
Rapporteurs:		
8:00 - 8:05	Prayer	
8:05 – 8:10	Recap	
8:10 – 8:30	<b>Presentation</b> : The role of the private sector in RSTI development: A case study of Dobi Foods	Motlhabane, R., Dobi Foods
8:30 - 8:40	Discussion	
8:40 – 9:00	<b>Presentation:</b> Promoting Science Technology and Innovation based businesses through the Botswana Innovation Hub	Tacheba, B., Botswana innovation Hub
9:00 – 9:10	Discussion	
9:10 – 9:30	Presentation: Sustainable Economic Development through Public Sector Innovation: The Case of Developing Economies	
9:30 - 9:40	Discussion	
	TEA	
SESSION 4a: SUST	AINABILITY	
Chairperson: Dr. H	aniso Motlhabane, Botswana International University of S	Science and Technology
Rapporteurs:		
10:00 - 10:20	Presentation: Fodder potential of leaves and pods of planted <u>Leucaena diversifolia</u> and <u>L. leucocephala</u> species in semi-arid Botswana	Walker, K. P., National Food Technology Research Centre
10:20 - 10:30	Discussion	
	<b>Presentation:</b> Social use of riverine resources within	Phuthologo, B., and Mmopelwa, G.
10:30 – 10:50	the Chobe Enclave: Botswana	
10:30 - 10:50 10:50 - 11:00	the Chobe Enclave: Botswana  Discussion	Mtaolo, F. W, University of Dar es
		Mtaolo, F. W, University of Dar es Salaam Tanzania  Lepetu, J., Botswana College of
10:50 - 11:00	Discussion  Presentation: Inter-linkages between ecosystems services and management of natural resources: an Analytic Hierarchy Process Modeling for	Mtaolo, F. W, University of Dar es Salaam Tanzania  Lepetu, J., Botswana College of
10:50 – 11:00 11:00 – 11:20	Discussion  Presentation: Inter-linkages between ecosystems services and management of natural resources: an Analytic Hierarchy Process Modeling for Stakeholders' Preference in Botswana	Lepetu, J., Botswana College of

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12:00 – 12:20	Presentation: Food technologies for entrepreneurship development; the NFTRC'S approach	Kebakile, M.,National Food Technology Research Centre	
12:20 – 12:30	Discussion		
	LUNCH		
SESSION 4b: HEALTH:			
Chairperson: Dr. Marapo	e Marape, Botswana Baylor Children's Clinical Cent	tre of Excellence	
Rapporteurs:			
10:00 – 10:20	<b>Presentation:</b> Characterization of <i>Lactobacillus fermentum</i> Kh09, a bacterioncin producing strain isolated from <i>madila</i>		
10:20 – 10:30	Discussion		
10:30 – 10:50	<b>Presentation:</b> Natural product G-protein coupled receptor (GPCR) agonists: A new class of potential anti-parasitic and insecticidal drug candidates		
10:50 – 11:00	Discussion		
11:00 – 11:20	<b>Presentation:</b> Evaluation of aflatoxins in animal feed	Mogopodi, D., Paphane, B. and Motube, G., Botswana College of Agriculture	
11:20 – 11:30	Discussion		
11:30 – 11:50	<b>Presentation</b> : Influence of the processing factors on pesticide residues in fruits and vegetables and its application in consumer risk assessment	Keikotlhaile B. M. et al, National Food Technology Research Centre	
11:50 – 12:00	Discussion		
12:00 – 12:20	<b>Presentation</b> : Diet and cardiovascular disease risk factors in Botswana	Kwape, L., National Food Technology Research Centre	
12:20 – 12:30	Discussion		
12:30 – 12:50	<b>Presentation</b> : Prevalence and Predictors of Risk Behaviours for Lead Exposure During Pregnancy in the Central District, Botswana.	Mbongwe, B., Voyi K. and Rollin, H., University of Botswana and University of Pretoria	
12:50 – 13:00	Discussion		
LUNCH			

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# Appendix 10: Short Curriculum Vitae, Bontle Mbongwe

# **Education:**

# 1. Education:

I hold an MSc. Degree in Biology with a specialization in Chemical and Environmental Toxicology obtained from the University of Ottawa, Canada in 2000. (**Thesis title:** Fate and Persistence of DDT and its Metabolites in the Okavango Delta, Botswana).

# 2. Professional Experience:

I am currently a Lecturer of toxicology and environmental health in the Department of Environmental Health, Faculty of Health Sciences, University of Botswana. I have previously worked for the Ministry of Health in different capacities (1985-2004) from junior to senior health officer. Before I left the Ministry of Health to join the University of Botswana in 2004, I was Head of the Environmental Health Unit responsible for policy development in areas of chemical safety, public health and tobacco control. I moved to the University of Botswana to start the Environmental Health program in the Faculty of Science, which is now a department in the Faculty of Health Sciences. My key areas of research are on heavy metals and persistent organic pollutants as can be seen from the publications below. I have collaborated with the South African Medical Research Council on lead research. I started my doctoral degree in the School of Health Systems and Public Health, University of Pretoria in 2009.

# 3. Selected Journal Articles of toxicological and environmental importance

- 1. **Mbongwe B**, Barnes B, Tshabang J, Zhai M, Rajoram S, Mpuchane S, et al. 2010. Exposure to Lead Among Children in the City of Gaborone. Journal of Environmental Health Research, Issue 10(1), pp 17-26
- 2. Mmualefe, L. C., Torto, N., Huntsman-Mapila, P., & **Mbongwe, B**. 2009. Headspace solid phase microextraction in the determination of pesticides in water samples from the Okavango Delta with gas chromatography-electron capture detection and time-of-flight mass spectrometry **Microchemical Journal** Volume 91, Issue 2, March 2009, Pages 239-244
- 3. Mmualefe, L. C., Torto, N., Huntsman-Mapila, P., & **Mbongwe, B**., 2008, Supercritical fluid extraction of pesticides in sediment from the Okavango Delta, Botswana, and determination by gas chromatography with electron capture detection (GC-ECD) and mass spectrometry (GC MS). Water SA, 34(3), 405 410



- 4. **Mbongwe B.,** Mmereki B.T., Magashual A. 2007. Healthcare waste management: Current practices in selected healthcare facilities, Botswana. Waste Management, 28 (1), pp. 226-233
- 5. **Mbongwe, B.,** Legrand, M., Blais, J.M., Kimpe, L.E., Ridal, J.J. & Lean, D.R.S., 2003. "Dichlorodiphenyltrichloroethane in the Aquatic Ecosystem of the Okavango Delta", Botswana. *Journal of Environmental Toxicology and Chemistry* Vol. 22, No.1. pp 7-19.

# 4. Selected Conference Presentations of toxicological, behavioral and environmental importance

- 1. **Mbongwe B.**, Voyi K., Röllin H. 2012. Prevalence and Predictors of Risk Behaviours for Lead Exposure During Pregnancy in the Central District, Botswana. Inaugural RSTI Policy Launch, S&T National Conference and Exhibition, Gaborone International Conference and Exhibition Center, 14-15 August 2012, Gaborone, Botswana.
- 2. **Mbongwe B**.; Barnes B.; Mpuchane S.; Mathee.; Tshabang A.;2006. Elevated blood-lead levels among children in Gaborone Conference paper: 9<sup>th</sup> World Congress on Environmental Health. Dublin, Ireland, 18-23 June, 2006
- 3. **Mbongwe B.** 2004. Lead Contaminated Soils and Children's Health Are Botswana's Children at Risk? A paper presented at the 18<sup>th</sup> Environmental Health Conference and Exhibition, Boipuso Hall, Gaborone, Botswana
- 4. **Mbongwe B**. 2003. Chemicals and Their Impact on the Environment, in: National Workshop on the Standard on Classification, Packaging and Labeling of Chemicals, Tati-River Lodge, Francistown, Botswana. Ministry of Health.

# **Thesis**

**Mbongwe B.** 2000. Fate and Persistence of DDT and its Metabolites in the Okavango Delta, Botswana. Thesis submitted to the School of Graduate Studies and Research, University of Ottawa in fulfillment of the Requirements for the M.Sc. Degree in the Ottawa-Carleton Institute of Biology.