**Objectives**

**Objectives of Residential field site training are to;**

* create an awareness of the students regarding health program in rural area of Bangladesh,
* familiarize the students with services provided in the Upazila Health Complex, Union Sub centers and periphery, and with the aims of priority of the preventive and promotive national health programs,
* recognize the roles of doctors and other health workers at all levels including the doctors management responsibilities and leadership,
* expose the students in community participations and acceptation of health service.

**Schedule of RFST Program for 3rd year MBBS students ( SWMC-12)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **Topic** |
| Day-1 | Tuesday  01.11.16 | 9.30am-11.00 am  11:.30 – 2.30 pm | 1. Objectives of RFST  2. Program briefing  3. Level of health care & organization |
| 4. Research Methodology(Review)  5. Bio-statistics(Review)  6. Discussion about survey questionnaire |
| Day-2 | 02.11.16 | 9:30am-2.30 pm | 1.Organogram of UZHC,  2. Responsibilities of UH&FPO  3. Referral system  4.Ongoing health program of GOB at Upazila level  ( Vit.A, DOTS & Others )  Interaction with field staff & their responsibilities |
| Day-3 | 03.11.16 | 8.30am- 2.30 pm | Visit to different dept. of UZHC ( EPI corner, Laboratory,MCH corner, TB/Leprosy control program, IPD/ OPD  Community survey : Data Collection |
| Day-4 | 05.11.16 | 8.30 am-2.30 pm | Data Compilation, Data Processing and Analysis |
| Day-5 | 06.11.16 | 8.30 am- 2.30 pm | Report writing |
| Day-6 | 07.11.16 | 8.30am-2.30pm | Report Presentation |

**Organogram of Golapgonj Upazila Health Complex, Sylhet**

**UH & FPO**

Health Services

Family Planning

Family Planning

MCH

MO (MCH & FP)

FWV TFPO

ATFPO

Domiciliary

Hospital (Indoor, Outdoor, Emergency)

RMO-1 Sanitary Inspector - 1

Consultant Medicine - 1 Health Inspector - 3

Consultant Surgery - 1 AHI - 1 for each union

Consultant Gynae & Obs - 1

Consultant Anaesthesia - 1

Medical Officer -2

Dental Surgeon - 1

Medical Asst. -2

Pharmacist -2

**Union Sub-center of Bangladesh**

* Union Sub centre are of primary level of health care service of Bangladesh.
* It provides limited preventive, promotive, curative and rehabilitative service.
* But there are no diagnostics facilities here.

**Manpower in Union Sub- centre**

* Medical officer – 1
* Medical assistant – 1
* Pharmacist – 1
* MLSS – 1

**Service provided by union sub centre**

* Essential health care services are provided to all those who have access to a Union Sub-centre (USC) irrespective of male or female, young or old.
* Oral Rehydration Salt (ORS) is available for patients suffering from Diarrheal Diseases.
* Necessary advice along with antenatal Check-up is provided to the attending pregnant women and iron tablets are supplied to them.
* Patient is referred to upazilla health complex if needed.
* Under Expanded Program for Immunization (EPI) program, vaccinations are provided to women of child bearing age (15-49) and children (0-15).
* Reproductive couples can get family planning services from the centre.

**Community Clinic**

Community clinic provides domiciliary services through one Health Assistant and a Family Welfare Visitor. They provide treatment for minor diseases like common cold, fever. Supplies ORS for rehydration to Diarrhoeal patients. Supplies oral contraceptive pills. There is one community clinic for every 6000 people.

**ACKNOWLEDGEMENT**

I express my profound gratitude and deep respect with deep appreciation to my guide Prof. Dr. Fazlur Rahim Kaiser, Professor & Head of the department of Community Medicine of SWMC for his guidance, inspiration and full support.

I also thankful to Dr. Md. Ferdous Hasan, Associate Professor, Dr. Nazia Chowdary and Dr. Tanzil Sajjad , Assistant Professor of Community Medicine , SWMC for thorough check-up and valuable advice and help in completing the study.

I also thankful to Dr. Enamul Haque, Dr. Tasnuva Aziz, Dr. Md. Nurunnabi and Dr. Umme Honey Rabbin of the Department of Community Medicine for their cooperation during RFST programme.

I would like to extend my heartiest humble gratitude and deep respect with sincere appreciation to UH & FPO, Golapgonj Upozilla Health Complex for their kind cooperation.

I would like to extend my thanks to the Health Inspector and other staffs for their help in collecting data from the respondents.

Name of the Student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SURVEY

**Survey on Knowledge and practice regarding food adulteration of people of village of Golapgonj Upazila, Sylhet.**

*OBJECTIVES OF THE STUDY:*

*General Objective:*

* **To know knowledge & practice of rural people about food adulteration in Swarashati villages of Golapgonj Upozila.**

*Specific Objectives:*

1. **To see knowledge of common food items are being adulterated.**
2. **To know the common adulterants used.**
3. **To have an idea about the specific adulterants with which common food items are usually adulterated.**
4. **To see the knowledge about the deleterious effects of adulterants.**
5. **To determine the protective measures they take to make food items safer.**
6. **To obtain socio-economic characteristic of the respondents.**

*METHODOLOGY:*

* Type of study**: Cross sectional type of descriptive study.**
* Study place: **Swarashati village of Golapgonj upozila, Sylhet.**
* Study population: **All the people of Swarashati village who are at least 18 years of age.**
* Sample size: **88**
* Sampling technique: **Non-probability purposive sampling was done.**
* Data collection instrument: **A semi-structured questionnaire was used to collect data.**
* Data collection technique: **Data was collected from the respondents by the researchers (students) themselves by face to face interview.**
* Data analysis: **On completion of data collection, data were tabulated after checking & verification. Data were analysed by simple statistical method using a computer.**

**Contents**

|  |  |
| --- | --- |
| **Subject** | **Page No.** |
| List of Tables  List of Figures  Abstracts | X  XI  XII |
| Introduction  Objectives  Methodology  Results  Discussion  Conclusion  Recommendation | 01  05  06  07  15  18  18 |
| Annexure  References  Questionnaire  Map of Golapgonj Upazila | XIII  XIV  XV |

**List of Tables**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Table No.** | | **Title** | **Page No.** | |
| 1 | | Distribution of respondents according to age. | 7 | |
| 2 | | Distribution of respondents according to sex. | 7 | |
| 3 | | Distribution of respondents according to educational qualification. | 7 | |
| 4 | | Occupation of the respondents. | 7 | |
| 5 | | Distribution of respondents according to number of family members. | 8 | |
| 6 | | Distribution of respondents according to number of children. | 8 | |
| 7 | | Distribution of respondents according to their monthly family income. | 8 | |
| 8 | | Distribution of respondents according to knowledge about when a food item is said to be adulterated. | 9 | |
| 9 | | Distribution of respondents according to knowledge of food items that are usually adulterated. | 9 | |
| 10 | | Adulterants those are commonly used the respondents said | 10 | |
| 11 | | Adulterants used in spice and bakery products the respondents said. | 11 | |
| 12 | | Distribution of respondents about the queries they while buying open foods. | 12 | |
| 13 | | Distribution of respondents according to their knowledge about the harmful effects of adulterated food on children’s mental and physical development | 12 | |
| 14 | | Distribution of respondents according to their knowledge about the testing of iodised salt | 13 | |
| 15 | | Distribution of respondents according to the action(s) they take with adulterated food. | 13 | |
| 16 | | Distribution of respondents according to who can be thought or made aware about the procedure of detection to prevent food adulteration. | 14 | |
| 17 | | Distribution of respondents according to how can aware the children about food adulteration | 14 | |
| **Figure No.** | **Title** | | | **Page No.** |
| 1 | Distribution of respondents according to knowledge about usually used adulterants in food. | | | 10 |
| 2 | Distribution of Respondents according to the knowledge of harmful effects of food adulteration on health. | | | 11 |
| 3 | Distribution of respondents about allowing their children to eat chocolates, ice-cream etc. | | | 12 |
| 4 | Distribution of respondents according to knowledge of inspecting adulterated fish with formalin. | | | 13 |
| 5 | Distribution of respondents according to source from which they get knowledge about food adulteration. | | | 14 |

**Results**

**Table No – 01:**

**Title: Distribution of respondent sex.**

|  |  |  |
| --- | --- | --- |
| **Sex** | **Frequency** | **Percentage (%)** |
| Male | 40 | 22.73% |
| Female | 136 | 77.27% |
| **Total** | **176** | **100%** |

Table No : 01 show that.

Male respondents are 22.73% and female are 77.27%

**Table No – 02:**

**Title: Distribution of respondents according to age**

|  |  |  |
| --- | --- | --- |
| **Age (years)** | **Frequency** | **Percentage (%)** |
| 18-22 | 33 | 18.75% |
| 23-27 | 39 | 22.16% |
| 28-32 | 37 | 21.03% |
| 33-37 | 15 | 12.29% |
| >32 | 67 | 38.06% |
| **Total** | **176** | **100%** |

Table No: 02

Table no: 02 show that 18.75% respondents are of the age group 18 – 22 years, 22.16% are of 23-27 years. 21.03% are of 28 – 32 years group, and 38.06% are of 32 age and more.

**Table No – 03:**

**Title: Distribution of respondents according to educational qualification**

|  |  |  |
| --- | --- | --- |
| **Educational qualification** | **Frequency** | **Percentage (%)** |
| Illiterate | 43 | 24.43% |
| Primary | 78 | 44.32% |
| SSC | 39 | 22.16% |
| HSC and above | 16 | 9.09% |
| **Total** | **176** | **100%** |

Table no: 03 show that 44.32% respondents studied up to primary level, 22.16% upto SSC and 09.09% upto HSC or above. 24.43% are illiterate.

**Table No – 04:**

**Title: Occupation of respondents**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Frequency** | **Percentage (%)** |
| Housewife | 123 | 69.89% |
| Service holder | 4 | 02.27% |
| Business | 8 | 04.55% |
| Farmer | 11 | 06.25% |
| Immigrant | 0 | 0% |
| Laborer | 12 | 6.82% |
| Others | 18 | 10.23% |
| **Total** | **176** | **100%** |

Table no: 04. Shows that 69.89% are housewives, 2.27% are service holder, 4.55% are business, 6.25% are farmer, 6.82% are laborer and others 10.23%.

**Table No – 05:**

**Title: Occupation of the Respondents Spouse**

|  |  |  |
| --- | --- | --- |
| **Occupation** | **Frequency** | **Percentage (%)** |
| 1. House Maker | 41 | 23.30% |
| 1. Job Holder | 4 | 2.28% |
| 1. Business | 31 | 17.61% |
| 1. Farmer | 31 | 17.61% |
| 1. Immigrant | 10 | 5.68% |
| 1. Lobour | 35 | 19.88% |
| 1. Others | 24 | 13.64% |
| **Total** | **176** | **100%** |

Table no: 05. Shows that 23.30% respondents are house makers, farmer 17.61%, job holder 2.28%, business 17.61%, immigrant 5.68%, labour 19.88% and 13.64% are engaged in other occupations.

**Table No – 06:**

**Title: Distribution of Respondent According to Number of Family Members.**

|  |  |  |
| --- | --- | --- |
| **Family Members** | **Frequency** | **Percentage (%)** |
| 2 -4 | 47 | 26.70% |
| 5 -7 | 77 | 43.75% |
| >7 | 52 | 29.55% |
| **Total** | **176** | **100%** |

Table no 6. Shows that 26.70% family’s have 2-4 member in their family, 43.75% have 5-7 and 29.55% have more than 7 members in their family.

**Table No – 07:**

**Title: Distribution of respondent according to number of children.**

|  |  |  |
| --- | --- | --- |
| **No of children in a family** | **Frequency** | **Percentage (%)** |
| 1-2 | 53 | 30.11% |
| 3-4 | 55 | 31.25% |
| >4 | 21 | 11.93% |
| **Total** | **176** | **100%** |

Table no 7: Shows that 30.11% respondents have (1-2) children, 31.25% respondents have (3-4) children, 11.93% respondents have more than 4 children, and 26.71% respondents have no children

**Table No – 08:**

**Title: Distribution of respondent according to their monthly family income.**

|  |  |  |
| --- | --- | --- |
| **Monthly income** | **Frequency** | **Percentage (%)** |
| ≤ 5000 | 65 | 36.93% |
| 5001-10000 | 56 | 31.81% |
| 10001-15000 | 27 | 15.34% |
| >15000 | 28 | 15.92% |
| **Total** | **176** | **100%** |

Table no 08. Shows that 36.93% respondents earn ≤ 5000 taka, 31.81% respondents earn 5001-10000 taka, 15.34% respondents earn 10001-15000 taka, and 15.92% respondents earn >15000 taka.

**Table No – 09:**

**Title: Distribution of respondent according to knowledge when respondents a food item is said to be adulterated.**

|  |  |  |
| --- | --- | --- |
| **Knowledge** | **Frequency** | **Percentage (%)** |
| Rotten food | 61 | 34.66% |
| Addition of color | 33 | 18.75% |
| Mixing of harmful substances | 35 | 19.89% |
| Others | 11 | 6.25% |
| **Total** | **176** | **100%** |

\*Multiple answer

Table no 9. Shows that, 34.66% respondents said that food is adulterated when it is rotten, 18.75% said by addition of color, 32.39% said that food is adulterated by addition of chemicals. 19.89% is said that food is adulterated by anything added which is harmful. 6.25% respondents have no idea about how food is adulterated.

**Table No – 10:**

**Title: Distribution of respondent according their knowledge of food item that are usually adulterated.**

|  |  |  |
| --- | --- | --- |
| **Knowledge** | **Frequency** | **Percentage (%)** |
| Rice | 30 | 17.05% |
| Lentil | 13 | 7339% |
| Oil | 24 | 13.64% |
| Fish | 106 | 60.23% |
| Vegetables | 125 | 71.02% |
| Fruits | 113 | 64.20% |
| Spice | 25 | 14.20% |
| Milk | 23 | 13.07% |
| Juice | 10 | 5.68% |
| Sweets | 19 | 10.79% |
| Ghee | 2 | 1.14% |
| Bakery food | 13 | 7.39% |
| Doesn’t know | 6 | 3.41% |
| Others | 4 | 2.27% |

\*Multiple answer

Table no 10. Shows that the common food items those are being adulterated and 71.02% said it is vegetable, 64.20% said it is fruits, 60.23% said it is fish , 17.05, said it is rice, 14.20% said it is spice, 13.64% said it is oil, 13.07% said it is milk , 10.79% said it is sweets, 7.39% said it is lentil and bakery food, 5.68% said it is juice, 3.41% have no idea, 2.84% said it is fast food and 2.27% said other food items.

**Table No – 12:**

**Title: Distribution of respondent according their knowledge about usually used adulterants in food:**

|  |  |  |
| --- | --- | --- |
| **Adulterants** | **Frequency** | **Percentage (%)** |
| Colour | 56 | 31.21% |
| Formalin | 130 | 73.86% |
| Carbide | 7 | 3.97% |
| Urea | 21 | 11.93% |
| Chemical | 24 | 13.63% |
| Brick Powder | 23 | 13.06% |
| Water | 15 | 8.52% |
| Don’t know | 25 | 16.47% |
| Others | 3 | 1.7% |

\*Multiple Responses.

Table no 12. Shows that the respondent said food is adulterated with colour 31.21% formalin 73.86%, carbide 3.97%, urea 11.93%, chemical 13.63% brick powder 13.06%, water 8.52% don’t know 16.47%

Fig. No. : 1 – Distribution of respondents according to knowledge about usually used adulterants in food.

\*Multiple Responses.

Table no 12. Shows that the respondent said food is adulterated with colour 31.21% formalin 73.86%, carbide 3.97%, urea 11.93%, chemical 13.63% brick powder 13.06%, water 8.52% don’t know 16.47%

**Table No – 13:**

**Title: Distribution of respondent according their knowledge about usually used adulterants in food:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Food item** | | **Frequency** | **Percentage (%)** |
| Fish | 1. Formalin | 137 | 7.79% |
| 1. Colour | 16 | 9.9% |
| 1. Don’t know | 42 | 23.86% |
| Vegetable | 1. Cloth colour | 13 | 7.38% |
| 1. Insecticides | 52 | 27.84% |
| 1. Excess compost | 49 | 27.18% |
| 1. Don’t know | 76 | 43.18% |
| Masala | 1. Colour | 17 | 9.65% |
| 1. Wood Powder | 13 | 7.38% |
| 1. Brick Powder | 80 | 45.45% |
| 1. Dung | 01 | 0.56% |
| 1. Others | 13 | 7.38% |
| 1. Don’t know | 74 | 42.04% |
| Fruits | 1. Carbide | 04 | 2.27% |
| 1. Formalin | 112 | 63.63% |
| 1. Colour | 13 | 7.38 |
| 1. Don’t know | 57 | 32.38% |
| Dry fish | 1. DDT | 04 | 2.27% |
| 1. Salt | 43 | 24.43% |
| 1. Colour | 06 | 3.40% |
| 1. Don’t know | 123 | 69.88% |

\*Multiple responses

Table no 13. Shows that the respondents said fish is adulterated with formalin 7.79%, colour 9.9%, don’t know 23.88%, vegetable with colour 7.38%, insecticides 29.54% excess composed 27.84% , don’t know 43.18% masala with colour 9.65%, wood powder 7.38% brick powder 45.45%, dung 0.56%, others 7.38%, don’t know 42.04%, fruits with carbide 2.275, formalin 63.63%, colour 7.38%, don’t know 32.38% and dry fish with DDT 2.27%,salt 24.43%, colour 3.40%, don’t know 69.88%.

**Table No – 14:**

**Title: Distribution of respondent according their knowledge of harmful effects of food adulterant on human.**

|  |  |  |
| --- | --- | --- |
| **Effects** | **Frequency** | **Percentage (%)** |
| Cancer | 62 | 35.23% |
| Disability | 38 | 21.59% |
| Even death | 38 | 21.51% |
| Others | 47 | 26.7% |
| Don’t know | 40 | 22.73 |

\*Multiple responses

Table no 14. Shows that 35.23% respondents of knowledge about harmful effects of cancer 21.59%, disability 21.51%, even death 26.7%, others and 22.73% peoples are didn’t know.

**Fig. No. : 1 –** **Distribution of respondent according their knowledge of harmful effects of food adulterant on human.**

\*Multiple responses

Table no 14. Shows that 35.23% respondents of knowledge about harmful effects of cancer 21.59%, disability 21.51%, even death 26.7%, others and 22.73% peoples are didn’t know.

**Table No – 15:**

**Title: Distribution of respondent according to queries they do while buying package food.**

|  |  |  |
| --- | --- | --- |
| **Checking of quality.** | **Frequency** | **Percentage (%)** |
| Whether date expire or not | 130 | 51.59% |
| Quality of company | 42 | 16.67% |
| Quality of packet | 18 | 7.14% |
| Price | 16 | 6.35% |
| Seal of BSTI | 14 | 5.56% |
| Previous experience | 10 | 3.96% |
| Don’t know | 22 | 8.73% |
| **Total** | **252** | **100%** |

Table no 15. Shows that 51.59% respondents buy packaged food observing whether data expired or not 16.67%, of respondent observing its quality of company , 7.14% of respondent check quality of packet 6.35% of respondent consider price 5.56% of respondent check seal of BSTI 3.96% check with previous experience, 8.73% have no idea of checking food while buying packaged food.

**Table No – 16:**

**Title: Distribution of respondent according to queries they do while buying open food**

|  |  |  |
| --- | --- | --- |
| **Checking of quality.** | **Frequency** | **Percentage (%)** |
| Freshness | 109 | 46.19% |
| Colour | 24 | 10.17% |
| Cleanliness | 46 | 19.49 |
| Smell | 20 | 8.47% |
| Don’t know | 27 | 11.44% |
| **Total** | **236** | **100%** |

Table no: 16. Shows that 46.19% of respondents buy open food observing its freshness. 10.12% respondents observing its colour 4.24% respondents observing its price 19.49% respondents observing its cleanliness. 8.47% of respondents observing its smell.11.44% respondents don’t about checking food while buying open food.

**Table No – 17:**

**Title: Distribution of respondent about allowing their children to eat chocolate, ice-cream, cheeps etc.**

|  |  |  |
| --- | --- | --- |
| **Answer of respondent** | **Frequency** | **Percentage (%)** |
| Yes | 82 | 46.59% |
| No | 27 | 15.34% |
| Don’t know | 67 | 38.07% |
| **Total** | **176** | **100%** |

Table no 17. Shows that 46.59% respondent know about harmful effects adulterated food on children’s mental and physical development and 15.34% respondent don’t about the harmful effects of adulterated food on children’s mental and physical development.

**Fig. No. :3 Distribution of respondent about allowing their children to eat chocolate, ice-cream, cheeps etc.**

Table no 17. Shows that 46.59% respondent know about harmful effects adulterated food on children’s mental and physical development and 15.34% respondent don’t about the harmful effects of adulterated food on children’s mental and physical development.

**Table No – 1:**

**Title: Distribution of respondent according to knowledge about the harmful effect of adulteration food on children’s mental and physical development.**

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage (%)** |
| Yes | 138 | 78.41% |
| No | 38 | 21.59% |
| **Total** | **176** | **100%** |

Table no 18. Shows that 78.41 if respondents has some knowledge about the harmful effects of adulterated foods on children’s mental and physical development and 21.59% respondents has no knowledge regarding it.

**Table No – 19:**

**Title: Distribution of respondent according to their knowledge about testing of iodized salt at home.**

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage (%)** |
| Accurately known | 45 | 25.56% |
| Wrongly known | 12 | 6.82% |
| Not known | 119 | 67.62% |
| **Total** | **176** | **100%** |

Table no 19. Shows that 25.56% respondents has on accurate knowledge about testing of iodized salt at home, 6.82% respondents has a wrong knowledge and 67.62% respondents has no knowledge responding it.

**Table No – 20:**

**Title: Distribution of respondent according to knowledge of inspecting fish either adulterated or not**

|  |  |  |
| --- | --- | --- |
| **Response** | **Frequency** | **Percentage (%)** |
| Accurately known | 82 | 46.59% |
| Wrongly known | 17 | 9.66% |
| Not known | 77 | 43.75% |
| **Total** | **176** | **100%** |

Table no 20. Shows that 46.59 respondents ha an according knowledge of inspecting fish either adulterated or not, 9.66% has a wrong knowledge and 43.75% , respondents has no knowledge regarding it.

**Fig. No. :4- Distribution of respondent according to knowledge of inspecting fish either adulterated or not**

Table no 20. Shows that 46.59 respondents ha an according knowledge of inspecting fish either adulterated or not, 9.66% has a wrong knowledge and 43.75% , respondents has no knowledge regarding it.

**Table No – 21:**

**Title: Distribution of respondent according to knowledge of inspecting fish either adulterated or not.**

|  |  |  |
| --- | --- | --- |
| **What would respondent do if the food is adulterated** | **Frequency** | **Percentage (%)** |
| Inform the sanitary inspector | 7 | 3.89% |
| Throw away | 110 | 61.11% |
| Consume | 25 | 13.89% |
| Return to the manufacturer | 25 | 13.89 |
| Others | 13 | 7.22% |
| **Total** | **176** | **100%** |

Table no 21. Shows that 3.89% respondent inform the sanitary inspector, 61.11% respondent throw away, 13.89% respondent consume, 13.89% respondent return to the manufacturer, 7.22% respondent takes other precautions it the food id adulterated.

**Table No – 22:**

**Title: Distribution of respondent according to knowledge about freeing of food from being adulterated.**

|  |  |  |
| --- | --- | --- |
| **Do people know the ways to make food free from adulteration** | **Frequency** | **Percentage (%)** |
| Yes | 67 | 38.07% |
| No | 109 | 61.93% |
| **Total** | **176** | **100%** |

Table no 22. Shows that about 38.07% know the way to make food free from adulteration whereas 61.93% doesn’t know the way to make food free from adulteration.

**Table No – 23:**

**Title: If yes then how people make food free from adulteration?**

|  |  |  |
| --- | --- | --- |
| **If yes then how people make food free from adulteration** | **Frequency** | **Percentage (%)** |
| By washing with hot water | 59 | 86.76% |
| By washing with salt and hot water | 9 | 13.24% |
| Others |  |  |
| **Total** | **68** | **100%** |

Table no 23. Shows that 86.76% respondent make food free from adulteration by washing with hot water, 13.24% respondent make food free from adulteration by washing with salt and hot water.

**Table No – 24:**

**Title: From where whey get information about food adulteration**

|  |  |  |
| --- | --- | --- |
| **Quality** | **Frequency** | **Percentage (%)** |
| Newspaper | 32 | 18.18% |
| Television | 149 | 84.65% |
| Radio | 10 | 5.68% |
| From knows person | 54 | 30.68% |
| Others | 10 | 5.68% |

Table no 24. Shows that 18.18% respondents get information about food adulteration from newspaper, 81.65% respondents from television, 5.68% respondents from radio, 30.68% respondents from known person, 5.68% from others.

**Fig. No. :4 - From where whey get information about food adulteration**

Table no 24. Shows that 18.18% respondents get information about food adulteration from newspaper, 81.65% respondents from television, 5.68% respondents from radio, 30.68% respondents from known person, 5.68% from others.

**Table No – 25:**

**Title: Distribution of respondents according to who can made aware or trained about the procedure to prevent food adulteration**

|  |  |  |
| --- | --- | --- |
| **Quality** | **Frequency** | **Percentage (%)** |
| 1. Husband or male | 13 | 7.39% |
| 1. Wife or Female | 11 | 6.25% |
| 1. Both male and female | 138 | 78.41% |
| 1. Unknown | 17 | 9.66% |

Table no 25. Shows that 7.39% husband or male should be made aware or trained about the procedure to prevent food adulteration, 6.25% wife or female should be made aware or trained about the procedure to prevent food adulteration, 78.41% both male and female should be made aware or trained about the procedure to prevent food adulteration, 9.66% are unknown about.

**Table No – 26:**

**Title: Distribution of respondents according to how you can make the children aware about food adulteration.**

|  |  |  |
| --- | --- | --- |
| **Quality** | **Frequency** | **Percentage (%)** |
| 1. Parents and relatives | 120 | 68.18% |
| 1. Teachers | 91 | 51.7% |
| 1. Others | 19 | 10.795% |

Table no 26. Shows that 68.18% of the respondents believe to aware the children through parents and relatives, 51.7% through teachers and 10.795% through others.

**Conclusion**

There is no alternate of safe food for health and wellbeing. This study was a pilot attempt to see the knowledge regarding food adulteration. It can be inferred from this study that, there is lack of knowledge in every aspects of food adulteration namely the common food items those are being adulterated, the common adulterants, and deleterious effects of adulterants. Knowledge regarding identifying the adulterated food found very poor.

**Recommendation**

With the current ongoing communication and information regarding food adulteration respondents have better idea in this regard comparing to the Dhaka city consumers studied in the year 2006. But in the context of alarming increase in the adulteration practice everyone in the country should be educated in this regard. To do so we need combined and coordinated efforts from Government and non-Government organizations including local health personnel and most importantly the consumers.

1. Education of the consumers regarding adulterants, commonly adulterated food items and the deleterious effects of adulterants.
2. Tests for identification of common adulterants.
3. Household methods if any to make the adulterated food safer.

**References**

1. FAO/WHO. Assuring food safety and quality: guidelines for strengthening national food control systems. Rome: Food and Agriculture Organization; 2003. p. 28. (FAO food and nutrition paper no. 76).

2. FAO/WHO Expert Consultation. Food protection for urban consumers. Rome: Food and Agriculture Organization; 1986. pp. 1–17.

3. Park K. Park's textbook of preventive and social medicine. 18th ed. Jabalpur: BanarsidasBhanot; 2005. p. 481.

4. Srilakshmi B. Food science. 3rd ed. New Delhi: New Age International; 2003. p. 313.

5. Alarming situation of food adulteration [editorial]. B Med J Khu2013; 46:

6. Huq MM, Anwar KS, Rahman SMM, Mannan MA, Hamid MA.Food safety in Bangladesh: how safe is our food Poster session 2, P130 (336). Paper presented on 10th Asian Conference on Diarrhoeal Diseases and Nutrition (ASCODD), Dhaka, 7-9 December 2003. Dhaka: International Centre for Diarrhoeal Diseases and Nutrition, 2003. (<http://www.supportforlife.org/work-with-us/tender-notices/cat_view/52-publications/10042-icddrb-periodicals/10073-scientific-conferences/10338-10th-ascodd-2003/13757-poster-session-2-nutrition-2-?start=10>, accessed on 15 February 2006).

7. National Task Force on Food Safety Bangladesh country paper. FAO/WHO Regional Conference on Food Safety for Asia and Pacific, Seremban, 24-27 May 2004. (<http://www.fao.org/docrep/meeting/006/ad730e/ad730e00.HTM>, accessed on 12 October 2006).

8. Nasreen S, Ahmed T. Food Adulteration and Consumer’s Awareness in Dhaka City, 1995-2011, J HEALT POPUL NUTR 2014 Sep.32(3)452-464

**KwgDwbwU †gwWwmb wefvM**

wm‡jU DB‡gÝ †gwWK¨vj K‡jR

**wdì mvBU Gwc‡WwgIjwRK¨vj mv‡f©**

Z…Zxq el©; e¨vP: GmWweøDGgwm-12; b‡f¤^i 2018

**Title: Survey on Consumer’s Awareness regarding Food Adulteration of -----------------------village of Golapgonj Upazila.**

MÖv‡gi bvg:---------------------------------BDwbqb:---------------------------\_vbv: --------------------------

cwiev‡ii cÖav‡bi bvg:------------------------------------------eqm:-----------------m¤úK©:------------------

mvÿvZKvi MÖnYKvix wkÿv\_©xi bvg:-----------------------------‡ivj bs:---------¯^vÿi:---------------------

1. ‡imcÛ‡W›U Gi bvg:----------------------------2.cy/g 3. eqm:K. 18-22 L)23-27 M) 28-32 N) > 32eQi

4. wkÿvMZ †hvM¨Zv:wbiÿi/cÖv\_wgK/GmGmwm/GBPGmwm I Z‡Zva©

5. ‡ckv: M„wnbx/PvKzix/e¨emv/K…wlKvR/cÖevmx/kÖwgK/Ab¨vb¨

6. ¯^vgx/¯¿xi bvg:---------------------------------- 7.‡ckv: M„wnbx/PvKzix/e¨emv/K…wlKvR/cÖevmx/kÖwgK/Ab¨vb¨

8. cwiev‡ii m`m¨ msL¨v:K) 2-4 L)5-7 M) >7Rb 9. Avcbvi mšÍvb msL¨v : K) 1-2 L) 3-4 M) >4|

10. cwiev‡ii †gvU gvwmK Avq (UvKvq): K) ≤5,000 L) 5,001-10,000 M) 10,001-15,000 N) >15000

11. Lv‡`¨ †fRvj KLb ejv nq? K)cuPv n‡j L) ÿwZKi is ‡gkv‡j M) K¨vwgK¨vj †gkv‡j N) ¯^v‡¯’¨i Rb¨ ÿwZKi wKQz ‡gkv‡j O) Ab¨vb¨ P) Rv‡bb bv

12. ‡Kvb me Lvev‡i mvavibZ ‡fRvj ‡gkv‡bv nq ?-- Pvj/Wvj/†Zj/gvQ/mewR/dj/gkjv/`ya/Rym/wgóvbœ- wgwó/wN/dv÷ dzW/†eKvixi Lvevi/Rv‡bb bv/Ab¨vb¨

13.mvavibZ Lvev‡ii mv‡\_ wK wK †fRvj `ªe¨ wgkv‡bv nq?-- is/digvwjb/Kvev©BW/BDwiqv mvi/K¨vwgK¨vj/B‡Ui ¸ov/cvwb/Rv‡bb bv/Ab¨vb¨

14. wbZ¨ cÖ‡qvRbxq Lvev‡i †fRvj wK w`‡q Kiv nq?

K) gvQ i. digvwjb ii. is iii. Rv‡bb bv L) mewR i. Kvco is ii. KxUbvkK iii AwZwi³ mvi. iv. Rv‡bb bv M) gkjv i. is ii. Kv‡Vi ¸ov iii. B‡Ui ¸ov iv. †Mvei v. Ab¨vb¨ vi. Rv‡bb bv N) dj : i. Kve©vBW ii. digvwjb iii. is iv. Rv‡bb bv O) ïUwK: i. wWwWwU ii. jeY iii. is iv. Rv‡bb bv

15. †fRvjhy³ Lvevi ¯^v‡¯’i wK wK ÿwZ Ki‡Z cv‡i?

K) K¨vÝvi L) wewfbœ A½ weKj n‡Z cv‡i M) g„Zz¨ ch©šÍ NUv‡Z cv‡i N) Ab¨vb¨ O) Rv‡bb bv

16. wK hvPvB K‡i c¨v‡KURvZ Lvevi µq K‡ib?

†gqv` DZx©b wK bv/‡Kv¤úvbxi gvb/c¨v‡K‡Ui gvb/`vg/weGmwUAvB wmj/c~e AwfÁZv/Rv‡bb bv

17. wK hvPvB K‡i †Lvjv Lvevi µq K‡ib?-- ZiZvRv †`‡L/is/ `vg/cwi®‹vi cwi”QbœZv/MÜ/Rvwb bv

18. wPcm, †Kvgj cvbxq, wbb¥gv‡bi PK‡jU, AvBmwµg ev”Pv‡K †L‡Z †`b?--K) nu¨v L) bv M) gv‡S g‡a¨

19. Gme Lvevi wkïi kvixwiK gvbwmK e„w×‡Z weNœ NUv‡Z cv‡i Rv‡bb wK?--K) nu¨v L) bv

20. jeY Av‡qvwWbhy³ wK bv evmvq cixÿv Ki‡Z cv‡ib?---- K) wVKfv‡e Rv‡bb L)fzj Rv‡bb M) Rv‡bb bv

21.gvQ †Kbvi mgq Zv digvwjb †`qv wK bv wKfv‡e eyS‡eb?---- K) wVKfv‡e Rv‡bb L) fyj Rv‡bb M) Rv‡bb bv

(PKP‡K fve \_v‡K bv, Pvc w`‡j k³ g‡b nq, dzjKv is ev`vgx-gqjv, MÜ )

22. Lvevi †fRvj hy³ g‡b n‡j wK K‡ib?-- m¨vwbUvix BÝ‡c±i‡K RvbvB/†d‡j w`B/LvB/†diZ †`B/Ab¨vb¨

23. Lvevi †fRvjgy³ Kivi c×wZ Rv‡bb wK bv? - n¨vu / bv

24. Rvb‡j, wKfv‡e?

gvQ, kvK-mwâ,dj, ïuUwK : ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

25. †fRvj m¤úwK©Z Z\_¨ wKfv‡e †R‡b‡Qb?-- cwÎKv / †Uwjwfkb / †iwWI / cwiwPZ Rb / Ab¨vb¨

26. †fRvj cÖwZ‡iv‡a †fv³v ch©v‡q Gi wbY©q I cixÿv wel‡q Kv‡`i m‡PZb Kiv / cÖwkÿY ‡`qv cÖ‡qvRb?

K) ¯^vgx ev cyiæl‡`i L) ¯¿x ev gwnjv‡`i M) bvix-cyiæl mevB‡K N) Rv‡bb bv

27. wkï‡`i G wel‡q m‡PZb wK fv‡e Kiv hvq?---- K) gv-evev-AvZ¥xq L) ¯‹z‡ji wkÿ‡Ki gva¨‡g M) Ab¨vb¨