**Department of Community Medicine**

**Practical note Book**

* RFST Report
* A Survey on Knowledge and Practice of Rural PeopleRegarding Indoor Air Pollution and Waste Disposal in Two Selected Villages of Ramu Upazila, Cox’s Bazar.

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| --- |
| Batch- SWMC- V  Reg. No: ----------------------------  Session: -----------------------------  Code No: --------------------------- |

**Sylhet Women’s Medical College**

**Mirboxtula, Sylhet**

**Introduction**

Doctors are to give services irrespective of educational status, poor or rich, urban or rural. In short, it could be said that nothing can stop a diseased person from coming to a doctor. To serve them in a best way, a doctor needs to know the people, their sufferings including their strength and shortcomings. In the form of Residential Field Site Training (RFST) Program students of MBBS course get good chance to know the people and the institute with which they will have to work initially after passing and employment. Not only that after observation they get the chance to make comments on on-going services, facilities and the fields to improve upon; come to close contact with the people and can observe their practice in relation to health and can make recommendations. So, it is obvious that this program would help the future doctors to be accustomed with the situation they are to face.

**Objectives of RFST Program**

**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 service 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 exception of health service.

**Schedule of Residential Field Site Training ( RFST) Program for 4th year MBBS students( SWMC-4).**

|  |  |  |  |
| --- | --- | --- | --- |
| **Day** | **Date** | **Time** | **Topic** |
| Day-1 |  | 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 |  | 9:30am-2.30 pm | 1.Organogram of UZHC,  2. Responsibilities of UH&FPO  3. Referral system  4.Ongoing health program of GOB at Upozila level  ( Vit.A, DOTS & Others )  Interaction with field staff & their responsibilities |
| Day-3 |  | 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 |  | 8.30 am-2.30 pm | Data Compilation, Data Processing and Analysis |
| Day-5 |  | 8.30 am- 2.30 pm | Report writing |
| Day-6 |  | 8.30am-2.30pm | Report Presentation |

**Organogram of Ramu Upazila Health Complex**

**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 -6

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 Subcentre (USC) irrespective of male or female, young or old.
* The attending patients and their relatives can easily communicate with the concerned doctors for necessary advice and suggestions as regards health care services.
* Oral Rehydration Salt (ORS) is available for patients suffering form 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 a upazilla health complex if needed.
* Medicines are provided free of cost to the patients subjects to availability of the medicines, In some cases, for the sake of proper treatment, some medicines are to be bought from outside by the service seekers.
* 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.
* Lists are displayed on the boards showing stock of medicines available, types of services provided and the names of the service provides.

**ACKNOWLEDGEMENT**

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I would like to extend my thanks to the Health Inspectors for their help in collecting data from the respondents.

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

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**ABSTRACT**

A descriptive type of cross sectional study was carried out in the villages of ‘Kanishail’ and ‘Shutarpur’ of Golapgonj Upozila among the rural mothers who have last child of two years of age or less. The study is intended to know the knowledge and practice of Ante-natal care among the rural mothers. The data were collected from 116 mothers of these two villages by the 4th year MBBS students (SWMC-4) of Sylhet Women’s Medical College under the guidance of teachers of the Community Medicine Department. The sampling technique was purposive type of non-probability sampling. The data were collected by face to face interview using semi-structured questionnaire. Majority of mothers, 93.10% are housewives. Regarding educational status, 54.31% passed secondary school level. More than half of the mothers, 57.75% having 1-2 children and another 42.24% having more than 3 children. Majority of respondents, 61.20% got married at the age of 18-22 years, 34.48% got married below 18 years, which is not negligible. Among them few mothers 12.07% had their 1st child below 18 years of age. Majority of mothers 91.38% have the knowledge of ante-natal care and most of the respondents 62.07% received ante natal care during all pregnancies. More than half of the mothers 55.17% know the recommended number of ante-natal visits. Among them few mothers 33.62% got 4 ante-natal visits. A few mothers 35.34% have received their antenatal care from Upozila Health complex and majority 68.14% are given by doctors. 96.55% respondents of reproductive age were immunized with TT. A few of the respondents 21.40% know about the warning signs of pregnancy. The most common complication found vomiting among 38.75% respondents. . Maximum mothers 63.03% had delivery in home among them most common being vaginal delivery 86.38%. So knowledge of ante-natal care is adequate in these villages but the practice is not up to the mark.

**Community Survey Program**

**Department of Community Medicine**

**Sylhet Women’s Medical College**

**Batch : SWMC-04**

**Questionnaire**

A Survey on Knowledge and Practice of Rural PeopleRegarding Indoor Air Pollution and Waste Disposal in Two Selected Villages of Ramu Upazila, Cox’s Bazar.

mvaviY Z\_¨vejx:

1. bvgt..................................................................eqmt ................ermi

†ckvt ...............................

2. wk¶vMZ †hvM¨Zvt- K. wbi¶i L. cÖv\_wgK M. gva¨wgK N. D”Pgva¨wgK Ges Z`ya©¦

3. ¯^vgxi bvgt............................................. †ckvt ..............................

4. wk¶vMZ †hvM¨Zvt- K. wbi¶i L. cÖv\_wgK M. gva¨wgK N. D”Pgva¨wgK Ges Z`ya©¦

4. cwiev‡ii gvwmK Avqt (UvKvq)t-

K. ≤ 3000 L. 3001-6000 M. 6001-9000 N. 9001-12,000 O. >12,000

5. cwiev‡ii mšÍvb msL¨v KZ?

K. bvB L. 1-2 Rb M. 3-4 Rb N. 5 ev Z‡Zva©

**evm¯’vb m¤úwK©Z:**

6. evwoi RvqMvi cwigvb KZ?

----------‡Wwm‡gj

7. Avcbvi evm¯’v‡bi AvbygvwbK ‰`N¨©, cÖ¯’ , D”PZv KZ?

-----------dzU. --------dzU -----------dzU

8. KZwU †kvevi Ni Av‡Q?

--------wU

9. ‡d¬vi - cvKv / KvuPv

10. †`qvj - cvKv / wU‡bi / Ab¨vb¨

11. Rvbvjv¸wji †gvU AvbygvwbK †¶Îdj ?

--------eM©dzU

12. GKvwaK Rvbvjvi ‡¶‡Î Rvbvjv¸wj ci®úi Dëvw`‡K wK-bv?

nu¨v / bv / cÖ‡hvR¨ bq|

13. N‡i cª‡qvRbxq Av‡jv-evZvm PjvPj bv Ki‡j mw`©-Kvwk mn Ab¨vb¨ †ivM n‡Z cv‡i Rv‡bb wK ?

n¨uv / bv

14. Lv`¨mk¨, Lo BZ¨vw` Avjv`v ¯’v‡b msi¶Y Kiv nq wK-bv?

Avjv`v e¨e¯’v Av‡Q / Avjv`v e¨e¯’v bvB

15. Lv`¨mk¨ BZ¨vw`i ayjv †\_‡K wewfbœ †ivM n‡Z cv‡i Rv‡bb wK?

n¨uv / bv

16. eviv›`v Av‡Q wK ?

Av‡Q / bvB

17. ivbœvNiwU wK c„\_K ?

n¨vu / bv

18. ivbœvi mgq ayuqv †\_‡K k¦vmKómn dzmdz‡mi Ab¨vb¨ †ivM n‡Z cv‡i Rv‡bb wK?

n¨uv / bv

19. nvuwo-cvwZj, \_vjv †Kvb cvwb‡Z cwi®‹vi K‡ib?

K. wUDe I‡q‡ji cvwb‡Z L. cyKz‡ii cvwb‡Z

20. ‡avqv-‡gvQvi ¯’vbwU cvKv wK - bv ?

n¨uv / bv

21. iv‡Zi Lvev‡ii ci Lv‡`¨i Dw”Qôvsk wK K‡ib ?

K. iv‡ZB †d‡j w`B L. mKv‡j †dwj

22. Lvev‡ii Dw”Qôvsk †Lvjv \_vK‡j †Zjv‡cvKv, gvwQmn †cvKvgvK‡oi Dc`ªc ev‡o Rv‡bb wK?

n¨uv / bv

23. gvwQ, †Zjv‡cvKv Lvev‡i em‡j Wvqwiqv mn Ab¨ A‡bK †ivM n‡Z cv‡i Rv‡bb wK?

nu¨v / bv

24. nvum ‡gvi‡Mi N‡ii Ae¯’vb †Kv\_vq?

K. evm¯’v‡bi mv‡\_B L. c„\_K M. cÖ‡hvR¨ bq

25. Mi“-QvMj BZ¨vw`i N‡ii Ae¯’vb

K. cv‡kB L. 25 dz‡Ui Kg `yi‡Z¡ M. 25dzU / †ekx `yi‡Z¡

26. nvum-‡gviM, Mi“-QvMj BZ¨vw` †\_‡K gvbe †`‡n wewfbœ †ivM msµgb n‡Z cv‡i Rv‡bb wK?

n¨uv / bv

**eR¨© e¨e¯’cbv welqK:**

27. e¨eüZ gqjv cvwb ‡Kv\_vq †d‡jb ?

-----------------------------------------

28. dj, kwâ Lv`¨`ª‡e¨i eR¨©vsk I Ab¨vb¨ eR©¨ †Kv\_vq †d‡jb ?

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29. dj, kwâ BZ¨vw` hÎ ZÎ †dj‡j gvwQ, gkvi Dc`ªc ev‡o Rv‡bb wK?

n¨uv / bv

30. cïi gj (‡Mvei) wKfv‡e iv‡Lb ?

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31. ‡kŠPvMvi (Uq‡jU/cvqLbv) wK ai‡Yi ?

KvuPv / †Lvjv cvqLvbv / IqvUvi wmj †jwUªb / †mcwUK U¨vb&K

32. gkvi Dc`ªe †\_‡K i¶vi Rb¨ Mi“i Ni / emZ N‡i ayuqv †`b wK-bv?

n¨uv / bv

QvÎxi bvg: ------------------------------------------------‡ivj bs ---------------

¯^v¶i--------------------------

**Methodolgy:**

**1. Type of study:** Cross sectional type of descriptive study.

**2. Study place:**

**3. Study period**: March 2014

**4. Study of population**: All the Head of the house holds or their representatives.

**5. Sample size**: 160

**6. Sampling Technique**: Non-probability purposive sampling was done.

**7. Data collection instrument**: Semi- structured questionnaire.

**8. Data collection technique**: The information were collected from the respondents by the researchers (students) themselves by face to face interview using the questionnaire.

**9. Data Analysis**: On completion of data collection, data were tabulated after checking and verification. Data were analyzed by simple statistical method using a computer.