**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**

**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-10)**

|  |  |  |  |
| --- | --- | --- | --- |
| **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.

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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 Swarashati village of Golapgonj Upazila, Sylhet.**

**Contents**

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**Abstract**

Food adulteration worsening day by day. Food amongst the lower order physiological needs and food safety is of immense importance for health and wellbeing. In this context knowledge regarding food adulteration of rural people in a --village of Golapgonj Upazila was observed and 88 villagers were interviewed using a semi structured questionnaire in November 2016. Respondents were selected through convenience type of non-probability sampling. Among the respondents 75 were female and 13 were male. It was a cross sectional type of descriptive study. Study results shows that the respondents consider a food item is adulterated when it is rotten said 60.23%, addition of harmful substances said 32.95%, chemicals said 31.82%, colour said 23.86% though 9.09% have no idea. Common food items those are being adulterated; 69.32% said fish, 62.50 said vegetable, 65.91% said fruits, 13.64% said juice, 9.09% said fast foods, 18.18% bakery food. Regarding common adulterants, 79.55% said formalin, 3.41% said carbide, 18.18% chemicals. 81.82% respondents said fish is adulterated with formalin, 1.41 said vegetable with colour, 10.23% said shutki with DDT, 70.45% said fruits with formalin and none said carbide for fruits. Adulterated food is harmful said 44.32%, 43.18% said very harmful, 9.09% said death may occur though 3.41% said not harmful. Measures to buy healthy food they take like seeing color 19.32%, freshness 62.55%, smell 10.23% and cleanliness 32.95%. Though 26.14% respondents do not allow their children bakery food but 34.10% allow while 34.75% respondents allow occasionally. Only 18.18% respondents can test iodized salt correctly and 30.68% know to test fish for formalin. If they suspect a food item might be adulterated 70.45% respondents throw it, 23.86% eat these. Majority; 73.86% got the information from Television.

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**Questionnaire**

**KwgDwbwU †gwWwmb wefvM**

wm‡jU DB‡gÝ †gwWK¨vj K‡jR

**wdì mvBU Gwc‡WwgIjwRK¨vj mv‡f©**

Z…Zxq el©; e¨vP: GmWweøDGgwm-10; b‡f¤^i 2016

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

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

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

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1. ‡imcÛ‡W›U Gi bvg:--------------------------------------------------eqm:---------------eQi

2. K) wkÿvMZ †hvM¨Zv: wbiÿi/cÖv\_wgK/GmGmwm/GBPGmwm I Z‡Zva© L)†ckv: M„wnbx/PvKzix/e¨emv/Ab¨vb¨

3. K) ¯^vgxi bvg:---------------------------------- L) ‡ckv: PvKzix / e¨emv / K…wlKvR / cÖevmx/kÖwgK/Ab¨vb¨

4. K) cwiev‡ii m`m¨ msL¨v:---------Rb L)Avcbvi mšÍvb msL¨v : K) 1 L)2 M) 3 N) 4 ev Z‡ZvwaK|

5. cwiev‡ii †gvU gvwmK Avq (UvKvq): K) <4000 L) 4000-6000 M) 6001-8000 N) 8001-10000 O) >10000

6. Lv‡`¨ †fRvj KLb ejv nq?----K)cuPv n‡j L) ¯^v‡¯’i Rb¨ ÿwZKi wKQz ‡gkv‡j M) wbb¥gv‡bi Lvevi n‡j N) K¨vwgK¨vj †gkv‡j O) AvwU©wdwmqvj is ‡gkv‡j P) Rv‡bb bv Q) Ab¨vb¨

7. ‡Kvbme Lvev‡i mvavibZ ‡fRvj ‡gkv‡bv nq ?---- K) †Zj L) gvQ M) mewR N) dj O) gkjv P) `ya Q) gywo

R) Rym S)wgóvbœ/ wgwó T) wN U) jeY V) dv÷ dzW W) †eKvixi Lvevi b) Rv‡bb bv Y) Ab¨vb¨

8.mvavibZ Lvev‡ii mv‡\_ wK wK †fRvj `ªe¨ wgkv‡bv nq?---- K) is L) BDwiqv mvi M) digvwjb O) K¨vwgK¨vj P) B‡Ui ¸ov Q) Kvev©BW R) gvwU S) cvwb T) Rv‡bb bv U) Ab¨vb¨

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

K) gvQ i. digvwjb ii. is iii. Rv‡bb bv L) mewR i. AwZwi³ mvi ii. KxUbvkK iii. Kvco is 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) †eKvixRvZ Lvevi : i. is ii. ÿwZKi wbb¥gv‡bi cY¨ P) wm½viv mgyPv PvbvPzi : i. †cvov gwej ii. is iii. Rv‡bb bv Q) ïUwK: i. wWwWwU ii. Rv‡bb bv iii. is iv. jeY

10. †fRvjhy³ Lvevi ¯^v‡¯’i Rb¨ KZUv ÿwZKi n‡Z cv‡i?

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

K) †gqv` DZx©b wK bv L) ‡Kv¤úvbx M) gvb N) c¨v‡K‡Ui gvb O) `vg P) weGmwUAvB wmj Q) c~e AwfÁZv R) Rvwb bv

12. wK hvPvB K‡i †Lvjv Lvevi µq K‡ib?

K) ZiZvRv †`‡L L) is M) `vg N) cwi®‹vi cwi”QbœZv O) MÜ P) Rvwb bv

13. 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¨

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

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

16.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

17. Lvevi †fRvj hy³ g‡b n‡j wK K‡ib?

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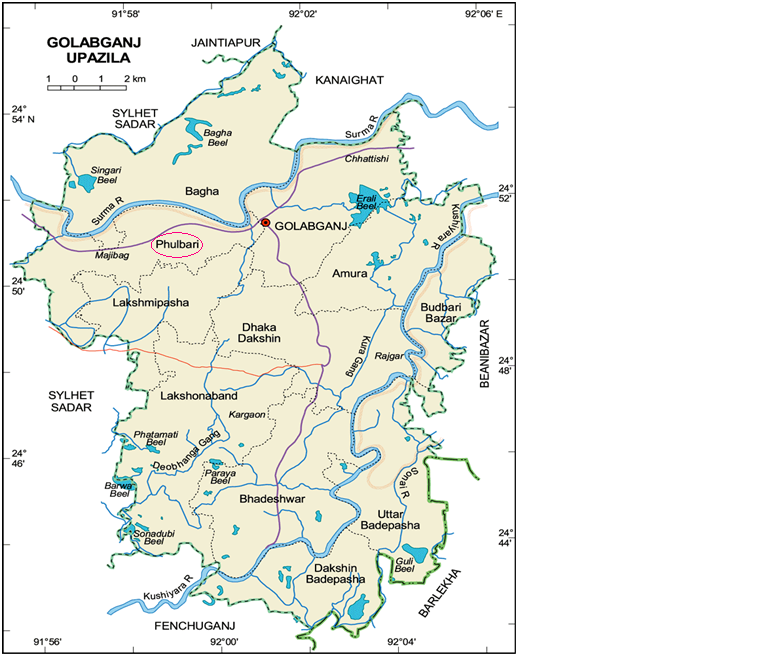
18. †fRvj m¤úwK©Z Z\_¨ wKfv‡e †R‡b‡Qb?

K) cwÎKv L) †Uwjwfkb M) †iwWI N) cwiwPZ Rb O) Ab¨vb¨

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20. 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¨

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