**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:**

1. create an awareness of the students regarding health program in rural area of Bangladesh.
2. 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.
3. recognize the roles of doctors and other health workers at all levels including the doctors management responsibilities and leadership.
4. 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-7).**

|  |  |  |
| --- | --- | --- |
| **Day** | **Time** | **Topic** |
| Day-1  Thursday  21/04/15 | 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  Saturday  23/04/2015 | 9:30am-2.30 pm | 1.Organogram of UZHC, Responsibilities of UH&FPO .Ongoing health program of GOB at Upozila level ( Vit.A, DOTS & Others ) Visit to different dept. of UZHC ( EPI corner, Laboratory,MCH corner, TB/Leprosy control program, IPD/ OPD  Community survey : Data Collection |
| Day-3  Sunday  24/04/2015 | 8.30am- 2.30 pm | Data Compilation, Data Processing and Analysis |
| Day-4  Monday  25/04/2015 | 8.30 am-2.30 pm | Report Writing |
| Day-5 Tuesday  26/04/2015 | 8.30 am- 2.30 pm | Report writing |
| Day-6 Wednesday  27/04/2015 | 8.30am-2.30pm | Report Presentation |

**Organogram of Golapgonj 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**

1. Union Sub centre are of primary level of health care service of Bangladesh.
2. It provides limited preventive, promotive, curative and rehabilitative service.
3. 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**

1. 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.
2. The attending patients and their relatives can easily communicate with the concerned doctors for necessary advice and suggestions as regards health care services.
3. Oral Rehydration Salt (ORS) is available for patients suffering form Diarrheal Diseases.
4. Necessary advice along with antenatal Check up is provided to the attending pregnant women and iron tablets are supplied to them.
5. Patient is referred to a upazilla health complex if needed.
6. 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.
7. Under Expanded Program for Immunization (EPI) program, vaccinations are provided to women of child bearing age (15-49) and children (0-15).
8. Reproductive couples can get family planning services from the centre.
9. Lists are displayed on the boards showing stock of medicines available, types of services provided and the names of the service provides.

**ACKNOWLEDGEMENT**

I express my profound gratitude and deep respect with 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 gratitude and deep respect with sincere appreciation to Dr. Himangshu Ranjan Roy, UH & FPO, Golapgonj Upozilla Health Complex for his kind cooperation.

I would like to extend my thanks to the Assistant Health Inspectors; Joyanta Chakrabarty and Sirajun Haque Chowdhury for their help in collecting data from the respondents.

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

**Contents**

|  |  |
| --- | --- |
| **Subjects** | **Page No** |
| List of Tables  List of Figures  Abstract | VIII  IX  X |
| Introduction  Objectives  Methodology  Results  Discussion  Conclusion  Recommendation | 1  2  3  4  21  26  27 |
| Annexure  Questionnaire in Bengali  Map | XI  XIII |

**LIST OF TABLE**

|  |  |  |
| --- | --- | --- |
| **Table No** | **Title** | **Page No** |
| 01 | **Distribution of respondents according to age** | 4 |
| 02 | **Monthly Family income of the Respondents** | 7 |
| 03 | **Distribution of respondents according to the Number of Children in their families.** | 7 |
| 04 | **Respondents according to the Age of last Child** | 8 |
| 05 | **Distribution of mothers by the Age at Menarche** | 8 |
| 06 | **Distribution of respondents by Age at Marriage** | 9 |
| 07 | **Distribution of respondents according to the age of First Child birth** | 9 |
| 08 | **Distribution of respondents by type of Contraceptives they are using** | 11 |
| 09 | **Knowledge of mothers about recommended minimum Antenatal visits** | 13 |
| 10 | **Knowledge about the places where Antenatal care is given** | 15 |
| 11 | **Places where respondents received Antenatal care** | 15 |
| 12 | **Distribution of respondents according to care provider.** | 16 |
| 13 | **Distribution of respondents according to time of TT vaccine they received** | 18 |
| 14 | **Knowledge about the Warning signs of Pregnancy** | 18 |
| 15 | **Knowledge of respondents regarding Antenatal complications** | 19 |
| 16 | **Place of delivery of last child** | 19 |
| 17 | **Mode of delivery of last child** | 20 |

**LIST OF FIGURES**

|  |  |  |
| --- | --- | --- |
| **Figure No** | **Title** | **Page No** |
| 01 | **Distribution of respondents by occupation.** | 5 |
| 02 | **Educational status of the respondents** | 5 |
| 03 | **Distribution of Respondent's Husband by their Occupation** | 6 |
| 04 | **Contraceptives used by the respondents** | 10 |
| 05 | **Distribution of respondents according to the knowledge of importance of Antenatal care** | 12 |
| 06 | **Knowledge of respondents about the time of receiving Antenatal care** | 12 |
| 07 | **Number of Antenatal visits received by the respondents during the Last pregnancy** | 14 |
| 08 | **Respondents according to TT vaccination status** | 17 |

**Abstract**

A cross sectional study was conducted in the village of ‘Phulbari’ and ‘Tikorpara’ of Golapgonj Upazila to know the knowledge and practice regarding ante-natal care of the mothers of these two villages. The data were collected from 150 mothers who have at least one child with in five years of age by the 4th year MBBS students of Sylhet Women’s Medical College under the guidance of respective teachers of the Community Medicine department. The sampling technique was Convenience type of non-random sampling. Study result shows that 98.67% of the mothers told it is important to take ante-natal care and 1.33% know nothing. Among the mothers 64.86% mothers told antenatal care should be taken from conception to delivery, 33.11% said as soon as pregnancy is known. 66.67% of the mothers know the minimum antenatal visit is four and during their last pregnancy 53.33% of mothers went for antenatal check-up for four times. Only 28.67% mothers knows ante natal care is given in upazila health complex and still fewer 12.67% went there for the purpose though 90% consulted doctors for the service. Regarding warning signs 58.67% told convulsion, 70% told leg oedema, 58.67% told vaginal bleeding. 70% of the mothers using spacing methods and 1.75% have taken permanent method. Only 52.66% mothers has taken TT vaccine in recommended schedule.

**Community Survey Program**

**Department of Community Medicine**

**Sylhet Women’s Medical College**

**Batch: SWMC-07**

**Questionnaire**

**Title :Knowledge and Practice of rural mothers regarding**

**Antenatal care in the Village of Phulbari & Tikorpara of Golapgonj Upazila**

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

†ckvt ...............................

2. gv‡qi 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. 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? ............ Rb

6. me©‡kl mšÍv‡bi eqm KZ?

K. 0-1 eQi L. 1-2 eQi M. 2-3 eQi N. 3-4 eQi O.4-5 eQi

7. Avcbvi cÖ\_g gvwmK KZ eQi eq‡m n‡qwQj? ............ eQi

8. Avcbvi cÖ\_g we‡q KZ eQi eq‡m n‡qwQj? ............ eQi

9. Avcbvi KZ eQi eq‡m cÖ\_g mšÍvb n‡qwQj? ............ eQi

10. Avcwb Rb¥wbqš¿q c×wZ e¨envi K‡ib wK?

K. nu¨v L. bv

11. hw` K‡i \_v‡Kb Z‡e wK ai‡bi ?

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K. nu¨v L. bv

13. hw` †R‡b \_v‡Kb Z‡e KLb †\_‡K cÖmec~e© cwiPh©v wb‡Z nq?

K. Mf©aviY Kivi mv‡\_ mv‡\_ L. Mf©aviY Kivi c~‡e©

M. Mf©aviY †\_‡K ïi“ K‡i †Wwjfvwi ch©šÍ N. †Wwjfvwii c‡i

14. Avcwb wK cÖmec~e© ¯^v¯’¨‡mev wb‡q‡Qb?

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15. Kgc‡¶ KZevi cÖmec~e© ¯^v¯’¨‡mev wb‡Z nq?

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16. Mf©Kvjxb mg‡q Avcwb KZevi GB ¯^v¯’¨‡mev wb‡qwQ‡jb? (me©‡kl ev”Pvi mgq)

K. 1 evi L. 2 evi M. 3 evi N. 4 evi O. KL‡bv bv

17. Avcwb wK Rv‡bb GB ¯^v¯’¨‡mev †Kv\_vq wb‡Z nq?

K. Dc‡Rjv ¯^v¯’¨ Kg‡c­· L. BDwbqb Dc¯^v¯’¨ †K›`ª

M. KwgDwbwU wK¬wbK N. cÖvB‡fU O. wbR evwo‡Z cÖwk¶YcÖvß avÎx Øviv cwiPh©v

18. Mf©Kvjxb mg‡q Avcwb GB ¯^v¯’¨‡mev †Kv\_vq wb‡qwQ‡jb?

K. Dc‡Rjv ¯^v¯’¨ Kg‡c­· L. BDwbqb Dc¯^v¯’¨ †K›`ª

M. KwgDwbwU wK¬wbK N. cÖvB‡fU O. wbR evwo‡Z cÖwk¶YcÖvß avÎx Øviv cwiPh©v P. Ab¨vb¨

19. Avcbv‡K GB ¯^v¯’¨‡mev †K w`‡qwQj?

K. Wv³vi L. c¨viv‡gwW· M. cÖwk¶cÖvß avÎx N. Ab¨vb¨

20. Avcwb wK abyósKv‡ii wUKv wb‡qwQ‡jb?

K. nu¨v L. bv

21. hw` wb‡q \_v‡Kb Z‡e KLb abyósKv‡ii wUKv wb‡q‡Qb?

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22. †Kvb& j¶Y¸‡jv Mf©eZx gv‡q‡`i Rb¨ wec`RbK Avcwb wK Rv‡bb?

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N. †Pv‡L Suvcmv †`Lv O. gv\_v e¨\_v P. fxlY R¡i (3w`‡bi AwaK)

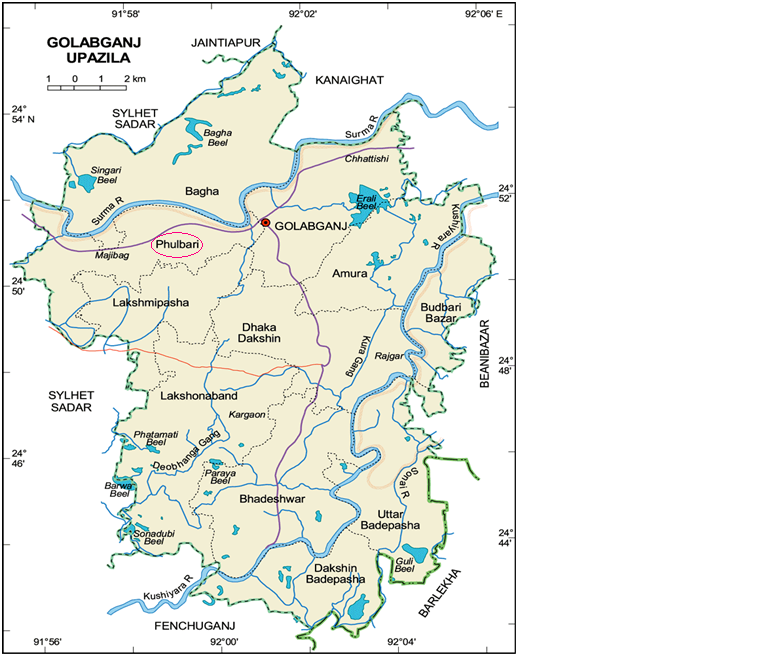
23. Avcwb Mf©Kvjxb mg‡q wK wK RwUjZvq f~MwQ‡jb?

K. i³k~b¨Zv L. D”Pi³Pvc M. SuywKc~Y© Mf©cvZ

N. AwZgvÎvq ewg O. Ab¨vb¨

24.Avcbvi mšÍvb‡`i Rb¥¯’vb Ges †Wwjfvwii aibt- (me©‡kl wZbwU)

|  |  |  |
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| mšÍvb msL¨v | Rb¥¯’vb | aib |
| cÖ\_g mšÍvb |  |  |
| wØZxq mšÍvb |  |  |
| Z…Zxq mšÍvb |  |  |

****

**Name & Signature of Batch Teacher:**