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

|  |  |  |
| --- | --- | --- |
| Day | Time | Topic |
| Day-1  04/11/18 | 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  05/11/18 | 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  06/11/18 | 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  07/11/18 | 8.30 am-2.30 pm | Data Compilation, Data Processing and Analysis |
| Day-5 08/11/18 | 8.30 am- 2.30 pm | Report writing |
| Day-6 10/11/18 | 8.30am-2.30pm | Report Presentation |

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

**UH & FPO**

Health Services

Family Planning

MCH

Family Planning

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 on 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 and PHC clinic provides domiciliary services through a 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.

**SURVEY**

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

**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 thanks to the Health Inspector and other staffs for their help in collecting data from the respondents.

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

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**ABSTRACT**

Food adulteration worsening day by day. Food is our very first physiological needs and food safety is of immense importance for health and wellbeing. In this context knowledge and practices regarding food adulteration of rural people in kanishail village of Golapgonj Upazila was observed and 176 villagers were interviewed using a semi structured questionnaire in November 2018. Respondents were selected through convenience type of non-probability sampling. It was a cross sectional type of descriptive study. Among the respondents 136 were female and 40 were male. During study, the results shown that 34.66% respondents considered a food item is adulterated when it is rotten; 19.89% opined that in addition of harmful substances; according to 13.62% respondents chemicals are responsible for food adulteration; 18.95% think coloring agent is also an element; though 6.25% have no idea about it. Regarding common food items those are being adulterated; while survey, it was noticed that among respondents, 60.23% mentioned fish, 71.02% mentioned vegetable, 64.20% mentioned fruits, 5.68% mentioned juice and 7.39% mentioned bakery food. Regarding common adulterants, it was also revealed that among others 73.86% stated formalin and 3.97% stated carbide. Regarding specific adulterants and food items, 07.79%, respondents’ opined fish is adulterated with formalin, only 7.38 opined vegetable with color, 2.27% opined shutki with DDT and 63.63% opined fruits with formalin. Amongst the respondent 21.59% stated that adulterated food is harmful; 35.30% stated that very harmful, 21.51% stated that even death may occur. Measures they take to buy healthy food, 10.17% respondent mentioned that observing color; 46.55% mentioned assessing freshness; 8.47% mentioned smell of food and cleanliness mentioned by 19.49%. Though 38.07% respondents stated that they do not allow their children to consume bakery food but 46.59% allow. Only 25.56% respondents know how to test iodized salt correctly and 30.68% know how to test fish for formalin. If they suspect a food item might be adulterated; 61.11% respondents stated that they throw it, 13.89% stated however they consume those. Amongst all the respondent 84.65% mentioned that they got information about food adulteration from Television.

**ANNEXURE**

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 : ---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

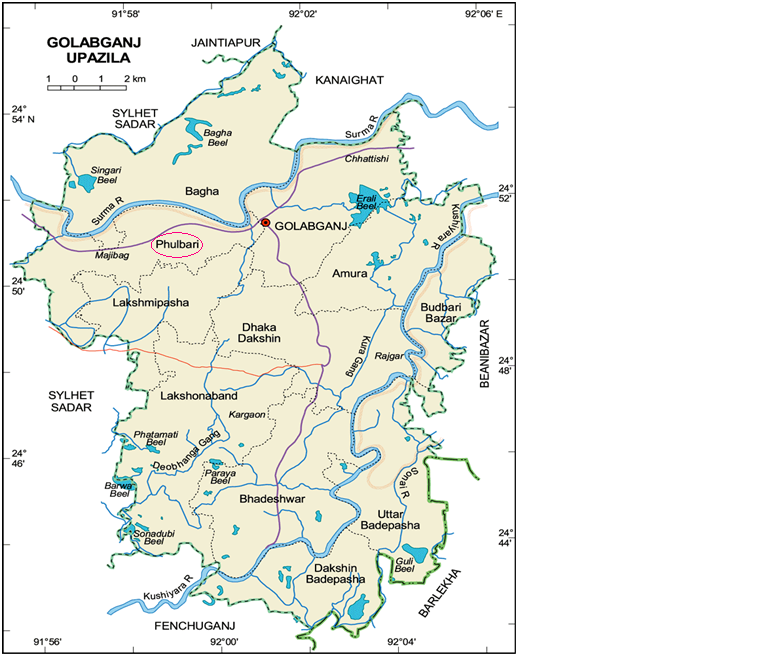
25. †fRvj m¤úwK©Z Z\_¨ wKfv‡e †R‡b‡Qb?-- cwÎKv / †Uwjwfkb / †iwWI / cwiwPZ Rb / Ab¨vb¨

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¨

**Map of Golapgonj Upazilla**

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