**Thesis Proposal**

**Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh.**

**Submitted By**: Md. Shah Jalal Sagar ID-230712013

**Subject:** Master of Public Health

**Semester:** 3rd

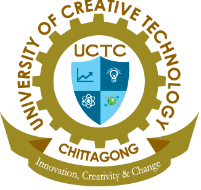
**Batch:** 9th [ Autumn- 2024]

**Supervisor**: Mohammad Injamul Hoq

**Institution:** University of Creative Technology in Chittagong

**Subject:** Thesis Protocol

**Course Code:** MPH-2300



University of Creative Technology Chittagong

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**Attention:**Mohammad Injamul Hoq  
Masters of Public Health  
University of Creative Technology Chittagong-UCTC  
Bohaddarhat, Chittagong-4212, Bangladesh

Dear Sir,

I hope this letter finds you well. I am writing to formally submit the thesis protocol for my Master's degree and proposed thesis titled " **Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh “.**

As per the guidelines of the University of Creative Technology Chittagong-UCTC, I am required to submit this protocol for your review and approval before conducting this study. The thesis protocol outlines the scope, objectives, methodology, and timeline of my research endeavor. It also includes details regarding the research questions, literature review, theoretical framework, and ethical considerations.

I have attached a copy of the thesis protocol for your perusal. I would be grateful if you could review it at your earliest convenience and provide any feedback or suggestions for improvement. Your expertise and guidance are invaluable to me, and I am eager to incorporate any recommendations you may have.

If you require any further information or clarification, please do not hesitate to contact me. I am available at your convenience for a meeting to discuss the protocol in more detail.

Thank you for your attention to this matter. I look forward to your feedback and approval so that I may proceed my research.

I kindly request your approval for this research proposal to proceed with my thesis work. Your support and guidance are highly valuable to me, and I am committed to conducting this study with diligence and integrity.

Sincerely,  
Md. Shah Jalal Sagar   
ID- 230712013  
Course Code/ Name- MPH-2300/ Thesis Protocol  
Department: Masters of Public Health  
Batch/Session- 9th / Autumn  
Department: Masters of Public Health

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**1. Introduction**

**1.1 Background**

The Rohingya refugee crisis has drawn international attention due to the large influx of displaced populations into Bangladesh, particularly in the Cox’s Bazar area. As of 2024, approximately 1 million Rohingya refugees live in densely populated camps. These living conditions pose significant public health challenges, especially in terms of personal hygiene and disease prevention. Understanding the knowledge, attitudes, and practices (KAP) related to personal hygiene and disease awareness among this population is crucial for effective public health interventions.

Proper hygiene practices are crucial to avoiding the spread of communicable diseases, which can be taught to children from an early age. The Cox's Bazar district in Bangladesh is home to one of the largest refugee settlements in the world, housing hundreds of thousands of Rohingya refugees who have fled violence and persecution in Myanmar.

Many refugees may come from backgrounds where access to education and healthcare services was limited. Therefore, their knowledge about personal hygiene and diseases may vary. Some may have a basic understanding of hygiene practices such as handwashing, while others may lack awareness about the transmission of diseases and the importance of sanitation.

Attitudes towards personal hygiene and disease awareness can be influenced by cultural beliefs, previous experiences, and access to resources. Some individuals may be receptive to learning and adopting new hygiene practices, while others may be resistant due to cultural norms or misconceptions about health.

The implementation of hygiene practices can be challenging in a refugee setting due to overcrowded living conditions, limited access to clean water and sanitation facilities, and cultural barriers. Despite this, many refugees demonstrate resilience and adaptability, incorporating hygiene practices into their daily routines to the best of their abilities.

Effective interventions should be culturally sensitive, community-driven, and address the specific challenges faced by refugees in Cox's Bazar. This may include providing access to clean water and sanitation facilities, promoting handwashing with soap, conducting health education sessions, and training community health workers to disseminate information about hygiene and disease prevention.

**1.2 Research Problem**

This research aims to address the following research problem:

"**Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness** **in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh “.**

**1.3 Purpose of the Study**

This study aims to investigate the current KAP regarding personal hygiene and disease awareness among the Rohingya refugees in Cox’s Bazar, Bangladesh. The findings from this research will contribute to the development of targeted health education programs, improved hygiene practices, and better disease prevention strategies in the refugee camps.

The main aim of personal hygiene is to endorse values of personal cleanliness with in the settings of the condition where people live. Good sanitation leads to good health, beauty, comfort and social relations. Good personal hygiene, directly aids in disease avoidance and health elevation.

The purpose of this study is to investigate the correlation among Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee population. However, some possible reasons include:

* **Assess Knowledge**: Evaluate the level of knowledge among Rohingya refugees regarding personal hygiene practices and disease prevention. This would include understanding their awareness of how certain diseases spread and the role of hygiene in preventing them.
* **Understand Attitudes**: Analyze the attitudes of the refugees towards personal hygiene and disease awareness. This might involve exploring their beliefs, cultural practices, and perceptions about hygiene and health, and how these influence their behaviors.
* **Examine Practices**: Investigate the actual hygiene practices adopted by the refugees in their daily lives. This would include assessing the consistency and effectiveness of these practices in preventing diseases, particularly in the context of living in refugee camps with limited resources.
* **Identify Gaps**: Identify any gaps or misconceptions in knowledge, attitudes, or practices that could be contributing to poor hygiene or increased disease transmission. This would help in tailoring interventions to improve health outcomes in the refugee community.
* **Inform Interventions**: Provide data-driven insights that can inform the design and implementation of health education programs, hygiene promotion campaigns, and other interventions aimed at improving personal hygiene and disease prevention in the refugee population.
* **Support Policy and Decision-Making**: Offer evidence-based recommendations to aid policymakers, NGOs, and other stakeholders in making informed decisions regarding health and hygiene interventions in the Rohingya refugee setting. This can help in ensuring that resources are effectively allocated and that the interventions are culturally sensitive and practically applicable in the camp environment.

**1.4 Research Questions**

To achieve the purpose of this study, the following research questions will be explored:

* What is the current level of knowledge about personal hygiene and disease prevention among the Rohingya refugees?
* What are the prevalent attitudes towards personal hygiene practices in the refugee camps?
* How do the refugees practice personal hygiene in their daily lives?
* What are the major sources of health information and disease awareness among the refugees?
* How do socio-cultural and economic factors affect hygiene practices and disease awareness?
* What gaps exist in the current health education programs, and how can they be addressed?

**1.5 Significance of the Study**

The significance of the study of hygiene promotion and disease awareness lies in its potential to improve public health, particularly in vulnerable communities. By promoting proper hygiene practices and increasing awareness of disease prevention, the study can lead to reduced transmission of infectious diseases, lower healthcare costs, and improved quality of life. Additionally, it can empower individuals and communities to take proactive measures in maintaining their health, ultimately contributing to healthier and more resilient societies.

**2. Literature Review**

Several studies have investigated the (KAP) about Personal Hygiene and Disease Awareness in Refugee Setting. The Rohingya Refugee crisis, rooted in ethnic and religious persecution in Myanmar, led to a mass exodus to Bangladesh. As of 2024, nearly 1 million Rohingya refugees reside in Cox’s Bazar district. The refugee camps in Cox’s Bazar are characterized by high population density, poor sanitation, and inadequate healthcare infrastructure, which contribute to the spread of infectious diseases. The author [1] This study aimed to investigate the existing water, sanitation, and hygiene (WASH) policy and practice of the study population and strengthen the evidence base by documenting changes in the WASH policy and practice. The multivariable analysis demonstrated hospitalized patients’ age groups at 5 to 14 years, and 15 years and more, drinking non-tube well water, soap use after using toilet, use of non-sanitary toilet facility, father’s and mother’s lack of schooling, and some and severe dehydration were significantly associated with the Rohingya refugee population enrolled into the diarrheal disease surveillance. The findings indicate significant advances in WASH service delivery as well as outreach activities by aid agencies for the Rohingya refugee population living in settlements. Moreover, the aid agencies are enhancing motivation through repeated home visits, and also health education about personal hygiene and diseases awareness.

The author [2] This study implies that WASH facilities need to be reinforced, and community sensitization on WASH behavior needs to be strengthened to reduce WASH-related health hazards. This study respondent’s all latrines were communal/shared latrines, which made users feel uncomfortable and vulnerable and sheds light on the significant challenges faced by Rohingya communities in accessing safe and sustainable drinking water facilities, improved sanitation systems and an adequate supply of water for maintaining hygiene. These findings underscore the urgent need for improved water and sanitation infrastructure, as well as targeted interventions to address the specific challenges faced by Rohingya camps. But it is very important to raise awareness about personal hygiene and disease awareness of their infrastructural (WASH) facilities as well as health education and health care.

**3. General and Specific Objectives**

**General Objectives:**

To assess the level of knowledge, attitude, and practice regarding personal hygiene and disease awareness among Rohingya refugees in Cox’s Bazar.

**Specific Objectives:**

* To identify the factors influencing hygiene practices and disease awareness.
* To evaluate the effectiveness of existing health education and awareness programs in the refugee camps in Cox’s Bazar.
* To identify the barriers faced by Rohingya refugees in maintaining personal hygiene and accessing health information and resources.
* To assess the awareness level of Rohingya refugees about common communicable diseases, their modes of transmission, and prevention strategies.

The objectives aim to provide actionable insights that can inform the design and implementation of more effective health interventions and policies to improve the well-being of the Rohingya refugee population in Cox’s Bazar.

**4. Methodology**

**4.1 Research Design**  
This a cross-sectional descriptive study using both quantitative and qualitative approaches.

* **Study population:**  The study will involve Rohingya refugees residing in the Cox’s Bazar camps. All ages of population will engage like adolescent girls, boys, adult women, men and children.
* **Sampling Method:** Stratified random sampling will be used to select participants from different camps within Cox’s Bazar, ensuring diversity in age, gender, and socio-economic status**.**
* **Data Collection Methods:**
* **Surveys:** Structured questionnaires will be administered to gather quantitative data on knowledge, attitudes, and practices.
* **Focus Group Discussions (FGDs):** FGDs will be conducted to gain deeper insights into attitudes and practices and to explore the socio-cultural factors influencing them.
* **Key Informant Interviews (KIIs):** Interviews with health workers, NGO staff, and community leaders to understand the effectiveness of existing health education programs.

**4.2 Study Period**The study period will be carried out from June 2024 to December 2024.

**4.3 Sample Size:**However, it is mentioned that the study will use an anonymous and voluntary questionnaire to be completed by in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh. The sample size will depend on the number of respondents who choose to participate in the study.

**4.4 Sampling Technique:**   
The sampling technique used in the study will be a convenience sampling technique, which is a non-probability sampling technique that involves selecting participants based on their availability and willingness to participate.

**4.5 Data Collection & Analysis:**   
The study involves the use of questionnaires to collect data on "Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh “. The study will likely use statistical analysis to examine the relationship between (KAP) about personal hygiene and disease awareness in individual lives. Data will be collected by a Semi-structured questionnaire through peer interviews.

The data collected will be analyzed using multivariate analyses to investigate the relationship between (KAP) about personal hygiene and disease awareness in individual lives.

I am considering using statistical and data analysis tools to process and interpret the data.

* **Excel:** While not as powerful as specialized statistical software, Microsoft Excel can be used for basic data analysis and visualization, making it accessible and user-friendly.
* **SPSS (Statistical Package for the Social Sciences):** SPSS is widely used in social science research and is known for its versatility in statistical analysis. It's suitable for analyzing the impact of various factors on my research variables.

The statistical methods used to analyze the data in the thesis proposal include:

* **Descriptive statistics**: Means, standard deviations, and frequencies were calculated for all variables.
* **Correlation analysis:** Correlation coefficients were used to examine the relationships between (KAP) about personal hygiene and disease awareness in individual lives.
* **Regression analysis:** Regression analysis was conducted to determine the (KAP) about personal hygiene and disease awareness in individual lives**.**
* **Mediation analysis:** Mediation analysis was used to test whether the relationship between the (KAP) about personal hygiene and disease awareness in individual lives**.**

The statistical methods used in this thesis proposal are appropriate for the research question and the data collected. The use of descriptive statistics, correlation analysis, regression analysis, and mediation analysis allow for a comprehensive understanding of the relationship between the (KAP) about personal hygiene and disease awareness in individual lives. The results of these analyses can provide insights into the predictors of these symptoms and inform interventions to reduce the negative effects of personal hygiene and diseases.

**5. Ethical Considerations:**

Ethical considerations for the thesis proposal include:

* **Informed consent:** Participants will be informed about the purpose of the study, the procedures involved, and their rights as participants. They should provide informed consent before participating in the study.
* **Confidentiality:** Participants' personal information will be kept confidential and only used for research purposes.
* **Voluntary participation**: Participation in the study will be voluntary, and participants will be allowed to withdraw from the study at any time without penalty.
* **Avoiding Harm:** Strive to minimize any harm or discomfort that could result from participation in the study.
* **Respect for Culture**: Be aware of and respect the cultural norms, values, and practices of the Rohingya community. Avoid any actions or questions that could be perceived as disrespectful or intrusive.
* **Recognition of Vulnerability**: Acknowledge the heightened vulnerability of the Rohingya refugee population, considering factors like trauma, displacement, and limited access to resources. Ensure that the study design is sensitive to these vulnerabilities and does not exacerbate them.

The study will be conducted after getting approval from the ethics committee of the University of Creative Technology Chittagong.

**6 & 6. 1 Expected Results and implications:**

The study is likely to reveal varying levels of knowledge about personal hygiene practices such as handwashing, oral care, and sanitation among the Rohingya refugees. The most importance of hygiene in preventing diseases, misconceptions or incomplete knowledge could be prevalent. Knowledge about specific diseases like cholera, diarrhea, and respiratory infections may be limited. The findings could lead to the development of more targeted education campaigns that address specific knowledge gaps and cultural beliefs hindering good hygiene practices. Educational programs might need to be adapted to the cultural context and languages of the Rohingya refugees and may prompt the need for improved infrastructure in the camps, such as better access to clean water, soap, and sanitation facilities, which are crucial for enabling good hygiene practices.

Overall, the study is expected to provide crucial insights into the current state of personal hygiene and disease awareness among Rohingya refugees, guiding both immediate and long-term health interventions in Cox’s Bazar.

**6.2 Limitations:**

* **Self-reported data:** The data collected in this study is based on self-reported measures, which may be subject to bias and inaccuracies. Participants may not accurately report their personal hygiene practices and knowledge about disease awareness.
* **Lack of Longitudinal Data:** The study will cross-sectional, it only provides a snapshot of knowledge, attitudes, and practices at a single point in time, without capturing how these might change over time or in response to interventions.
* **Data Collection Challenges:** There might be biases introduced if respondents provided socially desirable answers rather than truthful responses, particularly concerning sensitive issues like personal hygiene and disease awareness.
* **Environmental and Logistic Constraints**: The challenging living conditions in refugee camps, such as overcrowding and lack of privacy, might influence the accuracy of data collected, particularly about personal hygiene practices.
* **Temporal Limitations**: The study might be limited to a specific time frame, which could miss seasonal variations in disease prevalence or changes in hygiene practices due to external factors like weather or aid availability.

Despite these limitations, the study provides valuable Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh. The findings can inform interventions to reduce the negative effects of personal hygiene and disease awareness in Rohingya Refugee people.

**7. Conclusion:**

In conclusion, this study on "Knowledge, Attitude, and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Settings at Cox’s Bazar, Bangladesh" is a crucial step toward understanding the public health challenges faced by this vulnerable population. Despite the limitations, such as reliance on self-reported data, cross-sectional design, and environmental constraints, the research is expected to provide valuable insights into the existing knowledge, attitudes, and practices related to personal hygiene and disease prevention among the Rohingya refugees. The findings will inform the design and implementation of targeted health interventions, contributing to improved hygiene practices, better disease prevention strategies, and overall enhanced public health outcomes in the refugee camps. Ultimately, the study underscores the importance of culturally sensitive, community-driven approaches in addressing the unique health challenges within the refugee setting

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(12). Islam, M.J., 2023. Life Style, Health Behavior and Health Status of different FDMN community people in Rohingya Refugee Settlement, Cox’s Bazar, Bangladesh (Doctoral dissertation, The Thesis is submitted in the fulfillment of the requirement for the degree of Doctor of Philosophy from the Department of Pathology and Parasitology, Organization: Department of Pathology and Parasitology Faculty of Veterinary Medicine Chattogram Veterinary and Animal Sciences University (CVASU) Khulshi, Chattogram-4225, Bangladesh).

**9. Time Line of the Study:**

**Month 1: Research and Proposal Development**

* Weeks 1-2: Define research questions and objectives.
* Weeks 3-4: Review relevant literature.
* Weeks 4-5: Develop research proposal, including research design and methodology.

**Month 2: Data Collection and Preparation**

* Weeks 1-2: Ethics approval
* Weeks 2-3: Prepare data collection tools (questionnaires, interviews, etc.).
* Weeks 3-4: Pilot testing and refinement of data collection tools.

**Month 3: Data Collection**

* Weeks 1-2: Begin data collection.
* Weeks 2-3: Continue data collection.
* Weeks 3-4: Data quality checks and preliminary data analysis

**Month 4: Data Analysis and Interpretation**

* Weeks 1-2: Continue data collection if necessary.
* Weeks 2-3: Start data analysis (quantitative and qualitative).
* Weeks 3-4: Preliminary interpretation of data.

**Month 5: Thesis Writing**

* Weeks 1-2: Begin drafting the thesis.
* Weeks 2-3: Continue writing (literature review, methodology, and results).
* Weeks 3-4: Start discussion and conclusion sections.

**Month 6: Finalizing and Submission**

* Weeks 1-2: Finalize the discussion and conclusion sections.
* Weeks 2-3: Edit and proofread the entire thesis.
* Weeks 3-4: Prepare and format the thesis, including references and appendices.

**10. Annexes**

**10.1. Questionnaire**

Here is a questionnaire related to the thesis proposal – ‘**’ Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh.’’**

**Section 1: Demographic Information**

**1.1. Respondent ID** (To be filled by the researcher):

**1.1. Name:**

**1.2 Age:**

**1.3. Gender:**

🗆 Male 🗆 Female 🗆 Other (please specify)

**1.4. Marital Status:**

🗆 Single 🗆 Married 🗆 Widowed 🗆 Divorced

**1.5. Education Level:**

🗆 No formal education

🗆 Primary education

🗆 Secondary education

🗆 Higher secondary education

🗆 College/University education

**1.6. Length of Stay in Refugee Camp:**

🗆 Less than 1 year

🗆 1-3 years

🗆 4-6 years

🗆 More than 6 years

**1.7. Address:**

**Section 2: Knowledge about Personal Hygiene and Disease Awareness**

**2.1. Do you know the importance of washing hands with soap?**

* + Yes
  + No
  1. **How often should you wash your hands in a day?**
  + Once a day
  + 2-3 times a day
  + 4-5 times a day
  + After every activity (e.g., using the toilet, eating, etc.)

**2.3. What are the main diseases that can be prevented by good hygiene practices? (Multiple answers allowed)**

* + Diarrhea
  + Cholera
  + Respiratory infections
  + Skin infections
  + None
  + Others (please specify): \_\_\_\_\_\_\_\_\_\_\_
  1. **How is diarrhea most commonly transmitted?**
  + Contaminated water
  + Poor sanitation
  + Contact with infected persons
  + Don't know
  1. **Do you know how to properly store drinking water?**
  + Yes
  + No
  1. **What is the primary source of health information for you?**
  + Health workers
  + Community leaders
  + Radio/TV
  + Posters and pamphlets
  + Word of mouth
  + Others (please specify): \_\_\_\_\_\_\_\_\_\_\_

**Section 3: Attitudes towards Personal Hygiene**

* 1. **Do you believe that maintaining personal hygiene is important for health?**
  + Strongly agree
  + Agree
  + Neutral
  + Disagree
  + Strongly disagree

**3.2. Do you feel confident in your ability to maintain good hygiene practices despite the conditions in the camp?**

* + Yes
  + No

**3.3. Are there any cultural practices that influence your personal hygiene habits?**

* + Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_
  + No
  1. **How important is it to you to receive health education on hygiene and disease prevention?**
  + Very important
  + Important
  + Neutral
  + Not important

**Section 4: Practice of Personal Hygiene**

* 1. **How often do you wash your hands with soap and water?**
* After using the toilet
  + Before eating
  + After handling waste
  + Rarely
  + Never

**4.2. What type of toilet facility do you use?**

* + Private latrine
  + Communal latrine
  + Open defecation
  + Others (please specify): \_\_\_\_\_\_\_\_\_\_\_

**4.3. Do you have regular access to soap and clean water?**

* + Yes
  + No
  1. **How do you usually store your drinking water?**
  + In a covered container
  + In an open container
  + I don’t store water
  + Other (please specify): \_\_\_\_\_\_\_\_\_\_\_

**4.5. How often do you clean your living space?**

* + Daily
  + Weekly
  + Occasionally
  + Rarely
  + Never

**4.6. Do you take any specific actions when someone in your household is sick to prevent the spread of illness?**

* + Yes (please specify): \_\_\_\_\_\_\_\_\_\_\_
  + No

**Section 5: Barriers and Suggestions**

* 1. **What challenges do you face in maintaining good personal hygiene? (Multiple answers allowed)**
  + Lack of clean water
  + Lack of soap
  + Overcrowding
  + Lack of privacy
  + Lack of knowledge
  + Cultural practices
  + Others (please specify): \_\_\_\_\_\_\_\_\_\_\_

**5.2. What would help you improve your personal hygiene practices? (Multiple answers allowed)**

* + More access to clean water
  + More access to soap and hygiene products
  + Better sanitation facilities
  + More health education
  + Community support
  + Others (please specify): \_\_\_\_\_\_\_\_\_\_\_

**5.3. What suggestions do you have for improving hygiene and disease prevention in the camp?**

**Thank you for participating in this study. Your responses will help improve health interventions in the refugee camps.**

**Signature & Date:**

**10.2. Informed Consent Form:**

**Title of Study:** “Knowledge, Attitude and Practice about Personal Hygiene and Disease Awareness in Rohingya Refugee Setting at Cox’s Bazar, Bangladesh.”

**Principal Investigator:** Md. Shah Jalal Sagar, Student of University of Creative Technology in Chittagong: Masters of Public Health Department.

* **Introduction:** You are invited to participate in a research study about personal hygiene and disease awareness among the Rohingya refugees in Cox’s Bazar, Bangladesh. The purpose of this study is to better understand the knowledge, attitudes, and practices related to hygiene and disease prevention in this community, which will help in designing better health interventions.
* **Purpose of the Study:** The goal of this study is to assess the level of knowledge, attitudes, and practices regarding personal hygiene and disease awareness among Rohingya refugees. The findings will be used to improve health education programs and disease prevention strategies in the refugee camps.
* **Procedures:** If you agree to participate in this study, you will be asked to complete an anonymous and voluntary questionnaire. The questionnaire will include questions about Personal Hygiene practices and Disease Awareness.
* **Complete a Questionnaire:** Answer questions related to your knowledge, attitudes, and practices about personal hygiene and disease awareness. This will take about 20-30 minutes.
* **Participate in Focus Group Discussions (Optional):** Engage in a group discussion with other refugees about hygiene practices and disease prevention. This will take about 1 hour.
* **Key Informant Interviews (Optional**): If you are a health worker or community leader, you may be asked to participate in an interview about your experiences with health education programs.
* **Voluntary Participation:** Your participation in this study is entirely voluntary. You may choose to participate or not, and you may withdraw from the study at any time without any consequences. Your decision will not affect your access to services or any other benefits you are entitled to.
* **Risks and Benefits:** There are no significant risks associated with this study. However, some questions may make you feel uncomfortable. You are free to skip any questions you do not wish to answer. While there may not be direct benefits to you for participating, the information you provide will help improve health interventions in the refugee camps, potentially benefiting the community as a whole.
* **Confidentiality:** The information you provide will be kept confidential. Your responses will be anonymous, and no one will be able to link your answers to your identity. All data will be stored securely and only used for research purposes.
* **Contact Information:** If you have any questions or concerns about the study, please contact the principal investigator at [Md. Shah Jalal Sagar, +8801840-27340].
* **Consent:** By signing below, you are indicating that you have read and understood the information provided above, and you agree to participate in this study. You understand that your participation is voluntary, and you can withdraw at any time without any penalty.

Thank you for your participation.

Signature /Thumb Print: \_\_\_\_\_\_\_\_\_\_\_\_ Witness Signature: \_\_\_\_\_\_\_\_\_\_  
Name: Name:   
Date: Date:   
Age   
Institute:

Investigator’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_  
Name:   
Date: