**Title:**

**“Knowledge and Healthy Behavior Practice regarding personal hygiene during menstrual cycle among adolescent girl of Jamalgonj upazila of Sunamgonj district”**

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This Thesis is submitted to the North-East University Bangladesh for the partial fulfillment of the requirements for the Degree of Master of Public Health in the Department of Public Health, North East University Bangladesh.

Submitted by:

**Md. Mahbubur Rahman**

Registration no: 190302030010

Spring -2018

Masters of Public Health

Department of Public Health

North East University Bangladesh



**NORTH EAST UNIVERCITY BANGLADESH**

Education with Innovation

January 2012

**DECLARATION**

I hereby declared that this dissertation entitled “Knowledge and practice of Newly Married Couple regarding family planning method in Sylhet”.

The research work was carried out in the Golapgonj and Fenchugonj, Sylhet under guidance of **Dr. Tanusree Sarkar ,**Associate Professor, Department of Public Health, North East University Bangladesh.

**Md. Mahbubur Rahman**

Registration no: 190302030010

Spring -2018

Masters of Public Health

Department of Public Health

North East University Bangladesh

**CERTIFICATE**

This is to certify that Shafiqul Islam has completed this thesis entitled **“Knowledge and Healthy Behavior Practice regarding personal hygiene during menstrual cycle among adolescent girl of Jamalgonj upazila of Sunamgonj district**” is partial fulfillment of the requirement for the degree of Masters in Public Health (MPH) in Department of Public Health at North East University Bangladesh, Sylhet at session Spring -2018 under my guidance and supervision.

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**Dr. Tanusree Sarkar**

Associate Professor and Course coordinator

Department of Public Health

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**NORTH EAST UNIVERCITY BANGLADESH**

**(NEUB)**

The undersigned certified that they have carefully read and recommended to the Faculty of Department of Public Health, NORTH EAST UNIVERCITY BANGLADESH (NEUB) for the acceptance of this thesis entitled **“Knowledge and Healthy Behavior Practice regarding personal hygiene during menstrual cycle among adolescent girl of Jamalgonj upazila of Sunamgonj district”** Submitted by MOHAMMAD SAYDUL HOQUE in partial fulfillment of the requirement for the degree of Masters in Public Helath (MPH) in knowledge regarding safe water at rural area in Sylhet, Bangladesh during the session Spring-2018.

Board of Examiners

Chairman Signature:--------------------------------

Full Name:

Designation:

Member Signature:--------------------------------

Full Name:

Designation:

Member Signature:--------------------------------

Full Name:

Designation:

**Acknowledgement**

First and foremost I would like to thank Almighty Allah for the gift of health and strength through the process of carrying this study.

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At last I would like to give thanks to all participants for their willing participants in this study.

Chapter –One

Introduction

* 1. **Introduction**

1. Women and men have specific sanitation needs, preferences, access requirements and patterns of utilization and experience.(Elledge *et al.*, 2018) Women also use toilet facilities to manage their menstruation. Good menstrual hygiene practices means that women and adolescent girls are using a clean menstrual management material to absorb or collect menstrual blood, that can be changed in privacy as often as necessary for the duration of a menstrual period, using soap and water for washing the body as required, and having access to safe and convenient facilities to dispose of used menstrual management materials.(Budhathoki *et al.*, 2018) Poor menstrual hygiene management (MHM) can have a negative impact on the health and psycho-social well-being of women and girls. The Sustainable Development Goals (SDGs) do not formally define the menstrual hygiene management in the water and sanitation sector. However, clear linkages are framed here to include: SDG3 (physical health and psycho-social well-being for women and girls), SDG4 (quality education for girls), SDG5 (gender empowerment and equality), SDG6 (water and sanitation), and SDG12 (responsible consumption and production for the environment).(Elledge *et al.*, 2018)
   1. **Justification of the Study**

Most of the population of Bangladesh lives in village and many girls are not even aware of menstruation before their menarche. The lack of access to reliable sources of information on reproductive health means that girls and even adult women may hold misconceptions about the physiology of menstruation and its management. Also the Sylhet region has another religious view and many taboo on this topic, the process and management of menstruation is often shrouded in mystery. Cultural restriction and discriminatory gender roles exacerbate women’s difficulties during menstruation. In most cases female are not willing to share their problem. For the case they suffer from various types of RTI disease. In schools, there is usually a lack of education regarding menstrual and reproductive health. Menstrual hygiene management directly contributes to improving maternal health.

According to MICS 2019, the modern menstrual material using rate in Sylhet division is 21.2%, which is the second lowest in Bangladesh. Unfortunately, this rate is too low in Sunamganj District. Lower than 10% women modern usage menstrual absorbent material in reproductive age. Due to its indirect effect on school absenteeism and gender discrepancy, poor menstrual hygiene and management may seriously hamper the achievement of SDG-4 on quality education and SDG-5 on gender equality. MHM is an issue that is inadequately addressed in Bangladesh, especially in Sylhet. Therefore, by this study we can assess the status of sanitary napkin use and iron rich food supplementation of Sylhet division.

* 1. **Research Question**

Adolescent girl have adequate knowledge about personal hygiene during menstrual cycle and they implement it in their life.

**Objective of the Study**

* + 1. **General Objective**

**General Objective-**

To know and figure up the status of Knowledge and Practice regarding personal hygiene during menstrual cycle among adolescent girl of Sylhet division.

**Specific Objective-**

* Assess the status of knowledge of sanitary napkin use during menstrual period;
* Assess the status of sanitary napkin use during menstrual period;
* Assess the status of consumption of Iron tablet during menstrual period;
* Assess the status of knowledge on delay marriage until 18 years of age;

Assess the status of knowledge and practice of personal hygiene

**Key Variables:**

**Socio demographic variables-**

* Age
* Religion
* Education
* Marital status

**Dependent variables:**

* Knowledge
* Practice of using sanitary napkin.
* Practice of consumption of Iron tablet.
  1. **Operational Definitions:**

**Illiterate:** A person without any formal education or schooling and unable to read and write one’s name.

**Only can sign:** A person without any formal education or schooling and only able to write one’s name.

**Primary level of education:** Those who attend class 1 to V.

**Secondary level of education:** Those who attend class VI to X.

**Chapter –Two**

**Literature Review**

Menstruation and its management also have significant social and cultural implications around the world that can have an impact on the lives of women and girls.(Sumpter and Torondel, 2013)

In a study carried out in Jammu, India, the results showed that the majority of the women from both the rural and urban areas were unaware of actual physiological process of menstruation. Their explanation of the menstruation reflected incomplete knowledge and more typically a variety of misconceptions or ignorance.(Drakshayani Devi and Venkata Ramaiah, 1994)

A study of slums in Dhaka, the capital of Bangladesh, found that approximately 95% of women and 90% of adolescent girls were routinely reused during menstruation without adequate hygiene, resulting in vaginal area, urinary tract infections and complications during pregnancy.(Ahmed and Yesmin, 2008)

Muhit IB et al(Muhit and Chowdhury, 2013), studied on adolescent girls in Chittagong and observed that girls were not made aware of menstruation until after menarche. The use of old pieces of cloth as absorbent materials during the menstruation was common in both rural and urban areas.

Studies focusing on menstrual hygiene in underdeveloped and developing countries have found that most women and girls fail to maintain a healthy menstrual hygiene practice on a regular basis. Limited resources, economic hardship, traditional norms and lack of education force women to look for alternative health practices and materials.(Afiaz and Biswas, 2021)

**Chapter-Three**

**Methods and Materials**

* 1. **Study Design**

Descriptive type of Cross sectional study.

**Study Population and Sample Population**

Adolescent girl of aged 10 to 19 of Sylhet division.

**Study Site and Area**

Golapgonj, Chattak, Jamalgonj, Lakhai, Baniachong and Barolekha upazila of Sylhet division.

**Study Period**

January 2021 to April 2021

* 1. **Sample size**

1. The Sample size was calculated using Cochran’s formula considering 5% level of significance, 5% precision level (permissible error) and awareness of menstruation prior to menarche women was 35.0%.(Bosch, Hutter and van Ginneken, 2008)
2. The formula is: n =
3. Where, n = estimated sample size
4. Z = 1.96 (in 95% Confidence Interval)
5. p = prevalence, 62.4% (0.624),
6. q = 1- 0.35 = 0.65,
7. d = permissible error, 5% (0.05)
8. So, sample size (n) =
9. {(1.96)2\*0.65\*0.35}/(0.05)2
10. = 349.59 ≈ 350

Calculated sample size was 349.59 but we collected data as a round figure 350 respondents from Sunamganj. The study utilized simple random sampling method to identify the respondents.

1. **Inclusive criteria:-**
2. Girls aged more than 10 years and below 19 years of age;
3. Those who are willing to participate in the study.

**Exclusive criteria:**

1. Those who are not willing to participate in the study.
2. Severely ill person.
3. Mentally disoriented.
   1. **Sampling Technique**

Multi stage sampling

* 1. **Data Collection tools**

In order to collect the data, a semi-structured English questionnaire has prepared at the beginning of the study by considering the objectives and variables of the study and pretested before finalization.

* 1. **Data collection methods**

Respondents were filling up questionnaire format to give answers. It was taken by using the semi-structured English questionnaire. The interviews conducted in a suitable time for the respondents in which they felt free to disclose their information. After collection, data were cheeked thoroughly for consistency and completeness. The collected data were checked, rechecked and verified by myself at the end of every working day. To ensure reliability and validity of data , 5% data recollected and compared with the previous data.

* 1. **Data Processing**

Data will be collected through face to face interview. At the beginning of data collection, permission from respective couple. The purpose of the study will be explained in details to the respondents. Interview of the respondents will be taken in the slum. Respondents will be given full assurance on some ethical point of view that under no circumstances any part of the interview will not be disclosed to any unauthorized person.

* 1. **Data Analysis**

Data analyzed by windows based computer software devise. Descriptive statistics has been used to describe the data i.e. mean and standard deviation for quantitative variables, frequency and percentage for qualitative variables.

**Quality control and quality assurance**

Before data collection from responder’s there created the friendly environment and clear on objective on the data to the responders. During data collection their tries to use local Bangla language with respondent.

**Ethical Consideration**

Written permission will be taken from the concern authority also from the respondent before data collection. The investigator will explain to the respondents regarding the purpose of the study before data collection.

**Chapter-Four**

**Results**

Results

**Chapter-Four**

**Results**

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| **Table 1: Father occupational status** | | |
| **Occupation** | Frequency | Percentage |
| Farmer | 95 | 27.14 |
| day labor | 100 | 28.57 |
| Driver | 85 | 24.29 |
| Govt. Servant | 25 | 7.14 |
| Entrepreneur | 12 | 3.43 |
| Others | 33 | 9.43 |
| Total | 350 | 10.00 |

From the above table 1, represents that maximum 100 (25.57%) of the respondents father were day laborer and lowest 12 (3.43%) of the respondents fathers were Entrepreneur. 95 (27.145) were Farmer, 85 (24.29%) were Drivers, 25 (7.14%) were govt. servant, 33 (9.43%) of the respondents fathers were had others occupation.

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| Fig. 1: Mother occupation status |

Fig. 1 shows the respondent mother’s occupational status. Majority of the respondent mothers 310 (88.57%) were housewife, 15 (4.29%) were of day laborer, 20 (5.71%) were had others occupation and only 5 (1.43%) of the respondent mothers were govt. servant.

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| Fig. 2: Age group of the respondents |

From the corresponding adolescent girls, majority of 160 (45.71%) respondents were from 14 to 15 aged. 107 (30.57%0 of the respondents were 15 or above 15 years of aged. 28 (8.0%) were 10 to 11 years of aged and 55 (15.71%) of the respondents were 12 to 13 years of aged.

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| --- | --- | --- |
| Table. 2 Respondents educational status | | |
| Educational level | frequency | Percentage |
| Illiterate | 15 | 4.29% |
| Can only sign | 22 | 6.29% |
| Primary | 64 | 18.29% |
| Secondary | 165 | 47.14% |
| H. Secondary and above | 84 | 24.00% |

Table.2 represents that almost half 165 (47.14%) of the respondents were in secondary education, 84 (24.0%) were had higher secondary education, 64 918.29%) were had primary education and 15 (4.28%) of the corresponding adolescent girls were Illiterate.

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| Fig. 3 Household status of the respondents |

Fig. 3 shows the household status of the respondents. Majority of the respondents household build with Tin shed 152 (43.43%), 113 (32.29%) of household were Straw house and 85 (24.29%) of the respondents household were Concrete.

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| Table 3. Family member of the respondents | | |
| Family Members | Frequency | Percentage |
| 1 ~ 3 | 106 | 30.29% |
| 4~6 | 168 | 48.00% |
| 7+ | 76 | 21.71% |

From the table 3 we found that 168 (48.0%) of the respondent family member were 4 to 6 persons, 106 930.29%) of the respondents family were1 to 3 persons and 76 921.71%) of the respondents family were 7 or more than 7 persons.

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| Fig. 4 Respondents known about menstrual cycle |

From the 350 adolescent girls, 286 (81.71%) of the respondents girls indicates that they were know about menstrual cycle, 25 (7.14%) of the respondents were not know about menstrual cycle and 39 (11.14%) of the respondents were not willing to answer about menstrual cycle.

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| Fig. 5 Respondents know about bleeding duration of menstrual cycle |

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Fig. 5 shows that 192 (55.14%) of the respondents were known about the bleeding duration of the menstrual cycle. 125 (35.71%) of the respondents were not know about the bleeding duration of menstrual cycle and 33 (9.43%) of the respondents claimed that they were not willing to answer about the bleeding duration of menstrual cycle.

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| Fig. 6 Elements use at menstrual cycle |

Based on the respondents, Fig. 6 show that 73 (38.02%) of the respondents girls use Tissue during menstrual cycle, 62 (32.29%) of the respondents girls use sanitary napkin, 44 (22.92%) of the respondents girls were used cloths and 13 (6.77%) of the respondents girls were not willing to answer about using equipment during menstrual cycle.

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| --- | --- | --- |
| Table. 4 Reuse of cloth used at menstrual cycle | | |
|  | Frequency | Percentage |
| Wash in moving water and make dry in corner | 30 | 15.63% |
| Wash in moving water and make dry in Sunlight | 25 | 13.02% |
| Wash in stored water and make dry in corner | 65 | 33.85% |
| Wash in stored water and make dry in Sunlight | 59 | 30.73% |
| Not willing to answer | 13 | 6.77% |

Table 4 represents that, 65 (33.85%) of the respondent wash their cloth in stored water and make dry in corner, 59 (30.73%) of the respondents were wash in stored water and make dry in sunlight, 30 (15.63%) of the respondents wash in moving water and make dry in corner, 25 (13.02%) of the respondents wash in moving water and make dry in sunlight.

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| Fig. 7 Respondents know about Iron supplementation during menstrual cycle |

Fig. 7 show that 310 (88.57%) of the respondents were known about Iron supplementation during menstrual cycle and 40 (11.43%) of the respondents were not know about Iron supplementation during menstrual cycle.

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| Fig. 8 Respondents eat Iron rich food status |

Fig. 8 show that 285 (81.43%) of the respondents were take iron rich food during menstrual cycle and 65 (18.5%) of the respondents were not taking any Iron rich food during menstrual cycle.

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| Fig. 9 Respondents take Iron tablet during menstrual cycle |

Fig. 9 shows the status about the respondents taking Iron tablet during menstrual cycle. 226 (64.57%) of the respondent were take Iron tablet during menstrual cycle and 124 (35.43%) of the respondents were not take any Iron tablet during menstrual cycle.

**Chapter V**

**Discussion**

**Conclusion**

**Recommendation**

**Discussion**

Adolescence is recognized as a special critical period of females in which significant hormonal and emotional changes take place including their first menstrual onset (Dasgupta and Sarkar, 2008). Although menstruation is such a normal physiological process in female’s reproductive age, it is surrounded by taboos and supernatural perceptions (Kumar and Srivastava, 2011). As a result, many adolescent girls could not have the access to get adequate information regarding menstruation and its hygienic practice, and they often join to their menarche without preparing themselves, particularly in rural areas (Shanbhag D *et al.*, 2012).

In the current study, 55.14% of respondents had poor knowledge regarding the bleedings of menses. This is in line with other similar studies done in Southern Ethiopia (60.1%) (Tangchai, Titapant and Boriboonhirunsarn, 2004) and Nigeria which states that perceptions of menstruation are poor and practices are often unsafe among adolescent school girls in Nigeria (Chandra-Mouli and Patel, 2017). However, the finding of the current study showed a better knowledge towards menstruation among adolescent girls as compared to a similar study done in India, which revealed that 71.3% of female students had poor knowledge regarding their menstruation (Shanbhag D *et al.*, 2012). The possible explanation for this discrepancy might be the measurement techniques studies used to assess level of knowledge and the socio-cultural differences of study participants. Moreover, integration of menstrual hygiene promotion in different health care systems and female clubs in schools is also recommended. However, studies conducted in Persian (Fakhri *et al.*, 2012) and Kuwait (Omu *et al.*, 2011) showed better hygienic practices of adolescent school girls towards menstruation than the finding of the current study. This is possibly explained by the fact that girls in Ethiopia are more attributed by supernatural and cultural perceptions and beliefs regarding menstruation that may restrict them to discuss topics regarding menses and hinder their safe hygienic managements. The other possible explanation for the discrepancy of this result might be due to the economic constraints of Ethiopian adolescent girls to buy commercially made sanitary pads needed for menstrual hygiene practice (Lee, 2002). This demonstrates a need to provide or show means to access sanitary pads for adolescent school girls with economic constraints. The second objective of this study was to identify factors associated with hygiene practices of adolescent school girls. In addition, the longer duration of menstrual flow may affect the psychological and emotional states of girls which may further diminish their motivation and commitment to perform safe hygienic practices (Poureslami and Osati-Ashtiani, 2002).

**Conclusion and Recommendations:**

The study indicated overall only one-third of adolescent’s girls in the study area practiced good menstrual hygiene management. Nearly one-third of school adolescent girls possessed good overall knowledge of menstruation. Respondents residence, source of information about menstruation (mother and teachers at schools), schools having female toilets with inside lock, number of days missed school because of menstruation, experienced health problems during menstruation, ever experienced any whitish or gray discharge through the vagina and having good overall knowledge about menstruation were factors identified to be associated with good MHM practice among school adolescent girls. Therefore, all stakeholders should emphatically work on enhancing the awareness of adolescent girls on menstruation and MHM practice through teachers at schools, encouraging parent-adolescent girls’ discussion about menstruation, making school toilets conducive for female adolescents with an inside look; and providing support and guidance for those adolescents who miss school due to menstruation.

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Attachment:

Appendix-I: Data collection instrument with informed written consent in English.

Appendix-I

DATA COLLECTION SHEET

Questionnaire

I am a student of MPH , Department of public Health , North East University , Sylhet. I am conducting a thesis work titled Knowledge regarding safe water and sanitation at rural area in Sylhet sadar, Bangladesh. Hope you will co-operate by providing correct answer to the questions. Your supplied data will be kept confidential and will be used for thesis work only.

SL No Date:

General Information

Name :-

Father’s/Husband Name:

Present Address:

1. Socio demographic Characteristics:
2. How old are you?---------------------------------------------------------------Years
3. What is your religion? Islam Hindu Christian Buddhist Others
4. What is your Marital Status? Married Unmarried Divorced Window/Widower
5. What is your occupation?------------------------------
6. What is your Educational Qualification? Illiterate Can only sign Primary (1-5th class) Secondary (6-10th class) Higher secondary level and above
7. What is your Monthly family income?--------------------BDT
8. Number of family members?-----------------
9. **Health and Hygiene related data (water source and using , latrine use )**
10. What do you mean by safe water?

Free from organism Transparent Free from odor

1. According to your opinion which source of water is safe water?

Tube well water Well water Pond water Bottle water

Rain water

1. What is the source of your drinking water

Tube well Well Pond Others ----------

1. What is the source of water used by your family for cooking?

Tube well Well Pond Others ---------------

1. What is the source of water used by your family for bathing?

Tube well Well Pond Others ---------------

1. What is the distance of water source from your household?--------------
2. Do you wash your hand before taking food?

Yes No If Yes then -------------------

1. What do you use to wash your hand before taking food?

Soap Ash Soil Water Others--------

1. Do you use latrine for defecation?

Yes No

1. Do you wash hand after defecation?

Yes No If Yes--------------

1. What do you use to wash your hand after using latrine?

Soap Ash Soil Water Others--------

1. What kind of latrine do you use?

Kacha Semi Pacca Pacca Others-------

1. Do you regularly clean your latrine?

Yes No

1. Is your latrine is near to your drinking water source?

Yes No

1. Does your children and other family member use latrine?

Yes No

I am-----------------------------------------------------------------hereby giving informed consent willingly to participate in the study to be conducted by Shafiqul Islam without any prejudice. I am fully convinced that during study I ( or my respondent) will not suffer from any serious physical or psychological problems. I am also informed that this study was carried out previously in the developed countries safely and my participation will bring fruitful result that will beneficial for most of the rural people in our country. I have right to withdraw myself ( or my respondent ) from this study at any time. I ( or the respondent) will not receive any financial benefit. I have understood that the personal information will be kept strictly confidential and will be used for research purpose only.

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Signature / Left thumb impression of the participant

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Signature / Left thumb impression of a witness

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Signature of data collector and date: