"Insight of Non-communicable diseases among the people aged 30 and above at a selected village in Mirsarai, Chittagong".


**Teacher & Guide:** DR. Preeti Prasun Barua, Lecturer, Department of Community Medicine, Chittagong Medical College.

**Abstract:** By the advancement of civilization the incidence and prevalence of Non communicable diseases are increasing day by day. A descriptive cross sectional study was carried out at Nayerpur village of Mirsarai Upazila, Chittagong to find out the occurrence of Non communicable diseases among the inhabitants aged 30 years and above. Data were collected by face to face interview using a questionnaire which contained structured as well as non structured questions. The sampling technique was purposive non probability sampling. Among the respondent 58.84% were female and the rest (41.16%) were male. A staggering 35.93% respondent was illiterate and among the literates 23.13% were educated up to primary level, 20.75% were up to secondary level and only 11.70% were up to graduate level. It was found that a majority of respondents were from middle class group (59.52%), followed by lower class (32.99%) and upper class (7.48%) socio economic status group. This study also shows that among the personal habits of the general population in this village a majority of respondents (37.84%) indulged in chewing betel leaves, followed by cigarettes (19.89%) and alcohol (7.96%).

Regarding the most frequent Non communicable diseases, it was found that most of the respondents were suffering from Peptic ulcer disease (29.30%) followed by Hypertension (19.25%), Osteoarthritis (13.63%), Diabetes mellitus (6.64%), Bronchial asthma (6.64%) and Thyroid disease (6.17%). Information gathered on treatment sought for these diseases revealed that a vast number of respondents (57.10%) preferred Allopathic treatment whereas a good number of respondents gave history of treatment by local Quack (10.38%). Of the other choices only 3.05% respondents followed self medication.

The study also revealed that most (59.52%) of the respondents had no positive family history. This study showed that educational level played a key role in determining the types of treatment sought, where none of the respondents having a level of education of graduation and above received treatment other than Allopathic (80%), while respondents with educational level of HSC and below, received different types of treatment.

No association between the pattern of treatment followed and the level of clinical improvement was established. A strong relationship was found between literacy and pattern of treatment where a major proportion of respondents who were illiterate (39.42%) studied up to primary level (21.90%) and secondary level (23.35%) took irregular treatment. On the contrary, respondents who studied up to SSC (21.70%), HSC (54.49%) & Graduation and above (4.72%) were found to have regular treatment.

Another important finding was that regardless of the socio economic status of the respondents most (63.60%) of them sought Allopathic treatment, illustrating the increasing trend of rural populations to take an active interest in improving their health status. It also shows an improvement in awareness on health associated issues and health education.

2. "A study on socio- demographic differentials and Health seeking behavior of the adult Tripura Tribes at Madha Talbaria, Mirsarai".


**Teacher & Guide:** Dr. Narayan Chandra Das.

**Abstract:** A descriptive cross sectional study was conducted on socio-demographic profile of adult Tripura tribe at Madha Talbaria, Mirsarai, Chittagong.

'Majority (174) of the study population belongs to 20-29 years of age group. Among them 50.57% were male and 49.43% were female. Among the respondents a large proportion (81.3%) was illiterate. It was evident that 25.94% of the respondents suffered from fever and 23.68% suffered from cough and cold. But, majority (69.12%) of them was treated by quacks and only 12.57% were treated in doctor's chamber.'
Among those who were treated by quacks, majority (76.52%) were illiterate. It was also revealed that majority (97.32%) of them used allopathy as medication. The study revealed that all of the respondents used to drink water without any of the methods of purification. Among them only 27.69% thought that drinking polluted water was the cause of disease. A major proportion (37.62%) was habilitated with betel leaf and 32.84% was habilitated with cigarettes. Among those who were habilitated with cigarette majority (73.26%) were male. The result showed that 63.21% of the total respondents were acquainted and 36.78% were not acquainted with the health programme of Govt./NGO. The result also showed that major proportion (89.08%) of the respondents belonged to lower class.

3. “A study on the knowledge of safe motherhood among the women in a selected rural community of Bangladesh”


Teacher & Guide: Prof. Dr. Saroj Kumar Mazumder.

Abstract: This was a descriptive type of study undertaken to assess the knowledge of rural women on safe motherhood and to investigate the impacts of some demographic, socio-economic and health related factors on it. Data for this study was drawn from a cross-sectional field survey, conducted on 23rd and 24th July 2008 at Jonadpur and Shaherkhal of Mirsarai Upazilla, Chittagong. It was possible to collect data from only 259 mothers.

Data were collected by using questionnaire containing structured and unstructured questions. It was revealed that majority of respondent were primary level educated and majority (54.83%) of them were in lower middle socio-economic group, most (98.84%) of respondents were housewives. Majority (40.15%) respondents prefer UH-FWC to take Antenatal care, 36% of them had correct knowledge about TT vaccination.

Major proportion (47.50%) of them preferred home delivery. It was found that education and socio-economic status influence the knowledge of rural women. Comparison with previous study showed that there is no satisfactory improvement of the condition.

4. “A study on water supply and sanitary status of the houses in a selected village of Mirsarai, Chittagong”


Teacher & Guide: Prof. Dr. Saroj Kumar Mazumder.

Abstract: This cross-sectional study was conducted to evaluate status of the houses in a selected village of Mirsarai sub district under Chittagong, in August 2009. The study covered about 198 families among which covered about 198 families among which 53.54% were lower middle class and 05.56% was upper class. It was documented that the majority (31.82%) of the household were service holder and 27.27% were farmer. Major proportion of the household were illiterate (32.32%) but irrespective to their education & socio-economic status majority (67.67%) of the house was hygienic and remaining 32.32% were unhygienic. Most of the respondent used tube -well water for drinking & polluted surface water for washing & other purposes irrespective of their level of education. This pollution was due to bathing and washing and had no influence on environmental condition. All of the houses used arsenic free water. Regard prevailing sanitation system, 73.75% of people used sanitary latrine and 26.67% did not have sanitary latrine. Among the type of sanitary latrine 28.80% respondent used bore hole latrine 24.70% used water seal latrine & 22.20% modern type of latrine. Only upper class family used modern type of latrine. This study on environment sanitation and source of water supply emphasize the needs for supplying pure water for all purpose and provide sanitary latrine to those family who have no sanitary latrine.

5. “Self medication style and associated logics people of a rural community of Mirsarai”


Teacher & Guide: Dr. Zehura Khanam.

Abstract: This is a descriptive cross-sectional study conducted from 9 March 2010 to 23 March 2010 undertaken to find out the current self medication style and logics of the people of rural community of Bangladesh.
Data were drawn from a cross-sectional survey with a prepared questionnaire from 200 people of Kollachara, Mirsara selected purposively. Among the total respondents majority were female (61%), 61% were housewives, 35.5% were in the age group of 30-40 years, 33.5% were illiterate, 17% were educated up to secondary level at least, 43.5% belonged to lower middle class and 74% maintained joint family. The study presented that majority of the respondents (94.5%) practiced self-medication at least once in their life which was more common among the illiterate (32.5%) and people from age group of 30-40 years (33.5%). 87.5% of the respondents took medication as 1st measure after the disease. But among the illiterate, observation was more preferred (20%). The study also showed that 42% of the respondents initiated self-medication by own idea. Among them 16% were illiterate and 21% were from the lower middle class family. Thus the study proved that literacy and socio-economic status has great influence on idea of self medication as illiterate and lower middle class people practiced it mostly by their own idea. It was noticed that self-medication was more commonly practiced for fever (37.5%) and paracetamol was the commonest drug (56%) for self-medication.

It was found that allopathy is the most popular (81%) for self medication among the respondents and 61% of them reported improvement on medication by allopathy. Among the allopath users 28% were illiterate and 40% were from lower middle class. Thus the study proved that rural people including illiterate and lower class are preferring allopathy nowadays in comparison to homoeopathic, herbal etc. Maximum 12% chose MBBS doctor as medical personnel, but also a great number preferred medicine seller/pharmacist 27% and quack (25.5%). The study revealed that all of the respondents who practiced self medication were quite satisfied by it. But 36.5% of them had no idea about the complications of self-medication.

The study proved that self-medication is being practiced widely nowadays in the rural community especially among the illiterate and lower class people and the people are still unaware about the hazards of self-medication. It seems to be appearing as a great problem of Bangladesh day by day. 7% had no listening memory. Among them 86.4% can respond on command. Among the entire respondent, 99.5% had the drawing skill. It was observed that 24.74% were suffering from rheumatism. Among the domestic people, 25.5% had rheumatism and most of them were member of low socio-economic status. This work on dementia emphasize the needs for increasing awareness to prevent the problems for our future generation on appropriate health related programs.

6. “Current profile of Peptic ulcer disease in a rural community of Bangladesh”.


Teacher & Guide: Dr. Fateha Akhter.

Abstract: This is a descriptive cross-sectional study undertaken to find out the current epidemiology of PUD (Peptic Ulcer Disease) in a rural community of Bangladesh. Data were drawn from a cross-sectional survey with a prepared questionnaire from 461 people selected purposively. Among the total respondents majority (41.21%) were in the age group of 40-49 years, 66.16% of the respondents were female, 30.36% educated up to secondary level, 45.55% housewives, 75.05% belonged to middle class and 52.92% maintained nuclear family. The study presented that majority (92.93%) knew the PUD as an illness, maximum (28.19%) got the information about the illness from the relatives followed by health personnel (27.54%) and themselves (36.24%). Majority (85.65%) of the respondents suffered from PUD. 12.76% had no idea about the symptoms and among the rest maximum (79.1%) knew about epigastric pain and nausea followed by vomiting (42.73%), belching (36.08%), dyspepsia (33.40%) with anorexia (32.53%). Most (77.4%) of the respondents complained of epigastric pain, (44.8%) had nausea and vomiting. It was noticed that above 30 years age groups had more symptoms of all kind than that of below 30. It was revealed that 72.66% of the respondents had idea about the cause of PUD. 85.50% believed spicy and oily food intake 76.79% thought that prolong starvation with irregular food intake caused PUD but the idea differed with the socioeconomic status of the respondents. Maximum (23.91%) lower class people claimed Zarda, middle-class told spicy and oily food (75.76%) and upper class thought anxiety (29.16%) as cause of PUD. Exposure to risk factors differs with the socioeconomic status as maximum of the lower class were exposed to unhygienic sanitation (29.03%), middle class to NSAIDs (78.76%) followed by spicy food (77.80%) and upper class to oily food (12.73%) and spicy food (12.7%). It was found that only 42.73% of the respondents had idea about the complications of PUD, among them
majority (24.92%) knew Ca stomach as a complication, followed by perforation (15.18%) and education had no influence in this regard. The study revealed that most of the respondents (47.15%) preferred poli doctors of which maximum were illiterate (39.27%) and (46.42%) preferred qualified doctor of which maximum (38.79%) were qualified up to S.S.C. Thus, this study showed that education greatly influenced the type of treatment preferred by the respondents. Ti was also noticed that male respondents mainly (47.44%) preferred qualified doctors and females were more in favor of poli doctors (50.50%) and self-confidence plays the major role (55.96%) for choosing treatment.

The study proved that people of rural community are still unaware about the common illness like PUD which should be prevented and controlled. This is an important public health problem of our country.

7. “Pattern of injuries among the inhabitants of a selected rural area of Mirsarai, Chittagong”.


Teacher & Guide: Dr. Taqvia Bashirullah.

Abstract: A descriptive cross-sectional study was conducted among 217 respondents of different age group at Jorargong and Gopinathpur villages of Mirsarai Upazilla, Chittagong. The aim of the study was to determine the “Pattern of Injuries in the Rural Community of Bangladesh” and to get an idea about the impact of injuries over the community. Among the respondents, 70.1% were male and 29.9% were female. 50.23% belonged to lower middle class, 17.51% upper middle class and only 5.07% upper class. 28.27% were educated up to Primary level, 26.27% up to secondary level and only 21.61% were illiterate. The leading cause of injuries were RTA (40.59%), falls (29.49%), burn (9.22%), drowning (5.99%) and snake bite (5.07%). Out of 217 respondents majority (31.34%) of the injured persons were adult males followed by adult females (29.03%), and children (15.21%). Majority (31.34%) of the injury occurred while working, 14.75% while going to work and 13.69% while traveling. In case of children they suffered from injuries while playing (14.75%). The maximum number of injuries were in hands (35.48%) followed by legs (33.62%) and hands (5.29%). Majority of the injuries were moderate (56.22%) and of minor types (26.65%). Cut injuries or abrasions occurred in the majority (52.67%), followed by dislocation of Joints or muscle pull (17.97%) and fracture (14.28%), 54.38% of the injured person was taken to the hospital immediately.

234.42% took treatment after 1-2 hours and 12.91% after more than 3 hours. Majority (51.61%) were taken by rickshaw or van and 34.10% by bicycle. Simple first aid was given to the majority of the patients (48.38%), plaster was done in 12.44%. Majority (31.9%) were treated in Union Sub Centre, followed by 22.12% in Upazilla Health Complex. Those who consulted by the quack were 18.85% and 12.90% seek treatment from the pharmacy shop. Though there were economic and financial strain, consciousness among the people regarding immediate treatment after injury is increasing day by day in the rural communities of Bangladesh.

8. Prevalence of dementia status among the geriatric population (60+) of a rural Community


Teacher & Guide: Dr. Sayeed Mahmud.

Abstract: The aim of this study was to evaluate the prevalence of dementia among the people aged 60 years and above. The study covered about 177 people. The results revealed that there was significant difference in the prevalence of diseases between males and females. The prevalence in males was 52.54% and that in females 47.46%. The study place was Shantir Hat, a village of Mirsarai.

It was revealed that 65.97% people suffer from mild dementia. Most of them were illiterate. Only 4 people suffered from severe dementia, 3(75%) of whom were females. Among the respondents, 32.27% were between 60-64 years age group. Most of them belonged to lower middle class. It was detected that 23.7% of the respondents had proper idea about time. 40.1% people answered all the questions about Geography and only 1.1% had no idea about it. Majority, 59.1% people had recalling capacity and 90.4% had recognizing capacity. Most of the geriatric peoples had listening memory, only 1.7% had no listening memory. Among them, 86.4% responded on command, 99.5% had the drawing skill. It was observed that 24.7% were suffering from rheumatism, 11(6.21%) had hearing problems and diabetes, 28(15.82%) expressed their visual problems. Out of 177, 94(53.12%) of the respondents were of lower middle class.

This work on dementia emphasize the needs for increasing awareness to prevent the problems for our future generation on appropriate health related problems.