

## RESIDENTIAL FIELD SITE TRAINING PROGRAMME ABSTRACTS

48th Batch, Session: 2005-2006, 4th year MBBS Students, CMC

### 1. Study on the factors affecting duration of exclusive breast feeding in a selected village of Mirsharai, Chittagong.

**Students:** Dilum Wijesundera, Roshani Jayaweera, Sabeena Weyhenage, Sudeshna Silva, Ahmadullah, Afsana Tarannum, Md. Ifthear Irfan, Mehzabin Sharmin Rahman, Seerat Saleh, Sanjoy Datta, Arif Robbani.

**Teacher & Guide:** Prof. Saroj Kumar Majumder, Professor and Head, Department of Community Medicine, Chittagong Medical College, Chittagong.

**Abstract:** A study was undertaken to determine the factors affecting duration of exclusive breast feeding in women of reproductive age group in a selected village of Mirsharai, Chittagong. The data were collected by questionnaire using interview method. The mean age of the respondents was 24±5 years. The majority (33.33%) were illiterate, housewives belonging to the lower middle socio economic class. The majority (63.69%) had a family size of 4-6 members, with 2 children in the family. Most (83.39%) of the respondents had at least one child under the age of 5. Majority of the respondents practiced exclusive breast feeding. A high percentage (49.50%) started breast feeding within half an hour of delivery. In case of colostrums feeding it was appreciable to find that almost 95% women practiced it. Among those who did not practiced exclusive breast feeding major proportion (34.09%) of them had started extra food at the age of 1 month of their babies and the most commonly given extra food was cow's milk. According to statement of the respondents, majority (78.95%) of the mother provided extra food due to insufficient breast milk production and 35.29% gave extra food due to excessive cry of the baby. Most (55.90%) of the respondents took feeding advice from senior female family members.

### 2. Study on Prevalence of Dental Caries Among the Children 8-15 Years in A Selected Rural Community of Sitakundu.

**Students:** Marzia Zaman, Ashraful Alam, Shamim Hossain, Tazim Samira, Md. Mizanur Rahman, Md. Meraj Uddin, Md. Harunur Rashid, Md Ishtiaque Khaled, Disha Das, Sajja Afrin, Dalia kumkum kar,

Ayesha Tabassum, Tareq Rahman, A.K.M Mustakim, Debasis Roy, Subrata Dey, Sachit Dangalle, Nadarajah Prasanna, Dilshan Ganepola.

**Teacher & Guide:** Dr Zahura Khanam, Lecturer, Department of Community Medicine, Chittagong Medical College.

**Abstract:** A descriptive study was conducted at a village of rural community of Sitakunda, Chittagong in which 380 children of aged 8-15 years were chosen by purposive sampling technique. The aim of the study was to evaluate the prevalence of dental caries among the respondents.

Among the respondents 43.68% of children were found at 8-10 years, 29.47% children were of 10-12 years and 26.85% of children were of 12-15 years. The study showed the prevalence rate in males were 53.42% and in female were 46.58%. Among the study population, 31.84% of children were found free from Dental Caries and 68.16% were found dental caries. Only 0.53% children were from upper class and 21.05% from lower class in terms of socioeconomic status. Majority 92.89% of the children had the habit of cleaning their teeth before main meal. Of them, 56.32% used the tooth brush and 7.1% used tree bark as tooth cleaning device. Among them 56.05% of children had not been treated before whom where given suggestions to take medical advice. Only 4.47% of children had gone to a dental surgeon prior to this study. These work on dental carries emphasized the need for increasing awareness to further prevent the problem by undertaking an appropriate care and cure programmes.

### 3. Awareness on Tuberculosis and its control programme among the adult people of Mirsarai, Chittagong.

**Students:** Faria Rifat Chowdhury, Afrin Sultana, Tafhima Jannat Inshad, Sabrina Jahan, Rashmi Kar, Arifa Jamil, Hasnan Jobayed Kabir, Sanjoy Kumer Shil, Shamima Nasrin, Swagata Mitra, Atanu Mohajan, Sudip Rakshit, Norul Anwar, Siham Imam, Md.Toufiqul Islam, Kanon Sen, Tasrina Akter, Md.Taherul Islam, Farhana Tasneem, Md.Rashidul Hasan, Anas Khurshid Nabil, Ruksana zahan Mukti, Nargis Akter.

**Teacher and Guide:** Dr Fateha Akhter, Lecturer, Department of Community Medicine, Chittagong Medical College.

**Abstract:** A descriptive cross-sectional study was conducted to explore the knowledge and awareness on Tuberculosis and its control Programme among the rural people of 15 years and above. Mirsharai, Chittagong. Data were collected from 429 respondents with a prepared questionnaire by face to face interview. Among the total respondents 58.28% were female, nearly 50% in the age group of 20-39 years, 43.18% secondary level educated, 79.72% belonged to middle class and 51.8% respondents with 4-6 family members.

This study reflected, most of the (98.37%) people heard that TB is a communicable disease, most of them (84.15%) knew the common symptoms, of which 77.2% told that cough is the main symptom of TB. Others mentioned that bleeding with cough (haemoptysis) (34.3%), fever (18.4%) and loss of weight (7.5%) are also the symptoms of pulmonary Tuberculosis. Most of the (66.2%) ≤ primary educated respondents were unacquainted with the symptoms than that of (33.8%) ≥ secondary educated group. More than half, (61.77%) had the idea about mode of transmission of TB of which 46.15% knew that it is an airborne disease. This basic information on symptoms and mode of transmission was more known to the higher educated group in comparison to lower educated respondents. Sputum examination as a method of diagnosis of TB known to 80.88% respondents. Regarding the available place of treatment they answered that it could be received from upazilla hospital (63%), union centre (25%), BRAC centre (17%), private source (10%) but 5.8% had no idea about the available health facilities. Majority (82.5%) of upper class respondents acquainted with govt. program on TB from mass media & the lower class got it more (14.9%) from health personnel and 20.3% had no idea about the govt. program. Maximum (77.62%) study population believed that TB could be prevented by vaccination but 59.67% only received the vaccine against TB.

As tuberculosis is one of the major communicable health problems in our country but yet it needs more sensitization for those people thus creating more awareness programme in rural setting about the importance for detecting early suspects to provide care, diagnose and prevent the disease.

#### 4. A Survey on Common Skin Diseases Among the Inhabitants of A Rural Community of Mirsharai Upazilla

**Students:** Aklima Sultana Suravi, Roma Sultana, Nuzhat Naurin Amin, Shathita Nag, Anasuya Dhar, Tahira Benzir, Sumaya Naznee, Tazdina Hoque Khan, Tania Kabir Rizwana Hoque Era, Tani Barua, Jamila Akhter and Jannatul Nayeem

**Teacher and Guide:** Dr Dewan Md. Harunur Rashid, Assistant professor, Department of Community Medicine, CMC

**Abstract:** A community based cross-sectional descriptive type of study was conducted at the east Khaiyachara village of Mirarshrai, Chittagong to determine the pattern of the common skin diseases prevailing among the general population.

The sample size of the study population was 1234 in 240 families. House to house visits were done to identify persons suffering from different types of skin diseases. The process of data collection was by direct interviewing using a refined Questionnaire. The sampling technique used in this study was purposive type due to time constraints.

In this study, it was found that 325 (26.33 %) had been suffering from various skin diseases. Of them, 110 (33.85 %) have been found suffering from Eczema, Fungal infection 98 (30.15 %), scabies 80 (24.42 %). Besides these, psoriasis was found only 3 (0.92 %), others were 34 (10.46 %), including acne vulgaris, urticaria, vitiligo etc. From this study it was found unmarried were comparatively higher 196 (60 %) and male were 129 (40 %). A greater part of the suffers 136 (41.18 %) were in the age group more than 30 years.

Most cases of a eczema 56 (41.18 %) were also found in this age group followed by fungal infection 42 (30.88 %) & Scabies 24 (17.65 %). Among the other sufferers 51 (15.69 %) were determined in the age group of 25-30 years & 3rd commonest age group was the 15-20 years where it was 40 cases, (12.31 %) were affected with skin diseases.

Skin diseases were determined commonly among the families of large size, densely overcrowded people. Maximum of the diseased persons were maintaining poor personal hygiene, belonging low socio-economic status & low level of education. So the study reveals that skin disease is a major public health problem in the rural community. Awareness

programme regarding health education, improving and maintaining personal hygiene to prevent and control from skin diseases is essential to mitigate this burden.

##### **5. Health Seeking Behaviour of Women of Reproductive Age at Rohingya Camp of Nayapara, Teknaf.**

**Students:** Md. Nahin Huq, S.M. Salah Uddin, Shajib Chandra Mandal, Moushumi Akhter, Nora Anwar Khan, Rehana Zaman, Samanta Samajder, Md. Aminul, Abdullah Al Masud, Jahangir Alam, Avishek Dutta.

**Teacher and Guide:** Dr Sayeed Mahmud, Lecturer, Department of Community Medicine, Chittagong Medical College, Chittagong.

**Abstract:** This cross-sectional descriptive study was performed to evaluate the health seeking behavior of women of reproductive age group residing in the Rohingya Refugee Camp at Nayapara, Teknaf on October, 2009. Data collected from 240 women of aged 15-49 years. Among the respondents, maximum 68.75% women were in between 20-39 years of age. 81.25% were housewives and rest of them was working women. They were very conservative.

Only 16.25% had education up to Primary level, the rest 83.75% was illiterate. Curse of ignorance usually bested on them. Almost all belonged to lower class, daily income on an average was Tk. 80 - 90 only. Monthly income was usually less than Tk. 3000.00. Husbands of 55.42% women were day labor and living condition of the families was sub standard. About disease consequence, diarrhea had highest prevalence-35.42%. It was a reflection of their poor hygiene maintenance. 48.75% collected their drinking water from deep tube well source. Out of 240, women, 200(83.33%) accepted ANC during their last labor. Most of their accompanying persons were sisters or other relatives. Husbands were prime decision makers in 72.5% cases for receiving ANC of their wives. 41.02% were getting family planning facilities from the health workers. 51.66% of the families had 4-6 children. Considering choice on family planning method adoption, 64.71% preferred oral contraceptive pill. About choice on treatment type, almost all had mentioned about modern type acceptance.

Different NGO's are working, like Islamic Relief Hospital for delivering treatment facilities along

with other multinational NGO. All of the respondents usually attend the health awareness programme conducted by the Organizations.

This work emphasize the needs to improve the life style, health, education, future of the Rohingya refugees-who had compelled to leave their own motherland; on humanitarian ground. International forums and Governments should make joint collaboration work to solve their situations.

##### **6. A study on preference of home or hospital delivery among the mothers of rural community at Mirsharai Chittagong.**

**Students:** Abdul Momen, Md. Anisul Hasan, Prasenjit Sarker, Arup Kumar Das, Bhaskar Chakraborty, Joynab Begum Boby, Shamima Hoque Tuli, Fahmida Sultana Mili, Ranasha Bose, Md. Faysal Ahmed, Md. Enamul Hossain.

**Teacher and Guide:** Dr Tazkia Basir Ullah, Lecturer, Department of Community Medicine, Chittagong Medical College.

**Abstract :** The relation between the mother and her baby is unspeakable. She who fosters her baby for nine months in her womb and helps it to see the light of the world is called Mother and delivery is the process which enables the baby to come out in this world. The delivery which occurs in home without adequate hygiene and treatment facilities under the birth attendant (trained or untrained) is called home delivery. On the other hand delivery which occurs in hospitals or health institutions with adequate hygiene and treatment facilities under the trained birth attendants is called hospital or institutional delivery. A descriptive type of cross sectional study was carried out at Tazpur, a village of Mirsharai to assess the Preference of home or hospital delivery among the mothers and the factors behind that preference. In this study 170 respondents were interviewed. Out of these respondents a significant number (77.06%) showed preference for home delivery while 22.94% went for hospital delivery. It was revealed in the study that majority of the respondents were in between 25-29 years (40%) who received education upto secondary level (32.94%) those who belonged to lower middle socioeconomic status were 53.30%. It was also noteworthy that 23.53% of the respondents were illiterate. Among them 21.77% showed preference for home delivery. Those who became pregnant for the first time at 16-20 years were 64.7%. Among

170 respondent 42.94% of the mother had two children under 5 years of age. It was also revealed that for home delivery 77.06% were mainly influenced by their senior family members, trained birth attendants and close neighbors. A small fraction 22.94% who had hospital delivery were mainly encouraged by their family members, friends and neighbors. Many respondents who favoured home delivery ventilated their idea as they felt it comfortable in having a homely environment. Some other findings in this study that prevented them from availing hospital delivery were fear, shyness, financial barrier and the distance of health

care centers from their residence. On the other hand the reasons in favour of hospital delivery were also many. They opined that it was safe, complication could be handled (those having previous bad obstetric history) and emergencies were also taken care of. Another important factor that came out in this study in favour of hospital delivery was DSF (Demand side Financing) where a mother soon after conception was taken care of getting ANC and safe delivery (normal or LSCS). After delivery there were incentives both for mother and the newborn baby.