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NUTRITIONAL STATUS OF RICKSHAW PULLER: A CROSS-SECTIONAL STUDY AT SAVAR

A PROJECT REPORT

BY

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Submitted to the Department of Nutrition and Food Engineering in the partial fulfillment of B.Sc. in
Nutrition and Food Engineering

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APPROVAL

This is to certify that the project work titled “Nutritional Status of Rickshaw Puller: A cross Sectional Study at Savar” is an original research work done by Anika Sarwat Sadia, Department of Nutrition and Food Engineering, Daffodil International University. This report is submitted to the Department of Nutrition and Food Engineering, Daffodil International University, and has been accepted as satisfactory for the partial fulfillment of the requirements for the degree of B.Sc. in Nutrition and Food Engineering and approved as to its style and contents.

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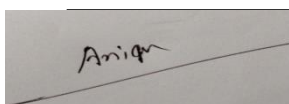
DECLARATION

We hereby declare that this project has been done by us under the supervision of **Nasima Akter Mukta, Assistant Professor**, Department of Nutrition and Food Engineering, Daffodil International University. We also declare that neither this project nor any part of this project has been submitted elsewhere for award of any degree or diploma.

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ABSTRACT

In Bangladesh, rickshaws are more useful than other public transport such as auto rickshaws, taxis, and shuttles. Employment in urban slums depends heavily on Bangladeshi rickshaw pullers. From August to October 2023, a cross-sectional survey focused on nutritional status was carried out and A total of 110 rickshaw pullers participated in the research. About 50.9% of rickshaw pullers had nutritional disabilities. 28.2% of rickshaw pullers were found illiterate, 37.3% had completed primary education, and 34.5% were SSC-passed. 43.6% of individuals consume additional food during working hours. Regarding the nutritional knowledge of the respondents, 50.9% of them know about the good impact of carbohydrates on nutrition, whereas 55% of the rickshaw pullers know that protein intake is good for proper nutrition. Around 50% of the rickshaw pullers drink water 3-4 times a day but almost 12% had poor dietary practices during the work period. Concerned organizations including governmental and non-governmental organizations should promote nutritional awareness among rickshaw pullers.

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CHAPTER 1

INTRODUCTION

1.1 Introduction

Rickshaw pullers are more susceptible to malnutrition due to the high need for nutrients to deposit energy for work. Therefore, rickshaw pullers should consume a variety of meals that are high in calories, protein, vitamins, minerals, and water. In particular rickshaw Puller, Asian (Dhaka City) tend to be mostly cereal-based with little to no eating of meat, vegetables, or fruits. Therefore, determining the factors that affect food choices is essential for determining the needs of the community.

The majority of studies that have looked at how important nutrition and Some of the literature in the nation used the frequency of meals to assess the dietary practices of rickshaw Puller, while others used questions about the nutrient contents of the food, which is not practical to use in the Bangladeshi context given that the majority of rickshaw puller was unaware of the nutrient contents of the food. Rickshaw Puller food habits were independently influenced by nutrition knowledge, education, monthly income, dietary knowledge, family size, age, radio ownership, having a disease, and employment (Anant et al., 2016).

A cross-sectional study was conducted, on middle-aged rickshaw pullers (40-60 years) from different regions of Bangladesh and their physical function was assessed using standardized tests, which included measurements of strength, flexibility, endurance, and balance. Nutritional factors were evaluated through dietary intake assessments, including the analysis of macronutrient composition, micronutrient status, and dietary patterns. Preliminary findings indicated that inadequate nutritional intake and unbalanced diets were common among middle-aged rickshaw pullers in Bangladesh. The majority of participants did not meet the recommended dietary allowances for essential nutrients, such as protein, vitamins, and minerals. Additionally, poor dietary patterns were observed, characterized by high consumption of refined carbohydrates and low intake of fruits and vegetables (Begum et al., 2005) (Momotaz et al., 2009).

The study found a clear influence of nutritional factors on physical function. Participants who had higher intakes of protein, vitamins, and minerals demonstrated better physical function, including increased muscular strength, flexibility, endurance, and balance. Conversely, individuals with insufficient nutrient intake exhibited decreased physical function, which compromised their overall health and well-being. These findings underscore the significance of proper nutrition in maintaining and improving physical function among middle-aged rickshaw puller in Bangladesh (Serajul et al., 2016). It is crucial to implement strategies and interventions that enhance nutritional education and promote healthier dietary habits within this population. Targeted initiatives should also address prevalent nutritional deficiencies commonly observed in this age group. Further research is necessary to explore the long-term effects of nutritional interventions on physical function in this population. A better understanding of the relationship between nutritional factors and physical function will help inform the development of effective strategies to promote healthy aging and enhance the overall quality of life for middle-aged rickshaw pullers.

1.2 Objectives

The principal objective of the study is to investigate the dietary habits and nutritional knowledge of the rickshaw puller.

Specific objectives are:

- Determination of monthly income level of rickshaw pullers according to age.
- Identification of health condition of rickshaw pullers according to height and weight.
- Evaluation of the respondent's monthly income expenditure on food and other expenses.

CHAPTER 2

LITERATURE REVIEW

2.1 Literature Review

Rickshaw pullers are such specialists, bearing pioneer bequest with the most extraordinary versatility and mindlessness (WHO, 2022). Rickshaws could be a prevalent transportation gadget for carrying travelers, gear, and different merchandise in numerous cities, towns, and towns all through Bangladesh as well as numerous other Southeast Asian nations. In Dhaka, around 60 percent of residents use rickshaws for daily commuting. Until 1986, the Dhaka City Corporation (DCC) issued 79,554 rickshaw licenses (Tamanna et al., 2012; Mamun et al., 2008). However, it is currently estimated that about 1.5 million rickshaw pullers and their families in Dhaka depend on rickshaw pulling for their livelihood (Karim et al., 2019).

Hence, this segment utilizes a huge number of untalented laborers because it is characterized by little speculation, simple passage, cash wage, no uncommon aptitude required, accessible all over, and straightforward rules of engagement. Rickshaw pulling is difficult to work and it requires both colossal mental and physical endeavors, but they are dismissed and irritated by the law-implementing offices, travelers, and laborers of motorized vehicles and, in a few cases, rickshaw proprietors.

The defenselessness of rickshaw pullers is accentuated by the reality that the lion's share of those who ride rickshaws are not proprietors. A few considerations illustrated that moo BMI is related to moo wage and moo quality of life which inevitably hampers both the physical and mental prosperity of a person (Naimul et al., 2018). The objective of our think about was to examine the socio-economic status as well as the dietary status of the rickshaw pullers in conjunction with their vitality hole. This study aims to highlight the challenges faced by rickshaw pullers in neglected regions, highlighting the government's inability to address their issues. (Kamruzzaman et al., 2016).

These carports do not have satisfactory comfort, cooking area, water, and restroom offices (Pryer JA et al., 2006). People chose this form of work because of a lack of options, job scarcity, and restricted resources, such as agricultural land and housing in rural areas. In spite of the fact that rickshaw pullers live in extraordinary destitution, they are producing salary and, in this manner,

The health status of the populace improves with increased investment in health, leading to a more productive workforce. This, in turn, tends to raise income levels and helps reduce poverty (Hakeem et al., 2001). Additionally, rapid and ongoing urbanization in Bangladesh has resulted in numerous issues, such as severe traffic congestion, air pollution, traffic accidents, and health problems (Delpuech et al., 2000). Health, nutrition, and development are all interconnected in a positive feedback loop.

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CHAPTER 3

METHODOLOGY

3.1. Study area

This research was carried out in Savar. Savar is a Dhaka district upazila in the city division.

3.2. Study Design

The inclusion criteria in the study included the rickshaw pullers visiting Savar City. Data was collected from 25 August 2023 to 17 September 2023. In the clinics on the designated study days, face-to-face interviews using structured questionnaires. The variables such as age, educational status, optional profession, familymembers, children, no. of an earning member, and condition of the house were considered in the study. The study focused on, sociodemographic variables, dietary habits, and nutritional status.

3.3. Data Analysis

The collected data was analyzed using appropriate statistical techniques. Data processing was done using SPSS (version 25) software. Chi-square tests were employed to examine relationships between variables and to identify significant differences and associations. The Study Computed the odd ratio (OR) and 99% Confidence Interval (CI) to assess the degree of Correlation between variables and the result.

3.4. Limitations in Data Collection

This Study may encounter potential limitations such as language and cultural obstacles, social and economic constraints, the existence of missing data or incomplete records, and other potential limitations may prevent this study from a thorough investigation of the nutritional status of rickshaw pullers.

CHAPTER 4

RESULTS AND DISCUSSIONS

4.1. Results

The sociodemographic status is very evident in Dhaka city, where the majority of respondents are from rural areas (85%). Most of them have no alternative profession. In the study, sociodemographic distribution such as age, education, health condition, and family status of participants (n=110) are considered.

Table 1: Sociodemographic status of the rickshaw pullers

Variable		Frequency (n)	Percentage (%)
Age	18- 30	14	13
	31 - 50	67	61
	≥51	29	26
Educational Status	Illiterate	6	45
	Primary	53	48
	High School/College	51	7
Optional Profession	No	106	96
	Yes	4	4
Family Members	1-3	44	40
	4-5	49	45
	≥ 6	17	15
Children	1	53	48
	2-3	55	50
	Four or above	2	2
No. of Earning	1	97	88
	2	2	2

	Variable	Frequency (n)	Percentage (%)
member	3	1	1
Condition of House	Tin shed with brick Walls	80	73
	Hut	29	26
	Apartment	1	1

Table 1 shows that of the 110 respondents, 61% are between the ages of 31 and 50, 26% are 51 and older, and 13% are between the ages of 18 and 30. 48% and 47% of respondents respectively, have finished their elementary and high school/college education. 106 respondents, or the great majority, (96%) do not have an optional profession. The proportion of families with one to three members is 40%, four to five members is 45%, and only 15% of families have six or more members. According to gender distribution, 40% of households only have one child, while 45% of families have two to three boys and girls. Surprisingly, 88% of respondents said their household is entirely dependent on one earner. Housing data shows that 73% of people live in tin hut.

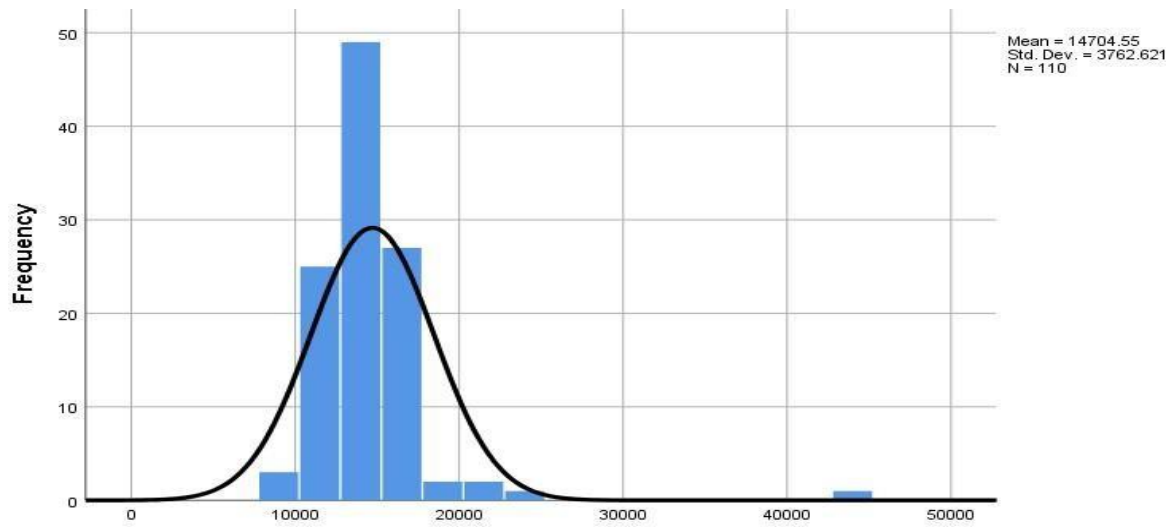


Figure 1: Distribution of family monthly income

Table 2: Frequency of monthly income and expenditure on food and others.

	Monthly income	Monthly Food cost		Overall Expenditure	
		Mean $\pm$ SD	Percentage (%)	Mean $\pm$ SD	Percentage (%)
Age Group-1 (18-30) (n=13)	14214 $\pm$ 2293	7714 $\pm$ 2225	46 - 60	2038 $\pm$ 594	12 - 16
Age Group-2 (31-50) (n=67)	14522 $\pm$ 2348	7854 $\pm$ 1819	50 - 57	1873 $\pm$ 566	11 - 14
Age group3 (n=29) ≥ 51	13948 $\pm$ 2197	7241 $\pm$ 912	50 - 54	1759 $\pm$ 344	12 - 13

Table 2 shows the participant's monthly income and food expenses. The average income of Group 1, comprising 13 respondents, was 14214 $\pm$ 2293 tk. Each month, they set aside 46-60% of their income for food expenses, and the remaining 12-16% went toward other expenses. Group 2, 67 respondents typically earn around 14522 $\pm$ 2348 tk. They allocate 50-57% of their income for monthly food expenses and 11-14% for other costs, a total of 1873 $\pm$ 566 tk. The 29 respondents in Group 3 earn 13948 $\pm$ 2197 tk and typically allocate 50-54% of their monthly salary for food expenses and 12-13% for other expenses.

Table 3: Distribution of monthly income, expenditure, and savings

	Monthly income of the family	Monthly expenditure		Monthly savings	
		Mean $\pm$ SD	Percentage (%)	Mean $\pm$ SD	Percentage (%)
Group-1 Age (18-30) (n=13)	15143 $\pm$ 3592	9808 $\pm$ 2077	41 - 63	5577 $\pm$ 3593	37-59
Group-2 Age (31-50) (n=67)	14970 $\pm$ 4267	9727 $\pm$ 1794	41 - 60	5243 $\pm$ 3136	40-57
Group-3 Age (n=29) ≥ 51	13879 $\pm$ 2290	9000 $\pm$ 1150	49 - 63	4879 $\pm$ 1990	37 -51

Table 3 also shows an overview of respondent's monthly income expenditures on food other expenses and savings. Group 1, comprising 13 respondents, had a total family monthly income level of 15143 $\pm$ 3592 tk. Their monthly total cost ranges from 41 to 63%, while 13 respondents save 17 to 79%.The average monthly family income for 67 respondents is 14970 $\pm$ 4267 tk. Costs range from 41 to 60%, while savings range from 20 to 79%.Group 3's monthly income averages around 13,879 $\pm$ 2290tk. They typically spend between 49% and 63% of their income each month, and save between 25to59% tk.

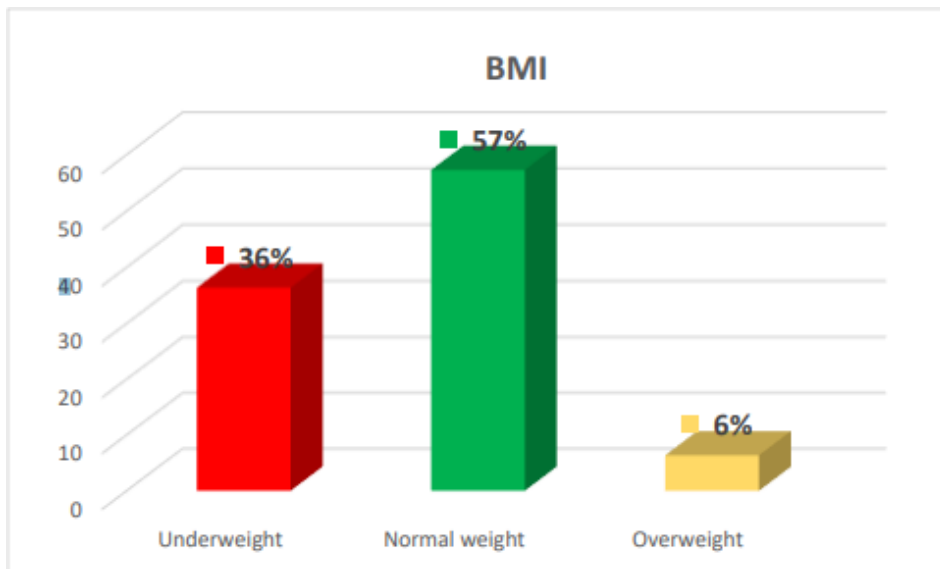


Figure 2: Distribution of BMI among the participants

The given graph illustrates that underweight people are 36.0 %. There is a risk to health for rickshaw pullers. About the majority of them, 57.0 % have normal weight on the other side, overweight persons (risky) only 6 %.

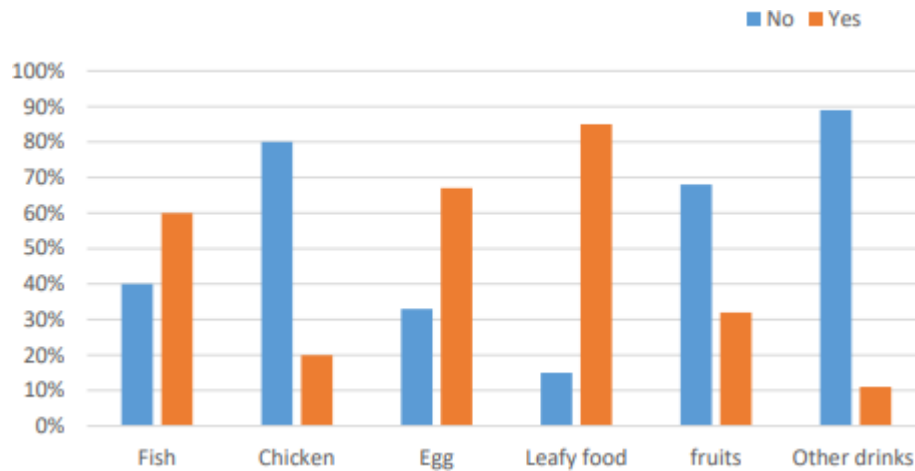


Figure 3: Food consumption status of last seven days

Last 7 days food consumption status shows that almost 60 % person consume fish but only 20 % and 30 % can eat chicken and fruits for high food prices. On the other hand, egg and leafy food are less price food so almost 70 % and 85 % of people can consume them respectively.

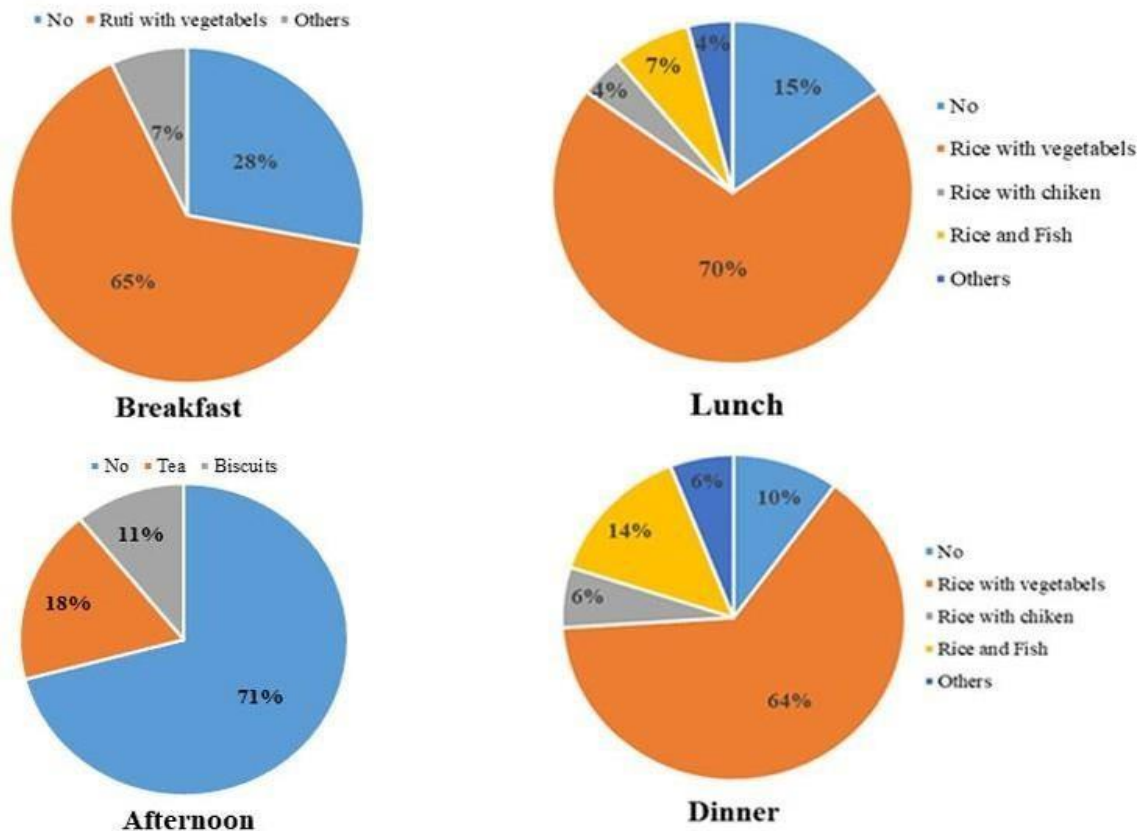


Figure 4: Food consumption profile (per day)

In the Figure 4, food consumption pattern in a day is divided into four categories such as, breakfast, lunch, afternoon, and dinner. 65 % of the responders try ruti (bread) with vegetables as breakfast. 28 % of them don't take any breakfast. Most of the participants are like to take their meal as rice with vegetables as lunch. 70 % of the responders take rice with fish. 7 %, and 4% of them take rice with chicken, and others meal respectively. 15 % of them don't take any meal in launch time. Most of them don't care about food at afternoon but 11 % and 18% take biscuits and tea respectively as a snack. 64 % of them consume rice and vegetables, and 6 %, 14 %, 6 %, and 10 % consume rice with chicken, rice with fish, others, not take any food respectively at dinner time.

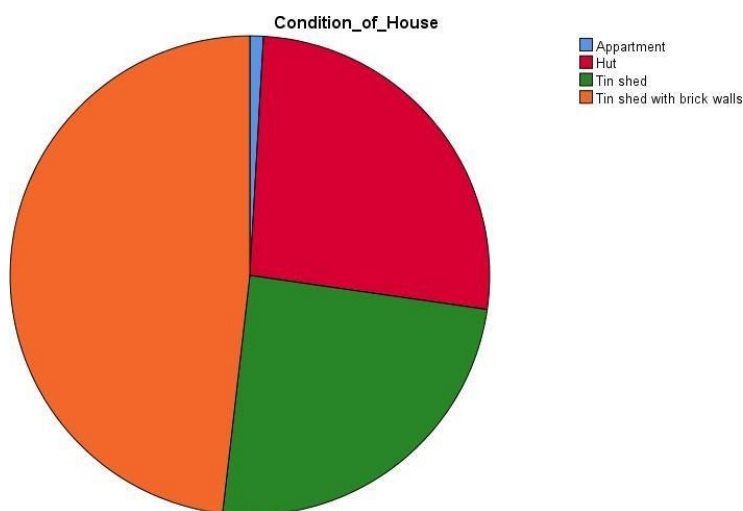


Figure 5: Distribution of house type

The following bar chart shows that, condition of house for the responders, most of them live in tin shed with brick walls but one percent of fourth are live in tin shed and hut. Only small percent of participants live in apartments.

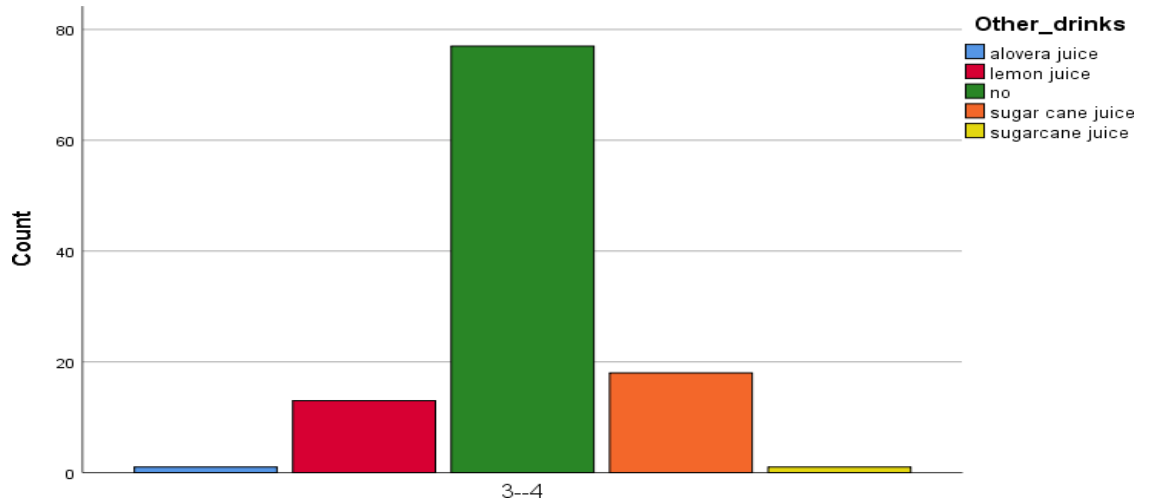


Figure 6: Distribution of drinks intake

Figure 6 shows the information about taking drinks besides water. Alovera and isubal juice are the least consumed. However, about 20 % of people take lemon and sugarcane juice three to four times daily while 80 % do not consume any drink.

4.2 Discussion

This study aimed to examine the nutritional status of Savar rickshaw pullers, a significant urban labor force in developing nations like Bangladesh, focusing on their food habits, physical health, and socioeconomic status, as they are particularly susceptible to hunger and health issues. Rickshaw pullers usually do not have cash savings. 50% of the studied population belonged to the youth categories. Their economic status forced them to choose rickshaw pulling. In addition, cash payments, debt, and insecurity in crop production caused rickshaw pullers to pull rickshaws (Fao J et al., 2005; Tamanna et al., 2015). Among the 110 people, 45 % of rickshaw pullers are Illiterate, and 47 % of rickshaw pullers have primary knowledge. Poverty and lack of work could be the main reasons for most of them engaging in this profession. Regarding family monthly income, the low-income group was dominant, and 60% of them had a monthly expenditure between BDT 12,000 and 19,000 Taka. Some factors related to the overview of participants' monthly income and food expenses. Participants 18-30 years old have a monthly food cost of 46–60% and an overall expenditure of (12-16%). 67 respondents who were between the age of 31-50 years, their monthly food cost was 50 % - 57 % and overall expenditure 11 % –14 % . Age $\geq$ 51 years typically allocates 50–54% of their monthly salary for food expenses and 12–13% for other expenses. A previous study estimated that with the decrease in age and physical strength of the rickshaw pullers, their income level also decreased (Begum et al., 2005; Momotaz et al., 2009).

A formal nutritional counseling tool can be a powerful measure of their health status. Another study estimated that Rickshaw pullers primarily from rural backgrounds depend on their livelihood to escape poverty. However, their limited income hinders their healthy eating habits, leading to malnutrition (Begum et al., 2005). 65% of respondents prefer roti with vegetables for breakfast, while 28 % skip it. 70% prefer rice with vegetables for lunch, with 7 % choosing fish, 4 % chicken, and 15 % not eating lunch. In the afternoon most of them do not care about food but 11 % and 18 % take biscuits and tea respectively as snacks. At dinner time, 64 % of them eat rice and vegetables, while 14 % opt for rice with chicken, and 6% choose rice with fish. The remaining individuals either have other food or don't eat anything. A previous study estimated that Rickshaw pulling poses a significant health risk to rural impoverished individuals, especially if their families neglect to ensure their well-being and proper education. Rickshaw pullers' physical strength declines with age, leading to decreased income and the onset of diseases like malnutrition, back pain, hypertension etc. (Anant et al., 2016). 36.0 % of rickshaw pullers are underweight, indicating long-term health risks. Concerned organizations including governmental and non- governmental organizations should promote nutritional awareness among

rickshaw pullers. Respective authorities should develop effective strategies and policies to ensure basic health needs for all without negligence.

4.3 Strengths and limitations of the study

The study on Rickshaw pullers' nutritional status lacks a cause-and-effect relationship but highlights health issues and dietary requirements of marginalized populations. Although recall bias may affect self-reporting data, it provides valuable insights for public health policies.

CHAPTER 5

CONCLUSION

5.1. Conclusion

A cross-sectional study on Savar's rickshaw pullers revealed that a significant percentage are malnourished. The study also reveals that undernutrition is a common issue among them. 36% of rickshaw pullers suffer from malnutrition, 57.0% have normal weight with many being illiterate or having only basic education. Factors like low income, long working hours, and limited access to food contribute to their poor nutritional status. The report calls for interventions like increased dietary intake, healthcare services, and nutritional education. By improving the nutritional status of rickshaw pullers, we can enhance their health, productivity, and overall quality of life, contributing to broader socio-economic development goals.

5.2. Recommendations

In summary, this research provides valuable insights into how nutritional factors influence physical function in rickshaw puller individuals in Bangladesh. Understanding the impact of diet on nutrition aids individuals, healthcare professionals, and legislators in making informed decisions that enhance health and quality of life. Future studies should continue to explore this topic, taking into account cultural nuances and conducting longitudinal research to establish causal relationships.

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APPENDICES

APPENDIX 1: synopsis

NUTRITIONAL STATUS OF RICKSHAW PULLER: A CROSS-SECTIONAL STUDY AT SAVER

Introduction

In Bangladesh, cycle rickshaws are more useful than other public transport such as auto rickshaws, taxis, and shuttles. Employment in urban slums depends heavily on Bangladeshi rickshaw pullers. A cross-sectional survey focused on Nutritional Status was carried out and 200 rickshaw pullers in all took part in the study. Among them, the mean and SD of age was 29 and 32 years. About 50.9% of rickshaw pullers had nutritional disabilities and similarly, 28.2% of rickshaw pullers were illiterate, 37.3% were primarily passed and 34.5% were SSC-passed. About 43.6% of rickshaw pullers knew that eating an additional frequency of food per day is good. Majority (50.9%) of the rickshaw pullers knew that eat more carbohydrates is good and almost 55% of the rickshaw puller knew eat more proteins source food is good. Around 50% of the rickshaw pullers drink water 3-4 times in a day but almost 12% had poor dietary practices during the work period. Independent predictors of rickshaw puller dietary behaviors were income, radio ownership, sickness history, and dietary knowledge. Concerned organizations including governmental and non-governmental organizations should educate expectant rickshaw pullers through the local media. Rickshaw pullers are more susceptible to malnutrition due to the high need for nutrients to deposit energy for work. Therefore, Rickshaw pullers should consume a variety of meals that are high in calories, protein, vitamins, minerals, and water. In particular Rickshaw Puller, Asian (Dhaka City) tend to be mostly cereal-based with little to no eating of meat, vegetables, or fruits (Scchidananda Banerjee, 1959). Work is acknowledged as one of the environmental factors that can affect maternal health, affecting growth and health. Therefore, determining the factors that affect food choices is essential for determining the needs of the community. The majority of studies that have looked at how important nutrition and Some of the literature in the nation used the frequency of meals to assess the dietary practices of Rickshaw Puller, while others used questions about the nutrient contents of the food, which is not practical to use in the Bangladeshi context given that the majority of Rickshaw Puller were unaware of the nutrient contents of the food. Rickshaw Puller food habits were independently influenced by nutrition knowledge, education, monthly income, dietary knowledge,

family size, age, radio ownership having a disease, and employment (Anant kumar, 2016). A cross-sectional study was conducted, middle-aged Rickshaw Puller (40-60 years) from different regions of Bangladesh and their physical function was assessed using standardized tests, which included measurements of strength, flexibility, endurance, and balance. Nutritional factors were evaluated through dietary intake assessments, including the analysis of macronutrient composition, micronutrient status, and dietary patterns. Preliminary findings indicated that inadequate nutritional intake and unbalanced diets were common among middle-aged Rickshaw Puller in Bangladesh. The majority of participants did not meet the recommended dietary allowances for essential nutrients, such as protein, vitamins, and minerals. Additionally, poor dietary patterns were observed, characterized by high consumption of refined carbohydrates and low intake of fruits and vegetables (Begum, 2005). The study found a clear influence of nutritional factors on physical function. Participants who had higher intakes of protein, vitamins, and minerals demonstrated better physical function, including increased muscular strength, flexibility, endurance, and balance. Conversely, individuals with insufficient nutrient intake exhibited decreased physical function, which compromised their overall health and well-being. These findings underscore the significance of proper nutrition in maintaining and improving physical function among middle-aged Rickshaw Puller in Bangladesh (Md. Serajul Islam,2016). It is crucial to implement strategies and interventions that enhance nutritional education and promote healthier dietary habits within this population. Targeted initiatives should also address prevalent nutritional deficiencies commonly observed in this age group. Further research is necessary to explore the long-term effects of nutritional interventions on physical function in this population. A better understanding of the relationship between nutritional factors and physical function will help inform the development of effective strategies to promote healthy aging and enhance the overall quality of life for middle-aged Rickshaw Puller.

Methodology

A cross-study was conducted to determine the nutritional status of three areas of Dhaka city (Savar, Ashulia, and Kumkumari). This study will adopt a cross-sectional research design. Cross-sectional research involves collecting data from a specific population at a particular point in time to analyze the existing relationship between variables. Primary data will be collected through a structured questionnaire. The questionnaire will include both closed-ended and Likert scale questions to gather quantitative data. The questionnaire will be pretested with a small sample of respondents to ensure clarity and relevance. Data collection will be carried out through face-to-face interviews, depending on the feasibility and preferences of the respondents (Gillespie, S.1997) The collected data will be analyzed using appropriate statistical techniques. Data processing was done using SPSS (version 25) software. If we talk about overall status than it is very obvious in the Dhaka city that most of them are male and came from the village area (85%). A large scall of them are illiterate and unskilled individual earning by rickshaw pulling in the Dhaka city. In our thesis, most audience participants are 31 – 50 years old, on the other hand, 18- 30 years are less than 50 people, more clearly shown in Table 1 and Figure 1 give information about gender radio. A sociodemographic distribution such as age, education, condition, and family status of participants (n=110)

Objective:

The principal objective of the study was to investigate the dietary habits and nutritional knowledge of the Rickshaw Puller. Identify the factors that are linked to the nutritional status of Rickshaw Puller individuals in the community setting in Bangladesh, focusing on indicators of physical function. To correct the wrong dietary practice during work

- Determination of Monthly income level of rickshaw pullers According to age
- Identification of Health Condition of rickshaw pullers according to Height and Weight.
- Evaluation of the respondents monthly income expenditure on food and other expenses .

APPENDIX 2: Consent Letter

NUTRITIONAL STATUS OF RICKSHAW PULLER: A CROSS-SECTIONAL STUDY AT SAVER

Dear Participant's

I am a student of Daffodil International University conducting a thesis study titled "Nutritional Status of Rickshaw Pullers in the Saver City" focusing on assessing the nutritional status of Rickshaw pullers in Saver, Dhaka City.

The purpose of this research is to investigate the nutritional habits and status of Rickshaw Pullers, aiming to understand their dietary patterns, challenges, and potential impact on their health. The study involves data collection through interviews, surveys, and possibly physical examinations to gather information about dietary habits, nutritional knowledge, and health status. Participation in this study is entirely voluntary. The information gathered will be used solely for academic and research purposes and will be kept confidential. The data obtained will be used exclusively for the aforementioned study and will not be disclosed to any other parties without explicit consent. You are free to stop participating in the study at any time without facing any repercussions because it is completely voluntary.

Furthermore, know that your privacy and anonymity will be protected during the entire research procedure. Your decision to participate or not will not affect any existing relationships or services you receive. You have the right to withdraw your consent or discontinue participation at any time without any consequences.

Participant's Signature: _____ Date:

Sincerely yours,

Aniqa Sarwat Sadia

Id:193-34-212

Department of NFE

Daffodil International University

APPENDIX 3:Questionnaire

NUTRITIONAL STATUS OF RICKSHAW PULLER: A CROSS SECTIONAL STUDIES AT SAVER

Section A: (Sociodemographic Information)

1. What is the name of the sender?
2. How old are you?
3. Which area do you live in?
4. What is your phone number?
5. What is your education qualification?
6. What is your main occupation?
7. What is your supporting occupation?
8. How many members are in your family?
9. How many children do you have?
10. Do you have any other earning members in your family?
11. What is your monthly income?
12. What is your family's monthly income?
13. What kind of house do you live in?
14. What is your height?
15. What is your weight?
16. How much money is spent on food per month?

17. How much does it cost in other sectors except food?

Section B: (Physical Condition)

1. Have you not worked due to illness in the last 3 months?

2. If yes, how many days were you absent due to illness?

Section C: (Food Habit)

1. How do you normally eat?

(i) Normal

(ii) Superior

(iii) Poor/Low quality

2. Do you eat in the morning?

(i) yes

3. What do you eat in the morning?

(i) Ruti, Vegetables

(ii) Rice, chicken

(iii) Rice, fish

(iv) Rice and pulses

(v) Nothin

(vi) others

(ii) No

4. What do you eat at noon?

(i) Rice, vegetables

(ii) Rice chicken

(iii) Rice fish

(iv) Rice and pulses

5. Do you eat at night?

- (i) yes
- (ii) No
- (v) Nothing

6. What do you eat at night?

- (i) Rice, vegetables
- (ii) Rice chicken
- (iii) Rice fish
- (iv) Rice and pulses
- Nothing

7. Do you eat in the afternoon?

- (i) yes
- (ii) No

8. What kind of food do you eat in the afternoon?

- (i) Tea Biscuits
- (ii) Singara
- (ii) Dalpuri
- (iv) Anything else
- (v) Nothing

9. Have you eaten any fruit in the past week?

(i)yes *if yes, [how many, and which one]

(ii)No

10. Have you eaten any fruit in the past week?

(i)yes *if yes, [how many, and which one]

(ii)No

11. How many liters of water do you drink a day?

(i) (1-2) liters

(ii) (3-4) liters

(iii) (5-6) liters

12. Do you eat any water other than water all day long?

(i) Aloe Vera juice

(ii) Sugarcane juice

(iii) Lemon juice

(iv) Isobul syrup

13. Have you eaten meat in the past 1 week?

(i) Yes *if yes, [how many, which day and which one](ii) No

14. Have you eaten fish in the past week?

(i)yes *if yes, [how many, which day, and which one]

(ii) No

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