Project Report

On

Determination of Health, Nutritional Status, Lifestyle, and Hygiene Practice among the Children Aged from 2 to 12 Years Old in Chittagong City, Bangladesh

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Submission Date: 8th August, 2022

Letter of Transmittal

Date: 08.08.2022

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Subject: Submission of the Thesis Report

Dear Madam,

I want to take this chance to thank you for helping me finish this thesis and for your support. It would be challenging for me to finish the paper without your assistance. I have gathered the most pertinent and trustworthy material I could find in order to compile the report. I've done all in my power to get there. I'm hoping that my newfound wisdom and expertise will be useful in the future. Please accept my apologies for any errors that could have crept into the report despite my best efforts. I would greatly appreciate it if you could inform me of your opinions on the report.

Therefore, I would like to present this report for your opinion and advice. Your helpful criticism will motivate me to perform better in the future.

Sincerely yours,

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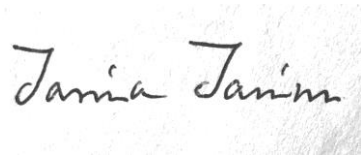
DECLARATION

This dissertation was submitted to the department of Nutrition and Food Engineering, Faculty of Allied Health Sciences, Daffodil International University as a partial fulfilment of the requirements for the degree of Bachelor of Science in Nutrition and Food Engineering. Rukaiya Islam Ruhi with the ID number 181-34-740 completed this project report.



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Acknowledgment

In preparing this report, I would want to thank a number of people for their support and assistance.

First and foremost, I would want to express my thankfulness to Allah for giving me the strength and chance to complete the report on time. I'm using this opportunity to express my gratitude to everyone who has been a part of my life at any point.

I am thankful for my parents, without whom I would not be here. I would be unable to reach my aspirations and goals without the support of my parents.

My heartfelt gratitude and deepest gratitude go to the honorable Head of the Department of Nutrition and Food Engineering, Assistant Prof. and Head Ms. Fouzia Akter, Assistant Professor and Head, Department of Nutrition and Food Engineering, Faculty of Allied Health Sciences, Daffodil International University, for her gracious cooperation and acceptance of this Degree.

I am grateful to my Supervisor, Lecturer (Senior Scale) MS. Tasmia Tasnim, Department of Nutrition and Food Engineering, and Daffodil International University for her unwavering guidance during my organizational attachment term. It would have been quite tough to complete this report without her assistance.

I am encouraged to use this opportunity to express my gratitude to everyone who has been a part of my life at any point.

I'd want to offer my heartfelt gratitude to NFE faculty members for their endless inspiration and encouragement during my time as a student.

DEDICATION

This study is dedicated to my loving father, Md. Rezaul Islam, and mother, Asma Siddique, who supported and encouraged me to finish this task successfully.

Abstract:

This research involved children aged 2 to 12 whose parents were employed as laborers, seamstresses, drivers, etc. in Chittagong, Bangladesh. The main objective of this study was to determine the children's nutritional, health, and hygiene condition. The study was done in the vicinity of the Johir Store Colony. 150 participants, 77 males and 73 girls, made up the sample. The following information was gathered: children's age, parental income, personal information, occupation, children's weight, height, and BMI. Among the surveyors most of them were 51.33% male and 48.66% were female. The occupations of the male were rickshaw puller, labor, driver, etc. and most of the women are housemaids or garments workers. From the study, it was found that the majority of the questioned worker's children have a healthy diet, practice decent cleanliness, and have under control health issues. Around 47% children have healthy weight. Though almost 80% mothers had normal delivery, but still, the infant had developed sufficiently to be born. At the end, children don't have access to entertainments such as television or smart phone and almost 66% children play physical sports which keeps their health in better condition. This showed that the children live a healthy lifestyle with proper nutritious value and balance diet.

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CHAPTER I:

INTRODUCTION

1. Introduction:

1.1 Background

Good nutrition, health and proper hygiene is essential for a country's national growth and individual well-being. Although inadequate nutrition problems impact the entire community, children are more vulnerable due to their specific physiology and socioeconomic factors. (NIPRT, 2013) Nutritional deficiency is a serious health issue in poor nations, including Bangladesh (Abuya, 2012). Young children are particularly sensitive to dietary and micronutrient deficiencies. Individual malnutrition is caused by insufficient or incorrect eating practices. A variety of social and cultural factors impact food patterns and nutritional health. (Islam, 2013).

In case of hygiene, The Food Code for Retail Establishments published by the United States Food and Drug Administration (FDA) provides instructions for preventing food contamination by workers' hands (Guzewich, 1999). Hand washing is one of the FDA's recommended preventative techniques since it greatly reduces pathogen transfer from hands to food and other objects (Olsen, 2000). According to the Food Code, effective hand washing should take at least 20 seconds and should involve running warm water, soap, friction between the hands for 10 to 15 seconds, rinsing, and drying with clean towels or hot air.

Children are exposed to a variety of health risks. An imbalanced diet can contribute to Diabetes, High Blood Pressure, High Cholesterol, Autism, Obesity, Diarrhea, Anemia, Covid-19, Joint Pain, and other health problems. Though hard to follow but balanced diet is a must for a child to be healthy. (Joseph, 2011)

Because poor physical growth is inevitably reflected in poor mental development. Later in future this poor growth could reflect on their life and could hampered the way their life should be.

The COVID-19 epidemic has significantly slowed down national and SDG 8 objective progress (Sakamoto et al., 2020). The epidemic wreaked havoc on children and families, destroying livelihoods, disrupting everyday life, and jeopardizing food security. Though the children didn’t allocate for vaccine but the vaccine they regular take helped them to create immune system in them so that they do lead a life which is healthy and virus free.

1.2 Objective of the study:

- To identify and address the health issue of children aged 2 to 12 years
- To identify the nutrition status of children of garment workers
- To identify hygiene status of children aged 2 to 12 years
- To identify the lifestyle of garments workers and their children

1.3 justification of the study:

Chittagong city is the second largest city of Bangladesh. Due to recent rapid modernization, the city has been going through great urbanization. Because of these urbanizations, the nutrient status, health status a hygiene status of the children of rickshaw puller, farmers, garments worker, truck driver, car driver, labor who are from 2 to 12 years old, have been through a massive change. These types of works have not been done much in our country. This study had justified that fact and painted a picture of the health status along with their lifestyle of these children.

CHAPTER II:

METHODOLOGY

2. Methodology

2.1 Study Area

After Dhaka, Chittagong is the second-largest city in Bangladesh. It serves as the administrative hub for the division and district of the same name. On the Bay of Bengal, it is home to the busiest seaport. The city is situated between the Chittagong Hill Tracts and the Bay of Bengal on the banks of the Karnaphuli River. Over 5.2 million people lived in the Greater Chittagong Area in 2022. The metropolitan area's population grew to above 3.9 million in 2020. (Wikipedia, 2022). The current descriptive cross-sectional study, which examined the nutritional, dietary, and health status of children working in garment industries aged 2 to 12, was carried out in the Johir Store slum of Chittagong City.

2.2 Location Characteristics

Bayejid Bostami Thana (Chittagong metropolitan) with an area of 17.58 sq km is in the middle somewhere in the range of 22°22' and 22°28' north scopes in the middle somewhere in the range of 91°46' and 91°51' east longitudes. It is limited by hathazari upazila on the north, Hathazari upazila and chandgaon thana on the east, khulshi and panchlaish thanas on the south and sitakunda Upazila on the west.

Noted foundations- Chittagong Cantonment, Sultan Nagar, Nasirabad Industrial Area, Sher Shah Colony and Nasirabad Housing Society. Furthermore, a recreation area or entertainment focus has been based on confidential drive in this thana.

Fundamental types of revenue Agriculture 3.09%, non-horticultural worker 2.77%, industry 4.81%, business 15.12%, transport and correspondence 8.05%, development 3.25%, strict assistance 0.32%, business 43.36%, lease and settlement 4.79% and' others 14.44%. The responsibility for land proprietor is 26.26%, and landless 73.74%.

Manufactories 45; not manufactories are Crown Group, KDS Group, Chowdhury Group, Amin Textile Mills, Amin Jute Mills, and so forth.

Noted- caps, bazars and shopping complexes are Bayejid Bostami Bazar, Oxygen Bazar, Baluchhara Bazar, Battali Bazar and Bayejid Shopping Complex.

For this review, the casual single slum in the Chittagong , the Johir store slum settlement, was chosen which is in oxygen. Oxygen is a suburb in Chittagong Division. Oxygen is arranged east of Bayejid Bostami, and west of Panchlaish. The Johir store settlement covers an area of roughly 6 sections of land of infringed land with an expected populace of 5000. Whole settlement is partitioned into 6 segment with around 120 families. Fundamentally every one of the families are connected to articles of clothing industry. Greater part of individuals are working in the presumed article of clothing manufacturing plant named KDS Ltd. Explicitly there was 150 youngsters in the ghetto region and every one of them are covered.

Situated close to the very good quality industrial and business areas of Chittagong it draws in low pay individuals connected for the most part in assistance occupations like instant articles of clothing laborers, drivers, family assistants and shop assistants etc.

High populace thickness without laid out administrations represents the settlement. Most of families are tin-sheds frequently sharing a solitary cooking place and shared established pit or hanging lavatory, frequently unhygienic. The slum is particularly inclined to water-borne infections. Water logging following extreme precipitation is additionally normal.

2.3 Study Population

The parents who working as garments worker, rickshaw puller, farmers, truck driver, car driver, labor, fisherman, shop keeper, CNG driver, housemaids, workers are the main population of the study.

2.4 Study design and sample size estimation

A cross-sectional study was conducted among children of 2-12 years from December 2021 to March 2022. The sample size for the study was calculated using the formula, $n = Z^2p(1 – p)/d2$ where n is the number of samples required, Z is the value associated with the 95% confidence interval, d is the precision margin of error at 5%, and p is the prevalence of diseases. For this study, we assumed 14.4% prevalence rate of acute malnutrition, 5% margin of error, and 95% confidence level, the sample size of 197 plus

an addition 10% non-response rate yielded a total sample size of 217.

All children aged 2-12 years who lived within slum areas of Johir store colony were included in the survey.

2.5 Method of Data Collection

A questionnaire was created for the purpose of gathering data, and the information was obtained from the parents of the children in accordance with the questions on socio-demographic parameters (age, gender, level of education, and income) and behavioral aspects.

The technique which was utilized during the information assortment was the individual meeting.

During individual meeting, the questioner posed inquiries to respondents in an up close and personal circumstance. The questioner reached out to the respondents, mother of the youngsters at whatever point they were accessible at home. The respondents were posed the ideal inquiries, and the responses acquired were recorded in like manner. The recording of the data acquired were finished during the meeting. The questioner guaranteed that the substance of the responses is clear and unambiguous and that it has been recorded accurately.

2.6 Assessment of nutritional status

Anthropometric records were determined utilizing the WHO Anthro programming. The Z-scores of records, level for-age Z-score (HAZ), and weight-for-level Z-score (WHZ) were registered and thought about utilizing the WHO Multicenter Growth Reference Standard. A youngster with a HAZ under −2 SD from the reference populace was characterized as hindered and a kid with a WHZ under −2 SD from the reference populace was delegated squandered; in any case, they were viewed as ordinary.

2.7 Statistical Analysis:

By employing descriptive analysis techniques like percentages, frequencies, and cross-tabulations for all the parameters, the data was thoroughly assessed, checked, and validated.

CHAPTER III:

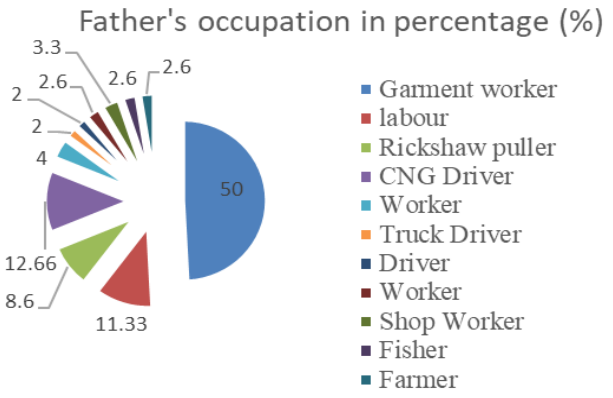
RESULT and DISCUSSION

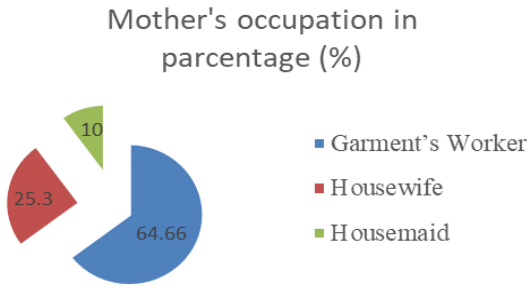
3. Result:

The questionnaire survey was conducted to find out the nutritious status, hygiene status, health status and lifestyle of 2 to 12 years children. The total sample size of the survey was 150. The result has been described below:

3.1 Socioeconomic Characteristics of parents

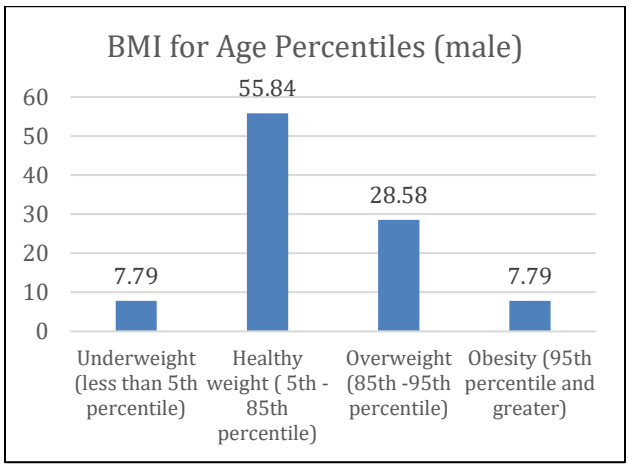
Out of total 150 workers, about 51.33% were male and 48.66% were female. In case of education women garments workers are leading. About 98.6% women are educated. The surveyors are of different professions and with different income such as about 60% people's gross income was between 20,000 – 29,000 BDT whereas 34% people's income was between 10,000 – 19,000 BDT. In case of profession:

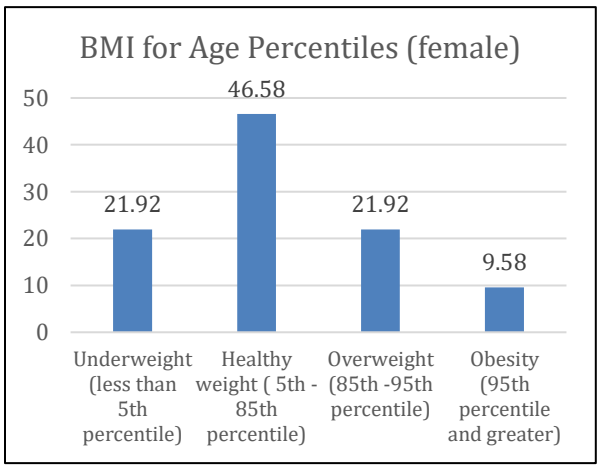




3.2 BMI for Age Percentiles

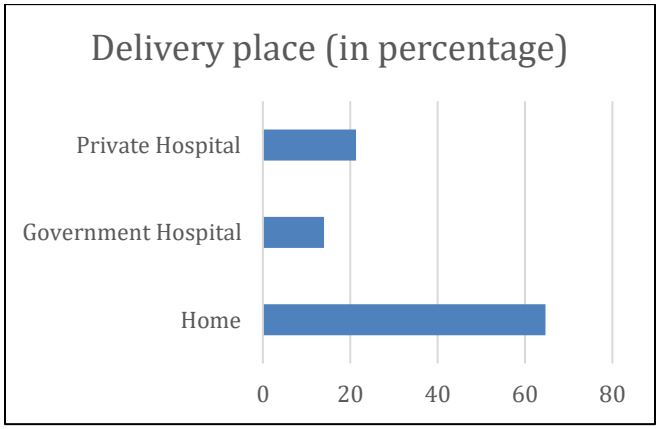
The age percentage was divided into male and female. The weight was categorized into different category. Such as underweight, healthy weight, overweight, obesity, etc.

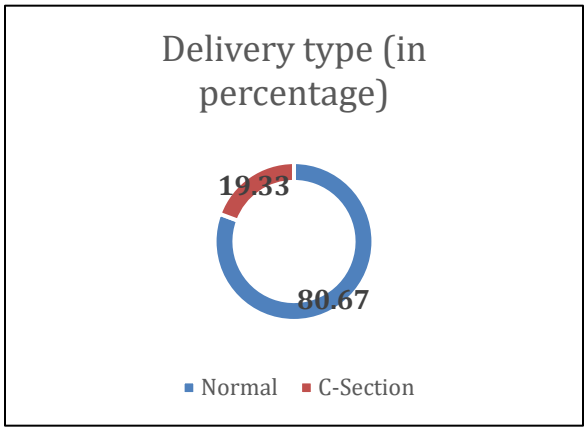




3.3 Type of Delivery

The females who were surveyed about their delivery as most of the time delivery can play a part in child health. By conducting the survey, it was found that though most of the women had home birth, still child was matured enough to be born. The women faced no delivery issues. There were no cases of pre lactase and they found to have regular menstruation.





3.4 Clinical history

The below table shows the clinical history of the children aged 2 to 12. From the survey, it was found out that,

Table 1: Clinical History

Name of Categories		Numbers	%
Sick or any other health problem for last 3 months	YES	3	2
	NO	147	98
Hospitalized because of sickness	YES	3	2
	NO	147	98
Vaccination	YES	150	100
	NO	0	0
Vitamin A	YES	150	100
	NO	0	0
Diabetes		48	32
High Pressure		81	54
High Cholesterol		19	12.67
Autism		0	0
Obese		11	7.33
Diarrhea		7	4.67
Anemia		56	37.3
Covid-19		15	10
Joint pain		53	35.33

Above table show that all of surveyors were up to date on their vaccine. Though they suffer from diabetes, high pressure and obesity, but still there is no percentage of autism.

3.5 Water and Sanitation

Clean water and sanitation are a necessary for everyone and sometimes most of the people in our country don't get this basic need. But the scenario of this survey was different. For example, each of the children state that they wash hands after using the toilet. Even they have proper sanitary facilities. Also, they don't do open dumping and women wash their hands every time they feed their children.

Table 2: Water and Sanitation

Name of categories		Number	%
Water source	WASA	98	65.3
	DEEP TUBE WELL	36	24
	TUBE WELL	14	9.3
	BOILING	2	1.3
Cleaning hand after toilet	YES	100	100
	NO	0	0
Toilet Type	TPL	137	91.33
	VPL	13	8.67
	OPEN FIELD	0	0
Child's Toilet	TOILET	100	100
	BACKYARD	0	0
Home wastage	OPEN FIELD	136	90.67
	DUMPING	14	9.33
	BURNING	0	0
Washing hands before feeding child	ALWAYS	100	100
	SOMETIMES	0	0
Washing hands after cleaning waste	ALWAYS	141	94
	SOMETIMES	9	6
Hand cleaning	SOAP & WATER	100	100
	WATER ONLY	0	0
	OTHERS	0	0
Worm Problems	YES	110	73.3
	NO	40	26.67
Worm Medication	YES	145	96.67
	NO	5	3.3

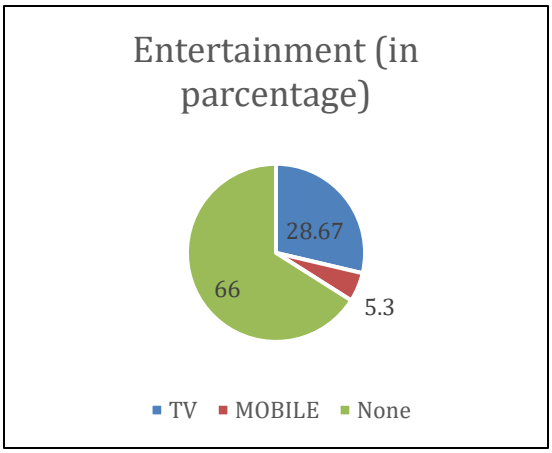
Above data shows that because of proper water and sanitation facilities, the children has less worm problem and more worm medication.

3.6 Food habit

The food habit is one of the vital elements in these cases. Most of the people's health issue relates to one's food habit. After conducting the survey, it was seen that because of their healthy food habit, though not always healthy, they manage to live a healthy life. For example,

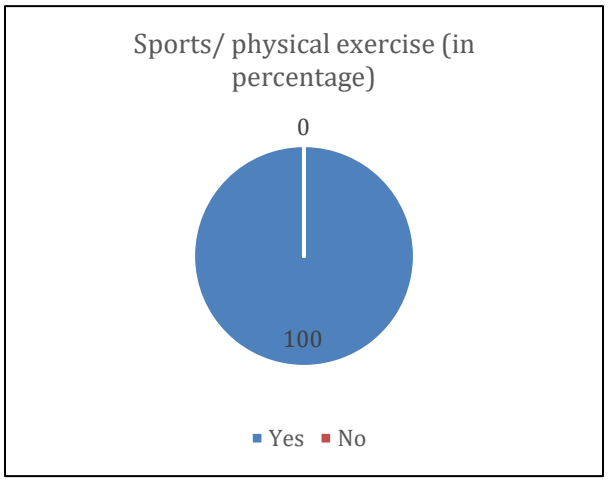
Name of Categories		Number	%
Allergy	YES	11	7.33
	NO	139	92.67
Self-feeding	YES	139	7.33
	NO	11	92.67
Show less interest in foods	YES	123	82
	NO	27	18
Interested in junk food	YES	229	86
	NO	21	14
Misses breakfast more than 3 days in a week	YES	27	18
	NO	123	82
Misses lunch more than 3 days in a week	YES	0	0
	NO	100	0
Misses' dinner more than 3 days in a week	YES	40	26.67
	NO	110	73.3
Eats together full family	At Night	69	46
	2 times daily	3	2
	Weekend	40	26.67
	No	38	25.3

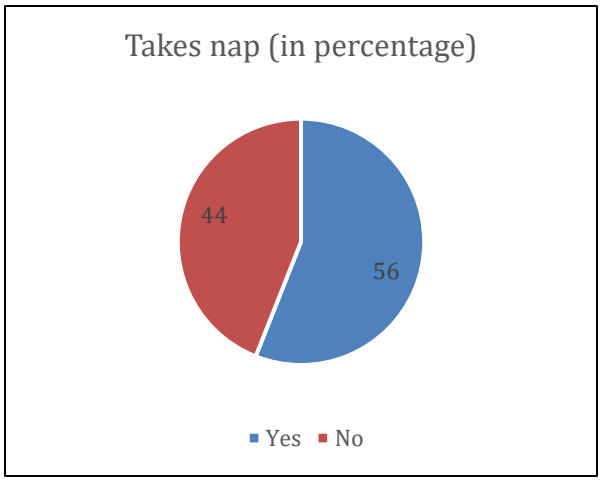
The table states that the children have a keen interest in junk food and yet 92.67% children don't have allergies. Most of them don't misses their breakfast, lunch and dinner more than 3days a week.



3.7 Others

Besides that, the children do other activities that helps them to stay healthy and live a normal lifestyle. Such as most of the children don't have access to entertainment centers such as tv or mobile for which they play physical games that keeps them healthy and fit. Also, sleep is an important aspect for children growth and most children take nap for betterment of health.





Discussion

This research sought to provide an overview of the most recent information about the diet, health, cleanliness, and way of life of children ages 2 to 12 in Chittagong City. The surveyors were from different classes such as rickshaw puller, farmer, housewife, garments worker, etc. The result of the survey shows the positive aspects of the nutrition, health and hygiene status of their children who are around 2 to12. The survey dissects their food habits, water and sanitation facilities, entertainment, health issues and age percentiles. From the result, it is seen that most of the children of the workers who were surveyed has good nutritious value, maintain hygiene and their health issue is in control. The women who gave birth to these children the baby they gave birth was by born mature. Also, they spend a decent amount of their income for food purpose which is why their nutritious status is great. They also do physical work that keep their body fit and maintain a healthy life.

CHAPTER IV:

CONCLUSIONS and LIMITATIONS

4. Conclusions

A variety of references were used to assess children's nutritional needs based on their age, BMI, and weight in this study, which was conducted to learn more about their nutritional, health, and hygiene condition. This study discovered that the anthropometry status of children varied depending on their age and gender. Though they are children of rickshaw pullers, farmers, workers, still they spent an adequate salary income for food purpose that keeps their health in good condition. Most of the children were healthy and some have obesity but there were a few who were underweight. Additionally, instead of sitting in one place with tv on or smart phone, they conduct physical works which end of the day makes their lifestyle healthy and better. This reports clearly justify the study by identifying the nutrition, health and hygiene status as well as the lifestyle of the children in Chittagong city from 2 to 12.

5. Limitation

During the conduction of study, there were a few limitations which could be avoided. Such as:

- As the surveyors used to work till 9 o'clock, it was difficult to interview them at that time.
- The survey location was a risky place which had slowed down the survey
- Some surveyors were native people. For that language was a barrier.
- Though they are educated, still making the surveyors the questions were a bit difficult and time consuming

6. References

B. A. Abuya, J. M. Ciera and E. Kimani-Murage, “Effect of Mother's Education on Child's Nutritional Status in the Slums of Nairobi,” BMC Pediatrics, vol. 12, no. 80, 2012. http://www.biomedcentral.com/1471-2431/12/80

"Chittagong · Population". population.city. Retrieved 30 April 2022.

“Bangladesh Population Census 2001, Bangladesh Bureau of Statistics.”

https://en.banglapedia.org/index.php/Bayejid_Bostami_Thana

Guzewich, J., and M. Ross. 1999. Evaluation of risks related to microbiological contamination of ready-to-eat food by food preparation workers and the effectiveness of interventions to minimize those risks. Available at: http://www.cfsan.fda.gov/ear/rterisk.html. Accessed 1 April 2006. 16. Jenkins-McLean, T., C. Skilton, and C. Sellers. 2004. Engaging food service workers in behavioral-change partnerships. J. Env. Health 15–19.

Jumaa, P. 2005. Hand hygiene: simple and complex. Int. J. Infect. Dis. 9:3–14.

Joseph B, Minj Ch, Fernandes G, Marandi M. A longitudinal study of the morbidity and nutritional status of workers employed in a garment factory. Pak J Med Sci 2011; 27(1):41-3.

Kaplan, L., and M. McGuckin. 1986. Increasing handwashing compliance with more accessible sinks. Infect. Control 7:408–410.

Kassenborg, H., K. Smith, D. Vugia, T. Rabatsky-Ehr, M. Bates, M. Carter, N. Dumas, M. Cassidy, N. Marano, R. Tauxe, and F. Angulo, for the Emerging Infections Program FoodNet Working Group. 2004. Fluoroquinolone-resistant Campylobacter infections: eating poultry outside of the home and foreign travel are risk factors. Clin. Infect. Dis. 38(Suppl. 3):S279–S284.

Kendall, P., L. Melcher, and L. Paul. 2000. Factors affecting safe food handling practices in restaurants. Unpublished data. Study conducted by the Department of Food Science and Human Nutrition, Colorado State University Cooperative Extension, Fort Collins.

Lynch, R., M. Phillips, B. Elledge, S. Hanumanthaiah, and D. Boatright. 2005. A preliminary evaluation of the effect of glove use by food handlers in fast food restaurants.

M. M. Islam, M. Alam, M. Tariquzaman, M. A. Kabir, R. Pervin, M. Begum and M. M. H. Khan, “Predictors of the Number of Under-five Malnourished Children in Bangladesh: Application of the Generalized Poisson Regression Model,” BMC Public Health, vol. 13, no. 11, 2013 http://www.biomedcentral.com/1471-2458/13/11

NIPRT, “Bangladesh Demographic and Health Survey 2011,” National Institute of Population Research and Training, Dhaka, Bangladesh, 2013. http://dhsprogram.com/pubs/pdf/fr265/fr265.

Olsen, S., L. MacKinon, J. Goulding, N. Bean, and L. Slutsker. 2000. Surveillance for foodborne disease outbreaks—United States, 1993– 1997. Morb. Mortal. Wkly. Rep. 49:1–51.

Pittet, D. 2001. Improving adherence to hand hygiene practice: a multidisciplinary approach. Emerg. Infect. Dis. 7:234–240.

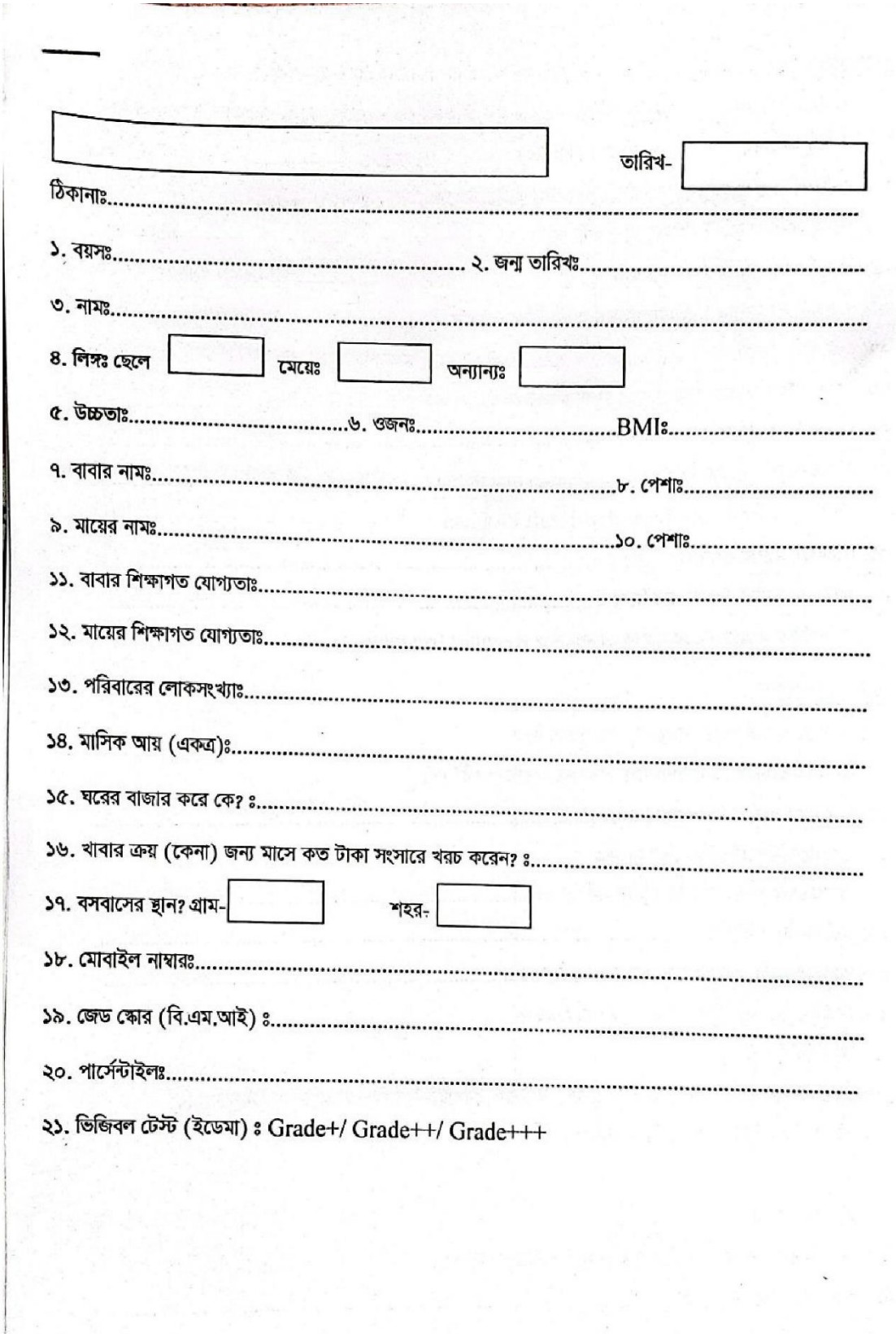
Rennie, D. 1995. Health education models and food safety education. J. R. Soc. Health 115:75–79.

R. E. Black, L. H. Allen, Z. A. Bhutta, L. E. Caulfied, M. D. Onis, M. M. Ezzati, C. Mathers, J. Rivera for the Maternal and Child Undernutrition Study Group, “Maternal and Child Undernutrition: Global and Regional Exposures and Health Consequences,” The Lancet, Vol. 371, no. 9608, pp. 243-260,2008. DOI:10.1016/S0140-6736(07)61690-0.

U.S. Food and Drug Administration. 2004. FDA report on the occurrence of foodborne illness risk factors in selected institutional foodservice, restaurant, and retail food store facility types (2004). Available at: http://www.cfsan.fda.gov/dms/retrsk2.html. Accessed 1 April 2006.

U.S. Food and Drug Administration. 2005. Food code, 2005. Available at: http://www.cfsan.fda.gov/dms/fc05-toc.html. Accessed 1 April 2006.

7. Annex



তারিখ-

ঠিকানাঃ.....

১. বয়সঃ..... ২. জন্ম তারিখঃ.....

৩. নামঃ.....

৪. লিঙ্গঃ ছেলে মেয়েঃ অন্যান্যঃ

৫. উচ্চতাঃ.....৬. ওজনঃ.....BMIঃ.....

৭. বাবার নামঃ.....৮. পেশাঃ.....

৯. মায়ের নামঃ.....১০. পেশাঃ.....

১১. বাবার শিক্ষাগত যোগ্যতাঃ.....

১২. মায়ের শিক্ষাগত যোগ্যতাঃ.....

১৩. পরিবারের লোকসংখ্যাঃ.....

১৪. মাসিক আয় (একত্র)ঃ.....

১৫. ঘরের বাজার করে কে? ঃ.....

১৬. খাবার ক্রয় (কেনা) জন্য মাসে কত টাকা সংসারে খরচ করেন? ঃ.....

১৭. বসবাসের স্থান? গ্রাম- শহর-

১৮. মোবাইল নাম্বারঃ.....

১৯. জেড স্কোর (বি.এম.আই) ঃ.....

২০. পার্সেন্টাইলঃ.....

২১. ভিজিবল টেস্ট (ইডেমা) ঃ Grade+/ Grade++/ Grade+++

গর্ভাবস্থার ধরণঃ

২২. ডিলিভারির ধরণঃ

ক) নরমাল খ) সিজার (সার্জারি) গ) অন্যান্য

২৩. ডেলিভারির স্থানঃ বাসায়/ সরকারি হাসপাতাল/ প্রাইভেট হাসপাতাল (ক্লিনিক)/ অন্যান্য

২৪. জন্মের সময় ম্যাচুরিটি (প্রিম্যাচুর) ঃ হ্যাঁ/ না

২৫. জন্মের সময় শারিরিক সমস্যাঃ হ্যাঁ/ না

২৬. জন্মকালীন সমস্যার জন্য হাসপাতালে ভর্তিঃ হয়েছে/ হয়নি

২৭. ভর্তি হলে, কতদিন?.....

২৮. সমস্যাজনিত কারণে প্রথম খাবারে প্রিল্যাক্টালেস দেওয়া হয়েছে কিনঃ.....

২৯. জন্মের সময় বাচ্ছার ওজন কত ছিল? ঃ .....

৩০. মায়ের কোন অসুস্থতা ছিল কি? ঃ .....

Delivery Problem/ Disorder/ Heart Problem

৩১. গর্ভাবস্থায় মায়ের ওজন কত ছিল? ঃ.....

৩২. গর্ভাবস্থায় মায়ের উচ্চতা কত ছিল? ঃ.....

৩৩. অবিবাহিত অবস্থায় মায়ের মাসিক কেমন ছিল? Regular/ Irregular

ক্লিনিক্যাল হিস্ট্রি ঃ

৩৪. আপনার বাচ্চার গত তিনমাসে কি কি সমস্যা ছিল?

আপনার বাচ্চাকে কি হাসপাতালে ভর্তি করা লেগেছে? হ্যাঁ/ না।

৩৫. যদি লাগে তাহলে কি সমস্যার জন্য? ঃ.....

৩৬. ডায়াগনোসিস হিস্ট্রি গত তিন মাসেরঃ

হাসপাতালে ভর্তির সময় কি কি উপসর্গ ছিলো? ঃ .....

৩৭. মেডিকেশন হিস্ট্রি ঃ .....

৩৮. আপনার বাচ্চা কতদিন হাসপাতালে ভর্তি ছিল? ঃ .....

৩৯. নিচের কোন কোন টিকা বাচ্চাকে দেওয়া হয়েছে?

ক) বিসিজি

খ) পেন্টাভ্যালেন্ট (ডিপথেরিয়া, পারতুসিস, টিটেনাস, হেপাটাইসিস বি, হেতোফিলিস ইনফ্লুয়েঞ্জা বি)

গ) পিসিভি (নিউমোকক্কাল নিউমোনিয়া)

ঘ) মিজেলস

ঙ) হাম রুবেলা

৪০. আপনার বাচ্চাকে কি ভিটামিন এ ক্যাপসুল খাওয়ানো হয়েছে?

৪১. যদি না হয়, তবে কেন? ঃ.....

৪২. গত ১ বছরে (১২ মাসে) আপনার শিশু কোনো সংখ্যা থেকে কমপ্লিমেন্টারি ফিডিং পেয়েছে কি? হ্যাঁ/ না।

৪৩. যদি হ্যাঁ হয়, কোন সংখ্যা থেকে পেয়েছে? ক) সরকারি, খ) এনজিও গ) সামাজিক সংগঠন,
ঘ) অন্যান্য.....

৪৩.২. ফিডিং হিসেবে কি পেয়েছেন? ক) নগদ অর্থ, খ) খাদ্যদ্রব্য, গ) শিশুর খাদ্য তৈরীর উপাদান,
ঘ) অন্যান্য.....

৪৩.৩. কত পরিমাণে পেয়েছেন? .....

৪৩.৪. কতদিন ধরে পেয়েছেন? .....

৪৪. কোভিড-১৯ এর পূর্বে আপনার শিশুর জন্য কমপ্লিমেন্টারি ফিডিং পেয়েছেন কি? হ্যাঁ/ না।

৪৪.২. যদি হ্যাঁ, কোন সংস্থা থেকে পেয়েছেন? ক) সরকারি, খ) এনজিও গ) সামাজিক সংগঠন,
ঘ) অন্যান্য.....

৪৪.৩. কি পেয়েছেন? ক) নগদ অর্থ, খ) খাদ্যদ্রব্য, গ) শিশুর খাদ্য তৈরীর উপাদান,
ঘ) অন্যান্য.....

৪৪.৪. কি পরিমাণে পেয়েছেন?.....

৪৪.৫. কতদিন ধরে পেয়েছেন? .....

৪৫.

রোগ	শিশু	পরিবার
• ডায়বেটিস		
• উচ্চ রক্তচাপ		
• উচ্চ কলেস্টেরল/ ট্রাইগ্লিসারাইড		
• অটিজম		
• গিরা ব্যাথা		
• স্থূলতা		
• ডায়রিয়া		
• রক্ত সল্পতা		
• করোনা/কোভিড-১৯		

পরিবেশ ও পরিচ্ছন্নতা ঃ

৪৬. পানির মাধ্যম ঃ Purifier/ Filter/ Tube wells/ Deep tube water/ Boil water

৪৭. কয়টা শৌচাগার আছে? ঃ.....

৪৮. একটা শৌচাগার কতজন মিলে ব্যবহার করেন? ঃ .....

৪৯. কলোনিতে কতটি পরিবার বসবাস করে? ঃ .....

৫০. শৌচাগার ব্যবহারের পরে আপনারা কি ঠিকমত হাত পরিস্কার করেন? হ্যাঁ/ না।

৫১. শৌচাগার টাইপ ঃ ট্রেডিশনাল পিআইটি ল্যাট্রিন/ ভেন্টিল্যাটেড পিআইটি ল্যাট্রিন/ খোলা মাঠ।

৫২. বাচ্চার মলমূত্র কোথায় ফেলা হয়? Toilet/ Backyard

৫৩. বাসার নোংরা সামগ্রী কোথায় ফেলা হয়? Open field/ Dumping/ Burning

৫৪. বাচ্চাকে খাওয়ানোর আগে হাত ধুয়ে নেন? হ্যাঁ/ না/ মাঝে মাঝে।

৫৫. নোংরা পরিস্কারের পর কি হাত ধুয়ে নেন? Always/ Sometimes/ No

৫৬. কি দিয়ে হাত পরিস্কার করেন? Soap & water/ Water only/ others:.....

৫৭. ক্রিমির সমস্যা আছে কি? হ্যাঁ/ না।

৫৮. কখনো ক্রিমির ঔষধ খাওয়ানো হয়েছে? হ্যাঁ/ না।

৫৯. খাওয়ালে, কতদিন পর পর খাওয়ানো হয়? .....

খাদ্যাবাস ঃ.....

৬০. কোনো খাবারে এলার্জি আছে? হ্যাঁ/ না।

থাকলে (বিবরণ) ঃ .....

৬১. খাবার নিজে খায়? হ্যাঁ/ না।

৬২. খাবার খেতে অনিহা করে? হ্যাঁ/ না।

৬৩. বাইরের কাবার বেশি খেতে চায়? হ্যাঁ/ না।

৬৪. বুকের দুধ কয়বার খায়? ঃ .....

৬৫. সপ্তাহে কি ৩ বারের বেশি সকালের খাবার বাদ যায়? হ্যাঁ/ না.....

৬৬. সপ্তাহে কি ৩ বারের বেশি দুপুরের খাবার বাদ যায়? হ্যাঁ/ না.....

৬৭. সপ্তাহে কি ৩ বারের বেশি রাতের খাবার বাদ যায়? হ্যাঁ/ না .....

৬৮. কতটুকু পানি পান করে থাকে দৈনিক? .....

৬৯. খিদা লাগলে কয় বার খায়? .....

৭০. পরিবারের সবাই মিলে সপ্তাহে কয়বার খেতে বসা হয়? .....

৭১. TV/ Mobile কি বেশি দেখে? হ্যাঁ/ না।

ঘুম ও অনান্যঃ.....

৭২. প্রতিদিন কি খেলাধূলা করে? হ্যাঁ/ না/ মাঝে মাঝে।

৭৩. TV/ Mobile এ কতটা সময় ব্যায় করে থাকে? .....

৭৪. সকালে কয়টায় ঘুম থেকে উঠে? ঃ .....

৭৫. দুপুরে কয়টা থেকে কয়টা ঘুমায়? ঃ .....

৭৬. রাতে কয়টায় ঘুমায়? ঃ .....