

ETHICAL REVIEW COMMITTEE, ICDDR, B.

Principal Investigator K. M. A. Aziz

Trainee Investigator (if any) and K. M. S. Aziz K. Z. Hasan, M. H. Rab

Application No. 82-053

Supporting Agency (if Non-ICDDR, B) _____

Title of Study Health Education Phase II: Sanitation Addendum to Water and Sanitation Intervention - Teknaf

Project status:
 New Study
 Continuation with change
 No change (do not fill out rest of form)

Circle the appropriate answer to each of the following (If Not Applicable write NA).

1. Source of Population:
 - (a) Ill subjects Yes No
 - (b) Non-ill subjects Yes No
 - (c) Minors or persons under guardianship Yes No
2. Does the study involve:
 - (a) Physical risks to the subjects Yes No
 - (b) Social Risks Yes No
 - (c) Psychological risks to subjects Yes No
 - (d) Discomfort to subjects Yes No
 - (e) Invasion of privacy Yes No
 - (f) Disclosure of information damaging to subject or others Yes No
3. Does the study involve:
 - (a) Use of records, (hospital, medical, death, birth or other) Yes No
 - (b) Use of fetal tissue or abortus Yes No
 - (c) Use of organs or body fluids Yes No
4. Are subjects clearly informed about:
 - (a) Nature and purposes of study Yes No
 - (b) Procedures to be followed including alternatives used Yes No
 - (c) Physical risks Yes No
 - (d) Sensitive questions Yes No
 - (e) Benefits to be derived Yes No
 - (f) Right to refuse to participate or to withdraw from study Yes No
 - (g) Confidential handling of data Yes No
 - (h) Compensation &/or treatment where there are risks or privacy is involved in any particular procedure Yes No

5. Will signed consent form be required:
 - (a) From subjects Yes No
 - (b) From parent or guardian (if subjects are minors) Yes No
 6. Will precautions be taken to protect anonymity of subjects Yes No
 7. Check documents being submitted herewith to Committee:
 - N.A. Umbrella proposal - Initially submit an overview (all other requirements will be submitted with individual studies).
 - Protocol (Required)
 - Abstract Summary (Required)
 - Statement given or read to subjects on nature of study, risks, types of questions to be asked, and right to refuse to participate or withdraw (Required)
 - Informed consent form for subjects
 - Informed consent form for parent or guardian
 - Procedure for maintaining confidentiality
 - Questionnaire or interview schedule *
- * If the final instrument is not completed prior to review, the following information should be included in the abstract summary:
1. A description of the areas to be covered in the questionnaire or interview which could be considered either sensitive or which would constitute an invasion of privacy.
 2. Examples of the type of specific questions to be asked in the sensitive areas.
 3. An indication as to when the questionnaire will be presented to the Cttee. for review.

We agree to obtain approval of the Ethical Review Committee for any changes involving the rights, and welfare of subjects before making such change.

K. M. A. Aziz
Principal Investigator

Trainee

82-053

24/10/82

SECTION I: RESEARCH PROTOCOL

- 1. Title: Health Education Phase II: Sanitation Addendum to Water and Sanitation Intervention - Teknaf.
- 2. Principal Investigator: K.M.A. Aziz
- 3. Co-Investigators: K.Z. Hasan, M. Mujibur Rahaman and K.M.S. Aziz
- 4. Starting Date: November 15, 1982
- 5. Completion Date: November 15, 1983
- 6. Total Direct Cost: US\$ 11,560
- 7. Scientific Program Head:

This protocol has been approved by the Community Services Research Working Group.

* Signature of Scientific Programme Head: [Signature]
 Date: 17.10.82

* This signature implies that the Scientific Programme Head takes responsibility for the planning, execution and budget for this particular protocol.

8. Abstract Summary:

This is an attempt to determine the level of acceptance and effective use of water seal latrines following health education in approximately 400 households in the study community of water and sanitation intervention area of Teknaf. The health education messages on water seal latrine promotion and use have been developed keeping in view the prevailing beliefs and practices related to defaecation habits. These messages have been designed to be delivered at the inter-personal and group levels targetting all males and females. The impact of the health education messages will be evaluated by an independent group of interviewers and observers by using a set of pre-determined indicators. This evaluation will be based on 20% of the randomly selected study and comparison households at an interval of six months.

9. Review:

- (a) Ethical Review Committee: _____
- (b) Research Review Committee: _____
- (c) Director: _____
- (d) BMRC: _____

SECTION II: RESEARCH PLAN

A. INTRODUCTION

1. Objective:

Through health education this study attempts to infuse behavioural change amongst the household members leading to the acceptance of water-seal latrine, its effective use and maintenance, and improvement of cleanliness in human hands following touch of faeces.

2. Background:

Faecal pollution of the environment on a massive scale has made excreta-derived disease a normal part of life in Bangladesh (Howard and Lloyd, 1978). Inadequate facilities for excreta disposal reduce the potential benefits of health by transmitting pathogens from the infected to healthy persons. Many enteric infections can be transferred from a diseased person to a healthy one by various direct or indirect routes involving excreta. For safe disposal of human excreta the water-seal latrine is among those commonly in use in different parts of the world. The ICDDR,B has decided to promote the use of water-seal latrine in a selected community at Teknaf.

In the developing countries of the world, 92% of the rural population is denied adequate excreta disposal facilities (Feachem et al., 1977). On the problem of excreta disposal a good number of studies has been done by international organizations and countries, including Bangladesh, which have perceived improved excreta disposal to be a key to improved health. That this work has been unsuccessful in significantly altering traditional defaecation habits in rural Bangladesh and India is clear in the reports of various investigators (Skoda et al., 1977; Skoda et al., 1978; Islam et al., 1979; Pillai, 1941; Dutt, 1962; Rao, 1969; Johns Hopkins CMRT, 1970). Traditionally in India, women who do not have a household latrine usually go out into fields to defaecate when they cannot be seen: before dawn, before the men get up, or after dark (Agarwal et al., 1981). In Teknaf it was observed that most of the women had similar defaecation habits (Aziz et al., 1981). It should be recognized that in the rural communities of the developing world, even where basic sanitation facilities exist and adults use them, young children are often allowed to defaecate indiscriminately. Because diarrhoea attack rates are highest among children, it is the defaecation habits among children that have to be regulated in the prescribed way.

Black et al. (1982) and Isely (n.d.) stated that environmental surveillance documents positive cultures for faecal coliforms on utensils, vessels, dishes, fingers, and other household sources. It is apparent that hand washing with adequate water can play an important role to either reduce the overall level of household faecal contamination or prevent the oral ingestion of faecally contaminated fluids and foods. Kochar (1978) in his study in rural West Bengal noted that rural Bengalis scrupulously avoid the use of the left hand for eating or handling any food materials especially cooked food since it is defiled. Khan (1982) in his study on interruption of shigellosis by hand washing observed that hand washing has a positive interrupting effect, even in insanitary environments. Improvements in personal cleanliness even more than faecal disposal are the keys to reduce the faecally excreted infections (Bradley, 1978).

In its many years of experience with sanitation since 1972 the National Service of Environmental Sanitation of Paraguay (Cardenas, 1979) has found that it is more effective to work with community rather than for the community and it is fundamental to know people's habits and beliefs before initiating a programme.

It is a difficult and complex task to initiate change in defaecation habits. Effective use of water-seal latrines cannot be expected without understanding the people's beliefs and socio-cultural values. In the study area the germ theory is absent; thus, norms affecting sanitation tend to have a functional, aesthetic, or ritual basis unrelated to disease control. Specific target groups need to be identified within the community for continued sanitation education programme (Wijk-Sijbesma, 1979). In Tonga two village sanitation projects with a health education and community participation approach failed because the women had not been involved (Fanamanu and Vaipulu, 1966).

In Bangladesh, Government and UNICEF are jointly working extensively for the promotion of water-seal latrines. They are providing health education messages to promote the use of water-seal latrines (Public Health Engineering Department and Health Education Bureau, 1982). Simple distribution of water-seal latrines without compliance of lessons provided through health education is not likely to produce the desired health impact.

3. Rationale:

Health education will assist the community members to bring forward a realization about the importance of the utilization of water-seal latrines. Efforts will be made through health education for the creation of community awareness and ultimately a will to utilize the water-seal latrine without any exception amongst the eligible persons leading to reduction of transmission of diarrhoeal diseases.

B. SPECIFIC AIMS

The specific aims of this study will be:

- (1) to ensure the acceptance, use, cleanliness and maintenance of water-seal latrines;
- (2) to ensure that the small children who are unable to use the latrine will defaecate in a fixed place and the faeces of children will be removed to the latrine, and
- (3) to ensure improvement in cleanliness following touch of faeces in human hands.

C. METHODS OF PROCEDURE

This study will be conducted in the study area of Water and Sanitation Intervention - Teknaf (Rahaman, 1980) which has a population of about 2,000.

Three female health educators have been recruited from a geo-cultural setting similar to the study area. They will be trained in the techniques of motivation and communication of pre-determined health education messages.

The health education messages (Appendix A) have been developed and pre-tested in a non-study area of Teknaf having similar cultural conditions as are prevailing in the study community. The messages have been developed taking into consideration the existing beliefs and practices on defaecation and spread of diseases. Data on such beliefs and practices were gathered through informal discussion and indirect observation on defaecation related activities.

The health education messages will be delivered to both females and males with a special emphasis to the mothers of under 5 children. Initially the messages will be communicated to both males and females at the inter-personal level for several rounds until the messages are received with adequate interest. The inter-personal communication of messages will be followed by group discussions and demonstrations.

The compliance of health education messages will be evaluated by using certain pre-determined indicators (Appendix B). The evaluation of health education will be made periodically by an independent team of field investigators on a 20% randomly selected study and comparison households at an interval of 6 months. These periodic evaluations will be done by collecting KAP (Knowledge of Attitude towards, and Practice of defaecation related activities) based data. The KAP form (Appendix B) was developed after pre-testing in a place outside the study area in Teknaf having a similar cultural condition. By using KAP form data will be obtained through intensive interview and observation covering a minimum time period of 4 hours in every selected household. In the study area two KAP surveys related to water use have been completed.

The collected data will be analysed both qualitatively and quantitatively, keeping in view the pre-selected indicators. Data obtained through interview will be analysed qualitatively. This analysis will reflect people's feelings and perceptions related to defaecation habits and excreta disposal. Quantitative analysis will be based on observational data. The compliance of the health education will be evaluated by using certain pre-determined indicators (Appendix C). The data obtained through the first KAP survey have been tabulated in relation to hand washing following defaecation (Appendix D), hand washing before touching cooked food, and hand washing following cleaning the anus of the sick child. The base line information obtained through the first KAP survey will be compared with the data of subsequent KAP surveys.

D. SIGNIFICANCE

Sanitation programme without health education is not likely to succeed especially in the developing countries. The results obtained through this study is likely to provide information about the changing behaviour related to defaecation habits and excreta disposal following health education.

E. FACILITIES REQUIRED:

Existing facilities at Dacca and Teknaf would be utilized. No additional facilities are required.

F. COLLABORATIVE ARRANGEMENT:

None

APPENDIX A

Health Education Messages: Use of Water-Seal Latrine

A. The need for stopping indiscriminate defaecation:

- (1) We know -
 - a) faeces is impure (nā-pāk);
 - b) in the faeces there are 'eggs of worms and diseases'; and
 - c) it smells if faeces remains spread in the surroundings
- (2) We also know that faeces is transferred to the courtyard, house, utensils and food items, etc., following indiscriminate defaecation through flies, feet of ducks, feet and beaks of chickens, feet and mouths of dogs, feet of cats, and feet of men, etc. By these means, the 'eggs of worms and disease' may pass into the stomach. The faeces of diarrhoea and dysentery patients contain the 'worms' (pokā), of these diseases. If faeces with 'worms' somehow enters a person's stomach through the mouth then he/she also will have the same disease.
- (3) Faeces available as a result of indiscriminate defaecation may get mixed with the open surface water sources washed by rain water. Such contaminated water may cause diarrhoea when used for personal and domestic purposes.

B. Considerations for the procurement of water-seal latrine:

- (1) the water-seal latrine can be installed within the homestead compound;
- (2) if a latrine is available within the homestead the 'prestige and honour' of its members will be protected.

C. The need for regular use of water-seal latrine:

- (1) the surroundings of the house remain clean if all the members of the household regularly use it;
- (2) through the regular use of water seal latrine it is possible to prevent the transfer of worms and the attack of diarrhoea and dysentery.

D. Toilet training procedures for the young children:

- (1) the young children need to be trained to defaecate in a fixed place;
- (2) if the fixed place of defaecation for children is situated near the latrine then faeces can be conveniently removed to the latrine and this will prevent the transfer and spread of faeces in the surroundings;
- (3) a child has to be trained to use the latrine once he/she becomes fit for such training.

E. Procedures for holding the water container and for using the tubewell following defaecation:

- (1) always use the right hand only to hold the water container used for cleaning following defaecation and this will prevent transfer of faeces from the left hand to the water container;
- (2) do not operate the tubewell with the left hand following defaecation until the left hand is cleaned.

F. Need for hand washing following defaecation:

- (1) following defaecation after cleaning the anus wash hand with ash and sufficient water.

G. Maintenance of water-seal latrine:

- (1) following defaecation flush the latrine with water;
- (2) if any time the passage of the latrine gets clogged due to hard stool then clear the passage with mild touches of the soft branches of miunda tree, and if unsuccessful never try to clear it by pushing any hard object which may break the goose neck. In this situation do not hesitate to contact the staff of the dysentery project;
- (3) below the slab of the water-seal latrine pack-up sticky earth around the elevated part of the bamboo fencing around the hole. This will prevent bad smell from coming out and rain water from getting in.

TEKNAF STATION

KAP ON DIARRHOEAL DISEASES, DEFAECATION HABITS, WASHING HABITS
FOLLOWING DEFAECATION AND PRIOR TO PUTTING HAND ON WET FOOD

Census No. _____ Name _____ Age _____ Sex _____

1. Where do you defaecate? Fixed place New spots

State reason: _____

State reasons for not following other alternative: _____

2. Do you have any suggestion for improving your defaecation facility?

Yes No

(a) If yes, give details: _____

(b) What will occur by making these improvements? (please specify)

3. (a) Following defaecation how do you wash your hand? _____

(b) What happens through such washing? _____

(c) Following defaecation ideally how your hand should be washed? _____

(d) What will occur by such washing? _____

4. (a) How the soiled cloth of a sick child is cleaned? _____

(b) What happens through such cleaning? _____

(c) Where do you clean the soiled cloth? _____

(d) What is the ideal method of cleaning the soiled cloth of a sick child?

(e) What will occur by such cleaning? _____

5. (a) Following the washing of the bottom of a sick child how the hands are washed? _____

(b) What happens through such washing? _____

(c) Following the washing of the bottom of a sick child ideally how the hands should be washed? _____

(d) What will occur through such wash? _____

6. (a) Before putting hand on wet food what do you do regarding your hand?

(b) What happens when it is done? _____

(c) Before putting hand on wet food ideally what should be done?

(d) What will occur when it is done?

7. Can flies do anything to human beings? If yes, how?

8. Is there any difference between tubewell and ditch water? If yes, state the differences.

9. What are the signs and symptoms of the following diseases?

(a) Diarrhoea:

(b) Dysentery:

(c) Cholera:

10. How the following diseases are spread?

(a) Diarrhoea:

(b) Dysentery:

OBSERVATION ON WATER USE BY INDIVIDUAL

Census No. _____

Name: _____

Age _____

I. Water Collection and Sources

Sex _____

Source	Tubewell	Ringwell	Ditch
Type of Container			
Washing Status of Container			

II. Use and Storage Status of Water

Storage Characteristics	Yes		No		Yes		No		Yes		No	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Clean (Inside)												
Clean (Outside)												
Covered												
Inside House												
Platform												

III. Hand Washing

Type of Activity Prior to or Following Hand Washing	Washed with					
	Soap	Ash	Sand	Rubbing on Leaves or grass	Only water	Other (specify)
Defaecation (Self)						
Cleaning the Bottom of Child						
Serving/Taking of Wet Food						
Serving/Taking of Dry Food						
Feeding of Children						
Ablution/Hand and Face Wash						
Other						

IV. Personal Cleanliness

	Poor	Fair	Good
Cloth			
Appearance			

APPENDIX C

The following indicators will be used for measuring the impact of health education related to water-seal latrine use:

- (1) Percent of households installed the water-seal latrine.
- (2) Percentage of household members regularly utilizing the latrines.
- (3) Visibility of faecal matters in the surroundings of the household.
- (4) Level of cleanliness of the latrines.
- (5) Use of large size water pot for cleaning anus and left hand following defaecation.
- (6) Percentage of non-breakage of goose neck.

APPENDIX-D

Reported Current and Ideal Practices, and Observation of Handwashing
Following Defaecation in 20 Percent Households of the Study Area

Practices	Current	Ideal	Observation
Water	16 (29.1)*	1 (1.8)	3 (37.5)
Soap	6 (10.9)	49 (90.7)	0 (0.0)
Ash	0 (0.0)	1 (1.8)	1 (12.5)
Sand	32 (58.2)	3 (5.6)	4 (50.0)
Rubbing with Grass	1 (1.8)	0 (0.0)	0 (0.0)
Total	55 (100.0)	54 (100.0)	8 (100.0)

* Figures within brackets indicate percentage value.

REFERENCES

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SECTION III - BUDGET

A. DETAILED BUDGET

PERSONNEL SERVICES:

	<u>Name</u>	<u>Position</u>	<u>% of Effort</u>	<u>Annual Salary</u>	<u>Project Requirement</u>	
					<u>Taka</u>	<u>US\$</u>
1.	Dr. K.M.A. Aziz	Associate Scientist	15	181,200	27,180	-
2.	Dr. K.Z. Hasan	Asstt. Scientist	15	109,400	16,410	-
3.	Vacant	Health Education Supervisor	50	28,000	14,000	-
4.	Mrs. Monwara Begum	Health Educator	50	25,000	12,500	-
5.	Mrs. Fatema Begum	Health Educator	50	25,000	12,500	-
6.	Ms. Shirin Akhter	Health Educator	50	25,000	12,500	-
7.	Vacant (New position)	Research Officer	100	33,600	33,600	-
* 8.	Dr. K.M.S. Aziz	Associate Director, T&E		-	-	-
* 9.	Dr. M.M. Rahaman	Program Head, NWG		-	-	-
Sub total:					128,690	-

SUPPLIES AND MATERIALS:

Stationery, Education material	40,000	500
Aluminium water pot for ablution and potty for the children		

EQUIPMENT:

None - -

PATIENT HOSPITALISATION:

None - -

OUT PATIENT CARE:

None - -

* Time and budget shown under the on-going ICDDR,B protocol (No. 80-022); Rahaman MM. Water and Sanitation Intervention Teknaf, Dacca: ICDDR,B. The proposed protocol is an addendum of this protocol.

		<u>Project Requirement</u>	
		<u>Taka</u>	<u>US\$</u>
6.	<u>ICDDR,B TRANSPORT:</u>		
	At Dacca 500 miles @ Tk. 4.50 per mile and Driver holding 40 hours	3,000	-
	At Teknaf 500 miles by boat and car from Teknaf - SPD - TEKNAF = 24 round trips @ Tk. 150 per trip	3,600	-
	Sub total:	6,600	-
7.	<u>TRAVEL AND TRANSPORT OF PERSON:</u>		
	Local travel and per diem (15 trips from Dacca-Teknaf-Dacca by air)	30,000	-
8.	<u>TRANSPORTATION OF THINGS:</u>	1,000	-
9.	<u>RENT COMMUNICATION AND UTILITIES:</u>	1,000	-
10.	<u>PRINTING AND REPRODUCTION:</u>	4,000	-
11.	<u>OTHER CONTRACTUAL SERVICES:</u>		
	Maintenance and Computer	10,000	-
12.	<u>CONSTRUCTION, RENOVATION, ALTERATION:</u>		
	None	-	-
	Total:	221,290	500
	Equi. US\$:	11,060*	
	Grand total US\$:	<u>11,560</u>	
	Incremental US\$	<u>6,810</u>	

* (US\$1.00 = Tk. 20/-)

B. BUDGET SUMMARY

<u>Category</u>	<u>Project Requirement</u>	
	<u>Taka</u>	<u>US\$</u>
1. Personnel	128,690	
2. Supplies and Materials	40,000	500
3. Equipment	-	-
4. Patient Hospitalization	-	-
5. Out Patient Care	-	-
6. ICDDR,B Transport	6,600	-
7. Travel and Transport of Person	30,000	-
8. Transportation of Things	1,000	-
9. Rent, Communication and Utilities	1,000	-
10. Printing and Reproduction	4,000	-
11. Other Contractual Services	10,000	-
12. Construction, Renovation, Alteration	-	-
	<hr/>	
	Total: 221,290	500
	Equi. US\$: 11,060	
	Grand total US\$: 11,560	
	Incremental US\$: 6,810	

আনুষ্ঠানিক উদ্বোধন পবেষণা কেন্দ্র, বাংলাদেশ
টেকনিক শাখা

সম্মতি পত্র
=====

প্রত্যেক ঘরে জলাবন্দ পান্যখানা ব্যবহার করার জন্য আপনাদের পাড়ায়
স্বাস্থ্য-শিক্ষা কার্যক্রমের মাধ্যমে উৎসাহ প্রদানের কার্যক্রম হাতে নেয়া হয়েছে।
ঘরের সকল উপযুক্ত সদস্যদের জলাবন্দ পান্যখানায় মনচ্যাপের অভ্যাসের জরুরী
প্রয়োজনীয়তা ও উহার সঠিক রক্ষণাবেক্ষণ এবং মনচ্যাপের পর হাত পরিষ্কার
করার উত্তম প্রণালী এই স্বাস্থ্য-শিক্ষা কার্যক্রমের আওতাভুক্ত থাকবে। স্বাস্থ্য-
শিক্ষা ঘরের সকল সদস্যকে ব্যক্তি ও দলগত পর্যায়ে আলোচনা-আলোচনা ও
যতদূর সম্ভব হাতে কলমে প্রদর্শনের মাধ্যমে প্রদান করা হইবে। আশা করা
যায় যে এই কার্যক্রম আপনাদের স্বাস্থ্যের উন্নতিতে সহায়ক হইবে। আপনি
ইচ্ছা করিলে প্রস্তুতি এই কার্যক্রমের আওতার বাহিরে থাকিতে পারেন।

এই ব্যাপারে আপনার সম্মতি ও সহযোগিতা কামনা করছি।

International Centre for Diarrhoeal Disease Research, Bangladesh

Teknaf Branch

Consent Notepaper

A programme has been undertaken in your community to encourage the use of water-seal latrine in every household through health education. This health education programme would include information on the urgent need of the practice of defaecation by all eligible members of the household in the water-seal latrine and its proper maintenance, and improved method of hand washing following defaecation. The health education will be imparted to all the members of the household through inter-personal communication and group discussion, and as far as possible through practical demonstration. It is hoped that this programme will be of assistance in the improvement of your health. If desired you have the choice of keeping yourself out of this proposed programme.

We are seeking your consent and cooperation in this matter.