FACE SHEET)

ETHICAL REVIEW COMMITTEE, ICDDR,B.

Date 15 February 1994

Principal Investigator M. Nazmul Haq

Trainee Investigator (if any)

Application No. PCC/001/93

Supporting Agency (if Non-ICDDR,B)

Title of Study A Study on Health Related Behaviour Among the Primary School Children

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 NA
   (d) Sensitive questions — Yes No NA
   (e) Benefits to be derived — Yes No NA
   (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 NA
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:
   ___ 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.

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

Nazmul Haq 22.1.94
Principal Investigator

Trainee

A-032061

PCC-COLLABORATIVE RESEARCH PROPOSAL

A. FACE SHEET: Attached with the original

B. SECTION I : RESEARCH PROPOSAL

1. Title of the Proposal: A Study on Health Related Behaviour Among the Primary School Children

2. Principal Investigator: Muhammad Nazmul Haq
Assistant Professor
Institute of Education and Research, University of Dhaka

3. Co-investigator:

(a) Abbas Bhuiya Ph.D.
PSED, ICDDR,B

(b) Dr. Farooque Ahmed
Assistant Professor
Institute of Nutrition and Food Science
University of Dhaka

4. Consultant: n/a

5. Starting Date: 1st January 1994

6. Completion Date: 31st. December 1994

7. Total Direct Cost: Tk. 466,000.00

8. Recommendations:

(a) National Institution (b) ICDDR,

9. Abstract Summary:

Most of the researchers working in the field of health and nutrition are interested in children under five. Children over five are neglected because their health conditions are more stable than the younger children and studying their nutritional status is more difficult. However, a large number of children between 6 and 10 are studying in primary schools, and their health and nutrition are closely related to their various educational development. Therefore, an exploratory study on children's health related behaviour

would provide a strong basis for predicting our future citizens. This study intends to determine the health related behaviour of the primary school children and their knowledge and awareness of various issues related to their health and survival.

This explorative study will be conducted within the Dhaka Division and in four categories of primary schools, such as, non-government elite kindergartens, slum, rural and urban government primary schools. A total of five kindergartens, 5 slums, 10 urban and 20 rural government primary schools will be randomly selected by using a multistage sampling design. Ten students from each of classes four and five of the selected schools will be studied randomly. In order to get a homogenious group of sample from the primary school, children from classes four and five will be selected.

Anthropometric measures will be used to determine the present growth status of the children. In order to determine their health related behaviour, and knowledge and awareness about basic health care the children will be interviewed and observed. Mothers of the selected children will also be interviewed for other non-observable informations. Results will be analysed by using ICDDR,B computers in their office.

C. SECTION II: RESEARCH PLAN

1. Aim of the Project:

(a) General Aim

The general objective of this study is to determine the health related behaviour among the primary school children of Bangladesh and their awareness of various issues related to maintenance of basic health. These informations would serve as parameter to the planners and educators to derive necessary conclusion regarding children's health and correlates.

(b) Specific Aims

The specific aims of this study are:

(1) to determine the height and weitht of primary school children of classes four and five studying in government primary schools in urban areas (including both slum and non slum primary schools), rural areas and some selected non-government elite primary schools of Dhaka Division,

(2) to find out the prevailing health related prctices among the primary school children of all four categories and to see how they are associated with their level of school and residence,

(3) to measure children's knowledge and awareness about the issues of basic health care,

(4) to determine the relationship between the children's health practice and their mothers' educational background,

(5) to measure the amount of health related components incorporated in primary school curriculum, and

(6) to determine the potentialities of the children as carrier of health messages from the school to home in all the four categories of sample population.

(c) Significance

Very few research scholars working with health and nutrition show their interest in children over 5 in the primary schools. It is assumed that the over 5 children are less vulnerable to disease and environmental threats. Literature and documents are available to indicate the association between nutrition and learning abilities in schools. Malnourished children are liabilities to schools and community. Treatment of malnutrition is expensive and outside the scope of educational institutions. But prevention of malnutrition among school children is possible if their life style and hygienic practices can be maintained at an expected level.

Various practices like maintaining personal cleanliness, washing hands prior to eating and after using toilet, keeping nails and hairs cut, brushing teeth in time etc. are contingent to maintanance of good health. These hygienic practices or health related behaviours are more habitual than operant. Therefore information regarding children's health behaviours would provide new directions to the effort of preventing malnutrition and disease among school children. Such knowledge is also helpful to identify the children under threat and in need of immediate medical attention. The study will also provide feedback on the success of EPI and ORS education programme of the government.

Developing hygienic habits among children is largely a responsibility of the parents but most of the parents in Bangladesh are either illiterate or indifferent in this respect. Mothers of the slum children are a typical example of health ignorant community. Schools are therefore the best agents to reinforce through their curricular activities and routine concerted efforts. On the other hand this approach will create opportunity for the illiterate parents, particularly the slum parents, to learn about health and nutrition through their children in schools. Therefore a survey on the health related behaviours of the over 5 children, now in primary schools, is essential for

remodeling our national health programmes with an objective to improve our quality of life.

The study will also provide an opportunity to examine the prevailing amount of health related components in the national curricula of primary education followed by all the primary schools. Therefore, the extent to which it is effective for all the general and disadvantaged children, particularly rural and slum children, would also be examined.

2. Ethical Implications

As the study will be conducted among the primary school children and their mothers and no personal and private questions will be asked ethical issues will not arise. However, respondents will have free options to deny participation in the study. Their concent will be taken in verbal form.

3. Background Information

Keeping children healthy does not depend only on immunization, nutrition or health checkup, it is affected by their life style and health related behaviours also. Both pathological and behavioural aspects of life style are closely associated. Life styles and behaviours are established at a very early age and most of it persist long for rest of the life. Studies conducted so far on health and nutrition accross the nations largely deal with pathological components of the under 5 children only (Nutrition Surveys of Bangladesh). Beyond that age survivors are less frequently studied. Addressing health and nutrition of the over 5 children is important from the standpoint of schooling activities. It has been reported that malnutrition and poor health jeopardize children's readiness to enter school, their ability to learn and the duration of their schooling (WCEFA, 1990). In this respect the background document of the World Conference on Education for All (WCEFA) 1990, reported high prevalence of damaging nutrition and health condition among school age children in developing countries. They suffer from under nutrition,, short-term hunger, lack of essential micro-nutrients and parasitic worm infections that inhibit children from learning both in school and at home. However, initiatives have been taken by UNESCO to analyze how nutrition and health affect educational achievement and test the approaches to address such conditions through school based cost-effective interventions.

Bangladesh is a populous country. More than 13% of its population lie within primary school age cohort (6-10) (BBS, 1992). About 78% of the primary school age children are entering the schools every year. But nearly 60% of them dropout by the end of primary stage. Various reasons have

been pointed out for the dropout of which poor health is one. Haque et al (1970) specifically pointed out that among primary school children ill health was the main reason for 2% of school dropouts and 12% dropout due to other reasons. The authors also indicated the impact of poor health on retainers too. The primary school teachers' views on children's absenteeism and failure in exams indicate that among other reasons, nine per cent children remain absent and two percent fail in exam due to sickness.

The socio-economic conditions and the residential life style (rural/urban/slum) also affect the students' educational achievement to a great extent (WCEFA, 1990). Therefore, any component added to the curriculum is not the end of the game, it requires extensive review of many other factors.

The above information points towards the need for studying health of the over 5 children both in school and outside. Pathological or clinical studies on health are expensive and time consuming, therefore it would be reasonable to help children keep good health through changing their life style and health practices. Another possibility is that health messages would be transmitted from school to home, indirectly, inexpensively and effectively, through the young kids. Considering the importance of these factors the study has conceptualized to explore the prevailing situation of health related behaviours among primary school children.

Health related practices have been found to be associated with health and morbidity. In one study (Black et al, 1981) it has been reported that in a day care centre the incidence of diarrhoea could be reduced by washing hands prior to eating. In a similar study Khan (1982) also showed that hand washing with soap reduces the transmission of Shigella infections within the families. Sircar et al (1987) revealed in a community based study in Calcutta slums that incidence of dysentery is reduced through hand washing with soap. Besides this practice the nutritional status of children was also found to be related to the characteristics of their mothers and households environment in which they reside. Bicego and Boerma (1991) indicated that children who live in households with greater financial resources or in households with flush toilets are less likely to be stunted relative to other children. It was evident that nutritional status is consistently better among urban than rural children, which was again found to be associated with the increasing level of meternal education (Sommerfelt, 1991).

Studies on the nutritional status of school age children in Bangladesh are scanty. However, on the basis of a few school samples researchers found that children ranging from 59% to 87% are malnourished (Ahmed et al.,

1990; Karim et al., 1990; Ahmed, 1992). Among the children malnutrition is a contributing factor to various sort of illness. Khanum et al (1987) have shown that children with severe protein energy malnutrition are associated with various diseases like respiratory problems, . Broncho-pneumonia, measles and various parasitic infections. The World Conference on Demographic and health Surveys 1991, pointed out that the nutritional status of children in a population is influenced by feeding practice as well as by the prevalence and frequency of illness. Moreover, parental formal education has also been found to be associated with children's morbiditity. This has been evident from a study (Boerma et al., 1990) that mothers with no formal education are less likely to vaccinate their children than those having primary and secondary level of education.

Considering all these facts children in schools need to be monitored in respect of their growth pattern (hieght and weight), frequency of illness and practice of personal hygiene. This monitoring will not only contribute to lessening morbidity among school children, it will help create conditions for practicing healthy life style in schools and homes.

4. Methods

Method of this study will include:

1. Measuring children's age, height and weight to the optimum level of accuracy,

2. A structured interview schedule will be used to determine children's :

   i. knowledge and awareness of basic health care and survival skills,

   ii. health related practices,

   iii. possibility of being carrier of the health messages from school to home,

3. survey of mothers of the selected children through a semi structured interview schedule to assess their socio-economic background and their input to inculcate healthy life style in children.

4. observation of the children's physical health conditions and their cleanliness,

5. review of the primary school textbooks and other co-curricular activities for quantifying the health related topics.

6. Two focus group discussions will be organized with a representative group of primary school teachers and mothers in order to get qualitative data on childrens' health related practice.

Samples

The study will be undertaken with four different samples of primary school students, one is well nourished, well protected and optimally cared children enrolled in elite primary schools or kindergartens of Dhaka city, the other one is from slum area primary schools where most of the children are deprived and malnourished and the remaining two from among the general primary schools situated in urban and rural areas in Dhaka Division. Except the kindergartens all the schools will be selected from the list of government primary schools. Students from four different categories of primary schools will be selected as they represent people of different classes of socioeconomic background with different abilities aptitude and values. Presumably these samples will provide a representative picture of the entire situation of the country. Considering the financial and time constraints the study will be limited to Dhaka division only.

The sample unit will be determined according to the following procedures:

1. Five non-government elite primary schools or kindergartens will be randomly selected from among a list of such schools situated in Dhaka city.

2. Five government primary schools situated in slum dominating areas of Dhaka city where most of the children are coming from poor class slum dwellers.

3. The government primary schools for this study will be selected by using a multistage sampling design. At the first stage four districts will be randomly selected from the Dhaka Division. At the second stage one thana will be randomly selected from each district. Two primary schools situated in each thana sadar will be randomly taken as urban schools and four schools will be selected from the rest of the areas of the selected thanas as rural schools through a simple random technique.

4. Selection of students from each school will be the third stage. At this stage twenty students irrespective of boys and girls from each classes of four and five will be selected by using a table of random numbers. In case of more than one section the sample units will be taken from the combined classes.

5. All the mothers of the selected children will be taken into mother's sample. In case of absence of mother, adult sister or other guardian of the child will be taken into consideration.

The overall picture of sample population is as follows:

Nature of Schools	No. of Schools	No. of Students	No. of Mothers
Kindergarten	5	100	100
Slum School	5	100	100
Urban School	8	160	160
Rural School	16	320	320
Total	34	680	680

5. Facilities Required

The computer facilities of the ICDDR,B will be utilized for this study.

6. Data Analysis Plan

The data to be collected through the reasearch instruments will mostly be presented in terms of frequency and percentile measures. Four categories of sample will provide four measures of any variable. Major interactive analysis will be given between the rural and urban populations. Informations to be obtained from the slum and kindergarten children will be presented in percentile measures and will be compared with other two categories of population. Student's health related behaviour and their knowledge on basic health issues will be correlated with their mother's education and other socio-economic determinants. The health related behaviour of the children will be analysed on the basis of multivariate analysis. Depending upon the nature of data other statistical methods will be applied as wherever necessary.

Data to obtained from observation and focus group discussion will be analysed qualitatively.

0. REFERENCES

Ahmed, F.(1992) Nutritional situation of Dhaka. Southeast Asian J. Trop. Med. Pub. Health (in press).

Ahmed, R. et al (1990) Nutritional status of school going children in Bangladesh --A case study in Dhaka city. Dhaka Shishu (child) Health Journal, 6:8-13.

BBS (1992) Statistical Pocket Book, Bangladesh Bureau of Statistics, Dhaka.

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Black, R.E. et al (1981) Hand washing to prevent diarrhoea in day-care centres. Am. J. Epidemiol. 113:445-51.

Boerma, J.T. et al (1990) Immunization Levels and Trends. DHS Comparative studies No. 1. Columbia, Maryland: Institute for Resource Development.

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Karim, R. et al (1990) Nutritional status of children in a urban primary school in Dhaka. Bang. J.Nut. 4(1):53-61.

Khan, M.U. (1982) Interruption of Shigellosis by handwashing. Trans. R. Soc. Trop. Med. Hyg. 76:164-8.

Khanum, S. et al (1987) Severe protein energy Malnutrition in urban Dhaka and their response to treatment. Bang. J. Nut. 1(1):1-9.

Sircar, B.K. et al (1987) Effect of handwashing on the incidence of Diarrhoea in a Calcutta slum. J. Diarrhoeal Dis. Res. 5(2):112-4.

Sommerfelt, A.E. (1991) Comparative analysis of the determinants of children's nutritional status. Paper presented at the DHS World Conference, Washington, D.C. August, 5-7.

World Conference on Education for All (1990) Meeting Basic Learning Needs: A Vision for the 1990, Background document. Jomtien, Thailand, March, 5-9.

E. SECTION III: DETAILED BUDGET

1. Personal costs

- Principal Investigator (for 12 months)	Tk. 60,000.00
- Co-Investigator (for 12 months)	Tk. 36,000.00
- One Research Associate (for 6 months @ Tk. 5,000.00/m)	Tk. 30,000.00
- 5 Field Investigators (for 4 months @ Tk. 4,000.00/m)	Tk. 80,000.00
Sub total	Tk. 206,000.00

2. Supplies and materials ---

3. Equipments Tk. 25,000.00

4. Travel Cost

- TA and DA for the Investigators (first class travel or equivalent, DA @ Tk. 3,00.00/day/person)	Tk. 20,000.00
- TA and DA for the Field Investigators (economy class or equivalent, DA @ Tk. 200/day/person)	Tk. 80,000.00
Sub Total	Tk. 100,000.00

5. Transportation of things ---

6. Rent, Communication and utilities (to be supported by ICDDR,B)

- Data coding and editing	Tk. 20,000.00
- Data entry	Tk. 10,000.00
- Computing charge	Tk. 50,000.00
Sub Total	Tk. 80,000.00

7. Office Stationary Tk. 25,000.00

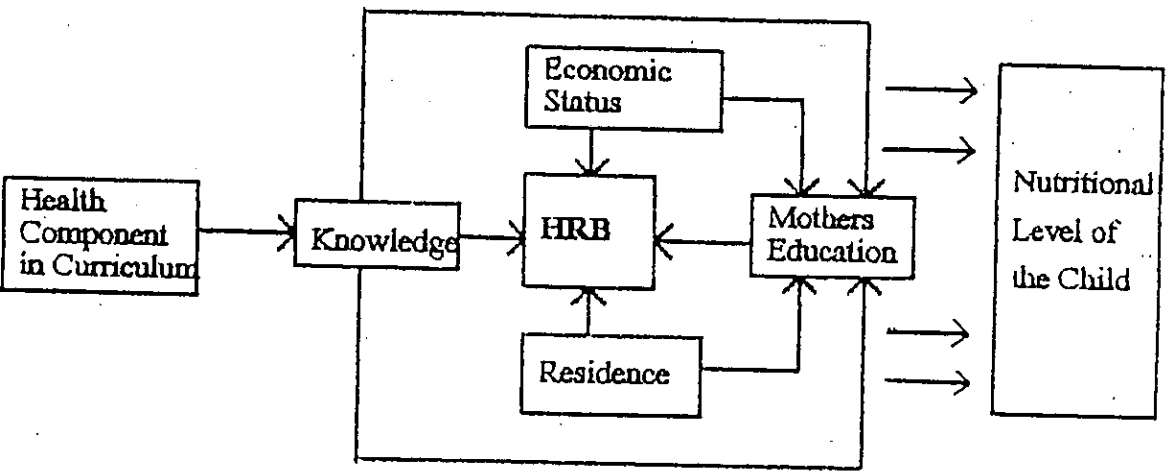
8. Printing and Reproduction Tk. 20,000.00

9. Contingency Tk. 10,000.00

Grand Total Tk. 466,000.00

TIME FRAME

1.	Reviewing the study design and development of questionnaires	1.1.94 - 15.1.94
2.	Recruitment of Research Associate	16.1.94
3.	Pre-testing the questionnaire and finalization	16.1.94 - 15.2.94
4.	Recruitment and training of the Field Investigators	16.2.94 - 28.2.94
5.	Data collection	1.3.94 - 30.6.94
6.	Data editing and coding and punching	1.7.94 - 31.7.94
7.	Preparation of table plan and computer analysis	1.8.94 - 31.8.94
8.	Writing of draft report	1.9.94 - 31.10.94
9.	Finalyzation of draft report	1.11.94- 30.11.94
10.	Printing of report	1.12.94 - 31.12.94



Conceptual Framework of the Study

Analysis of Health Related Behaviour (HRB) of the children going to primary schools is the focal interest of this study. The way children practice their daily life or maintain health is contingent upon several components. School curriculum is one of the source of health related knowledge leading to HRB. After the school experience mother's education, family economy, status of residence all significantly exerts their influence upon HRB of children. Children's knowledge of health related subjects again increases the mother's knowledge and awareness. The overall impact of this health related behaviour contributes to the nutritional level of the child.

List of Variables

Variables	Indicators
Independent Variables	
Health components in curriculum	No. of pages and or total no. of concepts
Mothers education	Years of schooling
Residence/locality of schools	Rural Urban Slum
Income	High Medium Low
Teachers input	Hours/week
Children's anthropometric measures	Hight Weight
Dependent Variables	
Health related knowledge of the child	Knowledge score on a test
Health related behaviour	Practice of cleanliness, use of soap after defecation, washing of hands before eating, brushing of teeth per week, whether bare footed, etc.
Health related awareness of mother	Knowledge of health components of the curriculum.

Draft Questionnaire

QUESTIONNAIRE ON HEALTH RELATED BEHAVIOUR

(For Children and Parents)

strict:_____ Sample No_____

ana:_____ Rural 1

nool:_____ Urban 2

_____ Elite 3

Slum 4

ENTIFICATION

Name of the Student:_____

Date of Birth (from school register):_____D _____M _____Y |___|___|

Class:_____ Section:_____ Roll:_____ |___|___|

How many brothers and sisters does the child have ? |___|___|

Howmany brothers and sisters are older than the child ? |___|___|

LTH BEHAVIOUR

Ask the following questions to the child:

6.1. How often do yoy wash your hands after defecation ?

a. Never or almost never 1
b. Sometimes 2
c. Whenever possible 3

6.2. How often do you wash your hands with soap ?

a. Never or almost never 1
b. Sometimes 2
c. Always 3

6.3. How often do you wash your hands prior to eating your meal ?

a. Never or almost never 1
b. Sometimes 2
c. Always 3

6.4. How many time do you clean your teeth a day ?

a. Never or almost never 1
b. Irregularly once a day 2
c. Regularly once a day 3
d. More than once a day 4

6.5. How many times in the last 7 days have you had a bath ?

a. ~~Not at all~~	1
b. Once	2
c. 2 to 3 times	3
d. 4 to 5 times	4
e. 6 to 7 times	5
f. More than 7 times	6

6.6. Howmany times in the last 7 days have have you had a bath with soap ?

a. Not at all	1
b. Once	2
c. 2 to 3 times	3
d. 4 to 5 times	4
e. 6 to 7 times	5

6.7. How many times in the last 7 days have you washed your hair with soap ?

a. Not at all	1
b. Once	2
c. 2 to 3 times	3
d. 4 to 5 times	4
e. 6 to 7 times	5

6.8. How many times do you wash your hands and feet a day ?

a. Not at all	1
b. Once	2
c. Twice	3
d. Thrice or more	4

6.9. How often do you remain bare footed ?

a. Not at all	1
b. Sometimes in the dayy	2
c. Most of the time	3
d. Always	4

6.10. Do you have any habit of thumb sucking ?

a. Yes	1
b. No	2

6.11. Do you have any habit of biting things ?

a. Yes	1
c. Always	3

6.4. How many time do you clean your teeth a day ?

a. Never or almost never	1
b. Irregularly once a day	2
c. Regularly once a day	3
d. More than once a day	4

6.13. Do you have separate cup and glass to drink ?

a. Yes 1
b. No 2

6.14. Do you have separate bed to sleep ?

a. Yes 1
b. No 2

6.15. Do you eat anything outside home ?

a. Yes 1
b. No 2

If 'Yes', tell me what kind of food do you take ?

a. Fruits 1
b. Nuts, beans 2
c. Sweets, confectionary 3
d. Icecream 4
e. Pickels 5
f. Drinks 6
g. Others (specify). 7

ALTH KNOWLEDGE

7. Ask the following questions, if the child gives the correct answer circle '1', if it is partially correct circle '2',and if it is wrong circle '0'.

7.1.	Can you tell me which water is good for health ?	1	2	0
7.2.	How does the house fly contaminate	1	2	0
7.3.	What happens to uncovered food ?	1	2	0
7.4.	What to do when one catches diarrhoea	1	2	0
7.5.	What to do with high fever ?	1	2	0
7.6.	Which fruits are good for eyes ?	1	2	0
7.7.	How water is to be purified ?	1	2	0
7.8.	Which latrines are good for health ?	1	2	0
7.9.	Who are attacked by skin diseases ?	1	2	0
7.10.	How ORS is prepared ?	1	2	0
7.11.	How can we save ourselves from some diseases before hand ?	1	2	0

7.12. How many diseases can be protected by providing vaccines ? 1 2 0

7.13. How river water is polluted ? 1 2 0

7.14. How pond water is polluted ? 1 2 0

7.15. How air is polluted ? 1 2 0

THER'S BACKGROUND

1. Father's Name: . . . . . .

2. Age:.....years |___|___|

3. Education (in years of schooling): |___|___|

4. Occupation :.....|___|___|

5. Average monthly income (per month) |___|___|___|___|

6. Average food expenditure per month: |___|___|___|___|

7. Total no. of family member: |___|___|

HER'S RESPONSE

1. Name:. . . . . .

2. Age:.....years |___|___|

3. Education (in years of schooling): |___|___|

4. Occupation: |___|___|

5. Average monthly income: |___|___|___|___|

6. To what extent do you think that your son/daughter (name):.....

To a great extent	1
To some extent	2
Not at all	0

6.1. gets the proper food as per his/her requirement ? 1 2 0

6.2. always remain in good health ? 1 2 0

6.3. has major illness ? 1 2 0

6.4. has good apetite ? 1 2 0

6.5. has sound sleep ? 1 2 0

7. Did you vaccinated your child ? (name):.....

Yes = 1 No = 0 1 0

8. Did your son/daughter tells you anything about the following what he/she learnt from school ?

8.1. about vaccination	1	0
8.2. aobut ORS	1	0
8.3. about diarrhoea	1	0
8.4. about night blindness	1	0
8.5. about vitamins	1	0
8.6. about management of vever	1	0
8.7. about bad effects of fly	1	0
8.8. about cleanliness	1	0
8.9. about how to purify drinking water	1	0
8.10. about bad effects of mosquitos	1	0

Draft Checklist

OBSERVATION CHECKLIST ON HEALTH RELATED BEHAVIOUR
(For Children)

District:---------- Sample No.--------

Thana:---------- Rural 1

School:---------- Urban 2

---------- Elite 3

Slum 4

IDENTIFICATION

1. Name of the Student:----------

2. Class:--------- Section:---------- Roll:----------

3. Height:--------- cm

   Weight:--------- kg

4. What kind of disabilities does the child has (if any) ?

a. None	1
b. Lame	2
c. Ineffecative arm	3
d. Partially blind	4
e. Night blind (ask if has)	5
f. Speech defect	6
g. Others (specify).....	7

5. Study the child and put your remark which suits the child:

a. Appears clean and tidy	1
b. Appears tidy by dress	2
c. Looks healthy	3
d. Hairs are clean and brushed	4
e. Nails are cut and clean	5
f. Teeths are clean and brushed	6
g. Found bare footed	7

সম্মতি পত্র

ঢাকা বিশ্ববিদ্যালয়ের শিক্ষা ও গবেষণা ইনস্টিটিউট (আই. ই. আর) এবং আন্তর্জাতিক উদরাময় গবেষণা সংস্থার জনবিজ্ঞান বিভাগের যৌথ উদ্যোগে প্রাথমিক বিদ্যালয়ের ছাত্র-ছাত্রীদের মধ্যে স্বাস্থ্য বিষয়ক কিরূপ তৎপরতা ও অভ্যাস প্রচলিত রয়েছে তা নিরূপনের উদ্দেশ্যে আমরা আপনার ছেলে/মেয়ে (অধ্যয়নরত ছাত্র-ছাত্রীর নাম) এবং আপনার কাছ থেকে কিছু তথ্য জানতে চাই। এই তথ্যাদির মধ্যে আপনার সন্তানের বিভিন্ন স্বাস্থ্য বিষয়ক অভ্যাস, তার এবং আপনার স্বাস্থ্য বিষয়ক বিভিন্ন জ্ঞান, কিছু পারিবারিক ও অর্থনৈতিক তথ্য ইত্যাদি জানতে চাইব।

এই গবেষণা ব্যক্তিগত পর্যায়ে আপনার বা আপনার সন্তানের সরাসরি কোন উপকারে না আসলেও ভবিষ্যতে প্রাথমিক বিদ্যালয়ের ছাত্র/ছাত্রীদের স্বাস্থ্য সংরক্ষণ ও জাতীয় স্বাস্থ্য নীতি নির্ধারণে গুরুত্বপূর্ণ ভূমিকা রাখতে পারে। এ কাজে আমরা আপনাদের সর্বোচ্চ ৩০ মিনিট সময় নিব এবং আপনাদের দেয়া জাবতীয় তথ্যাদি সম্পূর্ণ গোপন রাখব। আমাদেরকে দেয়া আপনাদের সময়ের জন্য কোন রকম ক্ষতিপূরণ দেয়া হবেনা।

এই গবেষণায় অংশগ্রহণ সম্পূর্ণভাবে আপনাদের ইচ্ছার উপর নির্ভর করে। ইচ্ছা করলে আপনি যেকোন সময় আমাদের প্রশ্নাবলী উত্তরদানে অনিচ্ছা প্রকাশ করতে পারেন :

আপনি কি এখন দয়া করে আপনার ছেলে/মেয়েকে আমাদের সাথে কথা বলতে অনুমতি দেবেন এবং নিজেও কথা বলতে রাজী আছেন। রাজী থাকলে অনুগ্রহ করে এখানে আপনার স্বাক্ষর বা টিপসই দিন।

সাক্ষাৎকার গ্রহণকারীর স্বাক্ষর

উত্তরদাতা/ছাত্রীর স্বাক্ষর/টিপসই

LEAD QUESTIONS ON FOCUS GROUP DISCUSSION

(Health Related Behaviour of Primary School Children)

Q#1. What do you think of the general health of primary school children ?

Q#2. What are the reasons of poor health of primary school children ?

Q#3. How conscious is the primary school children about their health ?

Q#4. To what extent do the children practice good health ?

Q#5. How the children can practice good health ?

Q#6. Can the mothers help their children to practice the basic health skills ?

Q#7. Which practices are most essential for the children to maintain good health ?

PROCEDURE FOR MAINTAINING CONFIDENTIALITY

Questionnaires will be provided with a code which matches a master sheet where the name of the interviewee and location of the house are noted. Only the principal investigators and the field supervisor will have access to this sheet.
After each interview, the name and code number of the interviewee will be checked by the field supervisor, then the name of the interviewee will be crossed out of the questionnaire and all data entry will use the code for identification.

All the interviewers will be female; they will be counselled on the sensitive nature of some of the information to be collected and on the need for confidentiality.