

## Original Research Article

# Occurrence of common diseases due to habitual food habit or other habit among the students from different regions of Chattogram, Bangladesh

Mohammed Jahedul Islam<sup>1\*</sup>, Abdullah A. Mamun<sup>2</sup>, Pabitra Debnath<sup>2</sup>, Farida Siddika<sup>2</sup>

<sup>1</sup>Department of Public Health, University of Creative Technology Chittagong, Chittagong, Bangladesh

<sup>2</sup>Department of Genetic Engineering and Biotechnology, University of Chittagong, Chittagong, Bangladesh

**Received:** 18 September 2019

**Revised:** 30 December 2019

**Accepted:** 31 December 2019

### \*Correspondence:

Mohammed Jahedul Islam,

E-mail: jahedkamal54@gmail.com

**Copyright:** © the author(s), publisher and licensee Medip Academy. This is an open-access article distributed under the terms of the Creative Commons Attribution Non-Commercial License, which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

## ABSTRACT

**Background:** There are some common diseases found among the students of different areas in Bangladesh which are either communicable or non-communicable. Different infectious diseases occur due to lack of hygiene practice and non-infectious diseases are developed because of many irregular daily habits all over the world. Our aim was to evaluate the habit of practicing hygiene and other daily activities to observe their impacts on the health status among the students from different regions of Chattogram in Bangladesh.

**Methods:** With ethical approval, questionnaire forms of daily habits/activities were filled up by 750 students of different educational institutions. The data were analysed afterwards.

**Results:** Among the population of the study 89% (n=667) students were found to take regular bath; hand washing was regular among 32% (n=240) students, 54% (n=405) students were irregular in hand washing and the rests wash their hands rarely; on the other hand 41% (n=308) students consume street foods regularly; 38% (n=285) students wear eyeglasses due to weak sight; 23% (n=173) suffer from different skin diseases and 63% (n=473) students usually suffer from different gastro intestinal diseases.

**Conclusions:** Our results are not so frustrating, but also not so much good as majority of the students are fond of unhealthy street foods, don't wash hands regularly and more than half of the students suffer from GI tract diseases with other health problems. It could be recommended that some daily habits including avoiding street foods, intake of sufficient drinking water and hygiene practices should be improved more.

**Keywords:** Students, Hygiene practice, GI disorder, Water intake, Metabolism, Skin disease, Weakness of eyesight

## INTRODUCTION

Bangladesh is a developing country of Asia. Though nowadays the health awareness has been increased more among the people of this country than the previous decades but prevalence of some common diseases is still present. The orientation of infectious diseases remains predominantly acute in the developing countries of the world and the young populations are particularly

vulnerable.<sup>1</sup> Though lack of regular hand washing and bath cause many diseases but hand washing is still not well practiced in many areas.<sup>2</sup> There is a clear relationship between hygiene practices and several diseases like GI disorders, respiratory disorders, some common infections and illness related absenteeism.<sup>3</sup>

Gastrointestinal tract diseases like abdominal cramp, irritable bowel syndrome (IBS), nausea etc. are

commonly affecting approximately 10-25% of school going children.<sup>4-6</sup> Adults with IBS blame having diets containing high carbohydrates, fats, coffee, alcohol and hot spices though these diets are main culprits for abdominal cramp, irritable bowel syndrome (IBS), nausea etc.<sup>7</sup>

Because of hectic schedule, students are getting used to eat foods outside of home. They often eat spicy and delicious foods sold on the streets which are not always approved as safe and hygienic for them.<sup>8</sup> It has been estimated that more than two hundred different diseases are known to be transmitted by the foods and drinks.<sup>9</sup>

Among the university students of some Asian countries, the following prevalence of eating disorders were found: in China, 3.2-9.9% in females and 1.2-2% in males, Pakistan 17-22.75% altogether, Malaysia 13.7% in females and 5.6% in males, India nursing students 4%.<sup>10-15</sup> Students of underdeveloped and developing countries are more likely to have eating disorders. In Bangladesh 37.6% students were classified as being at risk for eating disorders.<sup>16</sup> Another study showed that the Filipino students were 10.9 times more likely to have eating disorders than the American counterparts.<sup>17</sup>

GI disorders can be improved by avoiding rich foods, outside street foods, fermentable carbohydrates and polyols in some adults who have functional GI disorders but the direct involvement of specific foods on causing GI disorders in children in some cases is unknown.<sup>18,19</sup>

Not only food but also consumption of pure and adequate drinking water plays major role in being healthy.<sup>20</sup> In spite of this, water intake among children and adolescents is low.<sup>21,22</sup> Another thing is consumption of impure and contaminated water leads to cause many water-borne diseases such as Diarrhea, Cholera, Typhoid and so on. Besides, many children are not adequately hydrated which adversely affect their bodily metabolic functions and cause many physical difficulties.<sup>23</sup> Disturbance in the metabolism can cause defects in skin, eyesight, abdominal functions and other bodily functions. In a previous study different skin disorders like acne vulgaris, eczema, superficial fungal infections, keratosis etc. were commonly found among primary and secondary school students of Hong Kong, China that may be due to insufficient water intake.<sup>24</sup> It was found that daily energy/calorie intake among the habitual water drinkers in the adult population was approximately 9% less than those who don't drink water.<sup>25</sup> Besides, insufficient water intake, stickiness to mobile phone, computer and television screens is also a causative agent of eye problem and using spectacles among the students are being observed so far.

Good nutritious diet including fruits and vegetables is basic need of every adolescent student for their growth, development and soundness.<sup>26</sup> Having some fruits and vegetables in a regular basis, consumption of nutritional

foods and drinks regularly is essential to prevent chronic illnesses later on in life. Proper hygiene practices like regular bath, using soaps, hand-washing and also avoiding rich and spicy outdoor foods are mandatory for physical fitness.<sup>3</sup>

### **Objectives**

The objectives of the study were to reveal the habit of hygiene practices, to find out the effects of practicing hygiene on the student health. Discovering the prevalence of common diseases among the Bangladeshi students. Finding out the relationship between daily habits and physical fitness.

## **METHODS**

### **Experimental design and sampling**

The cross-sectional study was carried out among primary, secondary, higher secondary and university students including Madrasah students from different areas of Chattogram in Bangladesh. A total number of 750 students within the ages of 11 to above 30 years willingly joined the study providing written consent. Regular and active students were included in this study and irregular students were excluded. The students were categorized or divided into 5 groups according to age ranges of 11-15, 16-20, 21-25, 26-30 and >30 years. The data collections were carried out through a standard Questionnaire format, which was relevant to the study for evaluating correct information.

### **Duration of the study**

The total duration for performing data collection of the study took around six months from February 2019 to July 2019.

### **Data collection**

The survey done in this study consisted of 10 parts and 47 questions. The questionnaire prepared based on gender ratio, age groups, taking regular bath, skin diseases, gastrointestinal diseases, use of spectacles, street food consumption, proper hand washing practices, scenario of drinking water among students and consumption of fruits and vegetables etc.

### **Data analysis**

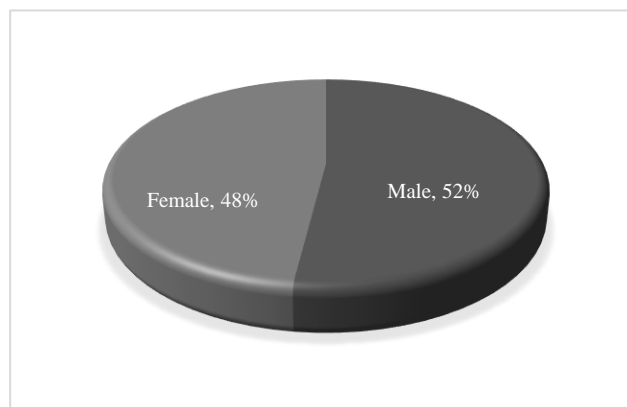
All the data were analyzed by Microsoft excel 2016, for the graphical, analytical and other representations.

## **RESULTS**

### **Ratio of male and female students**

Among the total population of the study 52% male students and 48% female students have been found where

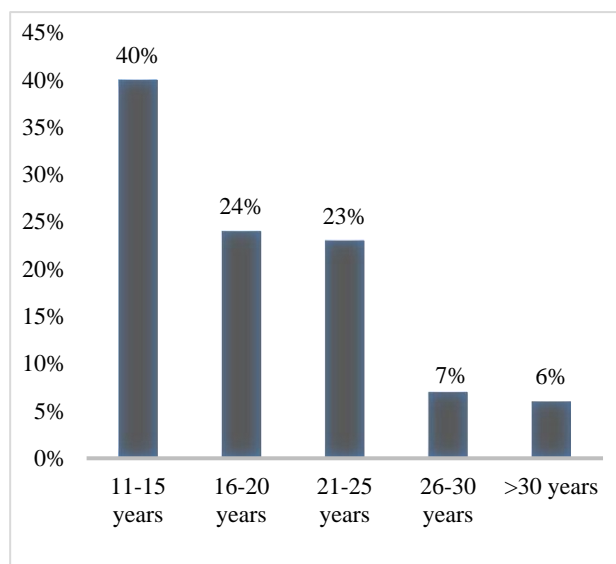
the total amount of students was 750 altogether (Figure 1).



**Figure 1: Ratio of male and female students among the population of the study.**

#### **Percentage of students in different age groups**

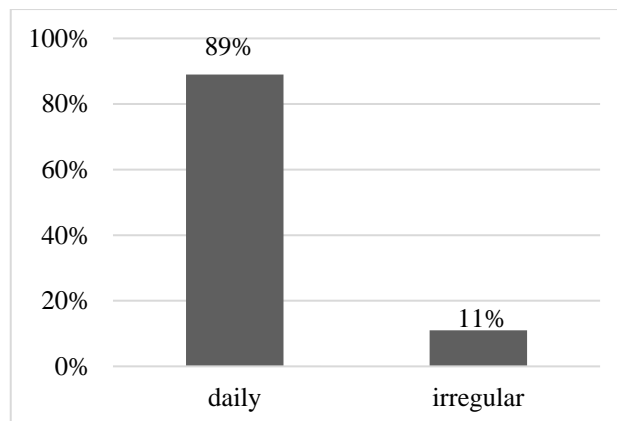
In this study all the students have been categorized into different age groups. The age ranges were 11-15, 16-20, 21-25, 26-30 and >30 years respectively where 40% students were in 11-15 year's age group, 24% students were in 16-20 year's age group, 23% students were in 21-25 year's age group, 7% students were in 26-30 year's age group and 6% students were in >30 year's age group individually (Figure 2).



**Figure 2: Percentages of students in different age groups.**

#### **Regular bath practice**

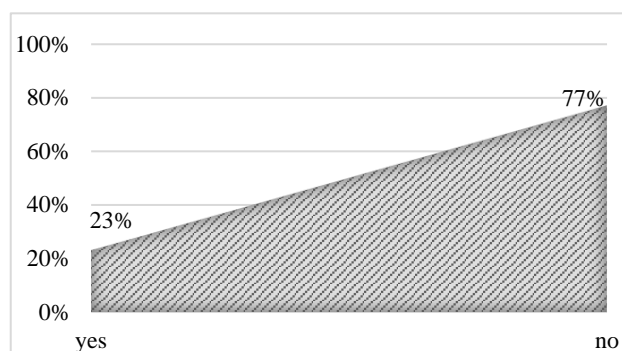
The tendency of regular bath among 750 students found 89% where the rest of the students take irregular bath (Figure 3).



**Figure 3: Percentages of students practicing regular bath.**

#### **Skin disease**

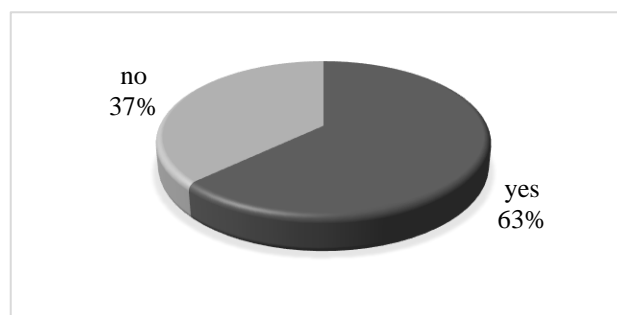
In our study it has been found that 23% students have skin diseases where the rest of the students (77%) are free from skin diseases (Figure 4).



**Figure 4: Percentage of skin disease among the student populations.**

#### **Gastrointestinal problem**

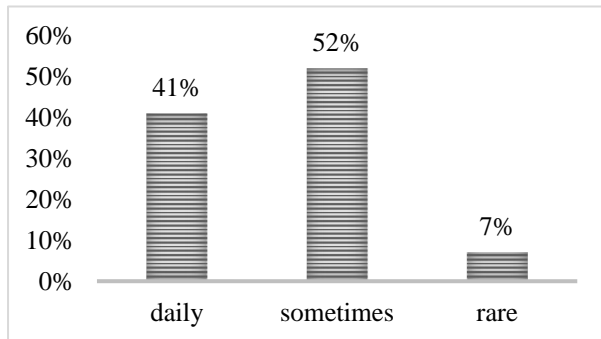
In this study 63% students suffer from gastrointestinal diseases due to consumption of fast food or irregular food habit or due to lack of hygiene practice which is really a concern for student's health (Figure 5).



**Figure 5: Percentage of students suffering from gastrointestinal disease.**

### Street food consumption

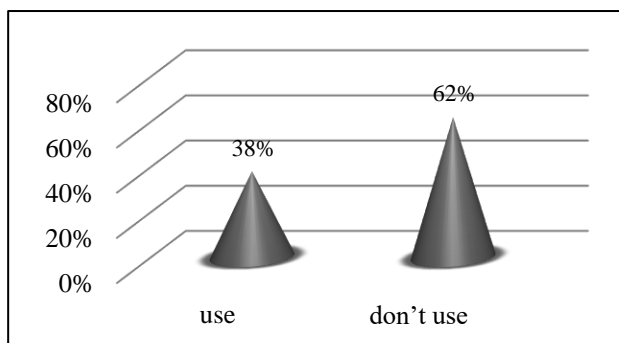
In this study about 41% students consume street foods regularly and 52 % consume sometimes where the rest amounts of students consume rarely (Figure 6).



**Figure 6: Percentages of students consuming street food.**

### Use of spectacles due to eye problems

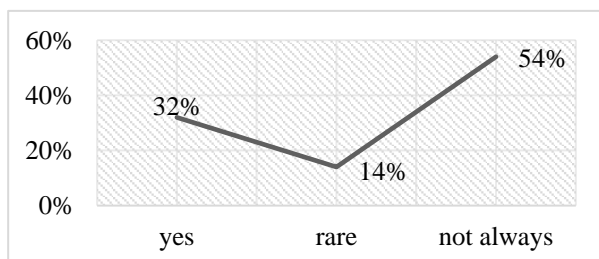
In this study 38% students were found using spectacles due to different eye problems where maximum students (62%) don't use (Figure 7).



**Figure 7: Percentage of students using spectacle due to eye problems.**

### Hand washing practice

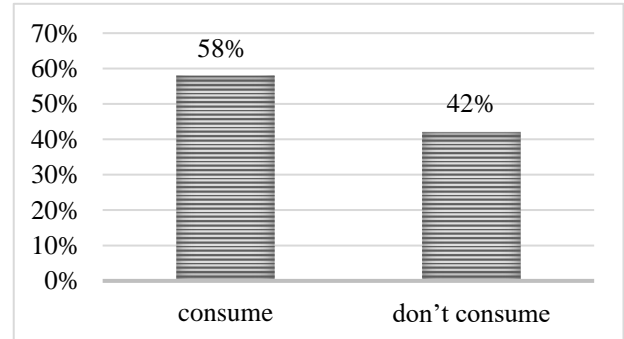
In this study we found that 32% students wash their hands regularly, 54% students are irregular in hand washing and 14% students wash their hands rarely before and after eating (Figure 8).



**Figure 8: Percentage of students practicing regular hand wash.**

### Fruits and vegetables consumption

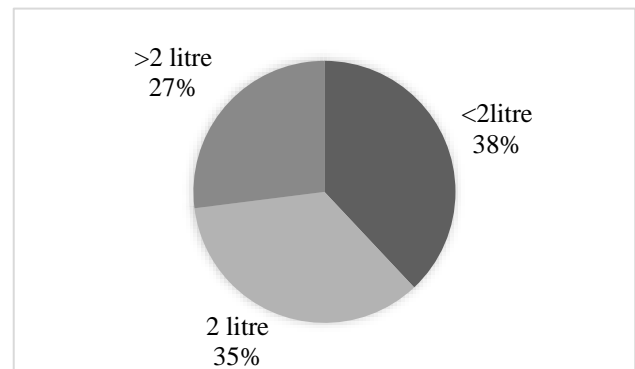
Among 750 students in this study, 58% students consume fruits and vegetables regularly where the rest of them don't (Figure 9).



**Figure 9: Percentage of students consuming fruits and vegetables.**

### Water intake daily

In this study we found that 35% students drink 2 liters water regularly, 38% drink less than 2 liter and 27% students drink more than 2 liters water in their daily habit of water intake (Figure 10).



**Figure 10: Percentages of students drinking water 2 liters, >2 liters or <2 liters per day.**

## DISCUSSION

Responded students were from different schools, colleges, madrasah and universities. All of them (750 students) answered all the questions willingly after ethical approval with written consent.

Basically, hygiene practices and maintaining a sound health are inter-related. Regular bath and proper hygiene practice are good signs for remaining healthy. We found that among the studied population 89% students take regular bath and rest of them are irregular where regular bath helps to maintain proper hygiene.

In many cases skin diseases are interrelated with proper sanitation and hygiene practices like regular bath and hand wash practice properly. In our study we found that 23% (173) students are suffering from skin diseases where a survey by Prime Asia University in Dhaka provided that 8% (91) students suffer from skin diseases.<sup>27</sup> Their study told that skin diseases are more prevalent than gastrointestinal diseases. Though our study result is a little bit different, because may be the previous study was conducted among university students where our study was conducted among the students of primary, secondary, madrasah, colleges and universities students. Another study covering the rural area of Bangladesh conducted on the female students provided that 1.4% students suffer from skin diseases where other study by Ali et al at rural areas on both male and female populations found that 9.7% people suffer from skin diseases though it is a finding of few decades back.<sup>28,29</sup> So, skin diseases are being found among students and also non students groups in Bangladeshi populations in previous studies including our study.

In this study we tried to evaluate the percentage of Gastrointestinal (GI) disease among the student groups and found that 63% students suffer from GI disorders which is really high in number and off course more than half where the survey by Prime Asia University in Dhaka provided that 3% (34) students suffer from gastrointestinal (GI) diseases.<sup>27</sup> Another study covering the rural area of Bangladesh among girl students provided that 3.8% of them suffer from GI diseases.<sup>28</sup> It is now a concerning issue. Point should be noted that their study was conducted on university students only but our study was conducted on the students of primary, secondary, madrasah, colleges and universities. So, variations or differences among both results are may be due to types of students. Public awareness should be developed in this regard. Parents should be notified to take care of their children's health. Students also must know about their own health status as health is wealth. A healthy student can cut a good figure in the examination while an unhealthy one cannot where students are the future boatmen of a nation.

Street foods are really harmful for our health. Different types of air-borne and water-borne diseases are found in street foods. Many life-threatening diseases can be occurred by consuming street foods. We should aware of this and spread the information among classes of students because they are the future of our nation. Our survey explored that 52% students eat street foods sometimes, 41% daily and 7% rarely where a single time consumption of street foods can cause many more diseases. Students usually consume street food in their Tiffin period, leisure period, gossiping time, entertaining and also traveling period. Few students feel bore to bring Tiffin from their home, on the other hand street foods are available, spicy, delicious and affordable to buy. The result we get from the research is not satisfactory, because we found that many students still consume

unhealthy street foods. We must make them aware about the gruesomeness of street foods. Public awareness can be raised by advertising, arranging seminar, counseling the students and parents about the demerits of street foods. Government of Bangladesh is trying to ensure Tiffin facilities in every primary school which is really appreciable. It will be helpful to prevent some GI discomforts among the primary school students.

Eye problem is going to be more common in our country. This problem is usually found in students and old aged people. Our study provided that 38% students have impaired eye sight. They use spectacles for proper vision. The percentage we found from the survey is not small in number. These students probably don't consume enough vitamin 'A' containing fruits and vegetables or they have little interest to eat that type of fruits and vegetables. It also can be happened due to more addiction to smart phones, computers and internets. Now it is high time to make them conscious about eating foods containing  $\beta$ -carotene such as carrot, colorful pulses, fruits etc. as well as staying apart from being too much attached to electronic screens like TV, computers, mobile phone etc. that is important for protecting the eye sights from being impaired as the radiation of emitting lights from the electronic gadgets causing these eye sight problems.

The effectiveness of hand washing in preventing nosogenic infections was demonstrated by Semmelweis last 150 years ago.<sup>30,31</sup> Our study provided that 32% students wash their both hands with soap and clean water before taking food and also after defecation. The result is not so much satisfactory. Proper awareness should be taken in raising interest among the students of every school and college. A study from Colombia reported that only 33.6% of the samples usually wash their hands with soap and clean water after defecation. That study also concluded that there have several external factors included for hand washing and thereare availability and accessibility of clean water and secure hand-washing facilities and ample time. The sample of the study shared that forgetfulness, lack of time as well as laziness were the most common reasons for avoiding hand washing.<sup>32</sup> The practicing of hygienic habits for example hand washing have been noticed to minimize diarrhea morbidity and life-threatening diarrhea by 42% to 48%,<sup>28</sup> and reducing the upper respiratory infections by 24%<sup>29</sup> and the prevalence of dermatological infections by 23% to 43%.<sup>33</sup>

A study was conducted among the students of Delhi University. Among the students of Delhi University 26.44% students and 27.33% students usually eat vegetables and fruits respectively.<sup>34-38</sup> Our study provided that 58% students eat fruits and vegetables frequently where 42% don't eat regularly. But this 42% student is really a big number. University students are really busy with their studies and research works. They have less concentration on healthy foods because of time shortage. But our study included school, colleges, madrasah and



university students. School and colleges' students mainly stay in their home with parents. They get enough facilities for maintaining healthy diet. May be the percentage of fruits and vegetables consumption is high among school and college going students. Another reason could be that the parents of school and college going students are more careful and conscious about feeding of fruits and vegetables to their children's. On the other hand, 42% students don't eat regular fruits and vegetables. May be the university and hostel resident students are very much careless about that regard where they stay apart from their home and parents regular care.

Our body's one of the fundamental elements is water. As we know a big portion of our total body contains water. Without water, bodily biochemical reactions and metabolism will be affected, organ cannot play proper function, body fluid maintenance will be hampered, proper circulatory function will not be maintained and damages of body will be occurred. A person needs to drink minimum 2-liter water per day for maintaining proper metabolism and healthy organs. We carried out a survey about it and we found that 35% students' intake 2 liter water every day and 27% student intake more than 2 liters water per day, rest of the student drinks water less than 2 liter per day. Different skin disorders, different GI disorders and some other health problems are very much closed to regular water intake. As we found skin disease (23%) and GI disorder (63%) among the studied students, may be many of them are belong to the 38% students who take less than 2 liters water daily.

## CONCLUSION

Students are the future of the nation and the female students are the future mothers. So, maintenance of their physical fitness is a matter of great concern. For remaining fit, they must lead a hygienic life by taking regular bath, washing hands before eating and after defecation, eating nutritious foods, drinking adequate amount of clean water etc. Eradication of the common communicable and non-communicable diseases like different skin diseases, eye problems, GI tract disorders etc. must be ensured for the bright and healthy future of the students.

Frequency of the commonly occurred diseases was not so high among our respondents but still not out of danger or not out of concern. Despite of this, complete removal of the food and hygiene-based diseases need to be confirmed and should be eradicated within recent future and some daily habits including avoiding street foods, intake of sufficient drinking water, consumption of sufficient fruits and vegetables and hygiene practices should be improved more.

*Funding: No funding sources*

*Conflict of interest: None declared*

*Ethical approval: The study was approved by the institutional ethics committee (Letter Reference No: UCTC/off-order/Eth-com/VII (II)/2019/007)*

## REFERENCES

1. Scott B, Curtis V, Rabie T. Protecting children from diarrhea and acute respiratory infections: the role of handwashing promotion in water and sanitation programs. In WHO Reg. Health Forum. 2003;7:42-7.
2. Huttly SR, Morris SS, Pisani V. Prevention of diarrhea in young children in developing countries. Bulletin of the World Health Organization. 1997;75(2):163.
3. Lopez-Quintero C, Freeman P, Neumark Y. Hand washing among school children in Bogota, Colombia. Am J Public Health. 2009;99(1):94-101.
4. Christensen MF, Mortensen O. Long-term prognosis in children with recurrent abdominal pain. Arch Dis Childhood. 1975;50(2):110-4.
5. Hyams JS, Treem WR, Justinich CJ, Davis P, Shoup M, Burke G. Characterization of symptoms in children with recurrent abdominal pain: resemblance to irritable bowel syndrome. J Pediatric Gastroenterol Nutr. 1995;20(2):209-14.
6. Mc Omber ME, Shulman RJ. Recurrent abdominal pain and irritable bowel syndrome in children. Current Opinion Pediatr. 2007;19(5):581.
7. Simrén M, Månsson A, Langkilde AM, Svedlund J, Abrahamsson H, Bengtsson U, et al. Food-related gastrointestinal symptoms in the irritable bowel syndrome. Digestion. 2001;63(2):108-15.
8. Abdel-Shakour EH, Elouboudy SS, Abdelaziz ZK, Hassan MA, Emara MB. The Impact of Food Preparation Practices on Food Borne Diseases. Rep Opinion. 2014;6(6):49-60.
9. Frank LB. Food borne Disease Risk Assessment of Foodservice Establishments in a Community. J Food Protection. 1982;45(1):93-100.
10. Liao Y, Knoesen NP, Castle DJ, Tang J, Deng Y, Liu T. Symptoms of disordered eating, body shape, and mood concerns in male and female Chinese medical students. Comprehensive Psychiatr. 2010;51(5):516-23.
11. Tao ZL. Epidemiological risk factor study concerning abnormal attitudes toward eating and adverse dieting behaviors among 12-to 25-years-old Chinese students. Euro Eating Disorders Rev. 2010;18(6):507-14.
12. Memon AA, Adil SE, Siddiqui EU. Eating disorders in medical students of Karachi, Pakistan-a cross-sectional study. BMC Res Notes. 2012;5(1):84.
13. Suhail K. Prevalence of eating disorders in Pakistan: relationship with depression and body shape. Eating and Weight Disorders-Studies on Anorexia, Bulimia Obesity. 2002;7(2):131-8.
14. Kuan PX, Ho HL, Shuhaili MS, Siti AA, Gudum HR. Gender differences in body mass index, body weight perception and weight loss strategies among undergraduates in University Malaysia Sarawak. Malaysian J Nutr. 2011;17(1):67-75.

15. Balhara YPS, Mathur S, Kataria DK. Body shape and eating attitudes among female nursing students in India. *East Asian Arch Psychiatry* 2012;22(2):70.
16. Pengpid S, Peltzer K, Ahsan GU. Risk of eating disorders among university students in Bangladesh. *Int J Adolescent Med Health*. 2015;27(1):93-100.
17. Madanat HN, Hawks SR, Novilla MLB. A comparison of disordered eating attitudes and behaviors among Filipino and American college students. *Eating and Weight Disorders-Studies on Anorexia, Bulimia and Obesity*. 2006;11(3):133-8.
18. Shepherd SJ, Gibson PR. Fructose malabsorption and symptoms of irritable bowel symptoms: Guidelines for effective dietary management. *J Am Diet Assoc*. 2006;106(10):1631-9.
19. Carlson MJ, Moore CE, Tsai CM, Shulman RJ, Chumipitazi BP. Child and Perceived Food-Induced Gastrointestinal Symptoms and Quality of Life in Children with Functional Gastrointestinal Disorders. *J Acad Nutr Diet*. 2014;114:403-13.
20. Centers for Disease Control and Prevention. Ten great public health achievements-worldwide, 2001-2010. Available at <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6024a4.htm>. Accessed 24 June 2019.
21. Drewnowski A, Rehm CD, Constant F. Water and beverage consumption among adults in the United States: cross-sectional study using data from NHANES 2005–2010. *BMC Public Health*. 2013;13(1):1068.
22. Kant AK, Graubard BI. Contributors of water intake in US children and adolescents: associations with dietary and meal characteristics-National Health and Nutrition Examination Survey 2005–2006. *The Am J Clin Nutr*. 2010;92(4):887-96.
23. Stookey JD, Brass B, Holliday A, Arieff A. What is the cell hydration status of healthy children in the USA. Preliminary data on urine osmolality and water intake. *Public Health Nutr*. 2012;15(11):2148-56.
24. Popkin BM, Barclay DV, Nielsen SJ. Water and food consumption patterns of US adults from 1999 to 2001. *Obesity Res*. 2005;13(12):2146-52.
25. FungWK, Lo KK. Prevalence of skin disease among school children and adolescents in a Student Health Service Center in Hong Kong. *Pediatric Dermatol*. 200;17(6):440-6.
26. Sultana A, Ahluwalia S. A comparative study on eating behavior of public school and Government school children of Lucknow city. *AdvRes J Soc Sci*. 2016;7(2):279-83.
27. Chowdhury N, Yasmin H, Nain J, Hossain F. An Assessment of the Health Behaviors of Dorm Students in Bangladesh. *Home Health Care Management Pract*. 2011;23(2):82-92.
28. Alam N, Roy SK, Ahmed T, Ahmed AMS. Nutritional Status, Dietary Intake, and Relevant Knowledge of Adolescent Girls in Rural Bangladesh. *Health Popul Nutr*. 2010;28(1):86-94.
29. Ashraf A, Chowdhury S, Streefland P. Health, Disease and Health-Care in Rural Bangladesh. *Sot SC Med*. 1982;16:2041-54.
30. Best M, Neuhauser D. Ignaz Semmelweis and the birth of infection control. *Qual Saf Health Care*. 2004;13:233-4.
31. Jarvis WR. Handwashing—the Semmelweis lesson forgotten. *Lancet*. 1994;344:1311-2.
32. Lopez-Quintero C, Freeman P, Neumark Y. Hand Washing Among School Children in Bogota, Colombia. *Am J Public Health*. 2009; 99(1):94-101.
33. Luby S, Agboatwalla M, Schnell BM, Hoekstra RM, Rahbar MH, Keswick BH. The effect of antibacterial soap on impetigo incidence, Karachi, Pakistan. *Am J Trop Med Hyg*. 2002;67:430-5.
34. Chakma JK, Gupta S. Lifestyle practice and associated risk factors of non-communicable diseases among the students of Delhi University. *Int J Health Allied Sci*. 2017;6:20-5.
35. Murray CJ, Lopez AD. Global mortality, disability, and the contribution of risk factors: Global Burden of Disease Study. *Lancet*. 1997;349 (9063):1436-42.
36. Curtis V, Cairncross S. Effect of washing hands with soap on diarrhea risk in the community: a systematic review. *Lancet Infect Dis*. 2003;3:275-81.
37. Rabie T, Curtis V. Evidence that handwashing prevents respiratory tract infection: a systematic review. *Trop Med Int Health*. 2006;11:258-67.
38. Mahamudul HMD, Hosain S, Asaduzzaman AM, Haque MA, Roy UK. Prevalence of Health Diseases among Bangladeshi Tannery Workers and associated Risk factors with Workplace Investigation. *J Pollut Eff Cont*. 2016;4:175.

**Cite this article as:** Islam MJ, Mamun AA, Debnath P, Farida F. Occurrence of common diseases due to habitual food habit or other habit among the students from different regions of Chattogram, Bangladesh. *Int J Sci Rep* 2020;6(3):111-7.