

epidemic in Pakistan. Disparities in smoking behaviour impose harm to those who can least afford the financial and health costs. Future tobacco control policies must be sensitive to gender, geography and socio-economic status.

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Healthy Eating and Active Living (HEAL): Feasibility and Acceptability of Implementing School-based Intervention to Control Childhood Overweight and Obesity in Urban Area of Bangladesh

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Background: The prevalence of overweight and obesity is now on the rise in Bangladesh along with the rapid urbanization and nutrition transition. There is no evidence of intervention to control such growing burden among children and adolescent in Bangladesh. The study aimed to test feasibility and acceptability of culturally appropriate healthy eating and active living (HEAL) guidelines for children and adolescents to control overweight and obesity through a school based initiative.

Methods: We randomly selected 4 schools out of all schools from Dhaka north city corporation zone. All students from grade 3 to grade 9 were invited to participate in an anthropometry survey. Among them, parents of randomly selected overweight and obese children were invited to participate in a one hour interactive intervention session to bring modification in diet and lifestyle behaviors based on culturally appropriate healthy eating and physical activity guideline. We also designed a healthy tiffin box to put into practice of HEAL guideline. For more depth information, we conducted 8 focus group discussions, 20 in-depth interviews including parents, children and 12 key informants' interviews including wide range of experts.

Findings: A total of 831 students participated in the primary anthropometric survey. 25.2% (n=209) and 23.8% (n=198) among the participants were found overweight and obese respectively. Finally, 112 overweight and obese students, 28 from each school were randomly selected and their parents were invited to take part in the training sessions. 85% (n=95) parents participated in the intervention session. The result revealed that parents and children were aware of childhood overweight and obesity, but lifestyle related unhealthy behaviors existed. Moreover, they have knowledge on health impact of unhealthy behaviors, but forced to continue these for different factors (i.e, taste, parental busy life, diversity of fast food types, attractive advertisements, easy accessibility and availability of fast food shops and restaurants, inadequate time, academic pressure, and social security).

Interpretation: Intervention through HEAL guideline used a school approach with interactive learning is feasible. Target group for HEAL guideline should include teacher, parents and children as a group when attempting to control overweight and obesity among children.

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Independent Field Audit of Individual Household Latrine (IHHL) in Charutar Region of Gujarat, India

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Background: In India, the promotion of total sanitation is increased by the "Swachh Bharat Mission" initiative of the current Government. Construction of Individual Household Latrines (IHHL) is one of the key components under the mission to achieve 'Open Defecation Free'(ODF) status for urban areas and villages. Urban areas and 4,800 villages in the state of Gujarat have been declared ODF. However, there are various reports questioning construction and utility of IHHL. We conducted an independent audit of IHHL in Charutar region of Gujarat.

Methods: Four villages (two each with ODF and not-ODF status) were randomly selected. Every third household in Ravipura was visited. In Gana, Boriya and Vadtal, all households in areas where the latrines were predominantly constructed under IHHL scheme were visited. Trained surveyors collected questionnaire and observational data (including photographs) after obtaining written informed consent. Socio-demographic characteristics and utilization of IHHL was captured through a pre-tested questionnaire along with physical evaluation of latrines. The data was captured on the mobile-based MAGPI platform. Descriptive statistics were used to portray socio-demographic factors, availability and utilization of latrines. Chi-square test was applied to assess associations between categorical data.

Findings: Of the 536 households visited, 391(73%) had latrine facility, of which 313(80%) consented for the evaluation. Majority of the latrines were constructed in the current year[179(57.19%)], by Local Self-Government[245(78.27%)] and were located outside the house[271(86.58%)]. Eighty-five(27.16%) reported that they are not using the latrine. Commode was not installed in 11 latrines while proper drainage system was absent in 17 latrines. Households having tap connection in latrine were significantly more likely to use latrines as compared to those without tap connection(57% vs 10.6%, p<0.001). Among villages declared ODF, 53 and 65 households in Ravipura and Vadtal, respectively, did not have latrine.

Interpretation: Despite fast-tracked construction of IHHL under the NDA government, indicators used to declare villages ODF are not full-proof and can be manipulated to inflate coverage statistics. Further research to explore behavioral, structural and system barriers regarding construction and utilization of IHHL is needed. From a programmatic perspective, appropriate monitoring and evaluation systems with context-specific behavior change communication is required to achieve and sustain ODF status across India.

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