MUSCULOSKELETAL COMPLAINTS BY THE JOURNALIST IN DHAKA CITY

Faculty of Medicine

University of Dhaka

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We the undersigned certify that we have carefully read and recommended to the Faculty of Medicine, University of Dhaka, for the acceptance of this dissertation entitled

MUSCULOSKELETAL COMPLAINTS BY THE JOURNALIST IN DHAKA CITY

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DECLARATION

This work has not previously been accepted in substance for any degree and isn't concurrently submitted in candidature for any degree. This dissertation is being submitted in partial fulfillment of the requirements for the degree of B.Sc. in Physiotherapy.

I confirm that if anything identified in my work that I have done plagiarism or any form of cheating that was directly awarded me fail and I am subject to disciplinary actions of authority. I confirm that the electronic copy is identical to the bound copy of the Thesis.

In case of dissemination the finding of this project for future publication, research supervisor was highly concern, it was duly acknowledged as graduate thesis and consent was consent taken from the physiotherapy department of Saic College of Medical Science and Technology (SCMST).

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CONTENTS

Acronyms

MSD: Musculoskeletal disorder

WRMD: Work related musculoskeletal disorder

PT: Physiotherapist

BMI: Body mass index

WRMDs: Work-related musculoskeletal disorders

SCMST: Saic College of Medical Science and Technology

WHO: World Health Organization

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Abstract

Purpose: Musculoskeletal disorders (MSD) are among the most common in the world, affecting individuals of all ages, sexes, socioeconomic classes, and ethnicities. The correlation between whole body vibration and work-related MSD has been most definitely shown as drivers are exposed to whole body vibration for extended Periods of time, and this has been associated with low back pain. *Objectives*: So, the objective this research was carried out To Identify the musculoskeletal complaints among the Journalist in Dhaka city. *Methodology:* The prospective quantitative research was carried out to accomplish the objective of the study. 79 participants among Journalist were selected as simple random sampling technique. The investigator used a mix of both structured and semi-structured questionnaire and participants were requested to give opinion based on the structure of the question. Data were numerically coded and put in both Excel and SPSS 25 version software program. Descriptive statistics was performed to obtain the result of the study. with work-related discomfort or pain detected in nine locations of the body: (1) neck, (2) shoulder, (3) elbow, (4) wrists, (5) upper back, (6) lumbar, (7) thighs, (8) knee, and (9) ankle. *Results:* In this study participant was 84 journalist where n=73 (87%) were musculoskeletal complaints and n=11 (13%) were no any musculoskeletal complaints. In this study neck were 65.5%, right shoulder were 6%, left were shoulder 6%, both 8.3%, Elbow were right 2.4%, left 1.2%, both 4.8%, Wrist were right 7.1%, Left 1.2%, both 4.8%, Back were upper 6% & lower 19%, One or both knees were 8.3% and one or both ankles 13.1%. *Conclusion:* Journalist from Dhaka city were the sample for the report, and a significant amount of them had experienced work-related physical injuries. The shoulders, low back, knees, and ankles were the body parts most prone to injury.

Key words: Musculoskeletal disorder, Journalist, Musculoskeletal complaints.

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CHAPTER-I	INTRODUCTION

1.1 Background

Musculoskeletal disorders (MSD) are among the most common in the world, affectingindividuals of all ages, sexes, socioeconomic classes, and ethnicities (World Health Organization, 2003). The association between MSD and numerous sociodemographic factors is well documented in the literature like population-based studies conducted inCanada, Finland, Sweden, and the United Kingdom identified gender, increasing age, education, and personal smoking history as important predictors of MSD (Schulte et al., 2007). Disorders of the musculoskeletal system are the single largest group of work-related illness in the developed world (Punnett & Wegman, 2004). Some conditions and body regions are associated with certain industries and job features for example; Lower back pain has been connectedto warehouse work, repetitive lifting of heavy loads, and prolonged exposure to wholebody vibrational forces (Waters et al., 2011). A survey of the general UK population found current smokers 20-50% more likely to report musculoskeletal pain that limitedactivity as compared to lifetime non-smokers (Palmer et al., 2002).

The correlation between whole body vibration and work-related MSD has been most definitely shown as drivers are exposed to whole body vibration for extended Periods of time, and this has been associated with low back pain (Seidel & Heide, 1986). Despite the strong and consistent link demonstrate between back pain and whole body vibration, there is little evidence that any other body regions are similarly affected to recognize a relationship between exposure to hand-transmitted vibrations (e.g. power tools) and neck and upper extremity symptoms (Palmer et al., 2001). Interestingly the excess risk appears to be higher for distal sites (fingers, wrist) than for proximal ones (neck) with the relationship between weight and musculoskeletal pain is well documented with respect to the back, hip and knee joints (Lievense et al., 2001). Nevertheless, a history of prior injury seems a logical predictor of work-related MSD given the well-documented relationship between chronicity and pain severity (Alexopolous et al., 2006).

Individuals describing higher levels of job stress, inadequate time to complete their work, poor safety climate in the workplace, lack of work freedom, and low job satisfaction in a national survey also reported higher rates of upper extremity and low

back pain (Waters et al., 2011). While some of these evaluations may have a direct impact on physical work activities (e.g. lack of work freedom resulting in prolonged static, awkward positioning), musculoskeletal manifestations of work-related stress are likely due to a psychophysiological response resulting in a prolonged increase in muscle tension throughout the neck and shoulders. Workers suffering from musculoskeletal pain at anybody region scored lower on quality of life testing than those without pain, a relationship that remained significant even after adjusting for socio-demographic factors (McDonald et al., 2011).

Work-related musculoskeletal disorders (WMSDs) are injuries that affect various elements of the musculoskeletal system, such as the muscles, the tendons, the nerves, and the joints. Their prevalence amongst surgeons is reported to be between 20 and 70%, with the most commonly affected muscle groups being those of the neck, shoulders, and lower back (Mavrovounis et al.,2017).

The epidemiologic evidence that is currently available is extensive, but it would benefit from more longitudinal data to more accurately assess knowledge gaps regarding effect delay, natural history, prognosis, and the possibility of bias in selection in the form of the healthy worker effect. Although objective measurements may be particularly helpful in making a more certain diagnosis, subjective measurements better reflect the impact on the patient. Many of the symptoms that are frequently reported in workplace studies still lack a "gold standard" in terms of examination methodologies. Last but not least, too often, exposure assessment has just used basic methods indicators like the title of a job. Worker self-report, investigator observation, and direct measurement all contribute to insight, but the inability to compare results across research is hampered by the absence of defined exposure measurements (Punnett et al., 2004).

This cross-sectional study was a component of a wider examination into musculoskeletal diseases at work among newspaper employees who used VDT to varied degrees. The incidence of work-associated musculoskeletal diseases symptoms within this population is reported in this paper, which also looks into how these symptoms are related to various workplace situations. The editorial staff was given particular attention because earlier data suggested that there was a significant incidence of musculoskeletal issues among these workers. We also evaluated the accuracy of self-reported VDT use using more objective job-sampling methodologies because prior

studies connected self-reported VDT exposure to musculoskeletal problems (B et al .,2018).

In addition to the work-related financial losses, individuals with MSDs are likely to describe a reduction in the quantity and quality of leisure activities an example US workers with back or arthritis pain were nearly twice as likely to report impairment in daily activities as a direct result of their pain (McDonald et al., 2011). Functional limitations and the resulting restriction of leisure pursuits may reduce self-perceived quality of life: within a cohort of workers actively on 2-6 weeks of sick leave for a work-related MSD, pain severity and quality of life were moderate correlated (Vanduijn et al., 2004).

1.2 Justification

Millions of people working in journalism and they were suffering from different musculoskeletal disorder. From this study journalist will able to identify the risks that can influence their activities. Journalist may provide proper recommendation for every single risk which will be helpful for better service. Beside this it will be help to established guidelines in line with ergonomics for space, equipment, furniture and environmental conditions of their workplace. This study will also help to improve their awareness, especially about their posture when treating patients. Besides this it will be helpful for professional development which is crucial for current situation of the profession. From this study researcher can identify the risk factors of the workplace and adjustment of equipment's and posture which are harmful for the journalist because journalist have to collect news in various aspect work condition with frequent change of the posture. So the study may help to their awareness about their posture. And finally will help to discover the role and importance of journalist. A lot of study were done world- wide regarding this topic to determine the musculoskeletal complain. But very few study were conducted on this regard in our country. Among the few studies that were found locally not sufficient to present the real picture of the situation due to shortage of information and study were conducted couple of year back which does not represent the present situation on this regard. So it is very urgent to know the situation. For this reasons, one study is necessary to conduct on this topic to take the preventive measures and minimized the gap of the knowledge on this regard. For further research it will also open large avenue and the result of the study may help health care provider as well as journalist to take preventive measures. That is why conducting this study is the necessity of the time for the journalist.

1.3 Research Question

What are the musculoskeletal complaints by the journalist in Dhaka city?

1.4 Objectives of the study

1.4.1 General objectives:
❖ To determine musculoskeletal complaints by the journalist in Dhaka city.

1.4.2 Specific objectives:
i. To calculate the prevalence of musculoskeletal problem among the journalist in Dhaka city;

ii. To explore the socio-demographic factors among the journalist;

iii. To identify the affected body parts of the study subjects by using NMSQ;

iv. To inquire of the participant about length of use of computer, heavy weight lifting, standing long duration.

1.5 Conceptual frame work

Independent Variables	Dependent Variable

Demographic information: Age, Sex, BMI, Working hours, Educational Qualification

Employment-related factors:

Employment status

Working hours

Trade

Duty shift

work require you to stand for long periods of time?

Musculoskeletal Complaints

1. Types of pain
2. Affected side
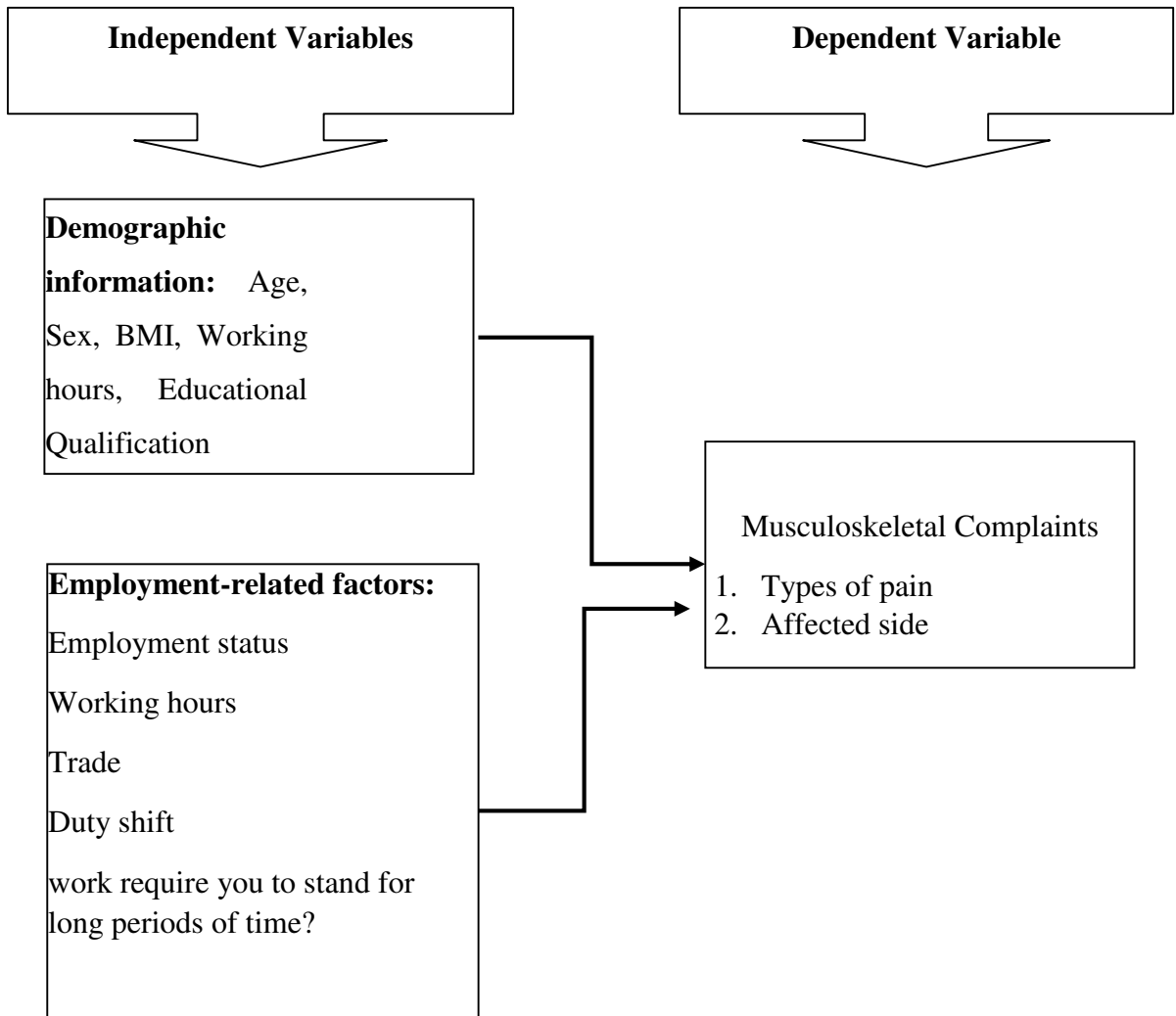
1.7 Operational definition

Musculoskeletal System:

The musculoskeletal system gives the body its shape, support, stability, and mobility. It consists of the skeleton's bones, muscles, cartilage, tendons, ligaments, joints, and other connective tissue that holds tissues and organs together and supports them.

Musculoskeletal Disorders:

Musculoskeletal problems are a wide range of inflammatory and degenerative conditions affecting the muscles, tendons, ligaments, joints, peripheral nerves, and supporting blood vessels.

Pain:

Pain is a distressing sensory or emotional sensation that is connected to actual or potential tissue damage and is defined in terms of such damage.

Numbness:

A partial or complete loss of sensation in a physical component

Paresthesia: It is an unusual sensation of the skin (such as tingling, pricking, chilling, scorching, or numbness) that has no discernible physical origin.

Journalist

A Journalist, or Reporter, is responsible for researching and writing informational news articles and stories about real events using a fair and unbiased perspective. Their duties include interviewing experts, gathering first-hand accounts of events and organizing an outline into a cohesive, interesting story

Body Mass Index (BMI)

Body Mass Index (BMI) is a person's weight in kilograms (or pounds) divided by the square of height in meters (or feet). A high BMI can indicate high body fatness. BMI screens for weight categories that may lead to health problems, but it does not diagnose the body fatness or health of an individual.

The researcher said that, in this and subsequent issues of the journal, detailed information from the Global Burden of Disease (GBD) study will be published on various musculoskeletal (MSK) ailments. Low back pain is the most frequent ailment, and MSK disorders are the second most common cause of disability in the world, according to years lived with disability (YLDs). In instance, osteoarthritis (OA)-related disability is projected to have increased by 45% between 1990 and 2010, and it is predicted that this trend will continue as the population gets older, fatter, and more sedentary. The GBD project is a massive and significant undertaking that brings together researchers and subject matter experts from various fields and nations with cutting-edge statistical technologies to give us accurate data on the prevalence and burden of MSK illnesses. Low back pain, low back pain from an occupation, neck pain, OA, rheumatoid arthritis (RA), gout, low bone mineral density, and other MSK illnesses are the specific conditions and disorders that will be covered in this issue and subsequent ones. Although bone mineral density was included in the global burden estimates as a risk factor for fractures, osteoporosis was not treated as a disease in the GBD study. A separate paper in the current issue will address the methodological issues. Although there are significant restrictions, this initiative is crucial for a number of reasons. In addition to being of scientific importance, the data outline the effects of MSK illnesses on both individuals and society. They also provide a global perspective on MSK health (Storheim & Zwart, 2014).

The researcher said that, Despite having the highest health care spending in the world, the United States frequently has worse health outcomes and lower patient satisfaction than other industrialized nations. Overtreatment, or the use of medical procedures and treatments for which risks outweigh benefits, may be one explanation for this contradiction. It is crucial to comprehend how journalists characterize the issue and its significance since they have a significant influence on how the public is informed about the health care system, including problems like overtreatment. This qualitative investigation of health news writers examines their viewpoints on the reporting of overtreatment. Regarding the ideas of journalists concerning overtreatment and its coverage, the interviews revealed four key themes: the duties and responsibilities of journalists, the medical background, the causes of overtreatment, and

economicscosts. According to journalists, overtreatment is a serious but complicated problem that is fueled by Americans' faith in health and social standards that consider uncertainty as unacceptable. Cancer screening, treatment, and overprescribing are the medical contexts most frequently linked to overtreatment. Instead than educating audiences about health policy, journalists see their role as supplying facts to enable consumers make decisions about their own personal care (Walsh-Childers & Braddock, 2016).

The researcher said that, the health literacy of consumers is significantly influenced by health journalism. People's perceptions of a health-related issue, for instance, may be influenced by the way the media "frame" news items on a topical and thematic level, according to researchers. Additionally, research indicates that compared to their general assignment peers, health journalists frequently define their roles differently. Health journalists frequently see themselves as advocates for behavior change or motivators to action, which extends beyond the typical role of information provider. While journalism is frequently defined as a "set of transparent, independent procedures aimed at gathering, verifying, and reporting truthful information of consequence to citizens in a democracy," the belief of health journalists that better public health information would be delivered to their communities would be enhanced collaboration with public health officials as opposed to retaining independence from people they cover. For instance, experts in science and health claim that information provided by the media is frequently incorrect or confusing. In response, journalists frequently fault scientists and healthcare professionals for lacking the communication abilities necessary to successfully enlighten the public (Tanner et al., 2015).

The researcher said that, Musculoskeletal conditions (MSDs) significantly affect the working population. In the past ten years, there has been a sharp increase in interest in work-related MSDs (WMSDs) due to the severe impairment and time away from the workplace that they are linked with. Despite a decline in overall lost-time claims, WMSDs such sprains, strains, and diseases caused by inflammation of muscles, tendons, nerves, and arteries accounted for over 50% of workers' claims in Ontario from 1989 to 1998. In 1992, a major US compensation carrier paid out an average of $6670 for WMSD claims, as opposed to an average of $3723 for all claims. MSDs account for 9% of all doctor visits, 5% of all hospital discharges, and 10% of all hospital treatments in terms of health care usage. United States. In Britain, there are also reports of comparable numbers. According to the World Health Organization5, "work-related"

disorders have a multifactorial origin, meaning that not only do the workplace and how work is performed significantly contribute to the cause or amplification of the disorder, but that "personal characteristics, other environmental, and sociocultural factors usually play a role as risk factors" as well. There have been a number of significant reviews published on the job-relatedness of neck and upper limb WMSDs, while there is still disagreement over how important work variables are in controlling these disorders. Health care solutions frequently draw from knowledge of clinical problems. These might or might not have the same outcome as those more closely related to work. The prevalence of WMSD among working populations is discussed in the percentage of employees who have sought medical attention is frequently recorded, frequently as one element of verifying the claim and case description (Swift et al., 2012).

According to the researcher, Stress and musculoskeletal pain (MSP) have been linked through physiological and psychological mechanisms, and a number of stress biomarkers in patients with chronic pain have been linked to health and recovery as well as illnesses connected to stress. The goal of the study was to determine whether working people who experienced mild to moderate back, neck, shoulder, and computer-related pain would exhibit similar findings. (1) Relationships between self-reported neck, shoulder, and back pain (VAS) and stress-related (catabolic), recovery-related (anabolic), cardiovascular/lifestyle, and immunological marker variables were investigated. (2) Correlations between stress marker levels throughout a six-month period and long-term changes in pain. (3) the prognostic significance of stress biomarkers During twelve months to treat discomfort A media business recruited 121 media professionals for the study from three news departments, comprising 67 men (average age: 45) and 53 women (average age: 43). Neck, shoulder, upper and low back pain were self-rated three times with a 6-month interval toward the previous month. The same periods saw the sampling of stress biomarkers. A second comparable questionnaire was administered, this time with evaluations focused on the "at present," or during the same hour as the stress biomarker sample. Intake of medications or hours spent using computers did not alter throughout the course of the 12-month trial. Between the baseline and the 12-month follow-up, both the overall pain level and the prevalence of pain decreased. The level of involvement was 95%. After adjusting for age and gender, cross-sectional analyses on the differences in stress biomarkers between groups of "no pain" and "pain" revealed less beneficial stress biomarker levels (P 0.05) in the "pain" group in S-DHEA-S and P-endothelin, S-insulin, and P-fibrinogen

(Schell et al., 2015).

According to the researcher, Significant health disparities, such as shorter average lifespans and greater incidence of chronic illnesses, exist in many Native American communities. If academics first comprehend the unique cultural circumstances of indigenous communities, journalism that serves Native Americans is a promising avenue for health communication. By examining how journalists that cover Native American communities characterize health and the problems they associate with covering health determinants, this research helps to achieve that goal. Journalists compared their coverage of health concerns as entrenched in cultural context with that of shallow, more unfavorable coverage by non-Native media organizations in in-depth interviews (N = 24). Interviews also revealed a conflict between "medical" and "cultural" concepts of health, which is why some health conditions, like diabetes, are overrepresented while others are not. Additionally, journalists revealed the significance of historical trauma and the loss of indigenous health beliefs and behaviors, shedding light on how social determinants and histories of oppression shape health inequities. If these problems are not acknowledged, efforts to engage with Native American audiences about health issues may be hampered (Hinnant et al., 2017).

According to the researcher, Despite the fact that the media has the power to affect how the public views and uses healthcare, most journalists do not regularly receive training in how to assess and report on medical research. The importance of high-quality media reporting has increased as a result of mounting information about the drawbacks of medical overuse. This project sought to codesign and evaluate the viability of a multifaceted training program for Australian journalists. Design a pre- and post-design feasibility assessment with a limited scope.90-minute online workshop timer. Participants Eight journalists who are now employed in Australia were sought out through relationships the researchers already had and the journalist advisor for the study. Intervention A variety of subjects were covered during the training intervention, such as study designs, conflicts of interest, false medical statistics, population screening, and overdiagnosis. Additionally, the intervention gave journalists' aid resources. includes reporting, a Tip Sheet, and a list of health and medical industry contacts. Surveys were given out before and after the workshop using Qualtrics. Measures acceptance and viability of the solution, as well as journalists' familiarity with overdiagnosis and frequent problems with health-related topics. Using SPSS, quantitative results were descriptively analyzed. Thematic analysis was used to analyze

qualitative data. Six participants (75% retention) completed the 6-week follow-up after completing the preworkshop and postwork shop questionnaires. The intervention is acceptable and pertinent to journalists, according to feasibility findings. Participants said the workshop gave them more confidence to report on medical research. We saw improvements in knowledge pre- to post-workshop for all knowledge measures on overdiagnosis and typical problems with medical media coverage. Several opportunities for improvement were discovered through the analysis of free-text responses, such : nses noted various areas for improvement, including the need for greater discussion time and examples to help readers understand the paradoxical subject of overdiagnosis.The piloting suggested that journalists would embrace the multi-component training intervention and offered valuable comments and insights to guide a subsequent study of the intervention's influence on media coverage of medicine (Copp et al., 2022).

According to the researcher, 75 female journalists who currently or have worked in Germany, India, Taiwan, the United Kingdom, and the United States of America revealed in-depth interviews that they encounter widespread online gendered harassment that affects how they perform their jobs. Many many of the women's jobs demand them to interact with their audience online, and they say that doing so frequently exposes them to sexist remarks that attack, marginalize, stereotype, or threaten them based on their gender or sexuality. The journalists have come up with a number of tactics to deal with the abuse, such as reducing the amount of content they post online, altering the subjects of their reports, and utilizing technological methods to stop people from submitting objectionable content on their open social media profiles. Results demonstrate that because this harassment restricts how much these women can engage with the audience, it interferes with the routine of reciprocal journalism. without experiencing sexual assault or undermining, in ways that are mutually beneficial. Even while harassment incidents were common in all of the nations examined, cultural distinctions could be seen in how much interaction journalists were expected to have online. The model of hierarchy of influences, which seeks to explain how various forces influence media content, is examined in relation to the results (Chen et al., 2018).

According to the researcher, It is surprising that there is so little research that examines the connections between public health entities and health journalists given the rise in the volume of health and medical news over the past few years, the growing number of journalists dedicated to satiating the public's insatiable appetite for such

information, and the significant role of government public health organizations in producing and disseminating such information. In order to show how public information officers and health journalists can collaborate to create a local public health agenda free from the burden of pointless or inconsistent barriers, this article describes and analyzes similarities and differences in perceptions between journalists and information officers in public health agencies on a number of issues. This paper presents the results of a study with a In order to show how public information officers and health journalists can collaborate to create a local public health agenda free from the burden of pointless or inconsistent barriers, this article describes and analyzes similarities and differences in perceptions between journalists and information officers in public health agencies on a number of issues. This study presents findings from 90 interviews with state and local public health information officers and health journalists who cover public health beats across the United States, as well as a three-stage pretest (Avery & Sohn, 2009).

The researcher said that, the mass media has a huge ability to shape public views and behaviors about health. How the media portrays health issues has been the subject of a lot of research. This study aimed to investigate how Australian journalists choose and influence health-related news. 16 journalists from significant Australian print, radio, and television media outlets who covered avian influenza and pandemic preparation participated in semi-structured interviews for the study. Between October 2006 and August 2007, journalists, including reporters, editors, and producers, were questioned. Major takeaways for health communicators were identified through thematic analysis. Despite severe operational limitations, journalists frequently tried to strike a balance between many, occasionally competing goals. Respected and independent doctors were seen as the most reliable sources for information on health-related matters. Dedicated medical and health reporters had a moresound technical expertise, access to the right sources, influence within their organizations, and the capacity to fight for higher-quality reporting. For those who communicate about health issues, understanding how to deal with the media is crucial. This entails being familiar with the daily routines of journalists, being accessible, offering information, and establishing connections with specialized health reporters (Leask et al., 2010).

The researcher said that, The Bourdieusian field theory and New Censorship Theory are used in this article to examine journalist self-censorship. The article examines local Crimean journalists' experiences during the immediate aftermath of the

peninsula's annexation by Russia and the subsequent rapid expansion of Russian state control over local media. The study here is based on 70 biographical interviews with local journalists who spent at least a year working in Crimea between 2013 and 2017. In the opening section of the essay, I suggest a bourdieusian method of self-censorship. In the second section of the article, I highlight three self-censorship techniques and give instances of journalists who have achieved prominence in the new Crimean media after 2014: regulating 'the other' journalist practices alerting the authorities journalist strikes deals with local politicians by not reporting on local infrastructural problems and instead directly requesting the local government to fix them in exchange for favorable media coverage); self-censorship only when it comes to "the ethnic other": they refuse to practice self-censorship when working for Moscow-based Russian language media, but agree to it in local media targeting Crimean Tatars); and self-censorship only when it comes to "the ethnic other" (Zeveleva, 2014).

CHAPTER-III	**METHODOLOGY**

3.1: Study Design:

The design of the study was descriptive cross-sectional. The descriptive cross-sectional study design is usually cheaper and quicker and confounding variables can be controlled for during data analysis.

3.2: Study Area:

The data were collected from Mohona Television Ltd, Ekushey Television Ltd, ATN Bangla Ltd in Dhaka city.

3.3: Study period

The duration of the study was 6 months form 3rd January 2023 to 31th July 2023

3.4: Study population:

All Journalist form Mohona Television Ltd, Ekushey Television Ltd, ATN Bangla Ltd in Dhaka city

3.5 Sample size

$$n = \frac{z^2 pq}{d^2}$$

Here,

Z = 1.96

P = Prevalence = 0.5

q = 1-P

d = Confidential interval = 0.05

According to standard formula, sample size will be,

$\frac{z^2 Pq}{d^2}$ = [(1.96)^2 ×0.5×0.5] ÷ (0.5)^2 = 384

So, sample size is 384.

So, the initial sample size is 384. But limitation of as this research, the feasible 84 samples were selected for this study.

3.6 Sampling Technique

Applied convenience sampling technique for collecting sample.

3.7 Data Collection Processing

Data collection procedure will involve face to face interview of Journalist with help of interviewer administered structured questionnaire.

- **Tools:** Questionnaire, consent paper, checklist, measurement scale/Tools.
- **Method:** Face to face interview**.**

3.8 Data Analysis

The data will be analyzed with the Microsoft Office Excel 2019 with SPSS 25 version software program.

3.9 Inclusion criteria

- ➢ Consists of in the Dhaka city with the age of 21-59 years.
- ➢ Those who was working for at least 3 months to 6 months.

3.10 Exclusion criteria

- ➢ The subject who was not willing to participant in the study.
- ➢ Age range below 21 or above 59 years
- ➢ Had any mental disease.

3.11 Ethical consideration

Strictly followed all kinds of ethics and I take a permission from ethical board of SAIC College of Medical Science and Technology (SCMST) before starting data collection. The investigator was obtain written permission from ethical review board (SCMST). ethical review board informed by written document about aims and objectives of the study and that the Journalist of the study was not harmed or the clients name, address and personal information will be kept confidential by the investigator mentally and the dates was not be shared with others. All the participants and authority will be informed about the purpose of the study, the process of the study and their written consent will be obtained. All the interviews will be taken in a confidential to maximize the participant's comfort and feelings of security. The researcher has permission from the research supervisor, physiotherapy Department. The researcher is to ensuring the confidentiality of participants' information, sharing information only with the research supervisor.

3.12: Informed consent

A consent form was provided for this study, and the subject was verbally informed of the research's aims and the consent process. Participants may withdraw at any time and participation was purely optional. Additionally, participants received assurances that their privacy would be protected. Though they won't be named, information may be published in any writing or presentations. The findings of the study might not directly affect them, but they might one day be of use to the population of physiotherapists. The study wouldn't make them feel bad.

3.13 Budget:

I was bearing my all expenses in my own and will not take from others.

3.14 Rigor:

It was always aimed to avoid introducing personal viewpoints, values, and biases during the data collecting and processing. No judgements were made, and no leading questions were asked. When conducting the study, the researcher was taken help from the supervisor when needed. Researcher always tried not to influence the process by his own value and biases. No leading question were asked or no important question is avoided. The participant's information was coded accurately and checked by the research supervisor to eliminate any possible errors. The entire information was handled with confidentiality. In the result section researcher was not find influenced about outcome by showing any personal interpretation during conduct the study every section of the study is checked by the research supervisor.

CHAPTER: IV	RESULT

The study aimed to determine musculoskeletal complaints by the journalist in Dhaka city. The data was collected by the researcher himself. Structured questions were used with both open-ended and close-ended questions in the questionnaire. The data were analyzed with the Microsoft Office Excel 2019 with SPSS 25 version software program. In this study researcher use bar, Colum, Figure, Pie chart so show the result of the body.

4.1: Socio-demographic condition:

4.1.1: Age of participant

Regarding frequency distribution of the participant, it was found 29 (35.5%) participant belong the age group of 24-34 years: It also found that 39 (46.4%) participant were in the age group of 35-45 years. It also found that 12 (14.3%) participant were in the age group of 46-55 years And also found that 4 (4.8%) participant were in the age group of >56 years. The Mean age of the participant was 38.40 and SD 9.611 (Table number-1)

Table no.1: Frequency distribution of the participant by age

Age Group in years	Frequency	
	N	%
24-34	29	34.5
35-45	39	46.4
46-56	12	14.3
>56	4	4.8
Total	84	100.0

Mean age =38.40, SD= 9.611

4.1.20: Gender of participant

In this study 77.4% participant were male and 22.6% participant were female.
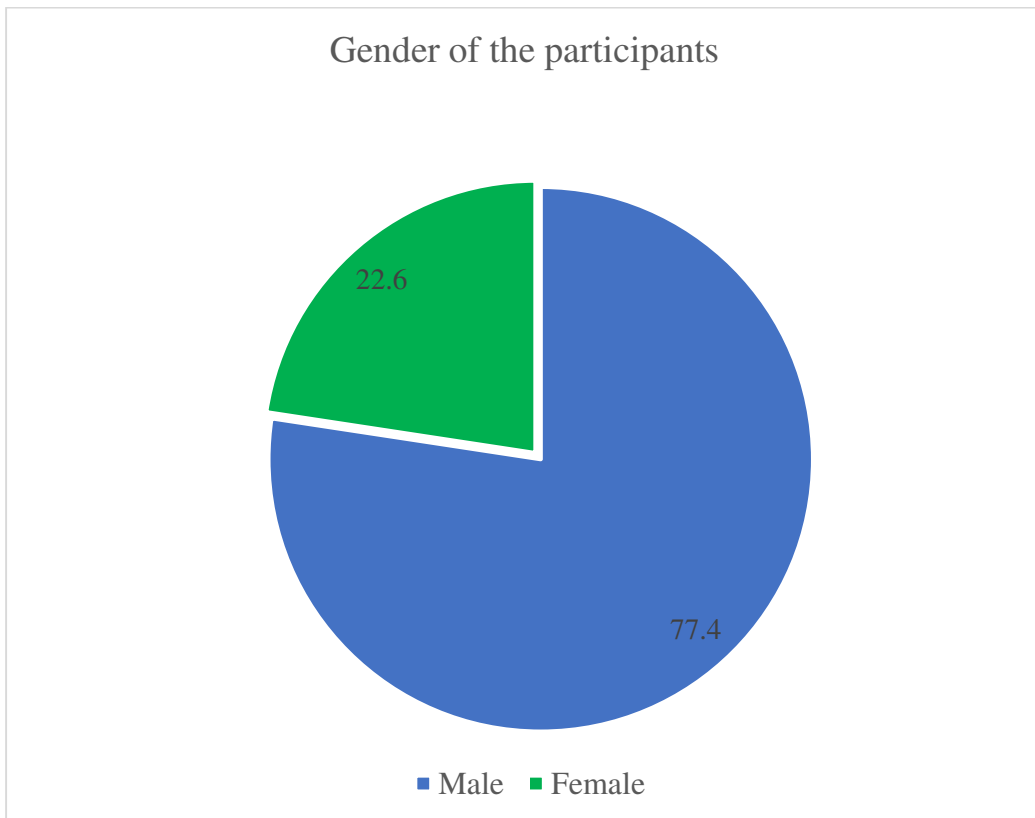
Figure: Gender of participant

4.1.3: BMI of the Participant

This study's participant means and standard deviation of participant BMI where are Mean ± SD= 25.054± 3.0773; here Normal were 53.6% and Overweight were 46.4%.

Table-2: BMI of the Participant

BMI	Percentage	Mean	SD
Underweight	0.00		
Normal	53.6		
Overweight	46.4	25.054	3.0773
Obesity	0.00		
Extremely Obesity	0.00		

4.1.4: Education level of the Participant

In this following figure 17.9% were HSC or bellow, 23.8% were Under graduate and 58.3% were post graduate of the participant.
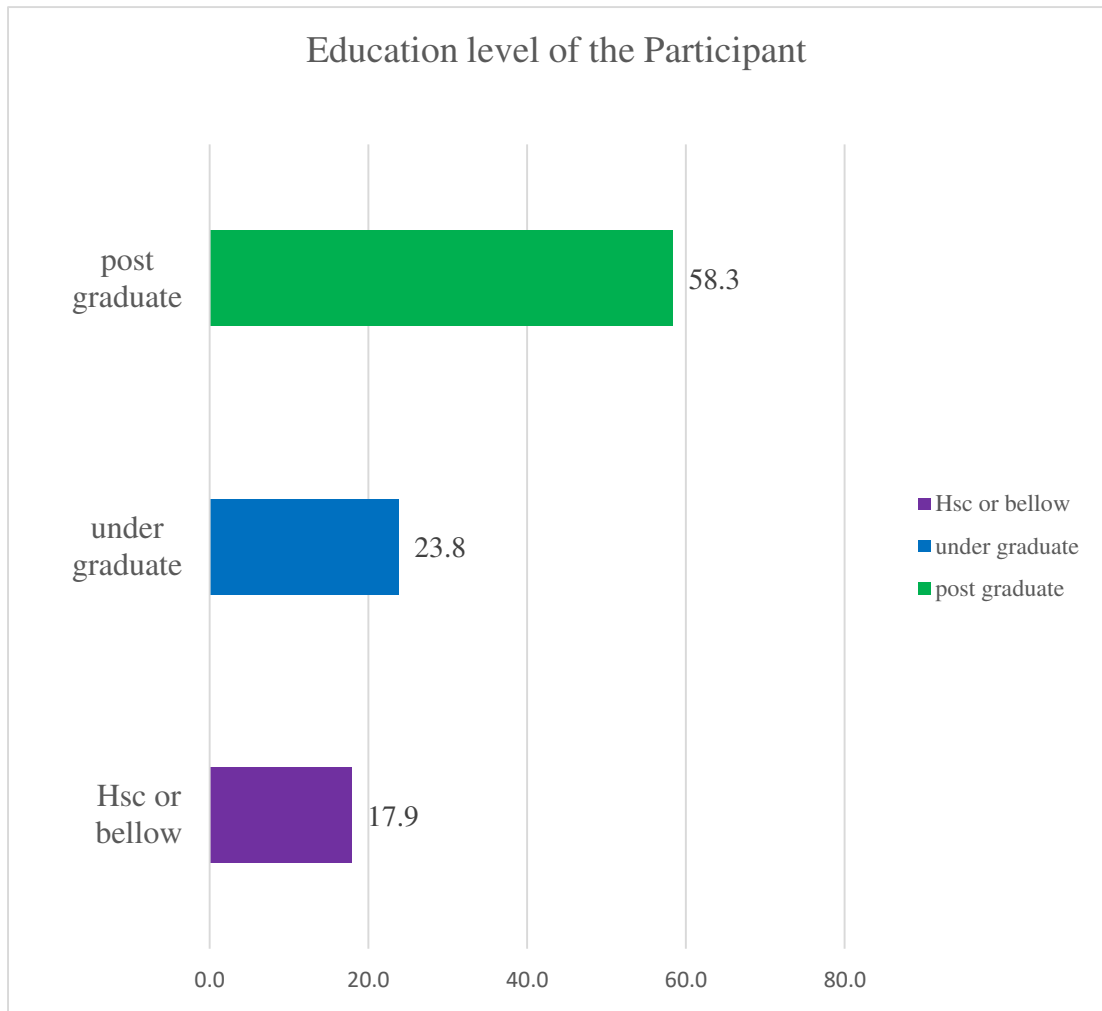
Figure- 2: Education level of the Participant

4.1.5: Martial status of the participant

In this study 75% were married and 25% were unmarried.
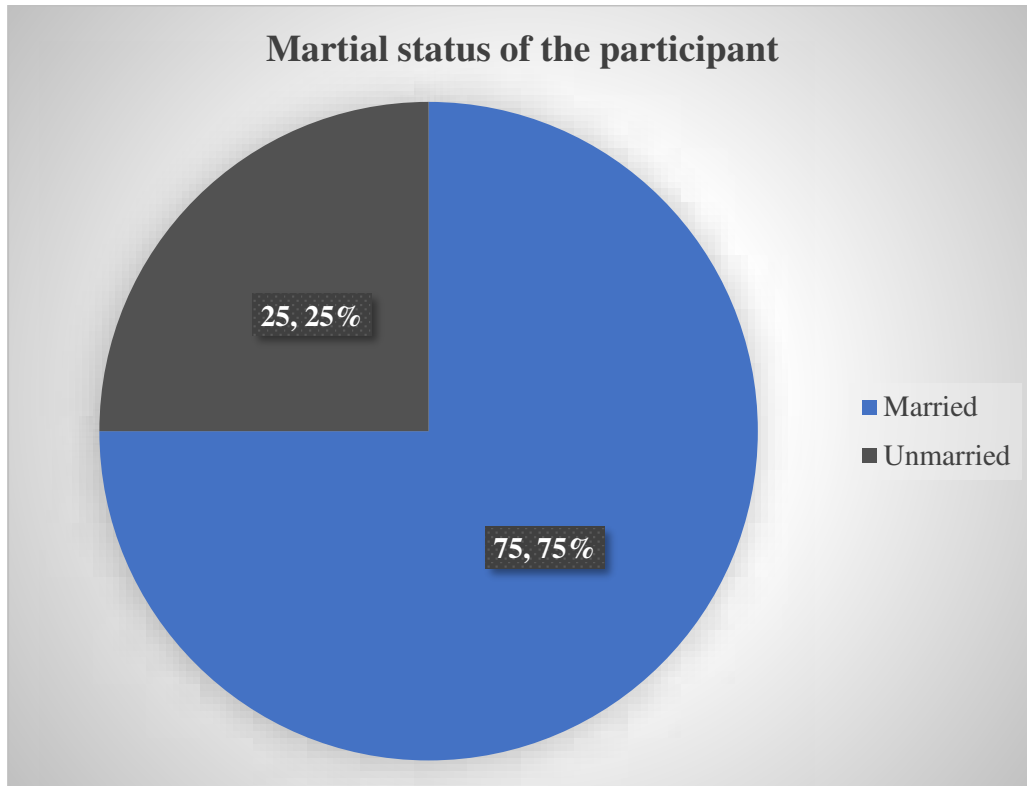
Figure- 3: Martial status of the participant

4.1.6: Religion of the participant

In this study 83.3% were Muslim, 15.5% were Hindu and 1.2% were Buddhist.
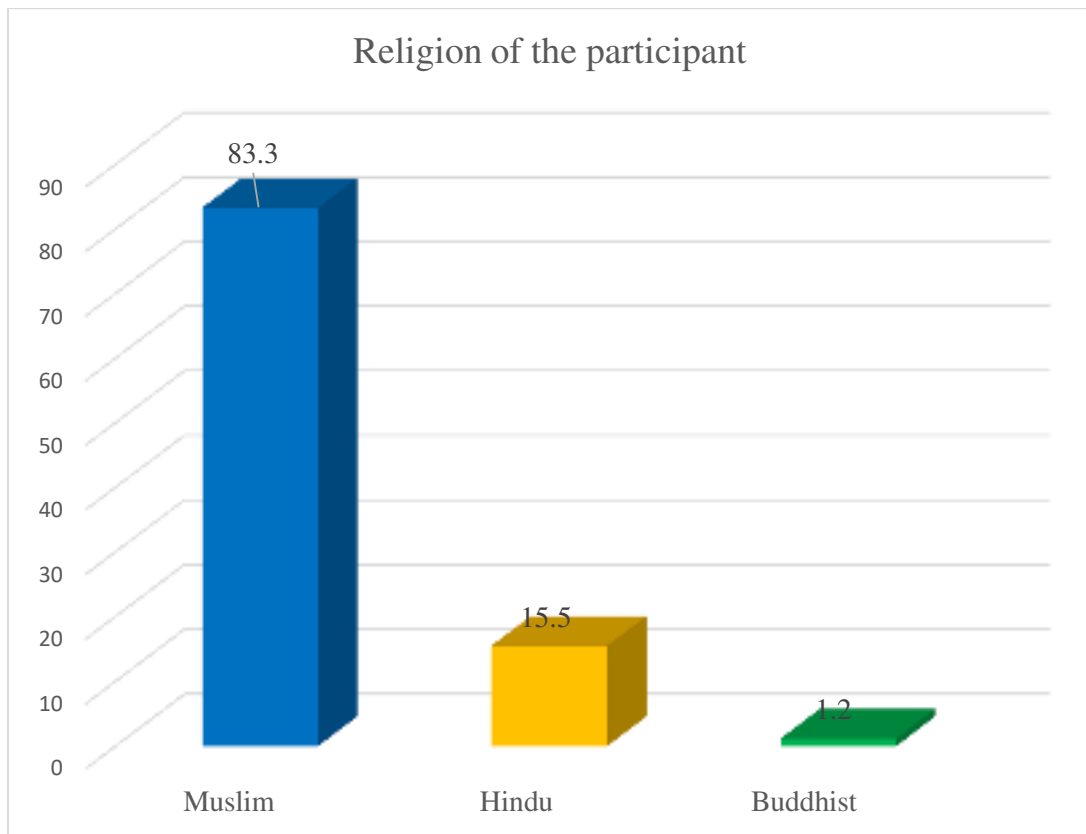
Figure- 4: Religion of the participant

4.1.7: Smoking habit of the participant

In this study 45.2% participant were smoker and 54.8% participant were non smoker.

Smoking habit of the participant

45.2

54.8

■ Yes ■ No
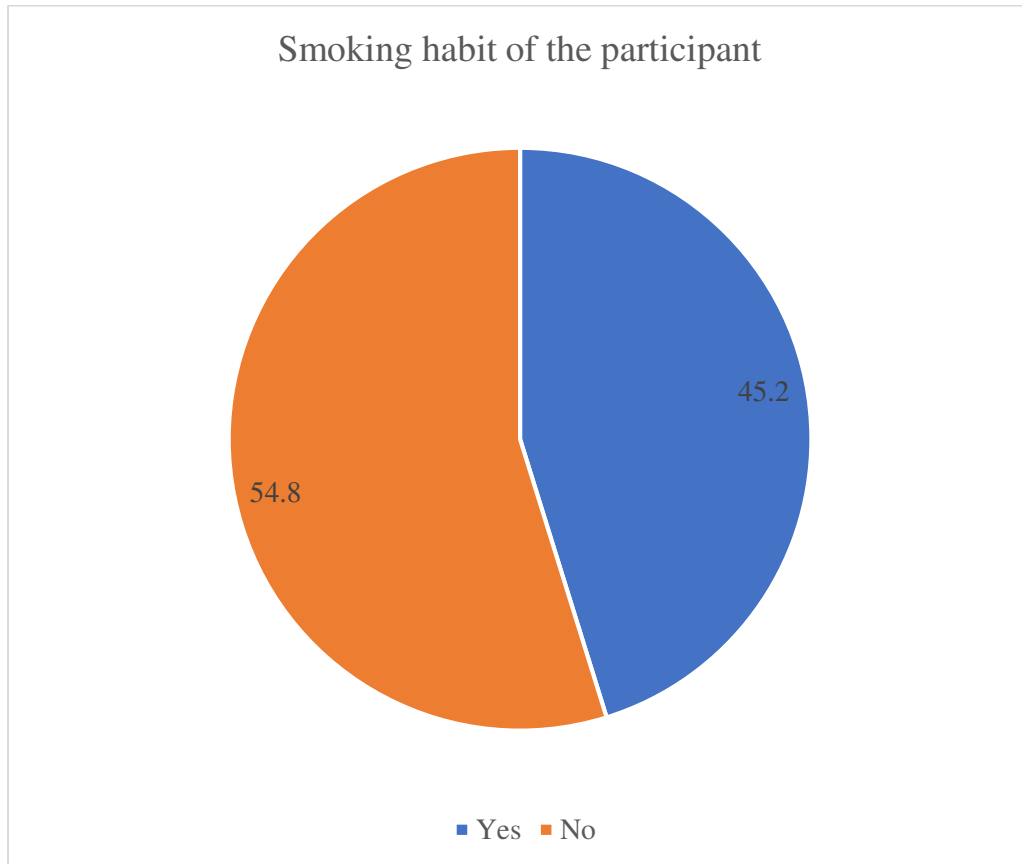
Figure- 5: Smoking habit of the participant

4.1.8: Alcohol habit of the participant

In this study 19% participant were alcohol intake and 81% participant were not intake alcohol.
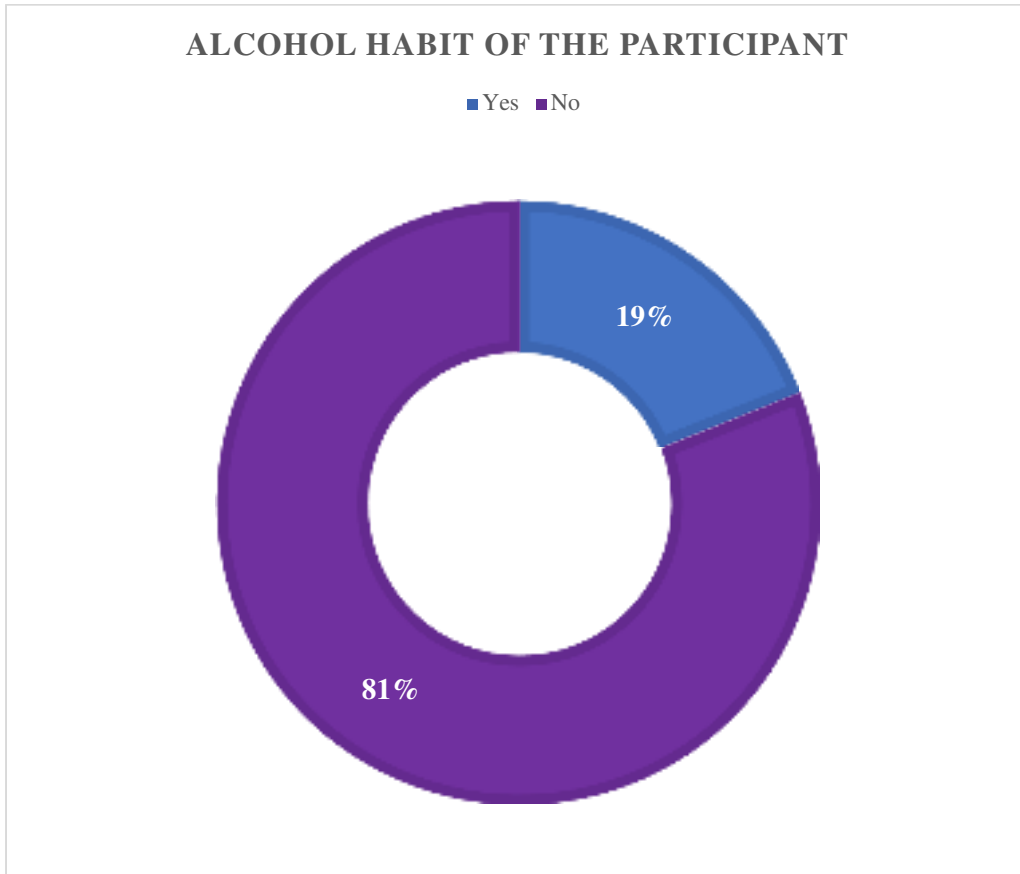
Figure- 6: Alcohol habit of the participant

4.2: Employment-related factors

4.2.1: Employment status of the participant

In this study 66.7% participant were permanent, 19% were temporary and 14.3% were casual.
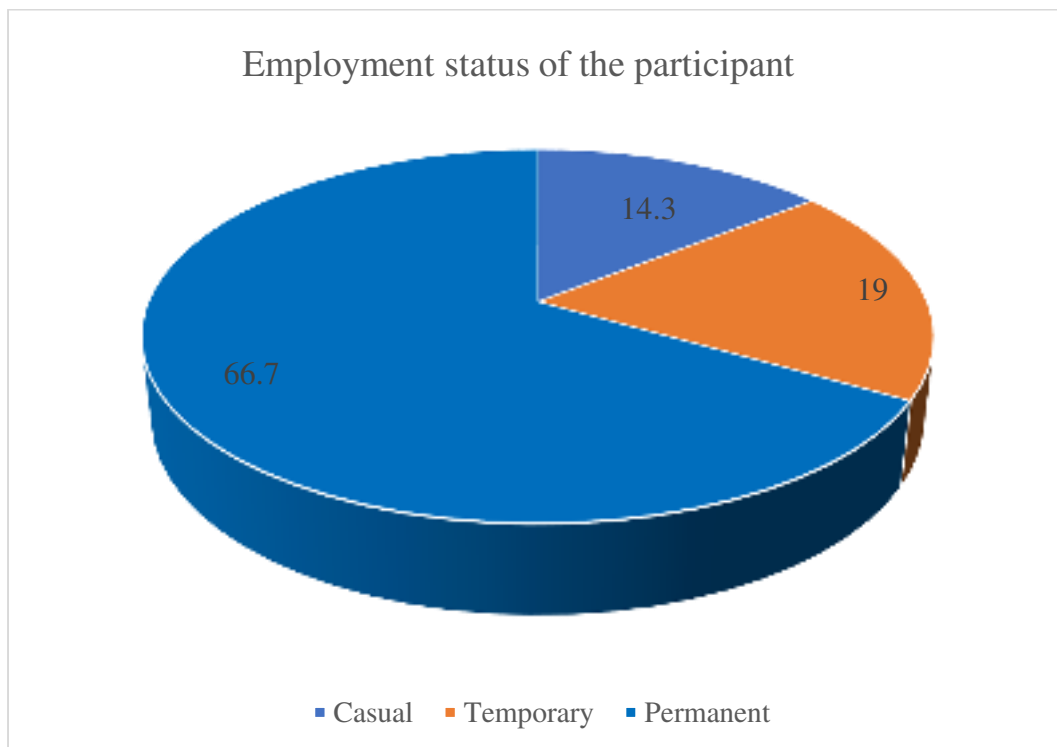
Figure- 7: Employment status of the participant

4.2.2: Working hours of the participant

In this study 28.6% were working <8 hours, 32.1% were working 8 hours and 39.3% were working >8 hours.
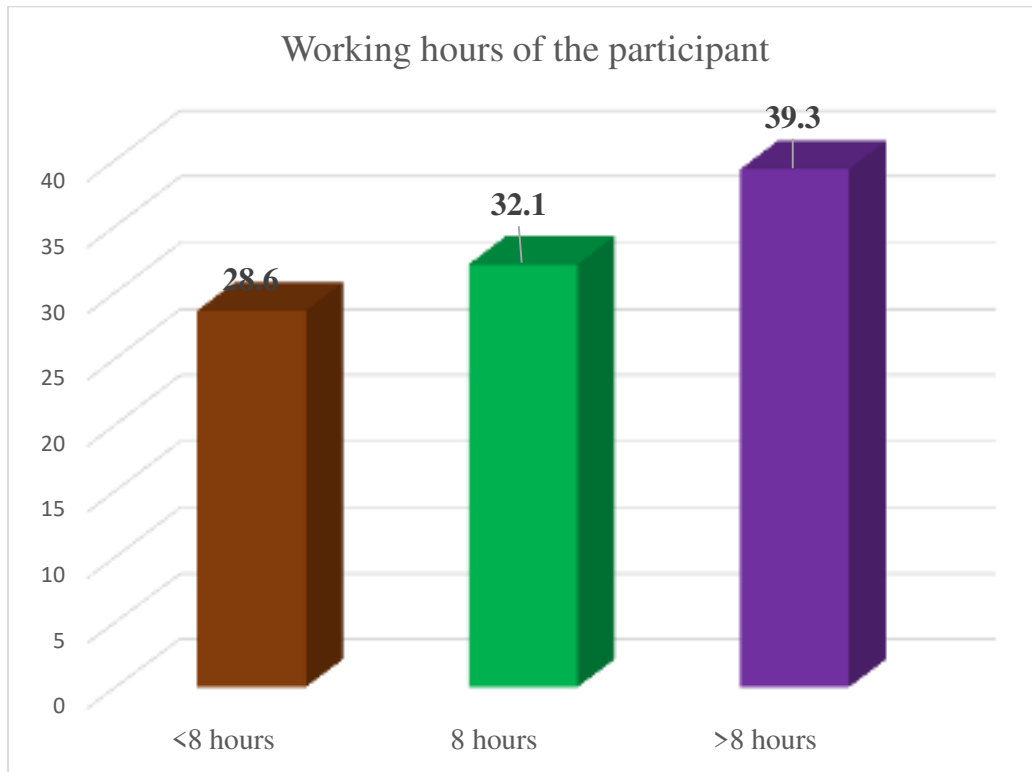
Figure- 8: Working hours of the participant

4.2.3: Trade of the participant

In this participant were 7.1% working E-media, 73.8% were working electronics media and 19% Participant were working print-media.
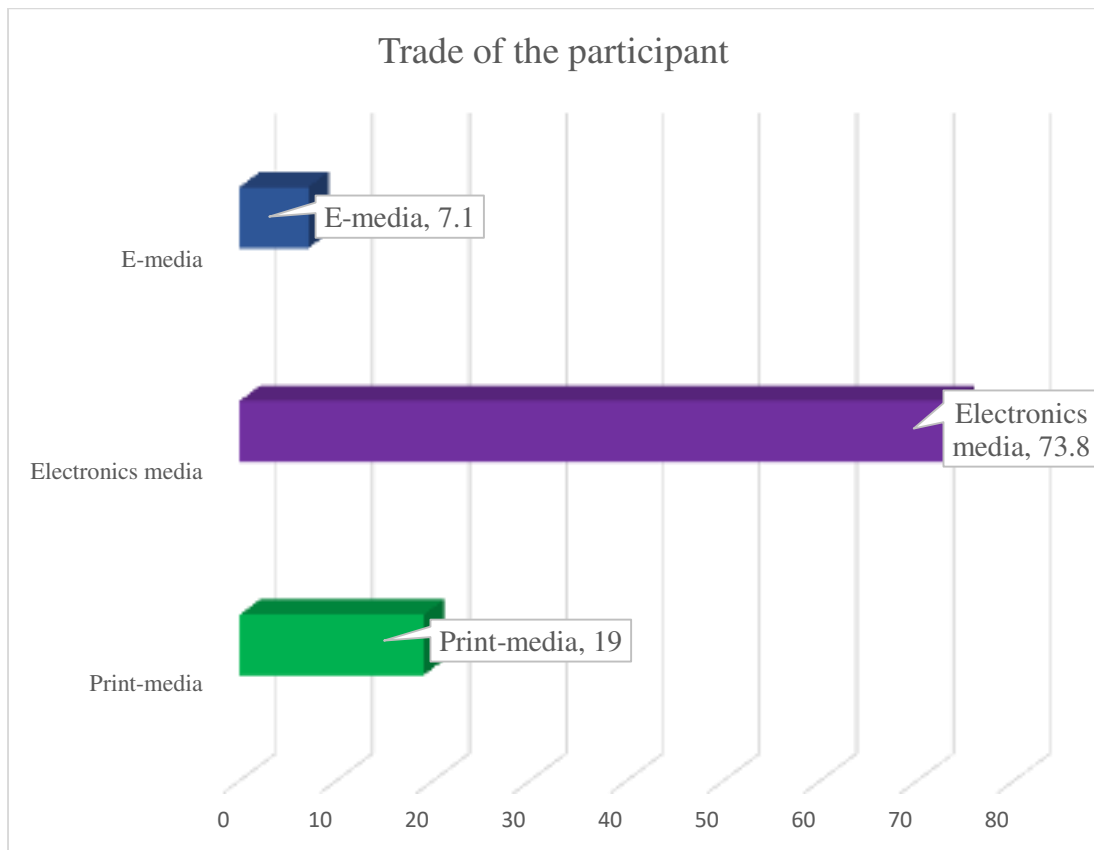
Figure-9: Trade of the participant

4.2.4: Experience of the participant

In this study <1year experience were 19.0%, 1-5 years experience were 22.6%, 6-12 years experience were 10.7% and >10 years experience were 47% of the participant.
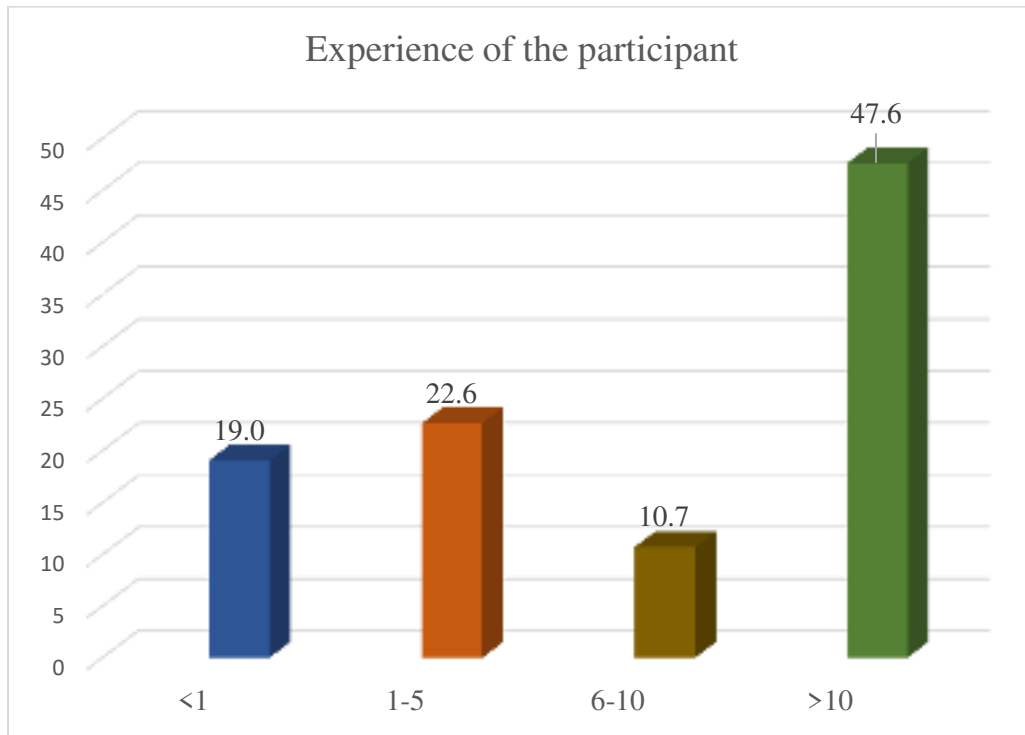
Figure- 10: Experience of the participant

4.2.5: Monthly income of the participant

In this study 44% participant were <30000 income taka, 36.9% participant were 31000-50000 taka income and 19% participant were >50000 taka income.
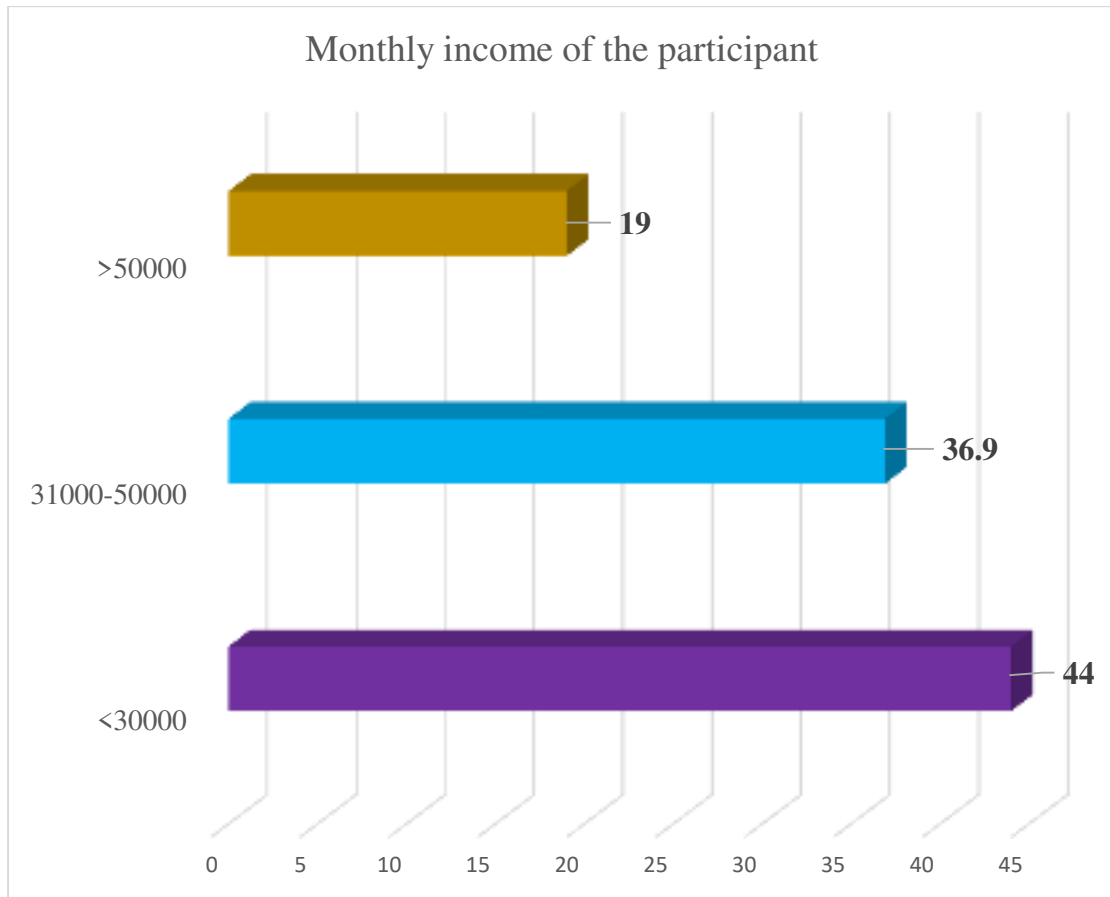
Figure-11: Monthly income of the participant

4.2.6: Duty shift of the participant

This study 62% were in fixed duty and 38% were in 38% rotational duty shift of the participant.
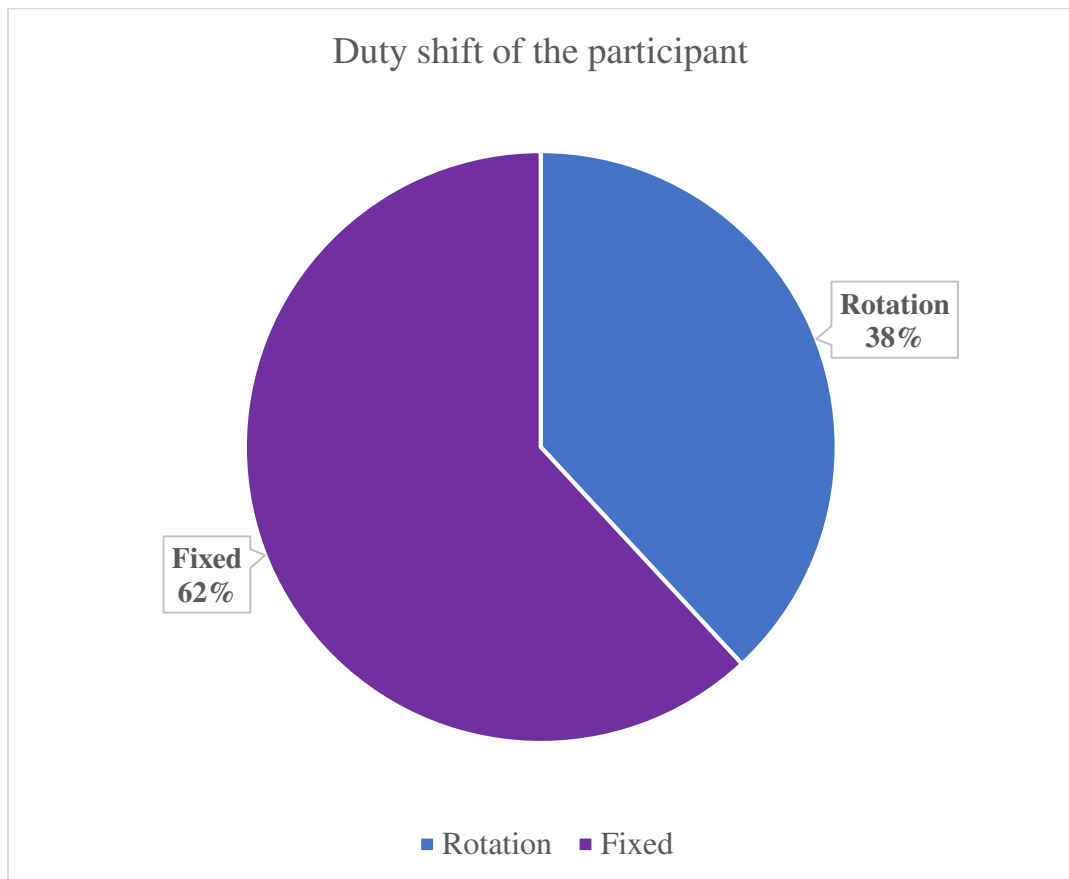
Figure- 12: Duty shift of the participant

4.2.7: Participant have to use the computer for a long time for office work

This study 74% participant were using computer and 26% were unable to use.
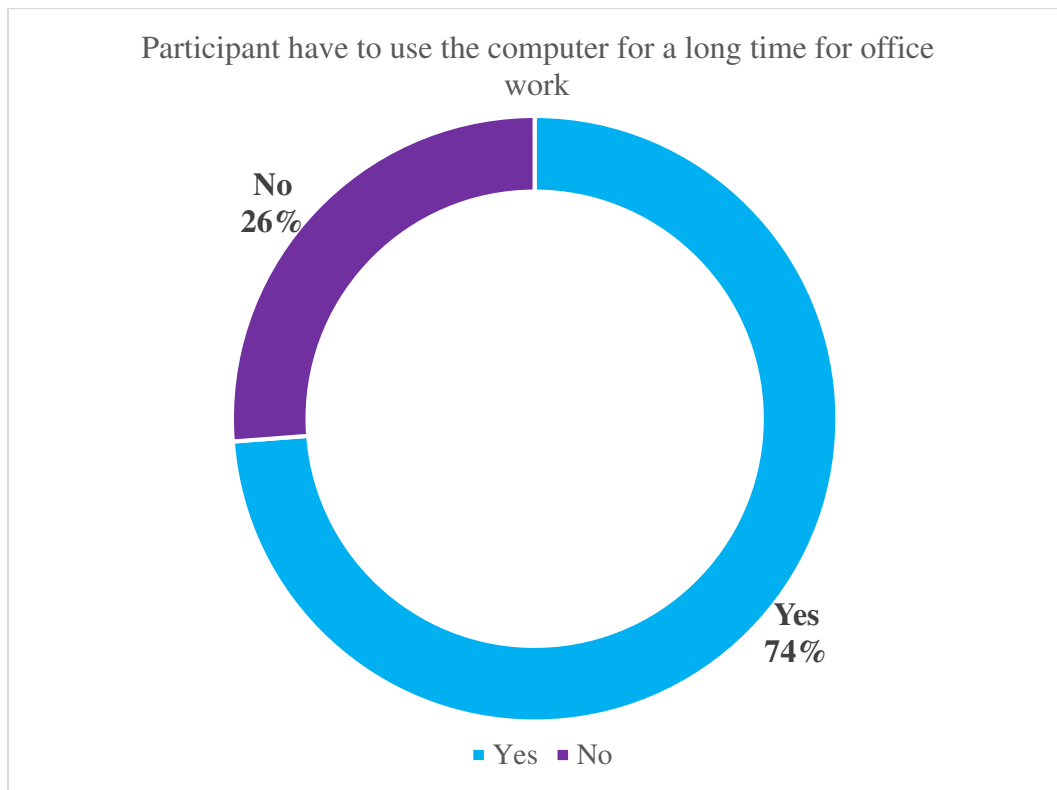
Figure- 13: Participant have to use the computer for a long time for office work

4.2.8: Sit for long periods of the participant

This study 80% were sit for long and 20% participant were not.

Sit for long periods of the participant

No
20%

Yes
80%

■ Yes ■ No
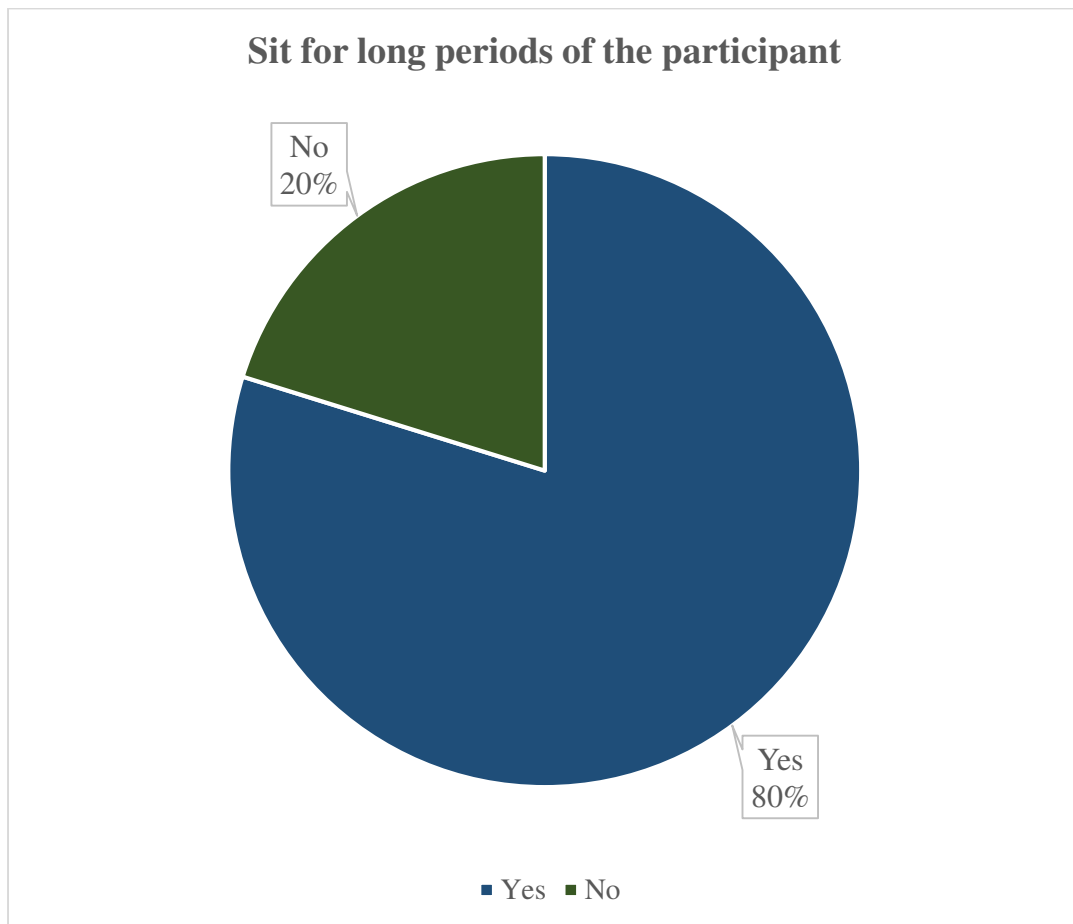
Figure- 14: Sit for long periods of the participant

4.2.9: Stand for long periods of the participant

This study 52% were stand long period and 48% were not stand long period of the participant.
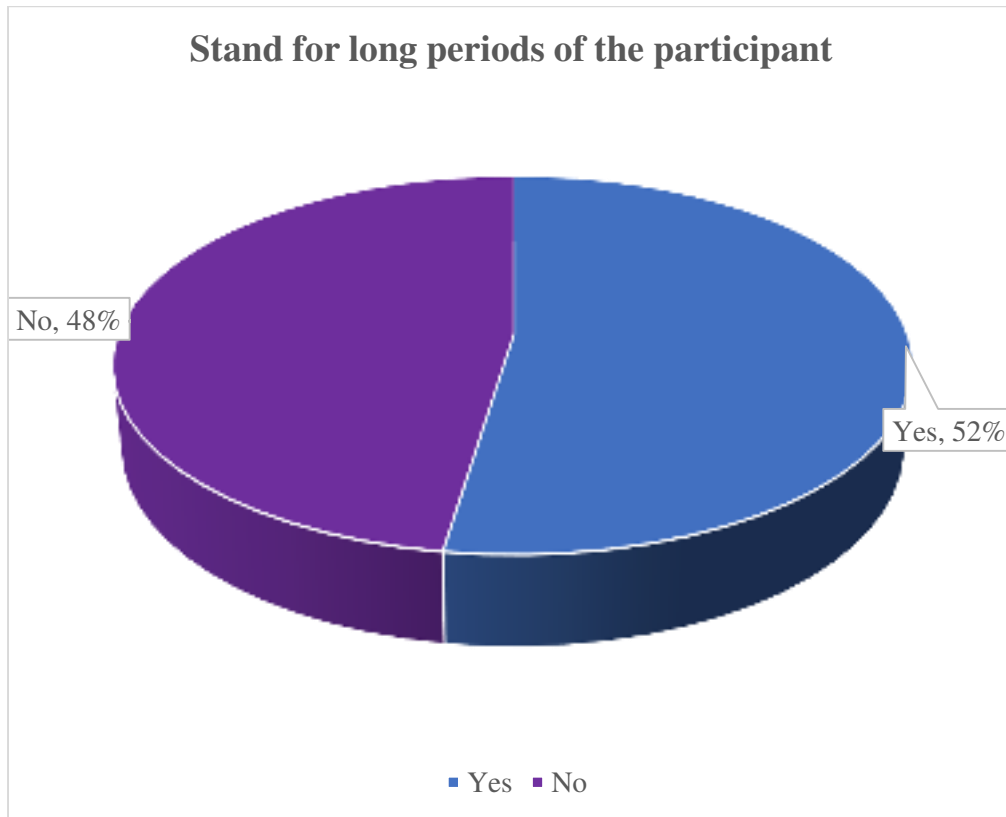
Figure- 15: Stand for long periods of the participant

4.2.10: Carry heavy object on hand or shoulder of the participant

This study among the participant 60% were Carry heavy object on hand or shoulder and 40% participant were Carry heavy object on hand or shoulder.

Carry heavy object on hand or shoulder of the participant

40%

60%

■ Yes ■ No
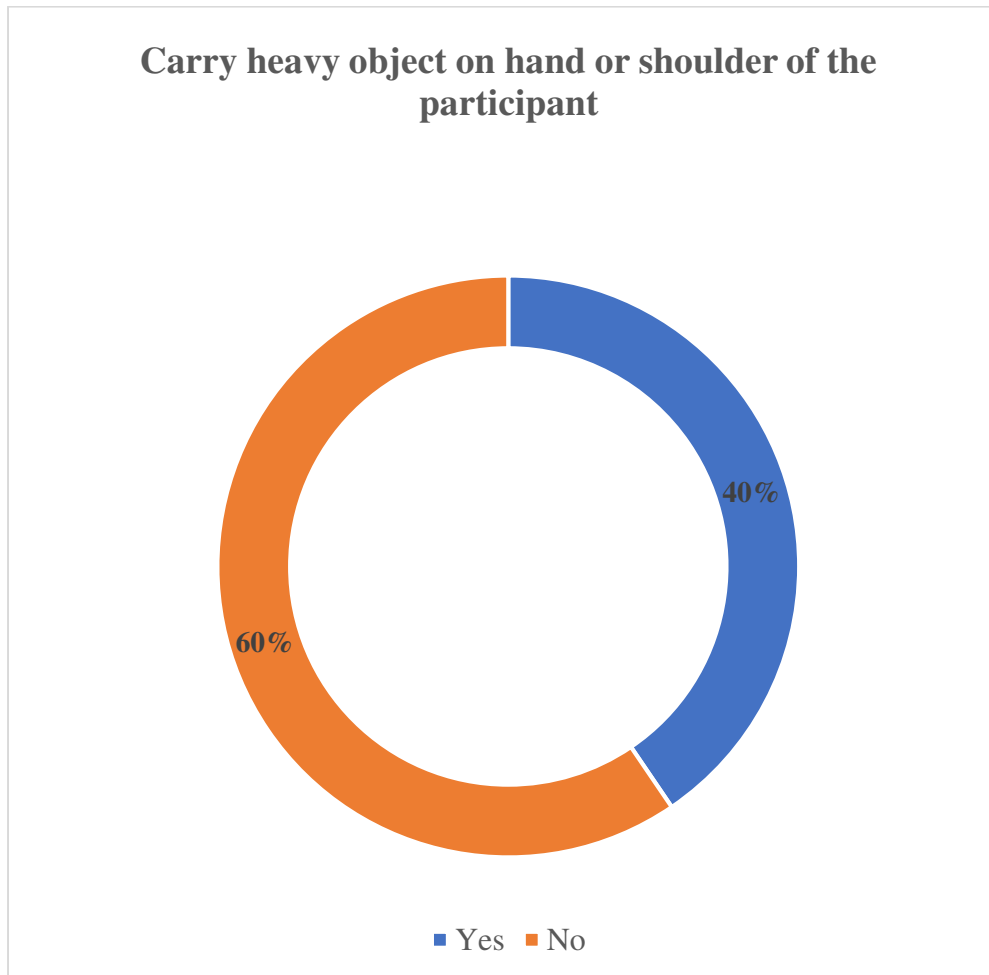
Figure- 16: Carry heavy object on hand or shoulder of the participant

4.2.11: Traveling long distance of the participant

This study among all the participant 46% were traveling long distance of the participant and 54% were not Traveling long distance.
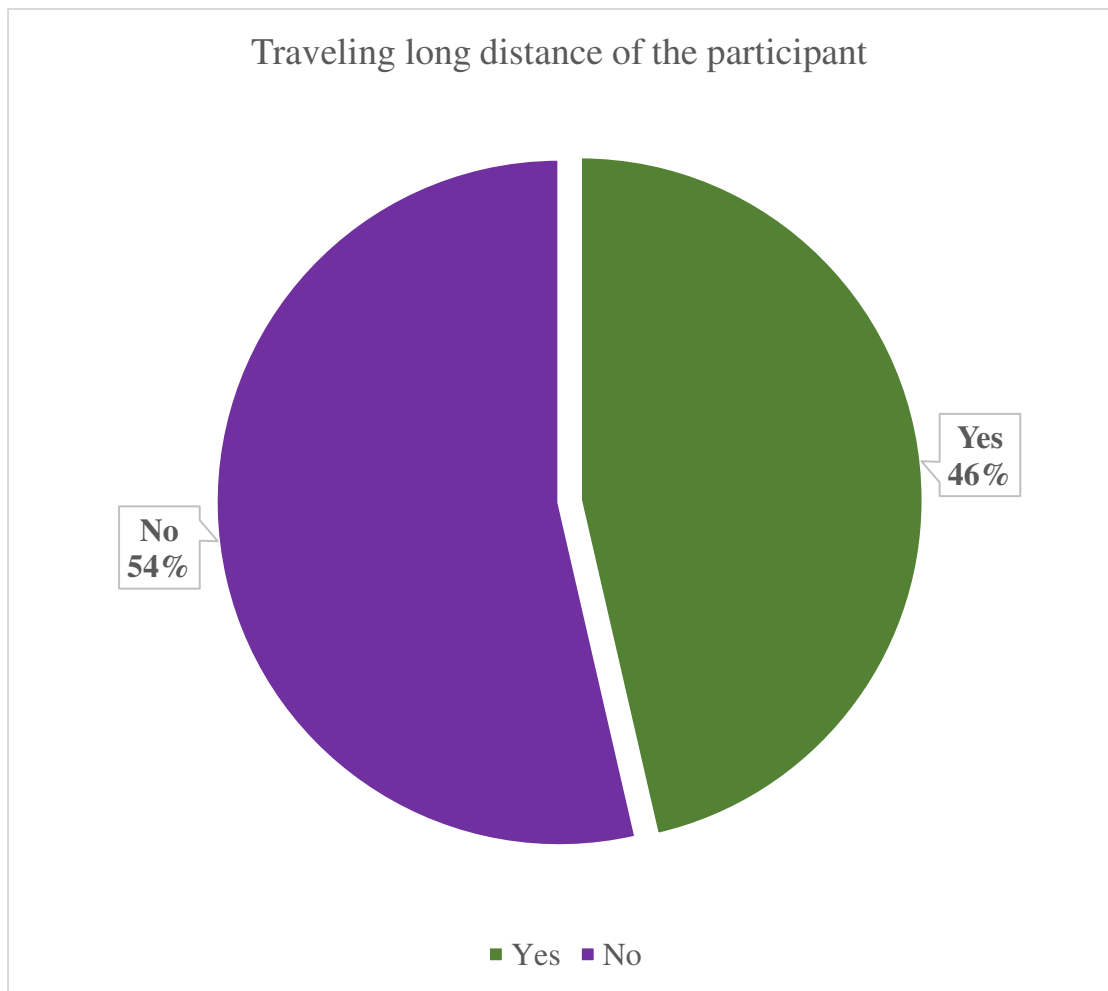
Figure- 17: Traveling long distance of the participant

4.3: Nordic Musculoskeletal Questionnaire

4.3.1: Last 12 months had trouble ache, pain, discomfort of the participant

In this study neck pain were 65.5%, right shoulder pain were 6%, left were shoulder pain 6%, both pain 8.3%, Elbow were right pain 2.4%, left elbow pain 1.2%, both elbow pain 4.8%, right wrist pain 7.1%, Left wrist pain were 1.2%, both wrist pain 4.8%, upper back pain were   % & lower back pain were 19%, One or both knees pain were 8.3% and one or both ankles pain were 13.1% of last 12 months had trouble ache, pain, discomfort of the participant.

Last 12 months had trouble ache, pain, discomfort

Body part	Percentage
One or both ankles/feet	13.10%
One or both knees	8.30%
Lower back	19.00%
Upper back	6.00%
Both wrist	4.80%
Left wrist	1.20%
Right wrist	7.10%
Both elbow	4.80%
Left elbow	1.20%
Right elbow	2.40%
Both Shoulder	8.30%
Left Shoulder	6%
Right Shoulder	6%
Neck	65.50%
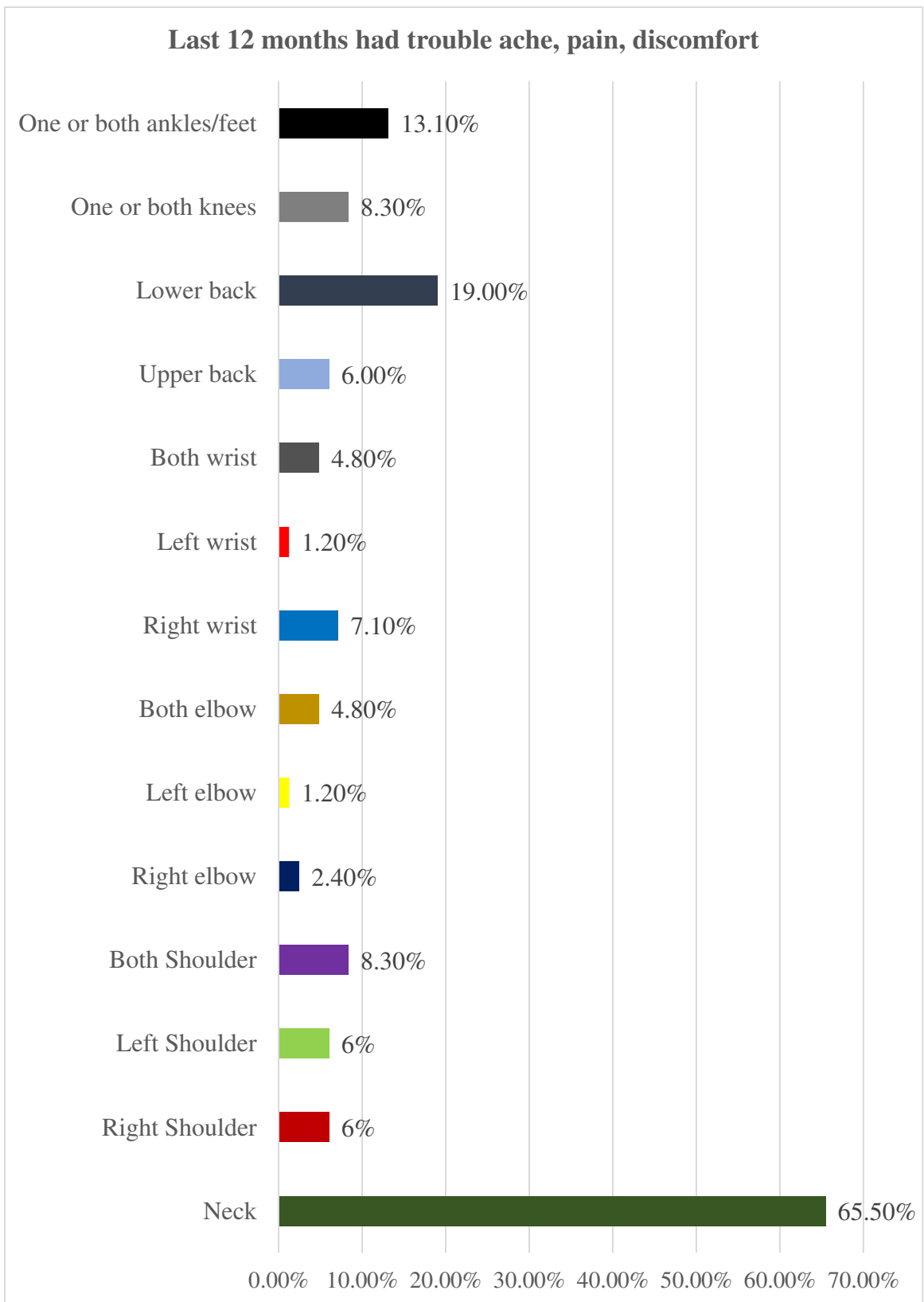
Figure- 18: Last 12 months had trouble ache, pain, discomfort of the participant

4.3.2: Last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

In this study neck pain were 17.9%, shoulder pain were 9.5%, Elbow pain were 3.6%, Wrist pain were 3.6%, Back upper pain were 2.4% & lower back pain were 3.6 %, One or both knees pain were 3.6% and one or both ankles pain were 3.6% of last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

Table No- 3: Last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble of the participant

Name	Percentage(%)
Neck	17.9%
Shoulder	9.5%
Elbow	3.6%
Wrist	3.6%
Upper back	2.4%
Lower Back	3.6%
One or both knees	3.6%
One or both ankles	3.6%

4.3.3: Last 7 days been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

In this study neck pain were 14.3%, shoulder pain were 7.1%, Elbow pain were 1.2%, Wrist pain were 1.2%, Back upper pain were 1.2% & lower back pain were 2.4 %, One or both knees pain were 2.4% and one or both ankles pain were 2.4% of last 7 days been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

Table No- 4: Last 7 days been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

Name	Percentage(%)
Neck	14.3%
Shoulder	7.1%
Elbow	1.2%
Wrist	1.2%
Upper back	1.2%
Lower Back	2.4%
One or both knees	2.4%
One or both ankles	2.4%

4.4: Prevalence of musculoskeletal complaints by the journalist in Dhaka city

In this study participant was 84 journalist where n=73 (87%) were musculoskeletal complaints and n=11 (13%) were no any musculoskeletal complaints.
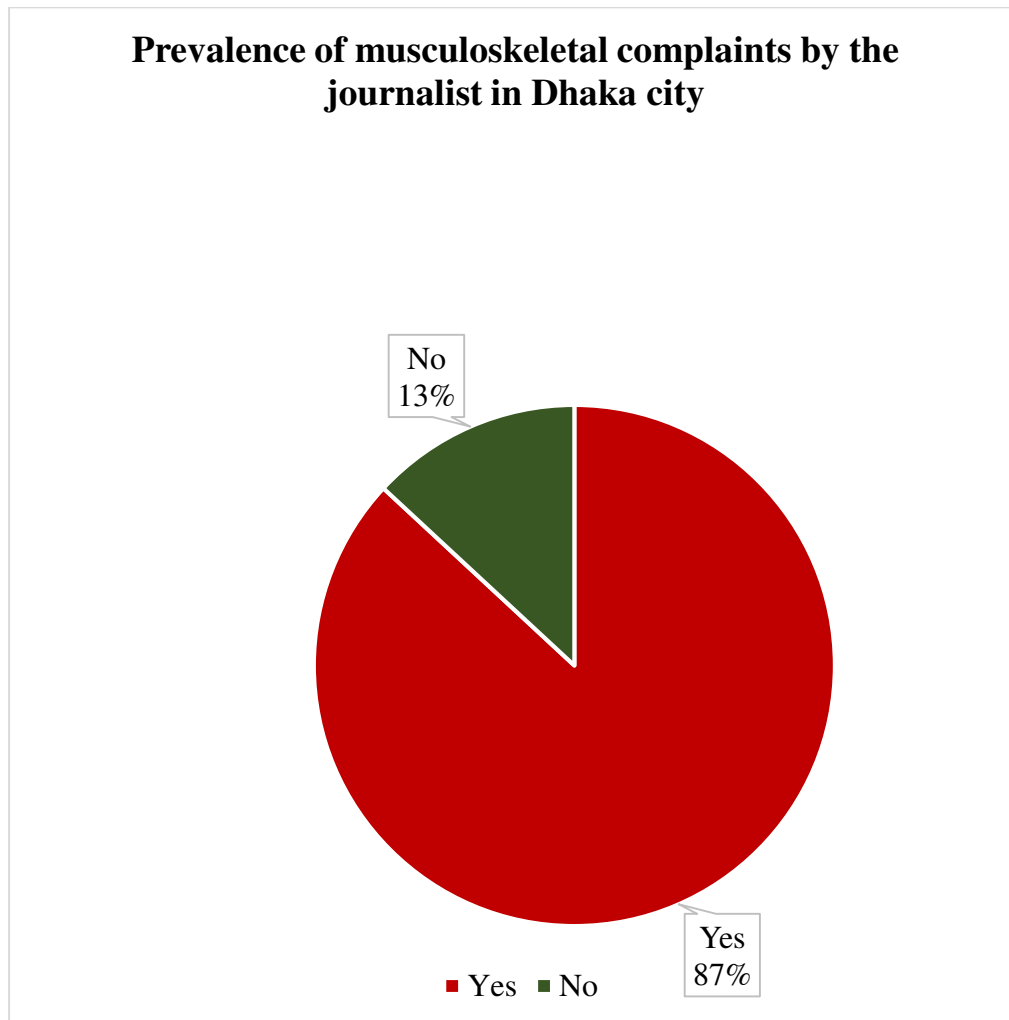
Figure- 19: Prevalence of musculoskeletal complaints by the journalist in Dhaka city

4.5: ASSOCIATION

4.5.1: Association between age and experience of the participant

The table shows that the chi value was .22.65 and the P-value was .007. So, there is significant Association between age and experience of the participant.

Table no- 5: Association between age and experience of the participant

Association between age and experience of the participant						
Age group	Experience of the participant				P value	Chi value
	<1	1-5	6-10	>10		
24-34 years	8	12	4	5	.007	22.65
35-45 years	5	3	5	26		
46-56 years	3	3	0	6		
>56 years	0	1	0	3		

4.5.2: Association between BMI and Last 12 months had trouble ache, pain, discomfort of lower back of the participant.

The table shows that the chi value was .214 and the P-value was .647. So, there is no significant of association between BMI and Last 12 months had trouble ache, pain, discomfort of lower back of the participant.

Table no- 6: Association between BMI and Last 12 months had trouble ache, pain, discomfort of lower back of the participant.

Association between BMI and last 12 months had trouble ache, pain, discomfort of lower back of the participant				
BMI	last 12 months had trouble ache, pain, discomfort of lower back		P value	Chi value
	Yes	No	.647	.214
Normal	43	2		
Overweight	38	1		

4.5.3: Association between age of the participant and ache, pain, discomfort in the body area during last 12 months:

The table shown that the association between age of the participant and ache, pain, discomfort in the body area during last 12 months in neck, shoulder, elbow, wrist, upper back, lower back, knees, ankle their Chi value and P value respectively .910 and .823, 10.678 and .297, 1.117 and 4.281, 4.335 and .888, 1.270 and .736, 4.876 and 181, .538 and .910, 3.029 and .387.

Table no.7: Association between age of the participant and ache, pain, discomfort in the body area during last 12 months

Ache, pain, discomfort in the body area during last 12 months	Age of the participant				Chi value	P value
	24-34	35-45	46-56	>56		
Neck					.910	.823
Yes	19	24	9	3		
No	10	15	3	1		
Total	29	39	12	4		
Shoulder					10.678	.297
No	26	27	10	4		
Right	0	4	1	0		
Left	0	5	0	0		
Both	3	3	1	0		
Total	29	39	12	4		
Elbow					4.281	.892
No	28	34	11	4		
Right	0	2	0	0		
Left	0	1	0	0		
Both	1	2	1	0		
Total	29	39	12	4		
Wrist					4.335	.888
No	25	33	11	4		
Right	2	4	0	0		
Left	1	0	0	0		
Both	1	2	1	0		
Total	29	39	12	4		
Upper Back					1.270	.736
Yes	27	36	12	4		

No	2	3	0	0		
Total	29	39	12	4		
Lower Back					4.876	.181
Yes	20	33	11	4		
No	9	6	1	0		
Total	29	39	12	4		
Hips						
No	29	39	12	4		
Knees					.538	.910
No	26	36	11	4		
Yes	3	3	1	0		
Total	29	39	12	4		
Ankle					3.029	.387
No	24	33	12	4		
Right	5	6	0	0		
Total	29	39	12	4		

CHAPTER- V	DISCUSSION

According to Schell et al., (2007) The goal of the study was to determine whether working people who experienced mild to moderate back, neck, shoulder, and computer-related pain would exhibit similar findings. A media business recruited 121 media professionals for the study from three news departments, comprising 67 men (average age: 45) and 53 women (average age: 43). Self-ratings of pain incidence and intensity in the neck, shoulder, upper, and low back were made three times, each with a 6-month gap toward the previous month.

In this study goal was the musculoskeletal complaints by the journalist in Dhaka city and general object was to find out employment related musculoskeletal complaints experienced by the Journalist in Dhaka city. This study's participant means and standard deviation of participant age where are Mean ± SD= 1.89±.822; here 24-34 years were 34.5%, 35-45 years 48%, 46-56 years were 14.3% and >56 years were 4.8%of the participant.

The researcher said that the, despite severe operational limitations, journalists frequently tried to strike a balance between many, occasionally competing goals. Respected and independent doctors were seen as the most reliable sources for information on health-related matters. Expert health and medical reporters possessed more technical knowledge, connections to reliable sources, influence within their organizations, and the capacity to push for higher standards of reporting (Leask et al., 2010). This study presents findings from 90 interviews with state and local public health information officers and health journalists who cover public health beats across the United States, as well as a three-stage pretest. Six participants (75% retention) completed the 6-week follow-up after completing the preworkshop and postworkshop questionnaires. The intervention is acceptable and pertinent to journalists, according to feasibility findings. Participants said the workshop gave them more confidence to report on medical research (Copp et al., 2022).

In this study 77.4% participant were male and 22.6% participant were female. This study's participant means and standard deviation of participant BMI where are Mean ± SD= 2.46± .502; here Normal were 53.6% and Overweight were 46.4%. In this study's HSC to bellow were 17.9%, Under graduate were 23.8% and post graduate were 58.3% of the participant. In this study 75% were married and 25% were unmarried. In this study 83.3% were Muslim, 15.5% were Hindu and 1.2 were Buddhist. In this study

was 45.2% participant were smoking and 54.8% participant were not smoking. In this study was 19% participant were alcohol intake and 81% participant were not intake alcohol.

The research said that a media business recruited 121 media professionals for the study from three news departments, comprising 67 men (average age: 45) and 53 women (average age: 43). Self-ratings of pain incidence and intensity in the neck, shoulder, upper, and low back were made three times, each with a 6-month gap toward the previous month. At the same intervals, sampling for stress biomarkers was done (Schell et al., 2008).

Only 48% of individuals who did not participate in phase II showed symptoms that we defined as cases in phase I, compared to 65% of those who responded in phase II (either case A or B) (Table 1). In phase II, women answered at a higher rate (55%) than males (38%), which was consistent with the fact that women made up the majority of the cases.18 Therefore, phase II participants include those who are most likely to need WMSD therapies. Among the 309 participants, 196 (63%) had spoken with at least one medical professional about their pain or discomfort in their neck and upper limbs, and 94 (48%) of these 196 respondents had spoken with three or more medical professionals. By case level, 18 non-case, 80 case A, and 98 case B individuals saw a health care provider, compared to 29 non-case, 60 case A, and 24 case B participants who did not (P, 0.001) (Swift et al., 2021).

The table (table no.5) shows that the chi value was .22.65 and the P-value was .007. So, there is significant Association between age and experience of the participant. The table (table no.6) shows that the chi value was .214 and the P-value was .647. So, there is no significant of association between BMI and Last 12 months had trouble ache, pain, discomfort of lower back of the participant.

In this study was 66.7% participant permanent, 19% were temporary and 14.3% were casual. In this study 28.6% were working <8 hours, 32.1% were working 8 hours and 39.3% were working >8 hours. In this participant were 7.1% E-media, 73.8% were electronics media ad 19% Participant were print-media. In this study <1 were 19.0%, 1-5 were 22.6%, 6-12 were 10.7% and >10 were 47% of the participant. This study 62% were fixed and 38% were 38% rotational duty shift of the participant. This study 52% were stand long period and 48% were not stand long period of the participant. This study 60% were Carry heavy object on hand or shoulder and 40% were Carry heavy object on hand or shoulder of the participant. This study 46% were traveling long

distance of the participant and 54% were not Traveling long distance of the participant.

In this study neck were 65.5%, right shoulder were 6%, left were shoulder 6%, both 8.3%, Elbow were right 2.4%, left 1.2%, both 4.8%, Wrist were right 7.1%, Left 1.2%, both 4.8%, Back were upper 6% & lower 19%, One or both knees were 8.3% and one or both ankles 13.1% of last 12 months had trouble ache, pain, discomfort of the participant.

In this study neck were 17.9%, shoulder were 9.5%, Elbow were 3.6%, Wrist were 3.6%, Back were upper 2.4% & lower 3.6 %, One or both knees were 3.6% and one or both ankles 3.6% of last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

In this study neck were 14.3%, shoulder were 7.1%, Elbow were 1.2%, Wrist were 1.2%, Back were upper 1.2% & lower 2.4 %, One or both knees were 2.4% and one or both ankles 2.4% of last 7 days been prevented from doing your normal work (at home or away from home) because of the trouble of the participant.

In this study , (The table-7) shown that the association between age of the participant and ache, pain, discomfort in the body area during last 12 months in neck, shoulder, elbow, wrist, upper back, lower back, knees, ankle their Chi value and P value respectively .910 and .823, 10.678 and .297, 1.117 and 4.281, 4.335 and .888, 1.270 and .736, 4.876 and 181, .538 and .910, 3.029 and .387.

In this study participant was 84 journalist where n=73 (87%) were musculoskeletal complaints and n=11 (13%) were no any musculoskeletal complaints.

CHAPTER-VI	CONCLUSION

Journalist from Dhaka city were the sample for the report, and a significant amount of them had experienced work-related physical injuries. The shoulders, low back, knees, and ankles were the body parts most prone to injury.

The aims of the study was determine musculoskeletal complaints by the journalist in Dhaka city. In this study participant was 84 journalist where 87% were musculoskeletal complaints 13% were no any musculoskeletal complaints. Musculoskeletal conditions are typically characterized by pain (often persistent) and limitations in mobility and dexterity, reducing people's ability to work and participate in society. Pain experienced in musculoskeletal structures is the most common form of non-cancer pain. In this study suggests that journalist are at high risk of musculoskeletal complaints. Workplace improvements and management of the neck, shoulders, and lower extremities, which are susceptible to musculoskeletal complaints, are necessary to prevent musculoskeletal disorders among journalist in Dhaka city. In this study neck were 65.5%, right shoulder were 6%, left were shoulder 6%, both 8.3%, Elbow were right 2.4%, left 1.2%, both 4.8%, Wrist were right 7.1%, Left 1.2%, both 4.8%, Back were upper 6% & lower 19%, One or both knees were 8.3% and one or both ankles 13.1% of last 12 months had trouble ache, pain, discomfort of the participant.

CHAPTER-VII	LIMITATION AND RECOMMENDATIONS

Limitation

The following limitations should be considered for this study:

As I am student & I had to bear all the expenses from my own pocket, that's why I had faced fund limitations. As I am a student, so I could not go to the remote areas for collecting data. As I could not take calculated data for time limitations that's why this study might not show the actual view of the current scenario. Since it was a new topic for me and I had no experience about collecting data and had not any statistical expertise hence it might not show accurate result but few researchers from other countries had done some related research on this topic before that's why there was some evidence to support the outcome of this study. If this study could have some extra time to conduct this study, then it could be considered more valid & applicable.

RECOMMENDATIONS:

- Based on the findings of present study and other information's gathered during the study, suggesting following recommendation fewer than two broad headings recommendation for policy making & recommendation for further research.

- A campaign should organize to build consciousness among vulnerable population; government should take initiative for the better transport and road and infrastructures for the journalist.

- Further research should be carried out in a broader aspect for more reliable, stronger, scientifically valid result, research should do involving almost all areas considering all over the Bangladesh.

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APPENDIX-I

SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare

Affiliated with Dhaka University

Ref :
Ref.No: SCMST/PT/ERB-2017-18/1-2023/20

Date : ....

3rd January'2023

To

Inzamumul Haque Fahim

4th Professional B.Sc. in Physiotherapy

Saic College of Medical Science and Technology (SCMST)

Mirpur-14, Dhaka-1216.

Sub: Permission to collect data

Dear Fahim,

Ethical review board (ERB) of SCMST pleased to inform you that your proposal has been reviewed by ERB of SCMST and we are giving you the permission to conduct study entitled "Employment related musculoskeletal complaints experienced by the journalist in Dhaka city" and for successful completion of this study you can start data collection from now.

Wishing you all the best.

Thanking You,

13-01'23

Head of ERB

Ethical Review Board

Saic College of Medical Science and Technology

11. 01. 23

Principal

Saic College of Medical Science and Technology

Mirpur-14, Dhaka-1216

Md. Alsea Ud-Doula Mirof
Head of News
Television Ltd.

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1216. Mobile:01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

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APPENDIX-II

SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref. No: SCMST/PT/ERB-2017-18/1-2023/20(a)

Date : ....

23rd February'2023

To

Z. I. Mamun

Chief Executive Editor

ATN Bangla Ltd.

WASA Bhaban, 1st floor, 98 Kazi Nazrul Islam Avenue, Karwan Bazar, Dhaka-1215

Sub: Permission to collect data

Dear Mamun,

Ethical review board (ERB) of SCMST pleased to inform you that proposal of Mr. Inzamamul Haque Fahim (4th year student of physiotherapy department of SCMST) has been reviewed by ERB of SCMST and we are giving him the permission to conduct study entitled "Employment related musculoskeletal complaints experienced by the journalist in Dhaka city" and for successful completion of this study he can start data collection from now. We will be thankful to you if you allowed him to collect data from your organization.

Wishing you all the best.

Thanking You,

Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology

Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1206. Mobile: 01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

APPENDIX-III

SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref. No: SCMST/PT/ERB-2017-18/1-2023/20(a)

Date : ....

14th February'2023

To
Head of News & Current Affairs
Ekushey Television Ltd.
10 Karwan Bazar, Dhaka 1215

Sub: Permission to collect data

Dear Rashed Chowdhury,

Ethical review board (ERB) of SCMST pleased to inform you that proposal of Mr. Inzamamul Haque Fahim (4th year student of physiotherapy department of SCMST) has been reviewed by ERB of SCMST and we are giving him the permission to conduct study entitled "Employment related musculoskeletal complaints experienced by the journalist in Dhaka city" and for successful completion of this study he can start data collection from now.

Wishing you all the best.

Thanking You,

14/02/2023

Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology

14. 02. 23

Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1206. Mobile: 01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

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APPENDIX-IV

SAIC COLLEGE OF MEDICAL SCIENCE AND TECHNOLOGY

Approved by Ministry of Health and Family Welfare
Affiliated with Dhaka University

Ref :
Ref. No: SCMST/PT/ERB-2017-18/1-2023/20(b)

Date : ....

16th February'2023

To
Md. Ahsan Ud-Doula Maruf
Head of News
Mohona Television Ltd.
Pallabi, Mirpur-11. Dhaka 1216.

Sub: Permission to collect data

Dear Ahsan Ud-Doula Maruf,

Ethical review board (ERB) of SCMST pleased to inform you that proposal of Mr. Inzamamul Haque Fahim (4th year student of physiotherapy department of SCMST) has been reviewed by ERB of SCMST and we are giving him the permission to conduct study entitled "Employment related musculoskeletal complaints experienced by the journalist in Dhaka city" and for successful completion of this study he can start data collection from now. We will be thankful to you if you allowed him to collect data from your organization.

Wishing you all the best.

Thanking You,

Head of ERB
Ethical Review Board
Saic College of Medical Science and Technology

Principal
Saic College of Medical Science and Technology
Mirpur-14, Dhaka-1216

Address: Saic Tower, M-1/6, Mirpur-14, Dhaka-1206. Mobile: 01936005804
E-mail: simt140@gmail.com, Web:www.saicmedical.edu.bd

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Consent form

Dear participant,   Respondent ID:

I am Inzamamul Haque Fahim student of the B.sc in physiotherapy program in the Department of Physiotherapy at SAIC College of Medical Science and Technology affiliated by University of Dhaka conducting the study entitled **Musculoskeletal Complaints among the Journalist in Dhaka City** as a part of my thesis work for the partial fulfillment of Bachelor degree. There is a list of questions you need to fill up which include socio-demographic and musculoskeletal problems. For spending your time to participate in this self-administered interview which will take around 15- 20 minutes. There is a list of questionnaires and you need to fill up each answer. The information gained from this questionnaire will be used for academic purposes and will be kept confidential. Your participation in this study is voluntary and you have the right to withdraw from the interview without any clarification at any moment. You can ask any question to the researcher regarding the study to meet up your quarry. Looking forward to your kind cooperation.

Declaration of the participant

I have been answered in this survey. The foregoing information has been read to me and that has been answered to my satisfaction. I have noticed that my participation in this study is voluntary and I have the right to withdraw from the interview at any clarification. I give my consent voluntarily to be a participant in this study.

Respondent Name:

Signature/ Fingerprint: Date:

Phone Number:

Witness Signature:

<center>সম্মতিপত্র</center>

উত্তর দাতার আইডি নাম্বার | | |

প্রিয় অংশগ্রহনকারী ,

আমি ইনজামামুল হক ফাহিম , সাইক কলেজ অব মেডিকেল সায়েন্স এন্ড টেকনোলজি এর বি. এসসি ইন ফিজিওথেরাপী বিভাগের একজন ছাত্র । আমার বি. এসসি ইন ফিজিওথেরাপী ডিগ্রি সম্পন্ন করতে গবেষণার অংশ হিসেবে "ঢাকা শহরের সাংবাদিকদের কর্মসংস্থানগত মাংসপেশী জনীত সমস্য" এই শিরোনামের একটি গবেষণার কাজ করছি । এখানে আপনার সামাজিক-জনতান্ত্রিক তথ্য এবং পেশীবহুল সমস্যা সম্পর্কিত কিছু প্রশ্ন দেয়া আছে যা আপনাক পুরন করতে হবে। আপনার নিজের দ্বারা দেয়া এই সাক্ষাতকার দিতে ১৫-২০ মিনিট সময় লাগবে । এখানে প্রশ্নাবলীর একটা তালিকা দেয়া আছে এবং আপনাকে প্রত্যেকটি প্রশ্নের উত্তর দিতে হবে ।এই গবেষণায় প্রাপ্ত তথ্য শুধু মাত্র শিক্ষা ক্ষেত্রে ব্যবহার করা হবে এবং অংশগ্রহণকারীর ব্যক্তিগত তথ্য সম্পূর্ণ গোপনীয়তার মধ্যে থাকবে , অন্য কোথাও প্রকাশ করা হবে না । গবেষণা চলাকালীন সময়ে অংশগ্রহনকারী কোনরকম দ্বিধা বা ঝুকি ছাড়াই যেকোনো সময় এটাকে বাদ দিতে পারবেন। আপনার একান্ত সহযোগীতা কামনা করছি।

<center>অংশগ্রহনকারীর ঘোষনা</center>

আমাকে এই গবেষণার জন্য আমন্ত্রন জানানো হয়েছে এবং সম্পূর্ণ প্রশ্ন গুলো পড়ে বুঝানো হয়েছে এবং আমি কোন ধরনের দ্বিধা ছাড়াই উত্তর দিয়েছি। আমি লক্ষ্য করেছি এই গবেষণায় আমার অংশগ্রহন সম্পূর্ণ স্বেচ্ছায় এবং কোন রকম ঝুকি ছাড়াই আমি যেকোনো সময় এটাকে বাদ দিতে পারব । আমি এই গবেষণায় অংশগ্রহণে সম্পূর্ণ সম্মতি জ্ঞাপন করছি।

অংশগ্রহনকারীর নামঃ

স্বাক্ষর / টিপসই :   তারিখঃ

স্বাক্ষী

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Musculoskeletal complaints by the journalist in Dhaka city

Id No:…………

Name (optional):……………………………………………………………..

Address:……………………………………………………………………………

………………………………………………………………………………..
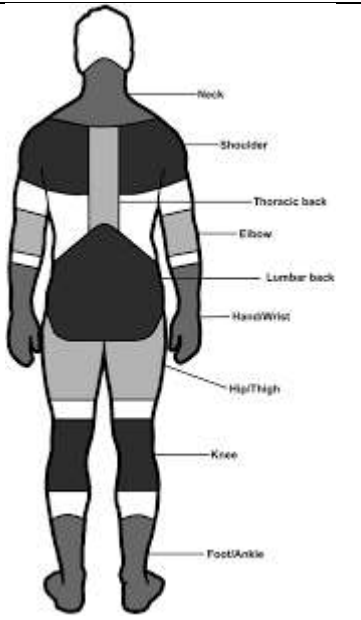
Contact No:…………………………………….

Q.N	Question	Answer
Section: A Demographic information(kindly tick ✓ the following questions):		
1	Age of the participant	
2	Gender of the participant	1. Male 2. Female
3	Weight of the participant	
4	Height of the participant	
5	Educational Qualification	1. HSC or bellow 2. Under-graduate 3.Post-graduate 4. Doctoral
6	Marital status	1. Married 2. Unmarried
7	Religion	1. Muslim 2. Hindu 3. Buddhist 4. Christian 5. Others
8	Smoking habit	1. Yes 2. No
9	Alcohol	1.Yes

		2. No
Section: B Employment-related factors(kindly tick ✓ the following questions):		
10	Employment status	1. Casual 2. Temporary 3. Permanent
11	Working hours	1. <8 hours 2. 8 hours 3. >8 hours
12	Trade	1. Print-media 2.Electronics media 3.E-media
13	Experience	1. <1 2. 1-5 3. 6-10 4. >10
14	Monthly income	1. <30000 2. 31000-50000 3. >50000
15	Duty shift	1. Rotation 2. Fixed
16	Do you have to use the computer for a long time for office work?	1. Yes 2. No
17	Does work require you to sit for long periods of time?	1. Yes 2. No
18	Does work require you to stand for long periods of time?	1. Yes 2. No
19	Do you have to carry heavy objects on your hands or shoulders during work?	1. Yes 2. No
20	Do you have to travel a long distance to gather news?	1. Yes 2. No

Section: C Nordic Musculoskeletal Q(kindly tick ✓ the following questions):

	Trouble with the locomotive organs			
	Have you at any time during the last 12 months had trouble (ache, pain, discomfort in:		To be answered only by those who have had trouble	
			Have you at any time during the last 12 months been prevented from doing your normal work (at home or away from home) because of the trouble?	Have you had any trouble at any time during the last 7 days?
	Neck	Yes	Yes	Yes
		No	No	No
	Shoulders	No	Yes	Yes
		Right		
			No	No
		Left		
		Both		
	Elbows No Yes, in the right elbow Yes, in the left elbow		1. No 2. Yes	1. No 2. Yes

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	Yes, in both elbows		
	Wrist/hands No Yes, in the right wrist/hands Yes, in the left wrist/hands Yes, in both wrist/hands	1. No 2. Yes	1. No 2. Yes
	Upper back 1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
	Low back (small of the back) 1. No 2 . Yes	1. No 2. Yes	1. No 2. Yes
	One or both hips/thighs 1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
	One or both knees 1. No 2. Yes	1. No 2. Yes	1. No 2. Yes
	One or both ankles/feet 1. No 2. Yes	1. No 2. Yes	1. No 2. Yes

ঢাকা শহরের সাংবাদিকের পেশীবহুল অভিযোগ
প্রশ্নাবলী (বাংলা)

কোড: [ ][ ][ ]   তারিখ:
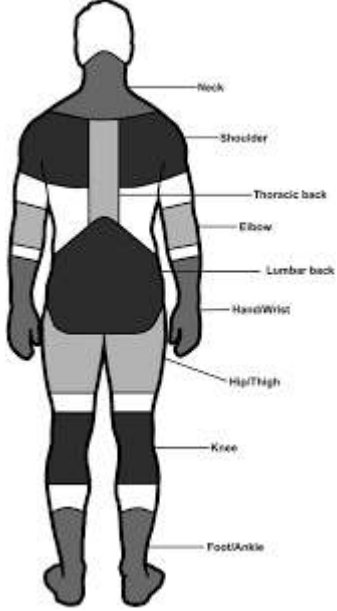
অংশগ্রহণকারীর নাম:...

ঠিকানা:...

....

মোবাইল নাম্বার:...

প্রশ্ন নং	প্রশ্ন	উত্তর
উত্তরবিভাগ: ১ সামাজিক জনতান্ত্বিক তথ্য (অনুগ্রহ করে নিম্ন লিখিত প্রশ্নগুলি ✓ টিক দিন):		
১	অংশগ্রহণকারীর বয়স	
২	অংশগ্রহণকারীর লিঙ্গ	১. পুরুষ ২. মহিলা
৩	অংশগ্রহণকারীর ওজন	
৪	অংশগ্রহণকারীর উচ্চতা	
৫	শিক্ষাগত যোগ্যতা	১. এইচএসসি বা নীচে ২. আন্ডার গ্র্যাজুয়েট ৩. স্নাতকোত্তর ৪. ডক্টরেট
৬	বৈবাহিক অবস্থা	১. বিবাহিত ২. অবিবাহিত
৭	ধর্ম	১. মুসলিম ২. হিন্দু ৩. বৌদ্ধ ৪. খ্রিস্টান ৫. অন্যান্য
৮	ধূমপানের অভ্যাস	১. হ্যাঁ ২. না
৯	মধ্যপানের অভ্যাস	১. হ্যাঁ ২. না

	উত্তরবিভাগ: ২ কর্মসংস্থান-সম্পর্কিত কারণ (দয়া করে নিচের প্রশ্নগুলিতে ✓ টিক দিন):	
১০	কর্মসংস্থানের অবস্থা	১. নৈমিত্তিক ২. অস্থায়ী ৩. স্থায়ী
১১	কর্মঘন্টা	১. <৮ ঘন্টা ২. ৮ ঘন্টা ৩. >৮ ঘন্টা
১২	বাণিজ্য	১. প্রিন্ট-মিডিয়া ২. ইলেকট্রনিক্স মিডিয়া ৩. ই-মিডিয়া
১৩	অভিজ্ঞতা	১. <১ ২. ১-৫ ৩. ৬-১০ ৪. >১০
১৪	মাসিক আয়	১. <৩০০০০ ২. ৩১০০০-৫০০০০ ৩. >৫০০০০
১৫	ডিউটি শিফট	১. নির্ধারিত ২. চক্রাকার
১৬	অফিসের কাজে দীর্ঘ সময় ধরে কম্পিউটার ব্যবহার করতে হয়?	১. হ্যাঁ ২. না
১৭	কাজের জন্য কি আপনাকে দীর্ঘ সময়ের জন্য বসে থাকতে হয়?	১. হ্যাঁ ২. না
১৮	কাজের জন্য কি আপনাকে দীর্ঘ সময়ের জন্য দাঁড়াতে হয়?	১. হ্যাঁ ২. না
১৯	কাজের সময় আপনার হাতে বা কাঁধে ভারী জিনিস বহন করতে হয়?	১. হ্যাঁ ২. না
২০	সংবাদ সংগ্রহের জন্য আপনাকে কি দীর্ঘ দূরত্ব ভ্রমণ করতে হয়?	১. হ্যাঁ ২. না

উত্তরবিভাগ: ৩ নর্ডিক মাংসপেশি জনিত প্রশ্ন (দয়া করে নিচের প্রশ্নগুলিতে ✓ টিক দিন)

	চলাফেরা জনিত অঙ্গ গুলির সাথে সমস্যা

আপনার গত ১২ মাসে কোন সমস্যা হয়েছিল (ব্যাথা , অস্বস্তি ভাব , অবস- অবস ভাব)		যারা সমস্যায় পড়েছেন তারাই উত্তর দিবে	
		আপনি কি গত ১২ মাসে স্বাভাবিক কাজকর্ম করতে বাড়িতে বা বাড়ির বাইরে কোন সমস্যায় পড়েছিলেন কিনা?	আপনি গত ৭ দিনে কোন সমস্যায় পড়েছিলেন কিনা?
ঘাড়	১. না ২. হ্যাঁ	১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
কাঁধ	১. না ২. ডান	১. হ্যাঁ	১. হ্যাঁ
	৩. বাম	২. না	২. না
	4. উভয়		
কনুই ১. না ২. হ্যাঁ, ডান কনুইতে ৩. হ্যাঁ, বাম কনুইতে 4. হ্যাঁ, উভয় কনুইতে		১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
কজ্জি/হাত ১. না ২. হ্যাঁ, ডান কজ্জি/হাতে ৩. হ্যাঁ, বাম কজ্জি/হাতে 4. হ্যাঁ, উভয় কজ্জি/হাতে		১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
উপরের দিকে পিছনে ১. না ২. হ্যাঁ		১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
নিচু পিঠ (পিঠের ছোট)		১. না	১. না

		২. হ্যাঁ	২. হ্যাঁ
	১. না ২. হ্যাঁ		
	এক বা উভয় নিতম্ব/উরু ১. না ২. হ্যাঁ	১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
	এক বা উভয় হাঁটু ১. না ২. হ্যাঁ	১. না ২. হ্যাঁ	১. না ২. হ্যাঁ
	এক বা উভয় গোড়ালি/পা ১. না ২. হ্যাঁ	১. না ২. হ্যাঁ	১. না ২. হ্যাঁ

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Gant Chart

Activities/ Month	July 22	Aug 22	Sep 22	Oct 22	Nov 22	Dec 22	Jan 23	Feb 23	Mar 23	App 23	May 23	Jun 23
Proposal Presentation	■											
Introduction	■	■										
Literature Review	■	■	■	■	■	■	■	■	■	■	■	■
Methodology			■	■								
Data collection						■	■					
Data Analysis								■				
Result								■				
1st progress presentation									■			
Discussion										■		
Conclusion and Recommendation										■		
2nd progress presentation										■		
Communication with supervision	■	■	■	■	■	■	■	■	■	■	■	■
Finalubmission												■

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