YANGON UNIVERSITY OF ECONOMICS

MASTER OF DEVELOPMENT STUDIES PROGRAMME

A STUDY ON HEALTHY LIFESTYLE OF FACTORY WORKERS IN HEAVY INDUSTRY (CASE STUDY: NO.(3) STEEL MILL FACTORY(YWAMA))

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ABSTRACT

This study focused on healthy lifestyle of workers in heavy industry, to identify workers' knowledge, attitude and practices. Structured questionnaire was used for 202 workers. Interview, systematic and simple random sampling were used. It was found that 34.7%of workers were smokers, 21.1% consumed alcohol and mostly started smoking and drinking around 16 to 20 of age. Most of respondents bought drugs from drugstores for minor illness, so they need to be educated the negative effects of that habits. 50% went to hospitals or clinic for major illness as health seeking behavior. Around 20% of respondents had high level of knowledge and attitude level, as some respondents had poor knowledge about sedentary lifestyle, animal fats and balanced diet. Both knowledge and attitude level had middle score (over 60%). Over 40% had high practice score, because most of workers are habitually walking, riding bicycle and playing football. So MoH need to provide health education to change unhealthy habits, to keep and to promote all good habits in workers' healthy behavior in life-long.

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LIST OF ABBREVIATIONS

ANOVA	Analysis of Variance
BMI	Body Mass Index
CAD	Coronary Artery Disease
CI	Confidence Interval
COPD	Chronic Obstructive Pulmonary Disease
CVA	Cardio Vascular Accident
DM	Diabetes Mellitus
FDA	Food and Drugs Administration
GPAQ	Global Physical Activity Questionnaire
HBP	High Blood Pressure
HDL	Human Development Index
IHLCS	Integrated Household Living Conditions Survey
IPAQ	International Physical Activity Questionnaire
KAP	Knowledge, Attitude and Practices
MINP	Military Institute of Nursing and Paramedical Sciences
MNPED	Ministry of National Planning and Economic Development
MOHS	Ministry of Health and Sport
MOR	Multivariate Odds Ratios
MSG	Monosodium glutamate
NCDs	Non Communicable Diseases
P value	Probability value
SPSS	Statistical Package for Social Science Software
STEP	Surveillance Tracking & Experiment Program
UN	United Nations
UNDP	United Nations Development Programme
WHO	World Health Organization
YGH	Yangon General Hospital

CHAPTER I
INTRODUCTION

1.1 Rationale of the Study

The major resource for daily life of people is health which permitting people to lead individually, socially and economically productive. Health is “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity”. Good health has a positive effect on the productivity of people and its nation so health is also an important matter of every nation. The major determinants of health are socioeconomic factors, lifestyle factors and the physical environment (1948 cited in WHO, 1999). Healthy lifestyle is a way of living that lowers the risk of being seriously ill or dying early.

Healthy lifestyle is essential and crucial of the human life. WHO described that eating a balanced diet, getting plenty of sleep, exercise regularly, no smoking and drinking, practicing safer sexual behavior, and developing good stress and time management skills can help play a vital role in maintaining a healthy lifestyle(WHO,2009). Health is important to a person at the individual level, and also it contributes to the advancement of society if more people are performing closer to their fullest potential.

As a developing country and emerging economy, labour-intensive technology needs more productive workforce, which are important for economic development. Not only productivity of workforce is important for nation but also their earnings that can support for their family. Workers who have higher levels of literacy and education, better health, greater access to social services, and enhanced opportunities for cultural and political participation. Although, every person has the means to access healthy food, stable shelter and education, people will be unable to have access to health and well-being.

Workers are important human resource of our nation. The labor force, or the economically active population is conventionally defined as those individuals who

furnish the supply of labor force production of economic goods and services, corresponding to the concept of income in national income statistics.They are productive workforce in human resource based economy. To be healthy and productive workers, they must be aware of healthy lifestyle and practices to make them strong and healthy in physically and mentally.

Nowadays heavy industry workers may have the negative consequences due to their busy lifestyles and their stressful working environment. Workers always struggle in their daily lives and also their works. Even if they understand the importance of healthy lifestyle, many seem unable to change their unhealthy behaviors because of busy lifestyles, rushing to and from work can make it hard to find time to do healthy practices. In this factory, most workers were habitually smoking, alcohol drinking and betal chewing to relieve stress, tiredness and to feel pleasure. Thus, the underlying awareness and practices of healthy lifestyle among industry workers were carried out in this study.

In the recent years, Myanmar had been industrialized and the consequence is substantial changes in lifestyles and traditional patterns such as changes in diet, types of food, cooking time, working conditions and leisure activities. Processed foods or readymade foods are replacing organic foods. Also housewives and mothers are working for earning and most of them have reducing time for cooking and preparation of healthy and balanced diet. So, increased tendency to eat ready -made and fast foods, which are cheap and can easily buy for their dinner, when they came back from work. This habit of eating and unhealthy lifestyles such as smoking and drinking alcohol may lead to health problems among workers of No.(3) Steel Mill Factory,Ywama.

Workers are mostly adult aged; they are decision makers, role models, leaders in their families,they are intended to perceive healthy attitude and practice in their daily habits, and also need to change their unhealthy practices.So they have to do daily healthy activities such as regular exercises, enough sleep, prepare healthy diet, enough drinking water, avoidance from unhealthy behaviors such as smoking and alcohol drinking. Most of the studies had done in healthy lifestyles concerning among students and community, so this study intended to identify about healthy lifestyle of

industrial workers, also want to analyze their level of health knowledge, attitude and practice.

Furthermore, lifestyle is a major factor thought to influence susceptibility to much chronic disease. The most important risk factors of non-communicable diseases include high blood pressure, high concentrations of cholesterol in the blood, inadequate intake of fruit and vegetables, being overweight or obesity, physical inactivity, alcohol use and tobacco use. These risks are closely related to inappropriate diet, physical inactivity and stress. Not all diseases are preventable, but a large proportion of deaths, particularly those from coronary heart disease and lung cancer, can be avoided.

Health promoting system for human resource is important in development of nation. Unhealthy lifestyle and behavior can lead to non-communicable diseases which can be prevented by own behavior of people.To raise public awareness about prevention of risk factors and healthy choices which are needed for every people.This is importance to provide the ways of support that how to promote workers healthy lifestyles and they need to be educated and enforced to follow through lifestyle.

1.2 Objective of the Study

The objectives of the study are to identify situation upon healthy lifestyle of workers from No.(3)Steel Mill Factory, Ywama and to analyze the knowledge, attitudes and practices concerning healthy life style among workers.

1.3 Method of Study

This study used descriptive method with primary and secondary data. Structured questionnaires were developed, data and information were collected by using face to face interview method. Systematic and simple random sampling were used to get the sample size (202) workers.

1.4 Scope and Limitations of the Study

This study emphasized on healthy lifestyle of workers, who are working in heavy industry with various educational levels (such as high school level, under graduate level and graduate level).There are three Steel Mill Factories in Myanmar and total (25) factories in Insein Township, Yangon. From these, it was chosen No(3) Steel Mill Factory(Ywama) as sample population for heavy industry.

There are (551) workers in this study area. Among them, (202) workers were selected as sample size. Study included all respondents with the age above 18 years old male and female who worked at least six months in study area were specified as the attributes of the study interest. This study was conducted from January 2019 to August 2019.

1.5 Organization of the Study

This study consists of five chapters: Chapter (1) mentions introduction of the rationale, objectives, scope and limitation of the study and method of study. Chapter (2) presents description of literature review presenting with theoretical information and related literature. Chapter(3) mentioned overview of health in Myanmar. Chapter (4) analysis on results of survey and discussion based on awareness and practices of workers in heavy industry and Chapter (5) concludes with findings and suggestions.

CHAPTER II
LITERATURE REVIEW

2.1 The Concept of Healthy Lifestyle

Healthy lifestyle is a way of living that “helps us enjoy” more aspects of our life as well as a way of living that “helps our whole family” (WHO,2015). Health is not just about avoiding a disease or illness. It is about physical, mental and social well-being too. The healthy lifestyle has provided directly or indirectly the framework for human life. When a healthy lifestyle is adopted, a more positive role model is provided for individual, family and community. That is why; healthy lifestyle depends on the early adoption of healthy living habits among population. Health related behavior’s in early stages of life affect the disease risks related to lifestyle in late periods of life(WHO,1998).

A healthy lifestyle is one that focuses on incorporating the eight aspects of wellbeing into one’s life (emotional, environmental, financial, intellectual, occupational, physical, social and spiritual). Socio-demographic factor (age, gender, education, occupation, and income) and personal habits (balanced diet, healthy sleep, physical activities, quit smoking, low-risk alcohol drinking, safer sexual behavior, and stress management) can affect their healthy lifestyle. Furthermore, receiving health information and general health status can affect their healthy lifestyle. In this study, sexual behavior is not expressed because this portion is very wide.

In the 21st century, the key to health promotion and disease prevention is to establish an environment that supports positive health behavior and healthy lifestyle. Today, the major causes of premature death are coronary heart disease, stroke, diabetes and cancer that largely related to lifestyle, namely diet, smoking, lack of exercise and stress. A healthy lifestyle is valuable resource for reducing the incidence and impact of health problem, for recovery, for coping with life stressors, and improving quality of life. Unhealthy lifestyle is associated with much non-communicable disease such as cardiovascular disease, cancer and diabetes. Many

health problems can be prevented or at least their occurrence postponed by having a healthy lifestyle (Lewis,2011),

2.2 Characteristics of Healthy Lifestyle

A healthy lifestyle includes eating a healthy diet, maintaining a healthy weight, getting enough physical activity, not smoking and limiting alcohol use. To ensure a healthy lifestyle, it needs to eat lots of fruits and vegetables, reducing fat, sugar and salt intake, exercising, and regular check of body mass index (BMI) based on height and weight, in doing so, it can help keeping blood pressure in a healthy range and lowering the risk of heart disease and stroke (WHO, 2015). A health-promoting behavior is an end point or action outcome directed towards attainting positive health outcomes such as optimal well-being, personal fulfillment and productive living.

2.2.1 Balanced diet

The followings are important factors for balanced diet consumption.

(a)Food Groups: The foods available can be broadly divided into three groups from the nutritional point of view. These are:

1. Energy yielding foods (Protein----milk, meat, chicken and pulses)
2. Body building foods (Carbohydrates and fats-----cereals, fats and sugar)
3. Protective foods (Minerals and Vitamins-----fruits and vegetables)

(b)Healthy eating: Healthy eating means eating a diet that is high in nutrients and low in fat, sugars, and sodium. A meal which has included all the nutrients in adequate and appropriate amounts is called a balanced meal or diet.

(c)The benefits of healthy eating: Healthy eating is one of the best things we can do to prevent and control many health problems. And, a healthy diet can help us maintain a healthy weight, feel our best, have more energy, and handle stress better.

(d)Fruits and vegetables: These are packed with key vitamins and nutrients, such as calcium and fiber. Aim to eat at least five servings of fruits and vegetables every day.

(e)Lean protein: The important thing is to choose lean meat. This includes boneless, skinless chicken breasts and turkey cutlets, and leaner cuts of ground beef. Broil grill, roast, poach, or boil meat instead of frying.

(f)Low-fat dairy options: While many dairy products are rich in protein and calcium, they are also high in fat, which can cause cholesterol to build up in arteries increasing the risk for many major health problems.

(g)Watch our calories: Part of eating healthy means having a healthy weight, which includes not eating more calories than we burn off. Calorie intake is based on gender, age, and activity level.

(h)Health benefits of water: Every system in human body depends on water. Water is human body's principal chemical component and makes up about 60 percent of body weight. Water flushes toxins out of vital organs, carries nutrients to cells and provides a moist environment for ear, nose and throat tissues. For the body to function properly, people must replenish its water supply by consuming beverages and foods that contain water(WHO and FAO,2003).On the other hand,(Kushi,Byers andDoyle,2006), the Institute of Medicine determined that an adequate intake for men is roughly 3 liters (about 13 cups) of total beverages a day and women is 2.2 liters (about 9 cups) of total beverages a day.

2.2.2 Sleeping pattern

Being healthy depends on having healthy sleep. Teenagers and the elderly are most likely to report sleep problems. Sleep need is a very individual thing and some people seem to need more sleep at all stages of their life than their friends of a similar age. Patterns of sleep may change a lot at puberty but the overall amount of sleep needed does not decrease at this time, in fact it increases. At the time of puberty teenagers typically need nine to nine and a quarter hours of sleep per night. Elderly people need less sleep (about 7 hours) and it harder to get all their sleep in a single block at night. Many elderly people have daytime naps and this is likely to make their night time sleep worse. The hormone melatonin, which is sometimes called the ‘essence of darkness’, starts to be secreted as we start feeling ready for bed. Melatonin works with the body clock to help us fall asleep easily. From the onset of puberty this hormone kicks in at a later clock time than in childhood. As with most biological things, some people are more affected by the hormone delaying their evening wave of sleepiness than others. Complex problem solving is difficult if sleep deprived. Most people sleep deprivation is not usually continuous; they are more likely to have a series of nights of less sleep than they need (Bruck, 2006).

The immune system wants and needs sleep. A lack of sleep may affect our health in another, unexpected way. Some suggests a link between not getting enough sleep and becoming overweight. It seems that if someone is not getting enough sleep the body uses glucose at a slower rate and this is likely to cause weight gain. One of the first sign of sleepiness is a change in speed due to the leg on the accelerator losing some of its muscular control. A caffeinated drink will reduce sleepiness for a while in most people. Many fatigue related accidents have only one young adult (most likely male) in the car and this is the group who are most likely to say they are fine to drive when they are already having micro sleeps. If a person is already a bit sleepy or sleep deprived then having any sedative (including alcohol or anti depressants) will have a much greater effect. Under these circumstances the chance of a sleep related accident is higher.

2.2.3 Physical activities

Physical activities have an important influence on the physiological regulation of body weight. In particular, they affect total energy expenditure, fat balance and food intake. Increased energy expenditure is an intrinsic feature of physical activity and exercise. Energy requirements increase from basal level immediately after the initiation of physical activity, and the increase persists for the duration of the activity. The total amount of energy expended depends on the characteristics of the physical activity (mode, intensity, duration and frequency) and of the individual performing the exercise (body size, level of habituation and fitness) (WHO, 2000). Physical activity is regarded as being vital to the health promotion and prevention of illness. A sedentary lifestyle is one of the factors for cardiovascular disease (decline blood pressure, abnormal value for blood lipid, smoking and obesity). (WHO, 2000).

The Body Mass Index (BMI): The Body Mass Index (BMI) is widely used for the determination of nutritional status or body composition. It is the value obtained when the weight in kilograms is divided by the square of the height in meters. Nutritional status is determined through BMI cut-offs values as recommended by the World Health Organization (WHO,2007), however, in recent years some scientists in the Asia- Pacific region made recommendations that the criteria values be modified to fit the Asian body composition, which is claimed to be different compared to the

American or European body composition. Thus the "Asian criteria" for the determination of nutritional status based on the BMI was born.

Table 2.1 Nutritional status based on the WHO and "Asian criteria" values

Nutritional Status (2006-2007)	**"WHO criteria" BMI cut-off**	**"Asian criteria" BMI cut-off**
Under weight	< 18.5	<18.5
Normal	18.5-24.9	18.5 - 22.9
Overweight	25-29.9	23 - 24.9
Pre-obese	-	25 - 29.9
Obese	≥30	≥30
Obese Type (1) (obese)	30 - 40	30 - 40
Obese Type (2) (morbid obese)	40.1 - 50	40.1 - 50
Obese Type (3) (super obese)	>50	>50

Source: (WHO, 2007)

2.2.4 Smoking

Smoking is the inhalation and exhalation of fumes form a substance (of abuse) used in various forms. The different forms or methods of smoking include cigar, cigarettes and pipes etc. (Maqsood, Baber & Khalid, 2016). This is done with the aim to taste the smoke and absorb the substance into blood stream for desired effects. Various substances are smoked, but the most common substance used for this practice is tobacco. Tobacco-related diseases not only lead to many premature deaths but also to years of disease and disability. One half of all people who regularly smoke will be killed by cigarettes, half in middle age and half in their senior years. If we stop smoking before middle age we will avoid almost all the increased risk that would have otherwise occurred. Even stopping smoking in middle age can lower our risk.

Effect of smoking: Tobacco smoke contains more than 4000 chemicals, including more than 250 carcinogens and toxins such as polonium 210, benzene and arsenic. These carcinogens and toxins have been shown to be harmful to health and give rise to cell transformations, mutations, or other genetic damages that cause cancers among other diseases. There was also a causal relationship between smoking and development of acute myeloid leukemia. Lung, laryngeal and pharyngeal cancers presented the highest relative risks for current smokers, followed by upper digestive tract and oral cancers.

Smoking has also been shown to increase the risks of suffering from coronary artery disease (CAD), acute myocardial infarctions, stroke, aortic aneurysm and peripheral vascular disease. Tobacco use also exerts inflammatory effects on the respiratory system that can lead to development of chronic obstructive pulmonary disease (COPD), chronic bronchitis and emphysema (Behr & Nowak, 2002). Maternal smoking has also been shown to be causally associated with several pregnancy related complications. Smoking during pregnancy was found to be causally associated with fetal growth restrictions, stillbirths, preterm births and placental abruption. Maternal smoking was also associated with increased risks of spontaneous abortions, ectopic pregnancies and placental abruption (the premature separation of the placenta from the uterine wall).

2.2.5 Alcohol drinking

Drinking small amounts of alcohol can be a pleasant social activity for many people. Indeed drinking small quantities of alcohol can reduce the risk of heart disease for older people if it does not conflict with any medication being taken. However as the amount we drink and the number of times we drink increases, then so do the risks. Binge drinking is the rapid consumption of large amounts of alcohol, leading to intoxication (WHO, 2011).

2.2.6 Stress management

Stress is a necessary part of our lives and can have both beneficial and negative effects. The stress response is primarily determined by our perception of an event, transition, or problem. Finding a balance in our lives and managing our stress can be a challenge. An important first step is recognizing the degree to which we are affected by the stress in our lives and then move toward strategies to make it better. Common symptoms of stress are experiencing such problems as headaches, problems going to sleep or staying asleep, unexplained jaw pain, tense muscles, sore neck and back uncontrolled anger, and frustration, fatigue ,anxiety, worry, phobias ,difficulty falling asleep , irritability , insomnia , bouts of hostility , boredom, depression, eating too much or too little, diarrhea, cramps, gas, constipation, restlessness, itching. Many people experiencing stress symptoms worry that they may be sick with something serious. Clinical depression needs immediate attention (Matheny&McCarthy, 2000).

2.3 Relationship Between Health and Economic Development

The concept of good health is shifting towards creating and maintaining good health and well-being, rather than only preventing and treating disease. Health is the hub of sustainable development: health is a factor of development, at the same time, development brings about better health. In this sense, greater synergies between health and other sectors will have huge impact on progressing health and well-being as well as sustainable development.

Finlay (Finlay,2007) analyzed that health does have a positive and significant effect on economic growth. He discussed the role of health in economic development via two channels; direct labor productivity effect and the indirect incentive effect. So, sustainable growth of future nation wholly depends upon the resourceful, healthy and productive workforce of today.

Bloom and Canning (2004) considered national production as a function of its inputs; i.e. physical capital, labor force and human capital with three elements of education, work experience and health. The relationship between efficiency and effectiveness of these inputs with total factor productivity has been studied in this model. The major result is that health has a significant impact on the economic growth. Its means that one year increase in life expectancy is leaded to 4% increase in national production is depend on productivity of the labor force.When talking about development, it is much more than the rise or fall of national incomes and concerns quality of life of the people living longer, feeling better and knowing more.

Study on OIC explained that health can affect production level of a country through various channels. The first channel is that its impact is better efficiency of healthy employees comparing with others. Healthy employees work better and more than others and have a creative and more prepared mind. Health has indirect impacts on production as well, for instance health improvement in the human force will be followed by motivation to continue education and obtain better skills. Enhancement of health and health indexes in the society will encourage individuals towards more saving through reduction mortality and increasing of life expectancy. Following increased saving in the society physical capital is enhanced and this issue will be effective indirectly on labor force productivity and economic growth.

Unhealthy behaviors are putting people to premature illness and death. It is need to consider as the important things for human lives and healthy living. It is essential that people should gain awareness regarding healthy behaviors individually to increase responsibility for their health. Therefore nutritional diet, getting enough sleep, avoiding alcohol and tobacco certainly improve a person's health and quality of life. This will also certainly contribute to a more productive work force.

Bloom and Canning (2001) performed estimations based on various conducted researches about the developing countries. The general conclusion is that life expectancy of country is higher about five year , growth rate of real income per capita is higher about 0.3% to 0.5%. They examined the impact of health on productivity from four ways;

(1) A healthier labor force produces more because it has more mental and physical ability and is absent less in his workplace due to his illness or of his family.
(2) Individuals with higher life expectancy have more motivations for investment in education and obtain a higher output from such investments.
(3) Amount of savings (for retirement) is increased by increasing individuals' age because of health improvement and as a result investment process will be facilitated.
(4) Health improvement in the form of increasing life and health of children could be a motivation to decrease impregnation; consequently individuals participate more in the labor market and obtain higher income per capita.

So there is positive and significant relation between economic growth and health. Regarding the relationship between health and economic development, health is referred to as 'industry' in most of the health economy subjects by studying the existing theories. Good health may lead to individual growth capacity and economic security. Study on health and economic growth in Organization Islamic conference member states (2001-2009), found that gross domestic product and life expectancy have positive and significant impact on economic growth.

Investing in health is essential not only to improving health outcomes but also to supporting economic growth. Payoffs from investing in health are considerable. Global evidence shows that making the right investments in health stimulates economic growth. Between 2000 and 2011, health improvements accounted for about

11 percent of economic growth in low- and middle-income countries. A strong and coherent health system is the foundation for healthy children, families and communities, contributing to a productive workforce and a population able to take advantage of the opportunities created by economic growth.

2.4 Review on previous Studies

There are considerable amount of studies revealed that healthy lifestyle has positive impact on non-communicable diseases. In 2009,(Ford, Bergmann, Kroger, and Boeing) used the data from the European prospective investigation into cancer and nutrition with the subjects of German men and women between the ages of 35 to 65 years. The study is to determine the effects of four healthy diet and lifestyle factors on the leading causes of chronic diseases and death diabetes, heart attack, stroke and cancer included (1) never smoking, (2) having a body mass index (BMI) lower than 30, (3) exercise, and (4) adhering to a healthy diet (defined as high intake of fruits, vegetables, whole- grain bread and low meal consumption). People who had these all four healthy behaviors lowers their risk of developing chronic disease by 78% developing diabetes by 93% , having a heart attack by 81 % , having a stroke by 50% and developing cancer by 36% than participants without a healthy factor. It was found that there was a decrease in participant developed chronic disease as the number of healthy behaviors increased. This study highlighted healthy diet and lifestyle factors affected the chronic disease but current study focused on healthy lifestyle practice and health seeking behavior in rural community.

Demio, Dugee, Courten, Bygbjerb, Enkhtuya and Meyrowitsch(2013) conducted to explore knowledge, attitudes, and practices related to alcoholin Mongolia. A door-to-door, household-based questionnaire was conducted on 3450 people from across Mongolia. Participants were recruited using a multi-stage random cluster sampling technique, and eligibility was granted to permanent residents of households who were aged between 15 and 64 years. Approximately 50% of males and 30% of females were found to be current drinkers of alcohol.Moreover, nine in ten respondents agreed that heavy episodic drinking of alcohol is common among Mongolians, and the harms of daily alcohol consumption were generally perceived to be high. Indeed, 90% of respondents regarded daily alcohol consumption as either ‘harmful’ or ‘very harmful’. Interestingly, morning drinking, suggestive of

problematic drinking, was highest in rural men and was associated with lower-levels of education and unemployment. This research suggests that Mongolia faces an epidemiological challenge in addressing the burden of alcohol use and related problems. Males, rural populations and those aged 25-34 years exhibited the highest levels of risky drinking practices, while urban populations exhibit higher levels of general alcohol consumption. These findings suggest a focus and context for public health measures addressing alcohol-related harm in Mongolia and present study pointed out an association between age, gender and alcohol drinking habit.

A study on healthy lifestyle habits of university of Wisconsin River Falls (UWRF) female students was conducted by Schorr, Jordahl,Pedersen and Shirilla in 2011. The purpose was to explore the relationship between healthy lifestyle choices of 100 female students and their weekly physical activity. Questions concerning healthy lifestyle included sleeping habits and eating habits. It was found that active females on the UWRF campus practiced healthier lifestyle habits than female that are less physically.By doing this survey, authors hoped that inactive students started to rethink their lifestyle habits and they may change their habits to be able to have a healthy life.This study only considered the lifestyle of female students. Practicing healthy lifestyle habits is important not only for female students but also for male students. So, I think that healthy lifestyle of workers including both male and female are needed to study in industrial setting.

Study conducted in Mongolia to identify knowledge, attitudes and practices regarding tobacco smoking using a multi-stage, random cluster sampling method from permanent residents. The KAP survey questionnaire was interviewer-administered on a door-to-door basis. In Mongolia at 2010, 46.3% of males and 6.8% of females were smokers. The probability of smoking was independent of the level of education. Although the level of awareness of the health hazards related to tobacco smoking was generally very high in the population, this was influenced by the level of education as more people with a primary and secondary level of education believed that smoking at least one pack of cigarette per day was required to harm one's health (MOR 5.8 for primary education and 2.5 for secondary). Finally, this knowledge did not necessarily translate into a behavioral outcome as 15.5% of the population did not object to people smoking in their house, and especially so among males (MOR 4.1). This study

highlighted males, urban dwellers and Mongolian youth as groups that should be targeted by public health measures on tobacco consumption, while keeping in mind that higher levels of awareness of the harms caused by tobacco smoking do not necessarily translate into behavioral changes. (Demio, Dugee, Nehme, Meyrowitch and Palam ,2014**)**

The university based, cross-sectional descriptive study was carried out to analyze awareness and practice on healthy lifestyle of 250 under graduated students of EYU in academic year 2011-12 was done by Win Ni Tar(2013).In this study, age range of students(17 to 22)years, only gender difference in awareness and practice regarding healthy lifestyle were analyzed. Both male and female are high in awareness on exercise. Female students are more aware and practice on sleep than males ,and also high awareness in nutritional knowledge than males. Finding that superior knowledge about healthy lifestyle does not necessarily result into better practice. This was harmonious with current life expectancy ratio of male to female, female population have greater life expectancy than male population.

Smoking is the single most important preventable cause of diseases and premature death in the world today. It is a major public health problem in developing countries. Han-Win, Aung-Thu, Than-Than-Lwin, Sander-Kyi, Kyi-Kyi-Win-Zaw, Khin-Thida-Wai, Kyu-Kyu-San, Ni-Ni-Aye &Khin-Myat-Tun (2007) studied in smoking in an urban community: prevalence, associated factors and behavior among adult males in Kyimyintine Township in Myanmar. A cross-sectional survey was conducted among 486 adult males, aged 15 years and above. The data were analyzed using the Statistical Package for Social Sciences (SPSS), version 10. The chi-square test and odds ratio with 95% confidence intervals were calculated using simple logistic regression to find out the factors associated with smoking. Mean age of the study population was (36.1 ± 13.3) years (range, 15-65 years). 52.7 % were married and 14% had no schooling or primary level education only. The majority (67.3 %) had household income of less than 50,000 kyats per month. Regarding the occupation, 51.4% worked in office/business and 29.2 % were manual workers. Smoker's behaviors mean age at start of smoking was 19.3 ± 5.9 years. The youngest age was 10 years and the oldest was 45 years. More than half (58.5%) started smoking before 20 years and 75% smoked more than 5 years. Of all smokers, only 17% smoked more than 5 cigarettes/cheroots per day. It was found that smoking is prevalent among adult

males, and most of them begin to smoke rather early in life and continue for many years which may lead to the development of various tobacco-related diseases. They concluded that health education and intensive anti-smoking campaigns through media are important to combat smoking and smoking-related health problems in the future. Hence, the finding from this study can provide to reduce smoking habits and dangerous effect of smoking.

"Health seeking behavior of community residents between "Mayangone and Mingaladon Townships" studied by Khin-Chaw-Chaw-Kyi (2012), using community based cross-sectional comparative study. The aim of this study was to find out the different health seeking behavior among urban and peri-urban residents. Data were gathered through face-to-face interviewed by using structured questionnaire. A random sampling of 120 respondents from each township was included. This study found out buying drugs from drugstores was the main health seeking behavior of minor illness in both townships. Going to general practitioners was the main health seeking behavior of Mayangone residents and going to government hospital was the highest health seeking behavior of Mingaladon residents on major illness. This study discussed that the feeling on expensive health care cost was more certain to sale assets to obtain required health care expenses. This study highlighted the risk of health seeking behavior on minor illness among community residents. As a consequence, health status and health seeking behavior should be explored for proper intervention to reduce risk and promote health.

To identify the knowledge, perception and practice on healthy lifestyle among residents of Hlaing Railways Quarter, Insein Township. M-T-Saung-Lone, Zin-Maung-Tun, Ei-Thida-Tun, Htay-Htay-Thin, Hnin-Yu-Wai&Zar-Chi-Tun(2013) studied that Cross sectional, descriptive design was used. Convenient sampling method was used. A hundred household members included in the study. A self-administered structured questionnaire was used to collect data. Informed consents were obtained. The assessment tool consists of questionnaires in three categories of healthy lifestyle: knowledge, perception and practice. Data analysis and scoring were done manually, (98%) participants have high level of knowledge on healthy lifestyle, (77%) have positive perception towards healthy lifestyle and a few (72%) of them have regular practice on healthy lifestyle generally. This study highlighted that constant information, education and communication regarding advantage of healthy

lifestyle and harmful effects of unhealthy behaviors are needed to sustain their healthy lifestyle behaviors, health, and fitness. Thus, current study aimed to explore lifestyle among rural residents.

A community-based cross sectional descriptive study conducted by Naing-Lin-Tun (2013), the fishermen from Kyauk Chaung village, Hainggyikyun, Ayeyarwady Region. The objective of the study was to study lifestyle and health care practices of fishermen. Total (110) fishermen who aged above 18 were selected by simple random sampling. Data were collected by face-to-face interview with structure questionnaire. Among the respondents, age of the fishermen ranged from 18 to 56 years and the majority (55.5 %) were under 30 years. (50.90%) of them drank alcohol, however, the alcohol drinker did not drink in fishing ground. Regarding health care practices, some remedies were used, e.g., a mixture of Na-Nwin-Hlaw and Pop-qu-que three drops with boiled water for diarrhea, Tamarind Seed for injuries due to poisonous fishes during the fishing ground. This study would be beneficial to health care setting and health care personnel to provide health care for this economically important group regarding lifestyle and health care seeking practices.

Another local study ,descriptive cross sectional study with knowledge of the people in the community regarding healthy lifestyle among (173) people who live in HteinChaung village, Helgue Township, Yangon Region was conducted by Khin-Su-Su-Lwin (2015). She described knowledge of the community people about their healthy lifestyle and the relationship between their demographic characteristic and healthy lifestyle. Research instrument consisted of two parts: demographic data and questions regarding healthy lifestyle that was self-structured administered questionnaires. Descriptive and cross tabulation was used for data analysis. According to the study, it revealed that almost (96.5%) of the participant had high level of knowledge and no one at low level of knowledge. Among four sections of healthy lifestyle, healthy eating habit, got (90.2%) at higher level of knowledge while the rest (0.6%) are at low level. This study highlighted although level of knowledge was high, the community people still need to change their behaviors about healthy lifestyle in order to be free from diseases. Therefore, it was necessary to identify level of knowledge regarding lifestyle and healthy eating habit in present study area.

Community based cross-sectional descriptive study was conducted to identify the knowledge, attitude and practices of the residents regarding healthy lifestyle in rural community at Wataya Village in Htantabin Township, Yangon Region during August, 2017 to January, 2018 by Yee-Myint. Self-administered structured questionnaire was used for a total of 196 rural residents. Face-to-face interview method, systematic sampling and simple random sampling were used and also analyzed by using frequency, mean and Pearson Chi-square tests. Mean age of respondents was (41.26±13.3) years. The prevalence of smoking was 38.8% and mean age at started of smoking was (20.51±5.96) years. Some respondents 31.1% consumed alcohol and mean age at started of drinking was (21.16±5.09) years. More than half of respondents reduced their stressful condition by listening to soothing music and watching television. Regarding general health status, 86.3% had normal Body Mass Index and nearly two third bought drugs from drugstores for minor illness and went to hospitals or clinic for major illness as the health seeking behavior. Moreover, 48% of respondents had high level of total knowledge score and 54.1% of respondents had high attitude score. Respondents' age, gender and occupation status were associated with the smoking status and age and gender were also associated with the alcohol drinking. Among between occupation group and stress from economic problems was statistically significant associated at p=0.018. It was significantly associated between education level and buying drugs from drugstores at p=0.024. This study highlighted a stay of healthy living reflected the awareness and practices of rural community. Therefore, a person has to keep all good habits in life-long to increase good health level and quality of life in this study area. It was also recommended that health education program should be provided to change the unhealthy behavior of the rural community. I would like to identify the workers' unhealthy behavior by applying related studies.

CHAPTER III

OVERVIEW OF HEALTH IN MYANMAR

3.1 Health in Myanmar

In Myanmar, people are now facing double burden of diseases - Communicable Diseases and Non-Communicable Diseases(NCDs). Owing to demographic, epidemiological and socioeconomic transition in the last few decades, NCDs have emerged as a major health problem. As Myanmar moves on the path of socioeconomic development and changing lifestyle, daily habits of Myanmar people leadstowards non-communicable diseases(NCD). In National Health Plan (2011-2016), priorities actions had been developed with the aim to prevent, control and reduce disease, disability and premature deaths from chronic non communicable diseases and conditions.

In Myanmar, Ministry of Health (MoH) is the major organization responsible for provision the health status of nation, which is also the key player in promoting and maintaining health of people. To raise the health status of the country and people, MoH providing comprehensive health care inclusive of promotive, preventive, curative and rehabilitative services, utilizing the human, monetary and material resources in the most efficient ways.

MoH has been advocated the two strategic pathways that are employed for prevention and control of chronic and NCDs , directed to the population approach rather than high risk approach(MoH,2003).Lifestyle factors are at the root of the non-communicable disease crisis, which is responsible for millions of premature deaths every year. Millions of people are dying prematurely every year from the world's biggest killers-cancers, heart disease, stroke, chronic respiratory disease and diabetes.

According to the data from Yangon General Hospital (YGH) statistics, the people with cardiovascular disease in 2011 were 3365 followed by 3678 in 2012 and 3852 in 2013. As well as, the number of cancer was 5104 in 2011 and continually increased to 5180 in 2012 and 6604 in 2013. The number of diabetes mellitus (DM)

also went up from 604 in 2011 to 724 in 2013. According to the above data, these non-communicable diseases gradually increased year by year that they need to prevent in community as early as possible.

The Republic of the Union of Myanmar conducted its most recent census in March/April 2014.This is more than 30 years after the last census in 1983. The provisional results indicate that the population of Myanmar on the 29th March 2014 was 51,419,420 persons. The population of Myanmar has steadily grown since the beginning of census taking in 1872, rising from 2.7 million persons, to 10.5 million in 1901, to 13.2 million in 1921, then to 28.9 in 1973, 35.3 million persons in 1983 and 51.4 million persons in 2014. The steady increase in population size over the period has policy implications for all sectors of the economy particularly those of education, health, employment and housing. The census results show that the population density in urban areas (Myanmar Population and Housing Census 2014, Provisional Results, Department of Population, Ministry of Immigration and Population).

In implementing the objective of uplifting the health status of the entire nation, to attain full life expectancy and enjoy longevity of life and to ensure that every citizen is free from diseases, MoH is taking the responsibility of providing comprehensive health care services covering activities for promoting health, preventing diseases, providing effective treatment and rehabilitation to raise the health status of the population. While some ministries are also involving in improving health of the population by establishing social security scheme and producing been made in the health professional and work force and collaboration of national and international partners. Social and volunteer organizations in the country have invested much of their time and efforts with a close collaboration to the Ministry and private health care providers are also playing an important role in health development of the country.

3.1.1 Health Care System of Myanmar

Health care system of Myanmar evolves with changing political and administrative system and relative roles played by the key providers are also changing although the Ministry of Health remains the major provider of comprehensive health care. It has a pluralistic mix of public and private system both in the financing and provision. Health care is organized and provided by public and private providers.

The Department of Health, one of (7) departments under the Ministry of Health plays a major role in providing comprehensive health care throughout the country including remote and hard to reach border areas. Some ministries are also providing health care for their employees and their families. They include Ministries of Defense, Railways, Mines, Industry, Energy, Home and Transport. Ministry of Labor has set up three general hospitals, two in Yangon and the other in Mandalay to render services to those entitled under the social security scheme. Ministry of Industry is running a Myanmar Pharmaceutical Factory and producing medicines and therapeutic agents to meet the domestic needs.

The private, for profit, sector is mainly providing ambulatory care though some providing institutional care has developed in Nay Pyi Taw, Yangon, Mandalay and some large cities in recent years. Funding and provision of care is fragmented. They are regulated in conformity with the provisions of the law relating to Private Health Care Services. General Practitioners' Section of the Myanmar Medical Association with its branches in townships provide these practitioners the opportunities to update and exchange their knowledge and experiences by holding seminars, talks and symposia on currently emerging issues and updated diagnostic and therapeutic measures. The Medical Association and its branches also provide a link between them and their counterparts in public sector so that private practitioners can also participate in public health care activities. The private, for non-profit, run by Community Based Organizations(CBOs) and Religious based society also provides ambulatory care though some providing institutional care and social health protection has developed in large cities and some townships.

One unique and important feature of Myanmar health system is the existence of traditional medicine along with allopathic medicine. Traditional medicine has been in existence since time immemorial and except for its waning period during colonial administration when allopathic medical practices had been introduced and flourishing it is well accepted and utilized by the people throughout the history. With encouragement of the State scientific ways of assessing the efficacy of therapeutic agents, nurturing of famous and rare medicinal plants, exploring, sustaining and propagation of treatises and practices can be accomplished. There are a total of 14 traditional hospitals run by the State in the country. Traditional medical practitioners have been trained at an Institute of Traditional Medicine and with the establishment of

a new University of Traditional Medicine conferring a bachelor degree more competent practitioners can now be trained and utilized. As in the allopathic medicine there are quite a number of private traditional practitioners and they are licensed and regulated in accordance with the provisions of related laws.

In line with the National Health Policy NGOs such as Myanmar Maternal and Child Welfare Association, Myanmar Red Cross Society are also taking some share of service provision and their roles are also becoming important as the needs for collaboration in health become more prominent. Recognizing the growing importance of the needs to involve all relevant sectors at all administrative levels and to mobilize the community more effectively in health activities health committees had been established in various administrative levels down to the wards and village tracts.

Myanmar's rate of economic growth is projected to be 8.2 percent per annum in the medium term. What that means is that total fiscal space can be expected to grow thanks to the conducive macroeconomic environment. Even if current allocation to health (3.65%) remains unchanged, the health budget may already increase in absolute terms 'the same slice but from a bigger pie'. While making a case for increased allocation to health, MoH will also explore increasing health sector-specific sources, such as taxes that are earmarked for health. Simulations and projections of both the public health impact and the financial impact of various types of sin taxes (i.e., on alcohol, tobacco products, sugar drinks), as well as estimations of the potential financial impact of other kinds of earmarked taxes, should be prepared in close collaboration with other ministries.

3.2 Regulatory Framework of Health Sector

In Myanmar, Ministry of Health responsible as the major provider of comprehensive health care for Myanmar health sector. The National Health Policy was developed with the initiation and guidance of the National Health Committee and MoH in 1993. The National Health Policy has placed the *Health For All* goal as aprime objective using Primary Health Care approach. The National Health Policy is designated as follows:

1. To raise the level of health of the country and promote the physical and mental well-being of the people with the objective of achieving "Health for all" goal, using

primary health care approach.

2. To follow the guidelines of the population policy formulated in the country.
3. To produce sufficient as well as efficient human resource for health locally in the context of broad frame work of long term health development plan.
4. To strictly abide by the rules and regulations mentioned in the drug laws and by-laws which are promulgated in the country.
5. To augment the role of co-operative, joint ventures, private sectors and non-governmental organizations in delivering of health care in view of the changing economic system.
6. To explore and develop alternative health care financing system.
7. To implement health activities in close collaboration and also in an integrated manner with related ministries.
8. To promulgate new rules and regulations in accord with the prevailing health and health related conditions as and when necessary.
9. To intensify and expand environmental health activities including prevention and control of air and water pollution.
10. To promote national physical fitness through the expansion of sports and physical education activities by encouraging community participation, supporting outstanding athletes and reviving traditional sports.
11. To encourage conduct of medical research activities not only on prevailing health problems but also giving due attention in conducting health system research.
12. To expand the health service activities not only to rural but also to border areas so as to meet the overall health needs of the country.
13. To foresee any emerging health problem that poses a threat to the health and well-being of the people of Myanmar, so that preventive and curative measures can be initiated.
14. To reinforce the service and research activities of indigenous medicine to international level and to involve in community health care activities.
15. To strengthen collaboration with other countries for national health development.

The objectives of the Myanmar Health Vision 2030 are:

1) To uplift the Health Status of the people.

2) To make communicable diseases no longer public health problems, aiming towards total eradication or elimination and also to reduce the magnitude of other health problems.
3) To foresee emerging diseases and potential health problems and make necessary arrangements for the control.
4) To ensure universal coverage of health services for the entire nation.
5) To train and produce all categories of human resources for health within the country.
6) To modernize Myanmar traditional medicine and to encourage more extensive utilization.
7) To develop medical research and health research up to the international standard.
8) To ensure availability in sufficient quantity of quality essential medicine and traditional medicine within the country.
9) To develop a health system in keeping with changing political, economic, social and environmental situation and changing technology.

The Vision for the Health Workforce Strategy is to:"Achieve comprehensive health benefits, by providing universal coverage of quality and equitable health services through a financially sustainable health system with an adequate, competent and productive health workforce that is responsive to changing health needs, especially of remote and rural populations."

3.3 Current Lifestyle of Myanmar People

Globalization, advanced technology and unplanned urbanization accelerate socioeconomic transition and population ageing.As daily living of people is much influenced by environments and behaviors, community health is in a great risk today. Due to more lifestyle changes in Myanmar, there will be an increase in daily smokers, alcohol consumption, unhealthy food habits, physical inactivity and non-communicable diseases. Also increase availability of processed foods altering the way of people's living style, and lack of physical activities, these changes are fueling the obesity epidemic in Myanmar.

The modern lifestyle, technology and the computer age, for all their many advantages, have over the year also had a damaging influence, impairing the health of

the wider population. For example, people tend to spend many hours seated in chairs; youth in classrooms, adults at their office workplaces or in front of the computer, and also in their free time, spending much time with watching Televisions, using computer, mobile phones and so on. On top of this, and an unbalanced diet, mental stress resulting from a variety of pressure, lack of exercises, cause health impairment and bring about various chronic diseases such as cardio vascular disease, diabetes and various kinds of cancer and more.

Lifestyle factors are at the root of the non-communicable disease (NCDs) crisis, which is responsible for millions of premature deaths every year. Millions of people are dying prematurely every year from the world's biggest killers-cancers, heart disease, stroke, chronic respiratory disease and diabetes. Non-communicable diseases that were the most striking examples which has overtaken infectious diseases as the world's leading cause of mortality in community.

The leading cause of NCDs death in 2012, were cardiovascular disease (17.5 million death, 46% of all NCDs death), cancer (8.2 million, or of all NCDs deaths), respiratory diseases including asthma and chronic obstructive pulmonary disease (4 million) and caused another (1.5) million death. In Myanmar, Cardio Vascular Disease 21%, Cancer 8%, Diabetes Mellitus 1% and Chronic respiratory 4% were reported in 2008. In 2012, Cardio Vascular Disease 23%, Cancer11%, Diabetes Mellitus3% and chronic respiratory9% were reported (WHO, 2015). Therefore, non-communicable diseases rate gradually increased year by year.

According to Myanmar census (2015), life expectancy is less in rural area (65.5) year than in urban area (72.1) year and union level is (66.8) year. In 2016, total life expectancy (both sexes) at birth for Myanmar is (64.9) years. This is below the average life expectancy at birth of the global population which is about (71) year. Life expectancy is gradually decreased year by year. To have health for all,people need to reduce unhealthy lifestyles, and then, need to maintain healthy lifestyles in community.

3.4 Overview of Workforce in Myanmar

Investing in health is essential not only to improving health outcomes but also to supporting economic growth. Payoffs from investing in health are considerable. Global evidence shows that making the right investments in health stimulates economic growth. Between 2000 and 2011, health improvements accounted for about 11 percent of economic growth in low- and middle-income countries. A strong and coherent health system is the foundation for healthy children, families and communities, contributing to a productive workforce and a population able to take advantage of the opportunities created by economic growth.

Heavy industry is the production of goods (such as coal or steel) that are used to make other things. Heavy industry that involves one or more characteristics such as larges and heavy products, equipments and facilities (such as heavy equipments, large machine tools, huge buildings and large-scale infrastructure) or complex or numerous processes. So heavy industry involves higher capital intensity and also often more cyclical in investment and employment. Transportation and construction along with their manufacturing supply businesses have been the bulk of heavy industry throughout the industrial age.

In Myanmar, there are nineteen industrial zones and factories in Yangon. Among these, Steel mills produces manufacturing steel making plant, oxygen plant, Iron scrap shredder, quick lime plant, precipitated calcium carbonate plant, wire drawing and nail, barbed wire, square mesh, chain link, blade wire making plant. There are three Steel Mill factories in our country.

Labor force, or the economically active population is conventionally defined as those individuals who furnish the supply of labor force production of economic goods and services, corresponding to the concept of income in national income statistic. They are productive workforce in human resource based economy. For economic development; labor-intensive technology needs more productive workforce. (UN, 1967). Nowadays heavy industry workers may have the negative consequences due to their busy lifestyles and their stressful working environment.

Labor force statistics from Ministry of Labor states the labor force and participation rate up to 2015 (shown in table 3.1).

Table (3.1) Labor force statistics

Year	Labor force(LF) (million)	Labor force(LF) (million)	Total Labor force	Labor Force participation rate	Labor Force participation rate	Total LF participation rate
	Male	Female	Total	Male	Female	Total
2012	19.66	12.16	31.82	82.67	50.23	66.28
2013	19.86	12.28	32.14	83.50	50.73	66.94
2014	13.40	8.70	22.11	85.20	50.50	67.00
2015	12.47	9.48	21.95	80.20	51.60	64.71

Source: Labor force statistics stated by Ministry of Labor

In 2017, working- age population (age 15+) was 36.394 thousand, of which slightly more than one half were women. Only (39.9%) of all workers are wage employees and a vast majority (77.7%) were either own account or contributing family workers. There are (10.8% of workers in manufacturing) in which factories of Myanmar. In this survey area, Insein Township, which has workforce population (number of workers) 160783, among them (government staffs 20882) (industrial workers 3852) and other various professional and sectors respectively. (Annual labour force survey in September 2017, Ministry of Labour)

Ministry of Labor is primarily responsible for labor issues and aim to promote employment opportunities and to improve income per worker. Concerning local employment in November 2018, about 559 workers worked in public sector and 18745 workers in private sector, 61.2% of workers were employed in Yangon and remaining 38.8% worked in other states and regions.

Most of Heavy Industrial Workers face with challenges in their daily life which includes;

1) Long stay working hours
2) unsocial hours
3) repetitive manual labor tasks
4) noisy condition which often high volume of noise due to machinery
5) possible injury and damage to body
6) lack of breaks
7) lack of physical mobility

8) very poor working condition (such as dusty, chemical compound, heat)
9) low pay
10) stress due to unskilled working situation

The government may provide workers in Heavy Industry for effective management of human resources at all levels with particular reference to:

1. Determining staff requirements (types, staffing levels and mix).
2. Reviewing roles, allocation of responsibilities, delegations, accountabilities.
3. Developing policies to ensure healthy and safe working conditions and environments.
4. Providing induction, training, re-skilling and supervision support.
5. Facilitating work teams and supportive networks.
6. Setting standard performance targets and indicators.
7. Enhancing management of staff performance, including documentation using standard appraisal templates.
8. Give incentives and promote staff who have high levels of productivity.
9. Managing separation and retirement of staff.
10. Monitoring equal opportunities commitments.
11. Manage and facilitate information sharing with the private sector in a confidential and secure manner.

Nowadays heavy industry workers may have the negative consequences due to their busy lifestyles and their stressful working environment. Workers always struggle in their daily lives and also their works. So authorized persons need to emphasize for secure working situation for workers in both physically and mentally.

CHAPTER IV
SURVEY ANALYSIS

4.1 Survey Profile

In Myanmar, there are nineteen industrial zones and factories in Yangon, among these Steel mills produces manufacturing steel making plant, oxygen plant, Iron scrap shredder, quick lime plant, precipitated calcium carbonate plant, wire drawing and nail, barbed wire, square mesh, chain link, blade wire making plant.

There are three Steel Mill factories in Myanmar. These are No.(1) Steel Mill Factory, situated in (Myingyan), Magway, No.(2) Steel Mill Factory, situated in (Myaungdagar), Hmawbi, and No.(3) Steel Mill Factory, situated in (Ywama),Insein Township, Yangon. From these three, the study was conducted at No. (3) Steel Mill Factory, which is situated between Bayintnaung Road and Hlaing River,WestYwama Quarter, Insein,it was selected for study area.

This factory was established in 1955.It is manufacturing steel making plant, oxygen plant, Iron scrap shredder, quick lime plant, precipitated calcium carbonate plant, wire drawing and nail, barbed wire, square mesh, chain link, blade wire making plant. The total workers in this factory is 551 workers which includes 82 administrative staff, 424 manufacturing workers and 45 laborers. This study was conducted from January 2019 to August 2019.

Table (4.1) Types of workers in study area

Types of workers	Male	Female	Total
Administrative staffs	56	26	82
Manufacturing staffs	401	23	424
Laborers	36	9	45
Total workers	493	58	551

Source : Survey Data (January to June, 2019)

Choice of appropriate sampling method depends on study objectives, design, and availability of sampling frame. Among total (25) factories in Insein Township, it

was chosen No (3) Steel Mill Factory (Ywama) as sample population for heavy industry.

4.2 Survey Design

The required respondents were selected to collect the data by applying systematic random sampling in this research. The list of all workers in this study area with at least six months worked duration at the time of data collection were obtained from the data of workers from No.(3) Steel Mill Factory(Ywama).There were (551) workers in this factory.

Therefore, every 3rdworker in Factory was chosen at regular interval on the list to obtain desired sample size. The starting point was odd number workers that was selected. Sample workers were chosen up to (202) workers in factory. After that, information was obtained male or female who aged 18 years above, who gave consent to participate voluntarily from factory. Finally, the person who met the inclusion criteria was selected.

The sample population was collected according to the following criteria. Inclusion criteria that the respondents were above 18 years of old male and female, and workers who worked in No.(3) Steel Mill Factory for at least six months. Exclusion criteria includes the respondents who were health care personnel and respondents who had communication barriers. Among the study population, (202) target population of this study included all respondents with the age above 18 years old male and female who worked at least six months in study area were specified as the attributes of the study interest.

4.2.1 Survey data collection

Interviews are key tool for researcher as a means of collecting information. Face-to-face interview was a data collection method when the interviewer directly communicates with the prepared questionnaires to each participant and the study purpose was clearly explained to them. Additionally, face to face interviews could permit the non-verbal reactions of the respondent to be observed and perhaps the development of a closer rapport arising from the more nature setting (Polgar& Thomas, 2000). Items and response choices were read to participants who had

difficulty in reading (because of poor vision). As discussed above, the data was collected by using face-to-face interview with the pretested structured questionnaire.

As a first step, pretested structured questionnaire was used in this study. Instruments questionnaire was translated into local language for this area and information was located by face-to-face interviews. Measuring tape for height and weight machine were also used as data collection tools.

The questionnaire was structured with clear and simple question and constructed based on the following relevance literatures:

1. International Physical Activity Questionnaire (IPAQ) Geneva. (2002),(2004)
2. The prevalence of selected risk factor for non-communicable diseases among 25-74 year old urban citizens of Yangon Region, Myanmar by Aung -Soe- Htetetal. (2014)
3. Dietary Habits and Nutritional Knowledge of College (Ateletes) by Paugh (2005),and
4. Health related lifestyle among students at a University in Monywa, Saging Region by Su-Su-San (2014)

After structuring questionnaire, instrument questionnaire was translated into local language for this area. This tool was discussed with expert persons and supervisors. The socio-demographic characteristics, Body Mass Index nutritional awareness and their balanced diet, physical activities, sleeping pattern, smoking, alcohol drinking, stress management were collected by using face-to-face interview with structured questionnaire.

Questionnaires were included six parts; socio demographic characteristics, health seeking practices, receiving health information, knowledge questions, attitude questions and practice questions.

A total of (128) question consisted of six parts. (Appendix IV& V).

Structured questionnaire was used to assess the knowledge, attitude and practice regarding healthy lifestyle and health seeking behavior.

Part (1) consisted of (12) questions for socio-demographic characteristics including age, gender, race, religion, marital status, education, occupation, family numbers, total average family income per month, kitchen cost per month , health cost per month and health cost resourced.

Part (2) consisted of (6) questions for general health status of height, weight, BMI and acute or chronic illness disease within one year and (2) questions for health seeking behavior including taking treatment in acute or minor illness and chronic or major illness.

Part (3) consisted of (2) questions for receiving sources and types of health information.

Part (4) consisted of (37) knowledge questions (177 items) for healthy lifestyle including balanced diet, sleeping pattern, physical activities, smoking, alcohol drinking, stress management. Assessments of knowledge on healthy lifestyle were structured for respondents to be able to respond “correct, incorrect or don’t know”, including (27) negative items.

Part (5) consisted of (33) attitude questions (33 items) for healthy lifestyle including balanced diet, healthy sleeping, physical activities, quit smoking, low-risk alcohol drinking, stress and time management attitude. Questions were structured for respondents to be able to respond in degree of agreement “strongly agree, agree, undecided, disagree and strongly disagree”, including (6) negative items (question numbers(7, 10, 11, 24, 29, 30).

Part (6) consisted of (36) practice questions (85items) for healthy lifestyle including, balanced diet, healthy sleep, physical activities, quit smoking, low-risk alcohol drinking, stress and time management practices. It included two responses such as “do or don’t”.

Responded assessment forms were coded first. Responses were counted after coding. The responses to assessment on knowledge towards healthy lifestyle were scored (1) for “yes”, (0) for “no”, and “don’t know” to each positive statements. Reversed ordered score for negative question. Scoring for each questionnaire and for each respondent was complied. The total score of individual respondents were calculated. Respondents whose score having >118 were considered as having “high

knowledge",respondents whose score between (85) and (117) were considered as having "middle knowledge" and whose score fall (≤84) as having "low knowledge" on healthy lifestyle.

The responses to assessment on attitude towards healthy lifestyle were scored (5) for "strongly agree", (4) for "agree', (3) for "undecided", (2) for "disagree" and (1) for "strongly disagree" to each positive perception statements, reverse rating for negative perception statements. The total score of individual participants were calculated. Respondents whose score above (>136) were considered as having "high attitude", score between 121 to 135 were considered as "middle attitude" and below (≤120) were considered as having "low attitude" on healthy lifestyle.

The responses on practice questions were scored as (1) for do and (0) for don'ts, to each positive perception statements. The total score of individual participants were calculated. Respondents whose score above (>22) were considered as having "high practice", score between 10 to 22 were considered as "middle practice" and below 10 were considered as having "low practice" on healthy lifestyle.

Data was analyzed by using descriptive statistics such as frequency, percentage were computed for description of socio-demographic characteristics, health seeking behavior, receiving health information, knowledge, attitude and practices regarding healthy lifestyle.

First, this study finding may not be generalized to all industrial workers in Myanmar because the sample was selected from only one heavy industry in Township level. Second, health seeking behavior and their minor and major illness are only self-reported answers. It should be confirmed by actual medical record. Third, actual lifestyle practices could not be identified by observational checklist.

4.3 Survey Results

This section presents the research findings obtained from the analysis of the data generated by the descriptive statistics. In studying knowledge, attitude and practices regarding the healthy lifestyle of workers were identified at No. (3) Steel Mill Factory (Ywama) in Insein Township. After data cleaning among total (212) respondents, (202) respondents were chosen because incomplete data (5%) were omitted.

4.3.1 Socio-demographic characteristics

The socio-demographic characteristics of respondents included age, gender, race, religion, marital status, education, occupation, family member, family income per month, utilization of kitchen cost and health cost per month.

In this study, the age of respondents ranged from 18 to 65 years with the mean age (41.26) years and divided into three groups. The highest percentage group (youngest) was between (18-38) year group and it was expressed 110 (54.5%), middle group (39-50 years) was 46(22.8%) and the oldest group (above 51 years) was 46(22.8%) respectively.

Gender distribution of respondents was displayed in figure (4.2). Males were 156(77.2%) and females were 46(22.8%) in this study. Concerning with marital status, the majority of respondents 140(69.3%) were married and some respondents 54(26.7%) were single. Furthermore, others 8(4%) were widow, widower and divorced.

Education levels of the respondents were classified into three levels,lower level was 94(46.5%) , consisted of middle school and high school level respondents. And then, middle level was 44(21.8%) which consisted of university students and higher level was 64(31.7%) with graduated respondents. These education levels were showed in Table(4.2).

All numbers of respondents' races were Bamar 196 (97%) and others 6 (3%) respectively. In religious concern, almost of all 200 (99%) were Buddhists and others (Christian) was only two (1%).

Table (4.2) Distribution of respondents to Age, Sex, Marital and Educational Status

	Description	Number	Percent
Age (Year)	Young	110	54.5
	Middle	46	22.8
	Old	46	22.8
Gender/Sex	Male	156	77.2
	Female	46	22.8
Marital Status	Single	54	26.7
	Married	140	69.3
	Others	8	4
Educational Status	High school level	94	46.5
	University	44	21.8
	Graduate	64	31.7
Race	Bamar	196	97
	Others	6	3
Religion	Buddhist	200	99
	Others	2	1

Source: Survey Data (January to June, 2019)

(1) Number of Family Members

The family members of respondents (range 1 to 8 members) from this study were categorized into three groups which include ≤ 3 persons, 4-5 persons and≥ 6 persons. Most of respondents 108 (53.5%) had (4-5) members, middle range of family member 70 (34.7%) had ≤3 persons and the rest of family member ≥ 6 persons had 24 (11.9%). The mean family member was (4.20). It was seen in Table (4.3).

Table(4.3) Average Family Members

Family members	Frequency	Percent
0 to 3	70	34.7
4 to 5	108	53.5
6 to highest	24	11.9
Total	202	100.0

Source: Survey Data (January - June,2019)

(2)Family Income and expenditures

Concerning with family income per month (kyats) level was indicated in Table (4.4). The mean of family income group was 391287. Most of respondents 110(54.5%) involved in low income group (≤ 390,000*Kyats*) while the highest income group (≥ 390,001*Kyats*) included 92(45.5%).

With respect to kitchen cost per month, the most respondents 122 (60.4%) spent ≤ (188000 *Kyats*) per month and the least of respondents 80(39.6%) spent ≥ (188001*Kyats*) per month. The mean kitchen cost was (188811.8*Kyats*) per month shown in Table 4.4.

Monthly utilization of health cost was categorized into two groups that were pointed out at Table (4.4). Respondents 138 (68.3%) utilized ≤ (40,000 *Kyats*) per month for health cost. The rest 64 (31.7 %) utilized cost≥ (40,001 *Kyats*) for monthly health. The mean health cost was (39009.90 *Kyats*) per month.

Table (4.4)Family Income and Expenditures

Description		**Number**	**Percentage**
Income Group	Low income group	110	54.5
	High income group	92	45.5
Monthly Kitchen Cost	Low	122	60.4
	High	80	39.6
Monthly Health Cost	Low	138	68.3
	High	64	31.7

Source : Survey Data (January - June,2019)

(3) **Sources of health cost**

Family members of workers utilized and spent their health care costs from various sources, mostly from food cost and saving money. Mostly half of respondents used saving money for health cost. And 37% of respondents said that they used for health cost from the kitchen cost (food cost of family). Some respondents used the health cost which paid by family and their relatives shown in table (4.5).

Table (4.5) Sources of Health cost

Description	Responses	
	Number	Percent
Food cost	132	37.5%
Paid by family	22	6.3%
Paid by relatives	22	6.3%
Saving money	176	50.0%
Total	352	100.0%

Source : Survey Data (January - June,2019)

Family members of workers utilized and spent their health care costs from various sources shown in table 4.5.

4.3.2 General health status and health seeking behavior

Respondents' BMI, acute and chronic illness status within one year and health seeking behavior were included.

(1) Status of respondents' BMI (Body Mass Index)

Table (4.6) presented the percentage of respondents by BMI classification. On an average, the most of men 114(56.3%) were in the normal BMI group, some about 22(10.9%) were overweight. Only two(1.0%) of male respondent was obese, but only 12(6%) of men are underweight. However, female respondents 24(12.0%) were normal and 22(10.9%) of female respondents were overweight. A few six(3.0%) of female respondents were underweight.

Table (4.6) Status of respondents' BMI (Body Mass Index)

Sex		Underweight	Normal	Over weight	Obese
Male	156	12(6%)	114 (56.3%)	22(10.9%)	2(1.0%)
Female	46	6(3%)	24 (12%)	22(10.9%)	-
Total	202	18(9%)	138 (68.3%)	44(21.8%)	2(1.0%)

Source : Survey Data (January - June,2019)

(2) Acute or minor illness occurrence of respondents

Almost of respondents suffered minor illness within one year .The highest number of respondents 132(65.3%) suffered from muscle pain and headache respectively, respondents 130 (64.4%) suffered from sneezing and coughing. Moreover, respondents 126 (62.4%) suffered from fever, influenza. Furthermore, respondents 56 (27.7%) suffered from acute diarrhea and only two of respondents (1.0%) suffered from other symptoms (ear infection and urinary tract infection). Distribution of acute or minor illness occurrence of respondents within one year was shown in Table (4.7).

Table (4.7) Distribution of acute or minor illness occurrence of respondents within one year

Items	Occurrence (n %)
Headache	132 (65.3%)
Muscle pain	132 (65.3%)
Sneezing and coughing	130 (64.4%)
Fever and Influenza	126 (62.4%)
Acute diarrhea	56 (27.7%)
Others (ear infection and urinary tract infection etc.)	2(1.0%)

Source : Survey Data (January to June,2019)

(3) Health seeking behavior in acute or minor illness

As shown in Table (4.8), 202 respondents took health care utilization when they suffered from minor illness. The most respondents 192 (95%) bought drugs from drugstore and over half of respondents 132(65.3%)took a rest. Nearly half of respondents 64 (31.7%) took home remedy and some respondents 42 (20.8%) went to government hospital, a few respondents 20 (9.9%) went to general practitioners. Others took traditional medicine 12 (5.9%) and the least respondents 2 (1%) did nothing (waiting).

Table (4.8) Status of health seeking in acute or minor illness

Items	Yes response (n %)
Did nothing (Waiting)	2 (1%)
Took a rest	132 (65.3%)
Bought drugs from drugstores	192 (95%)
Took home remedy	64 (31.7%)
Took traditional medicine	12 (5.9%)
Went to general practitioners	20 (9.9%)
Went to government hospital	42(20.8%)
Went to specialist clinic	2 (1.0%)

Source : Survey Data (January to June,2019)

(4) Chronic or major illness occurrence of respondents within one year

According 42(20.8%) of respondents self-reported history of Hypertension. Respondents 33(15.7%) had Tuberculosis and it had six (3%) suffering Cancer, then 20(10.2%) of respondents self-reported Diabetes Mellitus. Among them 10(5.01%) of respondents suffered from Heart Disease. Respondents 8 (4%) were operated regarding surgical cases. Respondents 16 (8%) had others diseases (such as, Liver Disease, appendicitis and stroke etc.)

Table (4.9) Distribution of chronic or major illness occurrence within one year

Items	Occurrence (n %)
Tuberculosis	33 (15.7%)
Cancer	6 (3%)
Heart disease	10 (5.01%)
Diabetes Mellitus	20 (10.2%)
Hypertension	42 (20.8%)
Surgery(opted)	8(4%)
Others	16 (8%)

Source : Survey Data (January to June,2019)

(5) Health seeking behavior in chronic or major illness

According to results, when the most respondents suffered chronic or major illness, respondents 94 (46.5%) bought drugs from drugstore. The majority of respondents 92 (45.5%) took a rest and 10 (5%) went to general practitioners. Respondents

48(23.8%) took traditional medicine and 24 (11.9%) went to specialist health care units. Most of respondents 100 (49.5%) went to Government hospital.

Table (4.10) Health seeking behavior in chronic or major illness

Items	Yes response (n %)
Took a rest	92 (45.5%)
Bought drugs	94 (46.5%)
Took traditional medicine	48 (23.8%)
Went to general practitioners	10 (5%)
Went to specialist	24 (11.9%)
Went to Government hospital	100 (49.5%)

Source : Survey Data (January to June,2019)

4.4 Receiving health information

There were sources of health information and types of health information from health workers in receiving health information.

(1) Sources of receiving health information

Sources of receiving health information were as shown in Table (4.11). The most of the respondents 186 (92.1%) received health information from television and respondents 60(29.7%) received health information from health workers and from radio respectively. Furthermore, the respondents 126 (62.4%) received from new journals. And then, respondents 38 (18.8%) received health information from poster, leaflets and the least respondents 6 (3.1%) received from internet and medical cover teams.

Table(4.11)Sources of Receiving Health Information

Items	Yes response (n %)
Television	186(92.1%)
New Journals	126(62.4%)
Health Workers	60(29.7%)
Radio	60(29.7%)
Poster,leaflets	38(18.8%)
Others (Internet)	6(3.1%)

Source : Survey Data (January to June,2019)

(2) Receiving Health Education from Health Workers

Respondents received various health educations from health workers. These were both communicable diseases such as Tuberculosis (83.2%) known by respondents and non- communicable diseases among population such as, Diabetes Mellitus known by (68.3%). About Family Planning, (21.8%) known. These were expressed in Table(4.12).

Table (4.12) Receiving Health Education from Health Workers

Items	Yes response (n %)
Tuberculosis	168(83.2%)
Diabetes Mellitus	138(68.3%)
Family planning	44(21.8%)
Filariasis	24(11.9%)
Others	4(2.1%)

Source : Survey Data (January to June,2019)

4.4.1 Knowledge on healthy lifestyle

In this study, questions in each knowledge regarding healthy lifestyle were balanced diet, sleeping pattern, physical activities, smoking, alcohol drinking and stress management. Part of safer sexual behavior was enormous title; therefore, it was not identified in this study. Knowledge questions responses were categorized into “yes, no and don’t know” in this study. The mean of knowledge level of respondents regarding healthy lifestyles was (100.90), minimum score was (53) and maximum knowledge score was (143).

(1)General knowledge on healthy lifestyle and habits

The most of respondents (86.1%) knew about healthy lifestyle. Almost of respondents reported to healthy lifestyles habits with correct answers. Concerning with eating well balanced diet was included in healthy lifestyle habits, nearly full of respondents (99%) answered by correct response. The rest of over 60%of respondents know healthy lifestyles habits very well.

(2) Risk factors of non-communicable diseases

Risk factors of non-communicable diseases (Hypertension, Diabetes, Cancer and Heart Disease), most of respondents answered with correct response. Concerning with obesity, majority of respondents (94.1%) answered by giving correct response. While assessing unhealthy diet caused non-communicable disease such as Hypertension, Cancer, Diabetes Mellitus and Heart Disease, respondents (93.1%) gave correct response, although heredity caused non-communicable disease, only(8.9%) respondents stated correct response.

(3) Knowledge on balanced diet

Most of respondents answered with correct response in all questions. Concerning with well-balanced diet, over half of respondents knew correct response, almost respondents(91.1%) knew diet rich in protein by giving correct response**.** While regarding protein rich food, the most respondents (96%) knew that meat and fish were rich in protein, over half of respondents(78.2%) knew that alcohol was not energy rich food.

(4) Knowledge on eating

Results described the answers of "respondents could eat suitable oil to prevent and control non-communicable diseases such as Hypertension, Diabetes Mellitus, Cancer and Ischemic heart Disease", "foods should be avoided for Hypertension and Diabetes Mellitus" ,"behavior should be avoided for Hypertension and Diabetes" and "food could be broadly divided into three groups".

When asked about eating oil that they could eat, (93.1%) respondents stated that they ate groundnut oil and sesame oil to prevent and control non-communicable disease. Therefore, respondents about 90% answered that they should avoid salty food and oily food. But most of them have poor knowledge concerning animal fats. And then, respondents (84.2%) stated that they should avoid excessive alcohol drinking. Above 80% of respondents answered "correct responses" of three groups in food.

Concerning drinking water, most of respondents(39.8%) stated that they should drink 2-3 liters amount of water daily. Moreover, (31.1%) of respondents responded by 1-2 liters per day and some respondents (25.0%) stated that they should

drink 3-4 liters amount of water. And then, the rest (4.1%) said that they should drink 4-5 liters of water per day.

(5) Knowledge on sleeping pattern

Under this title, “sleep played as important role”, “diseases that could be suffered due to lack of sleep” and other knowledge regarding sleep pattern were included.

The majorities of respondents (86.2%) stated that “sleep plays an important role in memory process”. Therefore, respondents (99.5%) answered “headache could be suffered due to lack of sleep”. Respondents (71.3%) stated that “day time naps were good for health”. Furthermore, respondents (78.1%) answered “snoring while sleeping at night was not good for health” and respondents (55.6%) did not know correctly “reading or watching television while lying in bed was good habits.

While accessing question “how many hours you should sleep per night”, half of respondents (45.9%) stated that they should sleep 7-8 hours per night; although some respondents (14.8%) answered that they should sleep 3-4 hours per night.

(6) Knowledge on physical activities

More than half of the respondents answered correctly about physical activities. While respondents (99.0%) stated that jogging or running was included in physical activities, also (76.5%) respondents expressed that riding a bicycle was included in physical activities. In addition, respondents (95.4%) described that obesity was the risk of little or no exercise, although, respondents (15.8%) answered that kidney disease was not the risk of little or no exercise. More than 70% of respondents correctly answered the benefits of physical activities.

Respondents answered that the minimum duration per day for taking moderate exercise. Nearly half of respondents (45%) reported that they knew 30 minutes for taking exercises in a day. Some respondents (36%) answered 15 minutes and then, a few respondents(12.2%) stated 45 minutes for taking moderate exercise in a day and the rest responds(7%) described for (60) minutes per day.

While the most of respondents (98.0%) mentioned that smoking was a serious danger for health, least respondents one(0.5%) denied that and the rest 3 (1.5%) did not know by giving responses**.**

(7) Knowledge about smoking

While nearly full of respondents 194 (99%) described that smoke affected in his environment, the least respondents 2 (1.0%) denied that.

Concerning nicotine, one of the ingredients in cigarette, which was the main ingredient in insecticides or bug sprays, respondents (18.9%) knew about that, although over half of respondents (64.8%) did not know that and the rest (14.8%) answered with incorrect response.

Over half of respondents knew the correct answer of maternal smoking. Not only respondents (85.6%) answered that fetal growth restriction was associated but also respondents over 50% expressed that stillbirth was associated with maternal smoking. In addition, respondents over 90% said that lung cancer was risk of the smoking. Only one fourth of respondents answered that poor wound healing was the risk of smoking.

Some respondents (40.5 %) correctly stated that smoking cessation had to be done “no smoking absolutely”**.** Moreover, (96.4%) respondents stated that reduction in health care cost by smoking to family was one of the benefits of smoking cessation.

(8) Knowledge on alcohol drinking

Regarding excessive alcohol drinking, which diseases could be caused by excessive alcohol drinking and how to quit binge drinking questions.

Most respondents (92.9%)said that excessive alcohol drinking became un-healthy. While nearly full of respondents (99.0%) answered that excessive alcohol drinking could cause liver disease, the least respondents (18%) stated that Diabetes could be caused by excessive alcohol drinking. In addition, the majority of respondents (83%) knew that quitting binge drinking was needed in health care seeking.

Concerning poisoning and warning signs of quitting alcohol, most respondents stated correctly by giving response. Among them, most of respondents (89.3%)

answered that signs of alcohol poisoning was vomiting. Furthermore, respondents (89.3%) said that sweating was warning signs of physical symptoms in quitting.

(9) Knowledge on stress management

Nearly all of the respondents (97.4%) answered that enjoying the natural scenery was essential to live a healthy life. Furthermore, the most respondents (99.0%) said that meditation was one of the relaxation techniques for stress. And then, knowledge for symptoms of stress, respondents (90%) described that irritation was the most answer, although diarrhea, cramps and gas were the least answer of respondents (30.6%).

(10) Knowledge level of respondents

In this study, responses on knowledge regarding healthy lifestyle upon balanced diet, sleeping pattern, physical activities, smoking, alcohol drinking and stress management were identified. Table 4.13 demonstrated the low level of knowledge group was 34 (16.8%) Low level of knowledge were taken as ≤ 84, middle level of knowledge between 85 to 117, was 132(65.3%). Although some respondents had poor knowledge about sedentary lifestyle, animal fats and balanced diet, middle level of knowledge was identified. while high level of knowledge were taken as ≥ 118 regarding knowledge level of respondents show 36(17.8%).

Table (4.13) Level of knowledge of the respondents

Description (Knowledge group)	**Responses**	
	Frequency	**Percent**
Low	34	16.8%
Medium	132	65.3%
High	36	17.8%
Total	202	100.0%

Source : Survey Data (January - June,2019)

4.4.2 Attitude on healthy lifestyle

All attitude questions were mixed (27) were positive and (6) were negative questions. Responses were identified as “strongly agree, agree, undecided, disagree and strongly disagree”. The mean of the total attitude scores of respondents was 128.34, minimum score was 114 and maximum score was 149.Standard Deviation value was 8.185.Respondents’ attitude regarding healthy lifestyle included healthy diet, sleeping pattern, physical activities, smoking, alcohol drinking and stress management.

(1) Attitude on healthy balanced diet

The attitudes of respondents regarding balanced diet were described about three main food groups, breakfast, drinking water and preserved foods. Half of respondents agreed that rice included in energy food group,meat, fish, egg and milk were body building group and also fruits and vegetables were protective foods group. Most of the respondents (93%) strongly agreed and agreed that breakfast was good for health and respondents (89%) had the same opinion that hand washing was good for health. Furthermore, the majority of respondents (96.5%) strongly agreed and agreed that water was the best source of liquid. Half of respondents were strongly agreed and agreed that rich in fiber could prevent constipation. Preserved foods are good for health question was negative statement. Many respondents (42%) denied and respondents (24%) undecided this negative statement.

(2) Attitude on sleeping pattern

In regarding attitude of healthy sleep, nearly two third of respondents (72%) reported that drinking warm milk before bedtime promoted sound sleep and nearly full of respondents(92%) harmonized that regular physical activity (especially; morning) got better sleep. Moreover, half of respondents(52.5%) answered that lack of vitamin and mineral made stress and unable to sleep. Respondents(68.9%) strongly agreed and agreed that they should avoid coffee after 4 pm to get sound sleep. And then, respondents(57%) strongly agreed and agreed that teeth’s grinding during sleep was receiving something to worry about. Nearly half of respondents(45%) strongly agree and agreed that hormone changes altered sleep pattern. Heavy meals just before bedtime aided in sleep and drinking alcohol promoted good quality of sleep were negative questions. About half of respondents did not agree these negative questions.

(3) Attitude on physical activities

Most of the respondents (82%) strongly agree and agreed the statement of physical inactivity was key factor to cause obesity. Nearly full of respondents (95%) were in the same perception that regular exercise could accelerate physical and emotional health. Most of the respondents (93%) strongly agreed and agreed that regular exercise could help to reduce the risk of disease and high blood pressure. Moreover, respondent (96%) had the same opinion that physical exercise could be done individually or peer or as team work.

(4) Attitude on smoking

Most respondents (90.5%) were of the same mind that tobacco and relating substances should be avoided quite completely. Moreover, most respondents had the same opinions regarding attitude on smoking. As “smoking could lessen stress” was negative statement, more than half of respondents(40%) strongly disagreed and disagreed that, but respondents (17%) gave the undecided answers about that.

(5) Attitude on alcohol drinking

In this study, almost of the respondents (91%) strongly agreed and agreed the statement of drinking alcohol while driving (car, cycle) was a dangerous. While over half of respondents denied that people drank alcohol to feel and work better statement, some respondents(26%) undecided that statement. Concerning heavy alcohol drinking could affect the physical and emotional health problems, nearly full of respondents (92%) correctly responded that statement.

(6) Stress management

Stress management questions included that daily meditation could alter brain’s neural pathways, making more resilient to stress and deep breathing countered stress by slowing the heart rate, lowering blood pressure and anxiety. Furthermore, over half of respondents strongly agreed and agreed with that statement. Moreover, if the respondents (90%) believed that telling their beloved one about their problems could reduce stress to an extent.

(7) Level of attitude of the respondents on healthy lifestyle

Three levels of attitude score of respondents regarding healthy lifestyle, in this study are low attitude level scores were taken as≤ 120, which has 36 (17.8 %), while medium attitude level scores were taken as≤ 135 regarding healthy lifestyle, medium score was 120 (59.4%). High attitude level scores were taken136< and so, high attitude level score was 46 (22.8%)were shown in Table 4.14. As in knowledge score, over 50% of workers had middle attitude score. There can be identify as workers had fair attitude.

Table (4.14) Level of attitude of the respondents

Description (Attitude group)	**Responses**	
	Frequency	**Percent**
Low	36	17.8%
Medium	120	59.4%
High	46	22.8%
Total	202	100.0%

Source : Survey Data (January - June, 2019)

4.4.3 Respondents' practices on healthy lifestyle

Level of respondents' practices on healthy lifestyle contained balanced diet, sleeping pattern, physical exercise, smoking, alcohol drinking and stress management.

(1) Practices on eating

In this study, (79%) of respondents washed hands thoroughly with soap before meal and respondents (93%) washed hands after toileting. Respondents (92.1%) drank water whenever they felt thirsty. Over 60% of respondents ate meat, assorted beans and vegetables in their daily foods.

Nearly all respondents (94.1%) had breakfast. Among respondents 12(6%) did not have breakfast, the reason was earlier their office duty. When assessing practice regarding having breakfast, most respondents (88%) had fried rice and curry in their breakfast**.** Some respondents (8.2%) had tea, coffee with bread or cake and the rest ate others (*mo-hin-ghar*, traditional snacks and etc.)

(2) Practices on sleeping

When asking their sleeping, respondents(70.3%) had got sound sleep, however, some respondents (29.7%) did not have sound sleep due to their night duty hours. Moreover, respondents (76.2%) did not eat until a full stomach before bedtime. Sometime, six few respondents (3%) took sedative to fall asleep. Furthermore, respondents (60.0%) always brushed teeth before bed.

(3) Practices on physical activities

Most of the respondents (93%) went to work, school and market and run errands on foot and also riding bicycle. The rest did not go on foot to do their daily activity within their factory and compound.

Practices for physical exercises are expressed. Over half of respondents (68.4%) took exercise, especially walking done by30% (15 to 30 minutes time ranged per day). Some respondents (26.6%)played with foot-ball. However, 40% of respondents riding bicycle.

(4) Respondents' smoking habit

Most of respondents 132(65.1%) were non-smokers and the rest respondents 70(34.7%) were smokers. Mean age of the first start smoking was (16) years and respondents had smoked for 7 to over 10 years. The mean counts of cigarettes were (5) rolls per day.

Most of the respondents 49 (64.5%) smoked after meal and some respondents 31 (40.8%) smoked anytime. Furthermore, respondents 22 (28.9%) smoked before bedtime and respondents 9 (11.8%) smoked as soon as they woke up. When asking about reason of smoking, one third of respondents 60 (78.9%) smoked habitually. In addition, respondents 55 (72.4%) gave the reason of boredom and 39 (51.3%) smoked to relieve stress. Some respondents smoked because of personal problems. Other respondents stated that the reasons of smoking were physical emotion, abuse of words, loneliness, to feel relaxed and pleasure. Almost smokers 69 (90%) wanted to quit smoking in future.

(5) Alcohol drinking habit

Regarding alcohol drinking habits, it was found that 42(21.1%) of respondents were drinkers and the mean age of first started drinking was 20 . (4%) had drunk alcohol 10 to 15 years for long time.

Over half of drinkers 39 (63.9%) drank alcohol before dinner. Furthermore, some respondents drank alcohol before meal, before bed time and respondents 5 (8.2%) of them drank any time. Respondents (9%) of alcohol consumers drank (500) cc per day. They consumed alcohol amount ranged between 250 cc to 1000 cc per day. Majority of respondents 41 (67.2%) stated the reason of alcohol drinking was habitual. Other reasons were enjoyment, loneliness, to relieve stress and muscle tense. Most of them, over half percent of drinkers wanted to quit alcohol drinking in future.

(6) Practices on management of stress

Respondents had felt stress in their life. Almost respondents 166(35.5%) had felt stress from economic problems. The majority of respondents 180 (38.5%) had felt in social problems. Moreover some of respondents 122 (26.1%) had felt in health problems.

Respondents' stress that they had felt in life, how to relieve the stressful condition and how to perform in relaxation time.Nearly all of respondents 182(90.3%) had felt about mental exhaustion in their life. In addition, most of respondents 84 (41.6%) had felt depression and others such as loneliness, helpless feeling in their life. The majorities of respondents 138 (68.3%) relieved the stressful condition by listening to soothing music. Other respondents reduced their stress by doing mediation, laughing, drawing, smoking and telling the beloved one.

Almost respondents 194 (96.4%) performed the watching television in their relaxation time. Moreover, other respondents did sleeping, walking, reading, using internet, mediation, and socializer in relaxation time.

Table (4.15) Level of practices of the respondents

Description (Practices group)	**Responses**	
	Frequency	**Percent**
Low	34	16.8%
Medium	74	36.6%
High	94	46.5%
Total	202	100.0%

Source : Survey Data (January - June, 2019)

As shown in above table (4.15) ,in three levels of practice score regarding healthy lifestyle, high level score were considered above 22 and so, high level of respondents was (46.5%).Below 10 were considered as low practice level score, which has (16.8 %). Middle level scores were taken between 10 to 22, middle level of respondents was(36.6%).Nearly half of respondents had high level of practice in daily lifestyle activities, because most workers (93%) were walking or riding bicycle to go work. Over half of respondents took regular exercise, and some played football together in their free time. Nearly one third of workers had middle level of practice and the rest are low practice.

To sum up survey results, workers from Ywama Steel Mill Factory had high level practice in healthy lifestyle activities, although having middle level of knowledge and attitude level, so respondents' knowledge and attitude level need to be promoted. And also important to maintain for continuing better healthy lifestyle practices and habits which can be able to live healthy and can prevent from non-communicable diseases.

CHAPTER V
CONCLUSIONS

5.1 Findings

This study was a cross-sectional descriptive study by using quantitative methods in studying the knowledge, attitude and practices regarding healthy lifestyle of workers in No(3) Steel Mill Factory, Ywama. The aim of study was to identify the knowledge, attitude and practices of healthy lifestyle among workers regarding socio demographic characteristics, general health status, health seeking behavior, receiving health information, balanced diet, sleeping pattern, physical activities, smoking, alcohol drinking and stress management.

The public health challenges in this millennium are largely related to lifestyle. Lifestyle is defined as the personal customs or habits of individual or group of individuals. Chronic diseases of lifestyle are a group of diseases that share risk factors such as unhealthy dietary choices, smoking, alcohol drinking, lack of physical exercise, sedentary behavior and life-stress. They result in various disease processes leading in high morbidity and mortality due to cardiovascular and cerebrovascular disease, diabetes, tobacco and nutrition induced cancers, chronic respiratory disease and many others. The burden of non-communicable diseases may be prevented, in part, by addressing certain lifestyle related risk factors .Regarding socio-demographic data, according to respondents' income per month, utilization food cost per month and kitchen cost per month, respondents' class are various level. However, these dependent variables are difficult to alter.

Regarding health seeking behavior, buying drugs from drugstore which was the most health seeking behavior in minor illness (95%)and almost half of respondents also bought drugs in major illness in this study area. As most respondents received non-communicable and communicable disease information from media especially television channel (92%) ,over 60% from journals, people should be

educated the negative effects of buying drugs from drugstores through various types of media.

Among respondents, a few number of respondents (17.8%) had high level of knowledge and over (65%)of respondents had middle level of knowledge and the rest had low level. Furthermore, regarding total attitude score, respondents (22.8%) had high attitude, nearly 60%of respondents had middle level of attitude and the rest had low attitude. Nearly half of respondents had high level of practice in daily lifestyle and activities, because most workers (93%) were walking or riding bicycle to go work, market and also to go home. Over half of respondents took regular exercise, and some played football together in their free time. Nearly one third of workers had middle level of practice and the rest are low practice.

According to lifestyle practices result, nearly half of respondents' daily food contained protein, carbohydrate, vegetables and mineral. Although majorities of respondents had sound sleep, a few respondents had sleep problem due to night duty shift hours and difficult to sleep. Over half of respondents took regular exercises such as walking and playing football. Moreover, over one third of respondents were smokers. Most of the smokers habitually smoked after meal. They had consumed mean count of 5 cigarettes per day. Some smokers started smoking since (16) years of age and 90% of smokers wanted to quit smoking in future. There were alcohol consumers in this community and the first started alcohol drinking age was around (20) years old. Most of drinkers habitually drank and over half of drinkers wanted to quit drinking later. Therefore, health care providers need to educate how to quit smoking, alcohol drinking and how to enhance motivation.

To sum up, lifestyle modifiable diseases have been increased in Myanmar and worldwide. Therefore, it is important to undertake programs to prevent and control non-communicable by widespread dissemination of health information about healthy living knowledge, healthy living attitude and healthy lifestyle practices through primary schools to universities and also communities to national level. Treatments for non-communicable disease cost are long term, extremely expensive and the costs involved force families into catastrophic spending, impoverishment and also burden. Therefore, to make healthy food choices, to have enough sleep hours, to take regular exercises, to quit smoking, to quit alcohol drinking and reduce stress are important for

healthy life. Healthy lifestyle can be practiced by everyone. If community had high level knowledge about healthy lifestyle, they can be able to live healthy and can prevent from non-communicable diseases. Moreover, people can increase their life span and consequently the burden of country from the expanses used for preventive and curative for diseases will be reduced.

5.2 Suggestions

Based on the findings of the study, suggestions were as follows:

- The authorities should enforce the Law and Policy on tobacco consumption. The law to sale tobacco products, import smoking products should be enforced strictly.
- Health care providers need to educate how to quit smoking, alcohol drinking and how to enhance motivation.
- In modern lifestyle, people should avoid habitual use of elevators in high building and shopping centers, should live with active lifestyle such as walking to market, work place etc.
- Health education program should be provided by various channels of media to change behavior regarding healthy lifestyle and consequences of buying drugs from drugstores.
- Safe and well-balanced diet to keep health should be educated to community and a variety of initiatives to encourage safe and healthy diet and greater physical activity should be promoted.
- It is important to undertake programs to prevent and control non-communicable diseases by widespread dissemination of health information about healthy living knowledge, healthy living attitude and healthy lifestyle practices among various types and places of communities.
- Further research studies such as nation wide survey or quantitative and qualitative mix method study should be carried out by using WHO Stepwise survey methodology and belonging all.

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Questionnaire for knowledge, attitude and practices of healthy lifestyle,[No.3 Steel Mill Factory,Yawma] Insein Township in Yangon

Answer all questions and write a right mark (√) in a particular blank.

Part (I) Socio-demographic questions **Code No( )**

1. Age (passed) …….years
2. Gender male ☐ female ☐
3. Race Bamar ☐ others ☐
4. Religion Buddhist ☐ others ☐
5. Marital status:
   (1) Married ☐ (2) Single ☐ (3) Widowed ☐
   (4) Widower ☐ (5) Divorced ☐ (6) Other (description) --------
6. Educational status
   (1) High school level ☐
   (2) University/College ☐
   (3) Graduate ☐
7. Occupational status
   (1)Administrative staffs ☐
   (2) Manufacturing staffs ☐
   (3) Others (description) ----------
8. Number of family member ( )persons
9. Average monthly family income ☐ Kyats
10. Average monthly family' kitchen cost ☐ Kyats
11. Average monthly family'health cost ☐ Kyats
12. From which of the following would you spend for health care cost. (Answer more than one)
    (1) Food cost ☐
    (2) Paid by husband ☐
    (3) Paid by relatives ☐
    (4) Saving money ☐
    (5) Others (description) ----------

Part (II) Questionnaire for general health status and health care seeking behavior

13. Height……feet ……..inches

14. Weight----------lbs.

15. BMI (1)Underweight ☐ (2) Normal weigh ☐
(3)Overweight ☐ (4) Obese ☐

16. Do you suffer from any illness in yourself within one year?
(1) Yes ☐ (2) No ☐

17. If so, choose the one(s) you suffer the following minor illness; (Answer more than one)

(1) Headache ☐
(2) Muscle pain ☐
(3) Fever and flue ☐
(4) Sneezing and coughing ☐
(5) Acute diarrhea ☐
(6) Others (description) ----------

18. When you suffer minor illness, how do you take health care utilization the following? (Answer more than one)

(1) Do nothing ☐
(2) Take a rest ☐
(3) Buy drugs from drugstore ☐
(4) Take home remedy ☐
(5) Take herbs ☐
(6) Go to general practitioners ☐
(7) Go government hospital ☐
(8) Others (description) ----------

19. If you suffer from major illness, choose the following; (More than one answer

(1) Tuberculosis
(2) Carcinoma
(3) Heart disease
(4) Diabetes Mellitus

(5) Hypertension

(6) Major surgery

(7) Others (description) ----------

20. If you suffer chronic illness, how do you take health care utilization?

(Answer more than one)

(1) Take a rest ☐

(2) Do nothing ☐

(3) Buy drugs from drugstore ☐

(4) Take herbs ☐

(5) Go to general practitioners ☐

(6) Go to specialist health care unit ☐

(7) Go government hospital ☐

(8) Discussion with monastic ☐

(9) Others (description) ----------

Part (III) Questionnaire for receiving health information

21. Health educational information is received from the following sources:

(Answer more than one)

(1) News journals ☐

(2) Poster, leaflets ☐

(3) Television ☐

(4) Radio ☐

(5) Health workers ☐

(6) Others (description) ----------

22. Health educational programmes are received from health workers. (Answer more than one)

(1) Family planning ☐

(2) Diabetes Mellitus ☐

(3) Tuberculosis ☐

(4) Filariasis ☐

(5) Others (description) ----------

Part (4) Questionnaire regarding general knowledge on healthy lifestyle

Answer the following questions and write a right mark (/) in a particular blanks according to your opinion such as yes, no, don't know.(You can answer more than one.)

No.	Items	Yes	No	Don't know
	Balanced diet knowledge questionnaire			
1	Do you know healthy lifestyle?			
2	Healthy lifestyle includes the following habits; (More than one answer)			
	(a) Eating well balanced diet			
	(b) Regular physical activity			
	(c) Managing stress			
	(d) Getting enough sleep			
	(e) Avoiding alcohol and smoking.			
	(f) Safety sex			
3	Hypertension,Diabetes, Cancer and Heart related disease (NCDs) are caused by following factors.(More than one answer)			
	(a) Hereditary			
	(b) Unhealthy diet			
	(c) Physical inactivity			
	(d) Harmful Alcohol drinking			
	(e) Tobacco smoking			
	(f) Obesity			
4	A "well balanced diet" is; (More than one answer)			
	(a) A diet rich in protein			
	(b) A diet low in fat			
	(c) A diet without carbohydrates			
	(d) A diet containing all nutrients in proper quantities			

5	Which food is rich in calories?(More than one answer)			
	(a) Rice and Noddle			
	(b) Meat and fish			
	(c) Vegetables and fruits			
	(d) Bread and Sweet-potato			
6	Which food contains dietary fiber?(More than one answer)			
	(a) Rice and Noodle			
	(b) Meat and fish			
	(c) Vegetables and Fruits			
	(d) Assorted bean			
7	Which food is rich in fat?(More than one answer)			
	(a) Butter and Margarine			
	(b) Meat from duck and pork			
	(c) Milk and milk products			
	(d) Rice and vegetables			
8	Which food is rich in protein?(More than one answer)			
	(a) Meat and Fish			
	(b) Rice and Noddle			
	(c) Assorted beans			
	(d) Grilled meat			
9	Which food is rich in Energy?			
	(a) Protein			
	(b) Carbohydrates			
	(c) Fat			
	(d) Alcohol			
10	You should eat the following oil to prevent and control Hypertension and Diabetes, Cancer and Ischemic Heart Disease.			
	(a) Tallow and lard			

	(b) Chicken fat & Duck fat			
	(c) Fat from fish			
	(d) Groundnut oil & sesame oil			
	(e) Sunflowers oil and olive oil			
11	The following kinds of foods should be avoided for hypertension and diabetes			
	(a) Monosodium glutamate			
	(b) Chicken and duck fat			
	(c) Pork			
	(d) Salty food			
	(e) Sweet food			
	(f) Oily food			
12	The following behavior should be avoided for hypertension and diabetes			
	(a) Eating ready-made food			
	(b) Excessive alcohol drinking			
	(c) Tobacco smoking			
	(d) Sedentary habit			
13	The foods can be broadly divided into three groups. They are as follows:			
	(a) Body building foods group			
	(b) Energy giving foods group			
	(c) Protective foods group			
14	Do you know how much water should drink per day?			
	(a) 1-2 liters			
	(b) 2-3 liters			
	(c) 3-4 liters			
	(d) 4-5 liters			
	Sleeping pattern knowledge questionnaire			
15	Sleep plays an important role in the following			

	conditions. (More than one answer)			
	(a)Homeostatic restoration			
	(b) Thermoregulation			
	(c) Tissue repair			
	(d) Immune control			
	(e) Memory process			
16	The following diseases can be suffered due to lack of sleep.			
	(a) Headache			
	(b) Irritation			
	(c) Lack of resistance			
	(d) Depression			
	(e) Alert			
17	Do you know the following?			
	(a) Days' time naps are good for health.			
	(b) Snoring while sleeping at night is not good for health			
	(c) Reading or watching TV while lying in bed are good habits			
18	How many hours should a person sleep pernight?(to answer only one)			
	(a) 3-4 hours			
	(b) 5-6 hours			
	(c) 7-8 hours			
	(d) 9-10 hours			
	Physical activities knowledge questionnaire			
19	The following are included in physical activities.			
	(a) Walking for exercise			
	(b)Gardening			
	(c) Daily exercise for strengthening your body			

	(d)Jogging or running			
	(e)Aerobic dancing			
	(f)Riding a bicycle			
	(g)Swimming			
	(h)Doing house work			
	(i)Playing football,tennis			
20	People who get little or no exercises have an increased risk of following.			
	(a)Obesity			
	(b)Hypertension			
	(c)Diabetes			
	(d) Heart disease			
	(e) Joint and mobility problem			
	(f) Gout			
	(g) Kidney disease			
21	Benefits of doing physical activities:			
	(a)Well developed circulation to the heart and lung (stamina)			
	(b)Well toned muscles (strength)			
	(c)Developing good mobility in your neck, spine and joints(suppleness)			
22	Do you knowthe minimum time per day for taking moderat exercise (e.g.aerobic, swimming,walking,and riding)?(choice the correct one)			
	(a) 15 minutes			
	(b) 30 minutes			
	(c)45 minutes			
	(d)60minutes (1 hour)			
	Smoking knowledge questionnaire			
23	Smoking is a serious danger for health?			

24	Maternal smoking is associated with the following.(to answer all questions)			
	(a)To increase risk of spontaneous abortion.			
	(b)Increase risk of ectopic pregnancy			
	(c)To increase risk of placental abruption			
	(d)Fetal growth restriction			
	(e)Stillbirth			
	(f)Preterm births			
25	Smoking increases the risk of the following diseases.			
	(a) Diabetes ulcer			
	(b) Poor wound healing			
	(c) Heart attack			
	(d)Impotence			
	(e) Bladder cancer			
	(f) Gum disease			
	(g) Lung cancer			
	(h) Aortic aneurysm			
	(i) Peripheral vascular disease			
	(j) Chronic obstructive pulmonary disease (COPD)			
	(k) Brain thrombosis			
26	Smoking cessation has to be done.			
	(a) Gradually			
	(b) Chewing gum			
	(c) Betel chewing			
	(d) Electric cigarette smoking			
	(e) No smoking absolutely			
27	Benefits of smoking cessation are,			
	(a) Lower risk of cardiovascular diseases			
	(b) Increasing life expectancy			
	(c) Reduction in health care cost caused by smoking			

	to family			
	(d) High income			
28	Smoking affects those around the smoker (environment).It can:			
	(a) Suffer the effect of smoke			
	(b) Not suffer the effect of smoke			
29	Nicotine, one of the ingredients in cigarette, which is the main ingredient in insecticides or bug sprays.			
	Alcohol drinking knowledge questionnaire			
30	Excessive alcohol use is unhealthy.			
31	Excessive alcohol drinking can cause the following diseases.			
	(a) Liver disease			
	(b) Gastrointestinal bleeding			
	(c) Mental disorder			
	(d) Diabetes			
32	How to quit binge drinking?			
	(a) To quit by willingly own intention			
	(b) Not restart drinking for any reason			
	(c) To quit drinking by seeking health care services			
	(d) To reducedrinking amount gradually			
	(e) To stop drinking daily			
33	The following are sign of alcohol poisoning.			
	(a) Confusion			
	(b) Vomiting			
	(c) Seizures			
	(d) Slow or irregular breathing			
	(e) Blue or pale skin			
	(f) Hypothermia			
	(g) Unconsciousness			

34	Warning signs of physical symptoms in quitting alcohol are:			
	(a) Sweating			
	(b) Nausea			
	(c) Headache			
	(d) Dizziness			
	(e) Shakiness			
	(f) Insomnia			
	Stress management knowledge questionnaire			
35	To live a healthy life,			
	(a)Altruism			
	(b) Getting social support like friends,family,pets			
	(c)Mindfulness exercises for living in the present moment			
	(d)Positive thinking			
	(e) Enjoy the natural scenery			
36	Following relaxation techniques that zap stress.			
	(a) Mediation			
	(b) Breathe deeply			
	(c) Be present			
	(d) Reach out			
	(e) Tune in to your body			
	(f) Decompress			
	(g) Laugh and loud			
	(h) Listening to soothing music			
	(i) Get moving (Yoga)			
	(j) Be grateful			
37	The following are symptoms of stress.			
	(a) Headaches			
	(b) Tense muscle, sore, neck, back			

	(c) Fatigue			
	(d) Anxiety, worry, phobia			
	(e) Irritability			
	(f) Insomnia			
	(g) Bouts of anger, hostility			
	(h) Boredom, depression			
	(i) Eating too much or too little			
	(j) Diarrhea, cramps,gas			

Part (5)Questionnaire regarding attitude on healthy Lifestyle

Answer the following questions and write a right mark (√) in a particular blanks according to your opinion such as strongly agree, agree, undecided, disagree and strongly disagree.

No	Items	Strongly agree	Agree	Undecided	Disagree	Strongly
	Balanced diet attitude questionnaire					
1	We should eat rice daily which is the main food and is needed for energy.					
2	We should eat meat, fish, egg and milk which are good for body building food group.					
3	We should eat fruits and vegetables which are good health for protection from diseases.					
4	Breakfast is good for health.					
5	Hand washing is good for health.					
6	Water is the best source of liquid drink and suitable for health.					

7	Preserved foods (e.g. fried potato, popcorn) are good for health.					
8	A diet rich in fiber can prevent constipation and other bowel disorders.					
	Sleeping pattern attitude questionnaire					
9	Drinking warm milk before bedtime promotes sound sleep.					
10	A heavy meal just before bedtime is an assist to sound sleep.					
11	Drinking alcohol promotes sound sleep.					
12	Regular physical exercise, especially in the morning, helps me get better sleep.					
13	Mattress should be comfortable.					
14	The lack of vitamins and mineral supplements in diet makes feel stressed and unable to sleep.					
15	You should avoid coffee (including caffeine) after (4) PM to get sound sleep.					
16	Teeth's grinding during sleep is something to worry about due to stress.					
17	Hormone changes can affect sleep.					
	Physical activities attitude questionnaire					
18	Physical inactivity is a key factor to cause obesity.					
19	Regular exercise can accelerate physical and emotional health.					
20	Regular exercise can help reduce the risks of diseases and high blood pressure.					
21	Physical exercise can be done individually or with peer or as a team work.					
	Smoking attitude questionnaire					
22	Everybody should abstain from smoking with self-					

	control.					
23	Tobacco and relating substances should be avoided absolutely.					
24	Smoking can lessen from stress.					
25	Parents shouldn't smoke in front of the children, avoid imitating them.					
26	The rule of "not to be smoke" should be strictly followed in "No smoking area".					
	Alcohol drinking attitude questionnaire					
27	Drinking alcohol while driving (car, motorcycle) is dangerous.					
28	Heavy alcohol drinking can affect the physical and emotional health problems.					
29	People drink alcohol to feel good, to work better.					
30	Before meal consumptionalcohol is good for appetite.					
	Stress management attitude questionnaire					
31	Daily meditation can alter neural pathways of the brain as to be resilient from stress.					
32	Deep breathing counters stress by slowing the heart rate, lowering blood pressure and anxiety.					
33	Telling your beloved one your problems can reduce stress to extent.					

Part (6) Questionnaire regarding practices on healthy lifestyle

Answer the following questions and write a right mark (√) in a particular blank according to your opinion such as do and don't. Thank you for your answer.

No.	Item	Do	Don't
	Balanced diet practices questionnaire		
1	When do you make proper hand washing with soap?		
	(a) Before meal		
	(b) After toileting		
	(c) Others (description) ----------		
2	I have breakfast daily.		
3	I usually eat breakfast such as (description) ----------		
4	If you skip breakfast, the reason is ----------		
5	I drink tea or coffee daily.		
6	How many times do you usually drink tea or coffeeper day? (Only one answer)		
	(a) 1 time per day		
	(b) 2 times per day		
	(c) 3 times or more per day		
7	I drink water whenever I feel thirsty.		
8	Daily drinking amount of water is (description) ---------liter.		
9	We usually eat the following foods daily.		
	(a) Rice (carbohydrate)		
	(b) Meat or fish (protein)		
	(c) Assorted beans or bean soup (carbohydrate)		
	(d) Vegetables (fried / cooked) (mineral, vitamin, Fat)		
	Sleeping pattern practices questionnaire		
10	I get a sound sleep every night.		
11	Why don't you get a sound sleep? (Description) ---------.		
12	I behave the following habits.		

	(a) I usually eat with a full stomach before bedtime.		
	(b) I take sedative to fall asleep.		
	(c) I listen to soothing music before bedtime.		
	(d) Others (description) ----------.		
13	I always brush my teeth before bedtime .		
14	How many hours of sleep do you usually get per night? (description)--------hours.		
	Physical activities practices questionnaire		
15	I always go to work, school and market and run errands on foot.		
16	I take regular exercise. If you do regular exercise, please answer continues question no (17, 18).		
17	Describe your regular exercise. (e.g. walking, swimming, playing football). Others) (description) ----------		
18	How many minutes do you take for your regular exercise? (description) -------- Minutes.		
	Smoking practices questionnaire		
19	I usually smoke. If you smoke, please answer the question number (20, 21, 22, 23, 24and 25)		
20	What age did you first start smoking? (description) ---------- Year old.		
21	How long have you been smoking? (description) ------.		
22	When do you smoke? (More than onanswer.)		
	(a) As soon as you wake up		
	(b) After a meal		
	(c) Before bedtime		
	(d) Any time		

23	How many cigarettes do you usually smoke per day? **Answer:** ------cigarettes.		
24	Why do you smoke? (More than one answer.)		
	(a) To relieve stress pressure		
	(b) Smoking habit		
	(c) Out of boredom		
	(d) Personal problem		
	(e) A bad marriage		
	(f) Bad relatives		
	(g) Felt physical emotion		
	(h) Felt emotion by words		
	(i) To feel relaxed		
	(j) To feel pleasure		
	(k) Others(description)----------		
25	Do you want to -----? (Only one answer)		
	(a) Continue smoking		
	(b) Quit smoking in the future		
	Alcohol drinking practices questionnaire		
26	Have you ever consumed alcohol? If you drink alcohol, continue to question numbers (27, 28, 29, 30, 31and 32).		
27	At what age did you first start to drink? **Ans:**From ---------- years.		
28	How many years did you drink? **Ans:**----------years.		
29	When do you drink?		
	(a) Morning		
	(b) Before lunch		
	(c) Before dinner		
	(d) Bedtime		

	(e) Any time		
30	How many amount of alcohol do you drink per day?(Only one answer)		
	(a) 1000 cc		
	(b) 750 cc		
	(c) 500 cc		
	(d) 250 cc		
31	Why do you drink alcohol?		
	(a) Habitual drinking of alcohol		
	(b) To relieve stress pressure		
	(c) To relieve muscle tense		
	(d) Enjoyment		
	(e) Loneliness		
32	Do you want to -----? (Only one answer)		
	(a) Quit drinking in the future		
	(b) Continue drinking		
	Stress management practices questionnaire		
33	I have felt the following stressin my life.		
	(a) Stress from social problems		
	(b) Stress from health problems		
	(c) Stress from economic problems		
34	I have felt the following feeling in my life.		
	(a) Loneliness		
	(b) Depression		
	(c) Mental exhaustion		
	(d) Helpless		
35	Iuse the following ways to relievewhile stressful condition. (More than one answer)		
	(a) Meditation		
	(b) Laughing a loud		

	(c) Listening to soothing music		
	(d) Others (description) ----------.		
36	Iperform the following practices in relaxation time.		
	(a) Watching television		
	(b) Using internet		
	(c) Reading		
	(d) Sleeping		
	(e) Walking		
	(f) Others (description) ----------.		

နောက်ဆက်တွဲ(ဃ)

ကျန်းမာသောနေထိုင်မှုပုံစံနှင့်ပတ်သက်သည့် ဗဟုသုတ၊သဘောထားခံယူချက်နှင့်

အလေ့အကျင့်ဆိုင်ရာမေးခွန်းများ

လျှို့ဝှက်အမှတ်စဉ်( )

အောက်ပါမေးခွန်းများကို(√)ခြစ်၍ဖြေဆိုပေးပါရန်နှင့်မေးခွန်းအားလုံးဖြေဆိုပေးပါရန်မေတ္တာရပ်ခံအပ်ပါသည်။

အပိုင်း(၁)ကိုယ်ရေးအချက်အလက်များ

၁။ ဖြေဆိုသူ၏အသက်(ပြည့်ပြီးနှစ်) ☐ နှစ်

၂။ ဖြေဆိုသူ၏လိင် ကျား ☐ မ ☐

၃။ လူမျိုး ဗမာ ☐ အခြားလူမျိုး ☐

၄။ ဘာသာ ဗုဒ္ဓ ☐ အခြားဘာသာ ☐

၅။ အိမ်ထောင်ရေး

(၁) လက်ထပ်ပြီး ☐ (၂) အပျို/လူပျို ☐

(၃) မုဆိုးမ ☐ (၄) မုဆိုးဖို ☐

(၅) ကွာရှင်းပြီး ☐ (၆) အခြား----------

၆။ ပညာရေးအခြေအနေ

(၁) အထက်တန်း ☐

(၂) တက္ကသိုလ်/ကောလိပ် ☐

(၃) ဘွဲ့ရ/ဘွဲ့လွန် ☐

၇။ အလုပ်အကိုင် ☐

(၁) မှီခို ☐ (၂) ကုမ္ပဏီဝန်ထမ်း ☐

(၃) အစိုးရဝန်ထမ်း ☐ (၄) ကိုယ်ပိုင်လုပ်ငန်း ☐

(၅) လယ်စိုက် ☐ (၆) အခြား(ဖော်ပြရန်)---------

၈။ မိသားစုဦးရေ ☐ ယောက်

၉။ မိသားစု၏ စုစုပေါင်းတစ်လပျမ်းမျှဝင်ငွေ ☐ ကျပ်

၁၀။ မီးဖိုချောင်အတွက် လစဉ်ပျမ်းမျှသုံးငွေ ☐ ကျပ်

၁၁။ ကျန်းမာရေးအတွက် လစဉ်ပျမ်းမျှသုံးငွေ [ ] ကျပ်

၁၂။ ကျန်းမာရေးအတွက် ငွေကြေးသုံးစွဲရန်လိုအပ်လျှင် အောက်ပါအချက်မှ ရယူသုံးစွဲပါသည်။
(တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) မီးဖိုချောင်အသုံးစရိတ် [ ]

(ခ) အိမ်ထောင်ဦးစီးမှပေးငွေ [ ]

(ဂ) ဆွေမျိုးများမှပေးငွေ [ ]

(ဃ) စုဆောင်းငွေ [ ]

(င) အခြား (ဖော်ပြရန်)----------

အပိုင်း(၂) အထွေထွေကျန်းမာရေးအခြေအနေနှင့်ကျန်းမာရေးစောင့်ရှောက်မှုဆိုင်ရာမေးခွန်းများ

၁၃။ အရပ် ပေ( ) လက်မ( )

၁၄။ ကိုယ်အလေးချိန် ( )ပေါင်

၁၅။ BMI - သာမန်အောက် [ ]

သာမန် [ ]

သာမန်အထက် [ ]

အဂလွန် [ ]

၁၆။ သင်ကိုယ်တိုင် တစ်နှစ်အတွင်းနာမကျန်းဖြစ်ဘူးပါသလား။

(က) ဖြစ်ခဲ့ဘူးသည်။ [ ]

(ခ) မဖြစ်ခဲ့ဘူးပါ။ [ ]

၁၇။ နာမကျန်းဖြစ်ဘူးပါလျှင် သာမန်နေမကောင်းခြင်းများ ဖြစ်ခဲ့ဘူးလျှင် ဖြေဆိုပေးပါရန်။
(တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) ခေါင်းကိုက်ခြင်း [ ]

(ခ) ကိုယ်လက်နာကျင်ခြင်း [ ]

(ဂ) အအေးမိဖျားနာခြင်း [ ]

(ဃ) နှာစေးချောင်းဆိုးခြင်း [ ]

(င) ဂမ်းပျက် ဂမ်းလျှောဖြစ်ခြင်း [ ]

(စ) အခြား (ဖော်ပြရန်)----------

၁၈။ သာမန်နေမကောင်းဖြစ်သည့်အခါမည်သို့ကျန်းမာရေးစောင့်ရှောက်မှုခံယူပါသနည်း။
(တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) ဘာမှမလုပ်ဘဲဒီအတိုင်းစောင့်ခြင်း ☐

(ခ) အနားယူခြင်း ☐

(ဂ) ဆေးဆိုင်မှ ဆေးဝယ်သောက်ခြင်း ☐

(ဃ) အိမ်သုံးဆေးဖြင့်ကုခြင်း ☐

(င) တိုင်းရင်းဆေးဖြင့်ကုခြင်း ☐

(စ) ပုဂ္ဂလိကဆေးခန်းသို့ သွားပြခြင်း ☐

(ဆ) အစိုးရဆေးရုံသို့သွားခြင်း ☐

(ဇ) အခြား(ဖော်ပြရန်)----------

၁၉။ နာမကျန်းဖြစ်ဖူးပါကအောက်ပါပြင်းထန်နေမကောင်းခြင်း (နာတာရှည်)များဖြစ်ခဲ့ဘူးလျှင်
ဖြေဆိုပေးပါရန်။ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်) ☐

(က) တီဘီအဆုတ်ရောဂါ ☐

(ခ) ကင်ဆာရောဂါ ☐

(ဂ) နှလုံးရောဂါ ☐

(ဃ) ဆီးချိုရောဂါ ☐

(င) သွေးတိုးရောဂါ

(စ) ခွဲစိတ်ကုသရသောရောဂါ ☐

(ဆ) အခြား(ဖော်ပြရန်)----------

၂၀။ ပြင်းထန်နေမကောင်းခြင်း (နာတာရှည်ရောဂါ) ဖြစ်သည့်အခါ မည်သို့ ကျန်းမာရေး
စောင့်ရှောက်မှု ခံယူပါသနည်း။ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) အနားယူခြင်း ☐

(ခ) ဘာမှမလုပ်ဘဲဒီအတိုင်းစောင့်ခြင်း ☐

(ဂ) ဆေးဆိုင်မှ ဆေးဝယ်သောက်ခြင်း ☐

(ဃ) တိုင်းရင်းဆေးဖြင့်ကုခြင်း ☐

(င) ပုဂ္ဂလိကဆေးခန်းသို့ သွားပြခြင်း ☐

(စ) အထူးကုဆေးခန်းသို့ သွားပြခြင်း ☐

(ဆ) အစိုးရဆေးရုံသို့သွားပြခြင်း ☐

(ဇ) ဘုန်းကြီးနှင့်တိုင်ပင်ခြင်း ☐

(ဈ) အခြား(ဖော်ပြရန်)----------

အပိုင်း(၃)ကျန်းမာရေးနှင့်ဆိုင်သောသတင်းအချက်အလက်များရရှိခြင်း

၂၁။ ကျန်းမာရေးနှင့်ဆိုင်သောပညာပေးအစီအစဉ်များကိုအောက်ပါတို့မှ ရရှိဘူးပါသည်။

(တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) သတင်းဂျာနယ် ☐

(ခ) ပိုစတာ၊ လက်ကမ်းစာစောင် ☐

(ဂ) ရုပ်မြင်သံကြား ☐

(ဃ) ရေဒီယို ☐

(င) ကျန်းမာရေးဝန်ထမ်းများထံမှ ☐

(စ) အခြား(ဖော်ပြရန်)----------

၂၂။ ကျန်းမာရေးဝန်ထမ်းများထံမှ အောက်ပါကျန်းမာရေးပညာပေးအစီအစဉ်များကို ရရှိခဲ့ပါ သည်။

(တစ်ခုမကဖြေဆိုနိုင်ပါသည်)

(က) မျိုးဆက်ပွားခြင်းပညာပေးအစီအစဉ် ☐

(ခ) ဆီးချိုရောဂါအကြောင်း ☐

(ဂ) တီဘီရောဂါအကြောင်း ☐

(ဃ) ဆင်ခြေထောက်ရောဂါအကြောင်း ☐

(င) အခြား(ဖော်ပြရန်)----------

အပိုင်း(၄) ဗဟုသုတမေးခွန်းလွှာ

သင်သိရှိသည့်ဗဟုသုတမေးခွန်းများကိုအကွက်အတွင်း၌(√)ခြစ်၍ ဖြေဆိုပေးပါရန် မေတ္တာရပ်ခံအပ်ပါသည်။(တစ်ခုထက်ပို၍ ဖြေဆိုနိုင်ပါသည်)

စဉ်	အကြောင်းအရာ	မှန်	မှား	မသိပါ
	စားသောက်နေထိုင်မှုဆိုင်ရာပုံစံများ			
၁	ကျန်းမာသောနေထိုင်မှုဘဝပုံစံကို သင်သိပါသလား။			
၂	ကျန်းမာသောနေထိုင်မှုဘဝပုံစံတွင်အောက်ပါအလေ့အကျင့်များ ပါဝင်ပါသည်။ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) ညီညွတ်မျှတစွာစားသုံးခြင်း			
	(ခ) ပုံမှန်ကိုယ်လက်လှုပ်ရှားမှုပြုလုပ်ခြင်း			
	(ဂ) စိတ်ဖိစီးမှုအားလျော့ချခြင်း			
	(ဃ) အိပ်ရေးဝဝအိပ်စက်ခြင်း			
	(င) အရက်နှင့်ဆေးလိပ်သောက်သုံးခြင်းမှ ရှောင်ကျဉ်ခြင်း			
	(စ) စိတ်ချရသည့် လိင်ဆက်ဆံမှု			
၃	သွေးတိုး၊ ဆီးချို၊ ကင်ဆာ၊ နှလုံးစသောရောဂါတို့သည် အောက်ပါတို့ကြောင့် ဖြစ်ရပါသည်။ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) မျိုးရိုးလိုက်ခြင်း			
	(ခ) ကျန်းမာရေးနှင့်မညီညွတ်သောအစားအစာများစားသုံးခြင်း			
	(ဂ) ကိုယ်လက်လှုပ်ရှားမှုမပြုလုပ်ခြင်း			
	(ဃ) ဥပါဒါဖြစ်အောင်အရက်သောက်ခြင်း			
	(င) ဆေးလိပ်သောက်သုံးခြင်း			
	(စ) အဝလွန်ခြင်း			
၄	ကျန်းမာရေးနှင့်ကောင်းမွန်ညီညွတ်မျှတသောအစားစာများမှာ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) အသားဓါတ်ကြွယ်ဝသောအစားအစာ			
	(ခ) အဆီဓါတ်နည်းသောအစားအစာ			

	(ဂ) ကစီခါတ်မပါသောအစားအစာ			
	(ဃ) သင့်တင့်သောပမာဏပါရှိသောခါတ်များ ပါဝင်သော အစားအစာအားလုံး			
၅	ကယ်လိုရီကြွယ်ဝသောအစားအစာများမှာ			
	(က) ဆန်၊ ခေါက်ဆွဲ			
	(ခ) အသား၊ ငါး			
	(ဂ) ဟင်းသီးဟင်းရွက်နှင့်အသီးအနှံများ			
	(ဃ) ပေါင်မုန့်နှင့်ကန်စွန်းဥ			
၆	အမျှင်ခါတ် ကြွယ်ဝသောအစားအစာများမှာ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) ဆန်၊ ခေါက်ဆွဲ			
	(ခ) အသားနှင့်ငါး			
	(ဂ) ဟင်းသီးဟင်းရွက်နှင့်အသီးအနှံများ			
	(ဃ) ပဲအမျိုးမျိုး			
၇	အဆီခါတ် ကြွယ်ဝသောအစားအစာများမှာ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) ထောပတ်နှင့်အုန်းနို့			
	(ခ) ဘဲသား၊ ဝက်သား			
	(ဂ) နို့နှင့်နို့ထွက်ပစ္စည်းများ			
	(ဃ) ဆန်နှင့်ဟင်းသီးဟင်းရွက်များ			
၈	အသားခါတ် ကြွယ်ဝသောအစားအစာများမှာ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) အသားနှင့်ငါး			
	(ခ) ဆန်နှင့်ခေါက်ဆွဲ			
	(ဂ) ပဲအမျိုးမျိုး			
	(ဃ) အသားကင်			
၉	မည်သည့်အာဟာရခါတ်တွင် Energy (အင်နာဂျီ) ပါပါသနည်း။			

	(က) အသားဓါတ် (ပရိုတင်း)			
	(ခ) ကစီဓါတ်			
	(ဂ) အဆီဓါတ်			
	(ဃ) အရက်			
၁၀	သွေးတိုး၊ ဆီးချို၊ ကင်ဆာ၊ နှလုံးသွေးကြောကျဉ်းရောဂါတို့မဖြစ်ရန် အောက်ပါဆီများဖြင့်စားနိုင်ပါသည်။			
	(က) အမဲသား၊ ဝက်သားမှရသောအဆီ			
	(ခ) ကြက်၊ ဘဲအဆီ			
	(ဂ) ငါးမှရသောအဆီ			
	(ဃ) ပဲဆီ၊ နှမ်းဆီ			
	(င) နေကြာဆီ၊ သံလွင်ဆီ			
၁၁	သွေးတိုး၊ ဆီးချို၊ ကင်ဆာ၊ နှလုံးသွေးကြောကျဉ်းရောဂါတို့မဖြစ်ရန် အောက်ပါအစားအစာများကိုရှောင်ကြဉ်သင့်ပါသည်။			
	(က) ဟင်းချိုမှုန့်			
	(ခ) ကြက်၊ ဘဲအဆီ			
	(ဂ) ဝက်သား			
	(ဃ) ဆားငံသောအစားအစာ			
	(င) ချိုသောအစားအစာ			
	(စ) ဆီများသောအစားအစာ			
၁၂	သွေးတိုး၊ ဆီးချို၊ ကင်ဆာ၊ နှလုံးသွေးကြောကျဉ်းရောဂါတို့အတွက် အောက်ပါအပြုအမူများကိုရှောင်ရှားသင့်ပါသည်။			
	(က) အသင့်စားအစားအစာ (ဥပမာ– အာလူးကြော်)			
	(ခ) အရက်အလွန်အကျွံသောက်ခြင်း			
	(ဂ) ဆေးလိပ်သောက်ခြင်း			
	(ဃ) အထိုင်များသောအလေ့အကျင့်			
၁၃	အစားအစာကိုအုပ်စုကြီးသုံးစုခွဲထားပါသည်။ ၄င်းတို့မှာ			

	(က) ခန္ဓာကိုယ်ကြီးထွားစေသောအစားအစာများအုပ်စု			
	(ခ) အင်အားဖြစ်စေသောအစားအစာအုပ်စု			
	(ဂ) ရောဂါကာကွယ်သောအစားအစာများအုပ်စု			
၁၄	တနေ့လျှင်ရေမည်မျှသောက်ရပါမည်နည်း။(တစ်ခုသာဖြေဆိုရန်)			
	(က) ၁–၂ လီတာ			
	(ခ) ၂–၃ လီတာ			
	(ဂ) ၃– ၄ လီတာ			
	(ဃ) ၄– ၅ လီတာ			
	အိပ်စက်ခြင်းနှင့်ဆိုင်သောဗဟုသုတများ			
၁၅	အိပ်စက်ခြင်းသည် အောက်ဖော်ပြပါများအတွက်အရေးကြီးသောအခန်းကဏ္ဍမှပါဝင်ပါသည်။ (တစ်ခုမကဖြေဆိုနိုင်ပါသည်)			
	(က) ဇီဝကမ္မဖြစ်စဉ်ထိန်းညှိပေးခြင်း			
	(ခ) ခန္ဓာကိုယ်အပူချိန်ထိန်းညှိပေးခြင်း			
	(ဂ) ဆဲလ် အသစ်ဖြစ်ခြင်း			
	(ဃ) ကိုယ်ခံအားကိုထိန်းညှိပေးခြင်း			
	(င) မှတ်ဉာဏ်ဖြစ်စဉ်အတွက် အရေးကြီးခြင်း			
၁၆	အိပ်ရေးမဝခြင်းကြောင့်အောက်ဖော်ပြပါရောဂါများဖြစ်စေနိုင်ပါသည်။			
	(က) ခေါင်းကိုက်ခြင်း			
	(ခ) စိတ်တိုခြင်း			
	(ဂ) ခုခံအားနည်းခြင်း			
	(ဃ) စိတ်ကျရောဂါဖြစ်ခြင်း			
	(င) စိတ်ရှင်လန်းတက်ကြွခြင်း			
၁၇	အောက်ပါတို့ကိုသင်သိပါသလား။			
	(က) နေ့လည်ချိန်တရေးတမောအိပ်စက်ခြင်းသည် ကျန်းမာရေးအတွက်ကောင်းပါသည်။			

	(ခ) ညအိပ်စဉ်ဟောက်ခြင်းသည် ကျန်းမာရေးအတွက် မကောင်းပါ။			
	(ဂ) အိပ်ရာပေါ်တွင်လဲလျောင်း၍ စာဖတ်ခြင်း (သို့)တီဗွီကြည့်ခြင်းသည် ကောင်းသောအလေ့အကျင့်များ ဖြစ်ကြသည်။			
၁၈	လူတစ်ယောက်တစ်နေ့လျှင်အချိန်မည်မျှအိပ်ရပါမည်နည်း။ (တစ်ခုသာဖြေဆိုရန်)			
	(က) ၃ – ၄ နာရီ			
	(ခ) ၅ – ၆ နာရီ			
	(ဂ) ၇ – ၈ နာရီ			
	(ဃ) ၉ – ၁၀ နာရီ			
	ကိုယ်လက်လှုပ်ရှားမှုဆိုင်ရာဇဟုသုတမေးခွန်းများ			
၁၉	ကိုယ်လက်လှုပ်ရှားမှုများတွင်အောက်ပါတို့ပါဝင်ပါသည်။			
	(က) ဥယျာဉ်ခြံစိုက်ခြင်း			
	(ခ) အိမ်မှုကိစ္စလုပ်ခြင်း			
	(ဂ) လမ်းလျှောက်ခြင်း			
	(ဃ) ကိုယ်ခန္ဓာသန်စွမ်းစေရန်လေ့ကျင့်ခန်းလုပ်ခြင်း			
	(င) စက်ဘီးစီးခြင်း			
	(စ) ရေကူးခြင်း			
	(ဆ) ပြေးခြင်း			
	(ဇ) အရိုးဗစ်ကစားခြင်း			
	(ဈ) ဘောလုံး၊ တင်းနစ်ကစားခြင်း			
၂၀	ကိုယ်လက်လှုပ်ရှားမှုနည်းသူ (သို့) မပြုလုပ်သူများသည် အောက်ဖော်ပြပါ ရောဂါလက္ခဏာများခံစားရပါသည်။			
	(က) အဝလွန်ရောဂါ			
	(ခ) သွေးတိုးရောဂါ			
	(ဂ) ဆီးချိုရောဂါ			

	(ဃ) နှလုံးရောဂါ			
	(c) အဆစ်အမြစ်ရောင်ခြင်း			
	(စ) အဆစ်များလှုပ်ရှားမှုတွင်ပြဿနာဖြစ်ခြင်း			
	(ဆ) ကျောက်ကပ်ရောဂါ			
၂၁	ကိုယ်လက်လှုပ်ရှားမှု၏ အကျိုးကျေးဇူးများမှာ			
	(က) နှလုံးနှင့်အဆုတ်သို့ သွေးလည်ပတ်မှုကောင်းစေခြင်း (သက်လုံကောင်းခြင်း)			
	(ခ) ကြွက်သားညှစ်အားကောင်းစေခြင်း (သန်မာစေခြင်း)			
	(ဂ) လည်ပင်း၊ ကျောရိုး၊ အဆစ်တို့လှုပ်ရှားမှု အားကောင်းစေခြင်း (ပျော့ပျောင်းစေခြင်း)			
၂၂	မပြင်းထန်သောလေ့ကျင့်ခန်း(ဥပမာ–အေရိုးဗစ်၊ရေကူး၊ လမ်းလျှောက်၊ စက်ဘီးစီးခြင်း)များကိုတစ်နေ့လျှင်အနည်းဆုံး အချိန်မည်မျှပြုလုပ်သင့်ပါသနည်း။(အမှန်ဆုံးသာဖြေရန်)			
	(က) ၁၅ မိနစ်			
	(ခ) ၃၀ မိနစ်			
	(ဂ) ၄၅ မိနစ်			
	(ဃ) ၆၀ မိနစ် (၁ နာရီ)			
	ဆေးလိပ်သောက်ခြင်းနှင့်ဆိုင်သောဗဟုသုတမေးခွန်းများ			
၂၃	ဆေးလိပ်သောက်ခြင်းသည်ကျန်းမာရေးကိုဆိုးဝါးစွာထိခိုက်စေနိုင်ပါသည်။			
၂၄	ကိုယ်ဝန်ဆောင်မိခင်များ ဆေးလိပ်သောက်ပါက အောက်ပါတို့ ဖြစ်နိုင်ပါသည်။			
	(က) အလိုအလျောက်သားပျက်ရန် အခွင့်အလမ်းများခြင်း			
	(ခ) မျိုးဥပြွန်တွင် သန္ဓေတည်နိုင်ချေများခြင်း			
	(ဂ) အချိန်မတိုင်ခင် အချင်းကွာကျနိုင်ချေများခြင်း			
	(ဃ) ကလေးကြီးထွားမှုနှေးခြင်း			
	(c) ကလေးအသေမွေးခြင်း			
	(စ) လမပြည့်ဘဲမွေးခြင်း			

၂၅	ဆေးလိပ်သောက်ခြင်းကြောင့်ဖြစ်နိုင်ချေများမှာ အောက်ပါအတိုင်းဖြစ်ပါသည်။			
	(က) ဆီးချိုအနာ			
	(ခ) အနာအကျက်နှေးခြင်း			
	(ဂ) နှလုံးရုတ်တရက်ရပ်ခြင်း			
	(ဃ) အမျိုသားများလိင်ဆက်ဆံစွမ်းရည်နည်းခြင်း			
	(င) ဆီးအိမ်ကင်ဆာ			
	(စ) သွားဖုံးနှင့်ပတ်သက်သောရောဂါ			
	(ဆ) အဆုတ်ကင်ဆာ			
	(ဇ) နှလုံးသွေးကြောမကြီးပေါက်ခြင်း			
	(ဈ) နာတာရှည်အဆုတ်လေပြွန်ပိတ်ဆို့ရောဂါဖြစ်တတ်ခြင်း			
	(ည) ဦးနှောက်သွေးခဲပိတ်ခြင်းတို့ဖြစ်ပေါ်လာနိုင်ပါသည်			
၂၆	ဆေးလိပ်ဖြတ်မည်ဆိုပါက			
	(က) ဖြည်းဖြည်းခြင်းလျော့သောက်ရမည်			
	(ခ) ပီကေဝါးဖြတ်ရမည်			
	(ဂ) ကွမ်းစား၍ဖြတ်ရမည်			
	(ဃ) အီး-စီးကရက် (လျှပ်စစ်စီးကရက်အတု)သောက်ဖြတ်ရမည်			
	(င) လုံးဝမသောက်ဘဲနေရမည်			
၂၇	ဆေးလိပ်ဖြတ်ခြင်း၏ အကျိုးကျေးဇူးများမှာ			
	(က) နှလုံးသွေးကြောကျဉ်းရောဂါဖြစ်နိုင်ချေလျော့ကျခြင်း			
	(ခ) သက်တမ်းပိုရှည်ခြင်း			
	(ဂ) မိသားစုတွင် ဆေးလိပ်ကြောင့်ကုန်ကျမည့် ကျန်းမာရေး စရိတ်များလျော့ခြင်း			
	(ဃ) မိသားစုဝင်ငွေမြင့်ခြင်းတို့ ဖြစ်ပေါ်စေပါသည်။			
၂၈	ဆေးလိပ်သောက်ခြင်းသည် သူ၏ပတ်ဝန်းကျင်ရှိလူများကို			
	(က) ထိခိုက်စေနိုင်ပါသည်။			

	(ခ) မထိခိုက်စေနိုင်ပါ။			
၂၉	စီးကရက်ထဲတွင် ပါဝင်သည့်နီကိုတင်းသည် အင်းဆက်များကိုသတ်သည့် ပိုးသတ်ဆေးတွင် အဓိကပါဝင်ပါသည်။			
	အရက်သောက်ခြင်းနှင့်ဆိုင်သောဗဟုသုတမေးခွန်းများ			
၃၀	အရက်အလွန်အကျွံသောက်ခြင်းသည် ကျန်းမာရေးကိုထိခိုက်စေနိုင်ပါသည်။			
၃၁	အရက်အလွန်အကျွံသောက်ခြင်းကြောင့်အောက်ဖော်ပြပါရောဂါတို့ ဖြစ်လာစေနိုင်ပါသည်။			
	(က) အသည်းရောဂါ၊			
	(ခ) အစာအိမ်လမ်းကြောင်းသွေးယိုစီးခြင်း၊			
	(ဂ) စိတ်ပိုင်းဆိုင်ရာရောဂါများ၊			
	(ဃ) ဆီးချိုရောဂါ၊			
၃၂	အရက်စွဲရောဂါဖြစ်နေပါကဘယ်လိုဖြတ်ရပါသလဲ။			
	(က) မိမိစိတ်ဆန္ဒအတိုင်းဖြတ်ခြင်း၊			
	(ခ) မည်သည့်အကြောင်းပြချက်ဖြင့်မှပြန်မသောက်ခြင်း၊			
	(ဂ) ကျန်းမာရေးစောင့်ရှောက်မှုခံယူ၍ဖြတ်ခြင်း၊			
	(ဃ) တဖြည်းဖြည်းပမာဏလျော့၍ဖြတ်ခြင်း၊			
	(င) နေ့စဉ်မသောက်ရန်၊			
၃၃	အောက်ပါတို့သည် အရက်အဆိပ်ဖြစ်ခြင်း၏ လက္ခဏာများဖြစ်ပါသည်။			
	(က) အသိအာရုံတွင် အရာရာရှုပ်ထွေးနေခြင်း၊			
	(ခ) အန်ခြင်း၊			
	(ဂ) တက်ခြင်း၊			
	(ဃ) အသက်ရှူရာတွင် နှေးခြင်း (သို့) ပုံမှန်မဖြစ်ခြင်း၊			
	(င) အသားအရေများဖြူဖွေး (သို့) ပြာနှမ်းစေခြင်း၊			
	(စ) ကိုယ်အပူချိန်လျော့ကျခြင်း၊			
	(ဆ) သတိမေ့မြော့နေခြင်း၊			

၃၄	အရက်ဖြတ်ရာတွင် သတိထားရမည့် ရှေးဦးပေါ်ပေါက်သည့်ရုပ်ပိုင်းဆိုင်ရာလက္ခဏာများမှာ			
	(က) ချွေးထွက်ခြင်း			
	(ခ) အန်ခြင်း			
	(ဂ) ခေါင်းကိုက်ခြင်း			
	(ဃ) မူးဝေခြင်း			
	(င) လှုပ်ခါနေခြင်း			
	(စ) အိပ်မပျော်ခြင်းတို့ ဖြစ်ပေါ်တတ်ပါသည်။			
	စိတ်ဖိစီးမှုဆိုင်ရာဗဟုသုတမေးခွန်းလွှာများ			
၃၅	ကျန်းမာသောဘဝနေထိုင်နိုင်ရန်			
	(က) ပရဟိတစိတ်ရှိရပါမည်။			
	(ခ) သူငယ်ချင်၊ မိသားစု၊ ချစ်ခင်သည့် အိမ်မွေးတိရစ္ဆာန်စသည့် လူမှုဆက်ဆံရေးအထောက်အပံ့များရှိရပါမည်။			
	(ဂ) လက်ရှိအချိန်တွင် နှလုံးသွင်းကောင်းရပါမည်။			
	(ဃ) ကောင်းသောအတွေးအမြင်စိတ်ရှိရပါမည်။			
	(င) သဘာဝတရားများနှင့်ပျော်ရွှင်စွာနေတတ်ရပါမည်။			
၃၆	စိတ်ဖိစီးမှုများကိုပြေလျော့နိုင်ရန်အောက်ပါနည်းလမ်းများကို အသုံးပြုရပါမည်။			
	(က) တရားထိုင်ခြင်း			
	(ခ) အသက်ပြင်းပြင်းရှူသည့်လေ့ကျင့်ခန်းလုပ်ခြင်း			
	(ဂ) ပစ္စုပ္ပန်မှာနေခြင်း			
	(ဃ) လက်လှမ်းမှီသည်ကိုသာပြုလုပ်ခြင်း			
	(င) မိမိခန္ဓာနှင့်ညှိယူခြင်း			
	(စ) ဖိအားများလျော့ချခြင်း			
	(ဆ) ကျယ်ကျယ်လောင်လောင်ရယ်မောခြင်း			
	(ဇ) ငြိမ့်ငြောင်းတေးသံသာများကိုနားဆင်ခြင်း			

	(ဈ) ယောဂလေ့ကျင့်ခန်းလုပ်ခြင်း			
	(ည) ရှင်လန်းစွာနေခြင်းတို့ဖြင့်ဖြေလျော့နိုင်ပါသည်။			
၃၇	စိတ်ဖိစီးမှု၏လက္ခဏာများမှာအောက်ပါအတိုင်းဖြစ်ကြပါသည်။			
	(က) ခေါင်းကိုက်ခြင်း			
	(ခ) ကြွက်သားများတောင့်တင်းခြင်း(လည်ပင်း၊ကျော)			
	(ဂ) ပင်ပန်းနွမ်းနယ်ခြင်း			
	(ဃ) စိုးရိမ်ပူပန်ခြင်း၊ ကြောက်ရွံ့ခြင်း			
	(င) စိတ်ကသိကအောက်ဖြစ်ခြင်း			
	(စ) အိပ်မပျော်ခြင်း			
	(ဆ) ဒေါသထွက်ခြင်း၊ ရန်လိုခြင်း			
	(ဇ) ငြီးငွေ့ခြင်း၊ စိတ်ဓါတ်ကျခြင်း			
	(ဈ) အစားအလွန်စားခြင်း၊ အစားမစားခြင်း			
	(ည) ဝမ်းလျှောခြင်း၊ ကြွက်တက်ခြင်း၊ လေပွခြင်း			

အပိုင်း(၅)ကျန်းမာသောနေထိုင်မှုဘဝပုံစံနှင့်ပတ်သက်သည့်ခံယူချက်နှင့်သဘောထားဆိုင်ရာမေးခွန်းများ

ား

သင်၏ခံယူချက်သဘောထားနှင့်ဆီလျော်သည့်အဖြေအားအကွက်အတွင်း၌ (√) ဖြေဆိုပေးပါရန် မေတ္တာရပ်ခံအပ်ပါသည်။

စဉ်	အကြောင်းအရာ	လုံးဝသဘောတူပါသည်	သဘောတူပါသည်	ဧဆိုးဖြတ်တတ်ပါ	သဘောမတူပါ	လုံးဝသဘောမတူပါ
	စားသောက်နေထိုင်မှုနှင့်သက်ဆိုင်သောခံယူချက် သဘောထားများ					
၁	ကျွန်ုပ်တို့နေ့စဉ်စားသုံးနေသောဆန်သည်အင်အားဖြစ်စေသော အစားအစာအုပ်စုတွင်ပါဝင်ပြီးအဓိကအစားအစာတစ်ခု ဖြစ်၍ နေ့စဉ်စားသင့်ပါသည်။					
၂	အသား၊ ငါး၊ ကြက်ဥ၊ နွားနို့တို့သည် ခန္ဓာကိုယ် ကြီးထွားဖွံ့ဖြိုးစေသောအစားအစာ အုပ်စုတွင်ပါဝင်၍ စားသင့်ပါသည်					
၃	ဟင်းသီးဟင်းရွက်နှင့်သစ်သီးများသည် ရောဂါကို ကာကွယ်စေသောအစာအုပ်စုတွင် ပါဝင်၍စားသင့်ပါသည်။					
၄	နံနက်စာစားခြင်းသည် ကျန်းမာရေးအတွက် ကောင်းမွန်ပါသည်။					
၅	လက်ဆေးခြင်းသည်ကျန်းမာရေးအတွက်ကောင်းမွန်ပါသည်။					
၆	ရေသည်သောက်ရန်အကောင်းဆုံးဖြစ်ပြီးကျန်းမာရေးအတွက် အသင့်တော်ဆုံးဖြစ်ပါသည်။					
၇	ကြာရှည်ခံအစားအစာများ(ဥပမာ-အာလူးကြော်၊ ပြောင်းဖူးပေါက်ပေါက်)တို့သည် ကျန်းမာရေးအတွက် ကောင်းပါသည်။					

၈	အမျှင်ပါသောအစားအစာများသည် ဂမ်းချုပ်ခြင်းနှင့်အူလမ်းကြောင်းပုံမမှန်မှုများအားကာကွယ်ပေးနိုင်ပါသည်။					
	အိပ်စက်ခြင်းနှင့်ဆိုင်သောခံယူချက်သဘောထားများ					
၉	အိပ်ရာမဂင်ခင် နွားနို့နွေးနွေးသောက်ခြင်းသည် အိပ်ပျော်စေပါသည်။					
၁၀	အိပ်ရာမဂင်ခင် အစာအများကြီးစားခြင်းသည် အိပ်ပျော်ရာတွင် အထောက်အကူပြုပါသည်။					
၁၁	အရက်သောက်ခြင်းသည်ပို၍အိပ်ကောင်းစေပါသည်။					
၁၂	ကိုယ်လက်လှုပ်ရှားမှုပုံမှန်ပြုလုပ်ခြင်းသည် ပို၍အိပ်ကောင်းစေရန် ကူညီပေးပါသည်။					
၁၃	သင်အိပ်သောမွေ့ယာသည် သက်တောင့်သက်သာရှိရန် လိုအပ်ပါသည်။					
၁၄	သင်စားသည့် အစားအစာထဲတွင် ဗီတာမင်နှင့်သတ္တုဓါတ်နည်းပါက စိတ်ဖိစီးမှုများဖြစ်စေပြီး ညအိပ်မပျော် ဖြစ်တတ်ပါသည်။					
၁၅	ညအိပ်ပျော်စေရန်ညနေ(၄)နာရီနောက်ပိုင်းကော်ဖီ(ကဖင်းဓါတ်ပါသည်များကို) မသောက်သင့်ပါ။					
၁၆	အိပ်နေစဉ်သွားကြိတ်ခြင်းသည်စိတ်ဖိစီးမှုများကြောင့်ဖြစ်ပါသည်။					
၁၇	ဟော်မုန်းပြောင်းလဲမှုသည် အိပ်ခြင်းကိုပြောင်းလဲစေပါသည်။					
	ကိုယ်လက်လှုပ်ရှားမှုဆိုင်ရာခံယူချက်သဘောထားများ					
၁၈	ကိုယ်လက်လှုပ်ရှားမှုမပြုလုပ်ခြင်းသည်ကိုယ်အလေးချိန်တိုးစေသည့်အဓိကအကြောင်းအရင်းဖြစ်ပါသည်။					
၁၉	လေ့ကျင့်ခန်းပုံမှန်ပြုလုပ်ခြင်းသည်ကိုယ်ခန္ဓာကျန်းမာရေး					

	နှင့်စိတ်ကျန်းမာရေးကိုထောက်ပံ့ပေးနိုင်ပါသည်။					
၂၀	လေ့ကျင့်ခန်းပုံမှန်လုပ်ခြင်းသည် ရောဂါဖြစ်ခြင်းမှ ကာကွယ်ပေးပြီးသွေးဖိအားကိုလျော့ကျစေပါသည်။					
၂၁	အားကစားလေ့ကျင့်ခန်းကိုတစ်ဦးတည်းဖြစ်စေ၊ စုပေါင်း၍ဖြစ်စေပြုလုပ်သင့်ပါသည်။					
	ဆေးလိပ်သောက်ခြင်းနှင့်ဆိုင်သောခံယူချက်သဘောထားများ					
၂၂	လူတိုင်းမိမိအသိစိတ်ဓါတ်ဖြင့်ဆေးလိပ်သောက်ခြင်းကိုရှောင်ကြဉ်သင့်ပါသည်။					
၂၃	ဆေးလိပ်နှင့်ဆက်စပ်နေသောစိတ်ကိုပြောင်းလဲစေသောအရာများကိုလုံးဝ ရှောင်ရှားသင့်ပါသည်။					
၂၄	စိတ်ဖိစီးမှုအားပြေလျော့ရန် ဆေးလိပ်သောက်ခြင်းကို နည်းလမ်းတစ်ခုအဖြစ် သုံးနိုင်ပါသည်။					
၂၅	ကလေးများအတုယူမမှားစေရန် မိဘများ ဆေးလိပ်မသောက်သင့်ပါ။					
၂၆	ဆေးလိပ်မသောက်ရတားမြစ်နယ်မြေတွင် ဆေးလိပ်မသောက်ရသတ်မှတ်ချက်ကိုတိကျစွာလိုက်နာသင့်ပါသည်။					
	အရက်သောက်ခြင်းနှင့်ဆိုင်သောခံယူချက်သဘောထားများ					
၂၇	အရက်သောက်ပြီးမော်တော်ကား၊ ဆိုင်ကယ်မောင်းနှင်းခြင်းသည် အန္တရာယ်ဖြစ်စေနိုင်ပါသည်။					
၂၈	အရက်အလွန်အကျွံသောက်ခြင်းသည် ရုပ်ပိုင်းဆိုင်ရာသာမကစိတ်ပိုင်းဆိုင်ရာပါ ပြဿနာဖြစ်စေနိုင်ပါသည်။					
၂၉	ခံစားမှုပိုမိုကောင်းမွန်ရန်နှင့်လုပ်ငန်းဆောင်တာများပိုကောင်းမွန်လာစေရန် အရက်သောက်နိုင်ပါသည်း။					
၃၀	အစာမစားမီအရက်သောက်သုံးခြင်းသည် ခံတွင်းကောင်းစေရန် အလေ့အကျင့် ဖြစ်ပါသည်။					

	စိတ်ဖိစီးမှုဆိုင်ရာခံယူချက်သဘောထားများ					
၃၁	နေ့စဉ်တရားထိုင်ခြင်းသည် ဦးနှောက်အတွင်းရှိ အာရုံကြောပတ်လမ်းများကိုပြောင်းလဲစေပြီးစိတ်ဖိစီးမှုအားပိုမိုလျော့နည်းစေပါသည်။					
၃၂	အသက်ပြင်းပြင်းရှူသည့် လေ့ကျင့်ခန်းလုပ်ခြင်းဖြင့် နှလုံးခုန်နှုန်းအားလျော့ကျစေခြင်း၊ သွေးပေါင်ချိန်လျော့နည်းစေခြင်း စသည့်အကျိုးသက်ရောက်မှုများရှိပါသည်။					
၃၃	သင့်မှာပြဿနာတစ်ခုရှိနေလျှင်သင်ချစ်ခင်ရသောတစ်ယောက်ကိုပြောလိုက်ခြင်းဖြင့်သင်ရဲ့စိတ်ဖိစီးမှုလျော့စေနိုင်ပါသည်။					

အပိုင်း(၆) ကျန်းမာသောနေထိုင်မှုဘဝပုံစံနှင့်ပတ်သက်သည့်အလေ့အကျင့်ဆိုင်ရာမေးခွန်းများ

သင်၏အလေ့အကျင့်နှင့်ဆီလျော်သည့်အဖြေကိုအကွက်အတွင်း၌ (√) ဖြေဆိုပေးပါရန် မေတ္တာရပ်ခံအပ်ပါသည်။ ကူညီဖြေဆိုမှုအတွက် ကျေးဇူးအထူးတင်ရှိပါသည်။

စဉ်	အကြောင်းအရာ	ပြုလုပ်သည်	မပြုလုပ်ပါ
	စားသောက်နေထိုင်မှုနှင့်ပတ်သက်သည့် အလေ့အကျင့်ဆိုင်ရာမေးခွန်းများ		
၁	သင်ဘယ်အချိန်တွင်လက်ကိုဆပ်ပြာဖြင့်သေသေချာချာဆေးကြောလေ့ရှိပါသနည်း။		
	(က) အစာမစားမီလက်ဆေးသည်		
	(ခ) အိမ်သာတက်ပြီးတိုင်းလက်ဆေးသည်		
	(ဂ) အခြား(ဖော်ပြရန်)----------		
၂	ကျွန်ုပ် မနက်စာစားလေ့ရှိပါသည်။		
၃	ကျွန်ုပ်စားလေ့ရှိသောမနက်စာမှာ(ဖော်ပြရန်)----------		
၄	အကယ်၍နံနက်စာမစားပါကအကြောင်းအရင်းမှာ ----------		
၅	ကျွန်ုပ် လက်ဖက်ရည်၊ ကော်ဖီသောက်လေ့ရှိပါသည်။		
၆	တစ်နေ့လျှင်လက်ဖက်ရည်၊ ကော်ဖီ အောက်ပါအတိုင်း		

	သောက်လေ့ရှိပါသည်။(တစ်ခုသာဖြေရန်)		
	(က) တစ်နေ့တစ်ကြိမ်		
	(ခ) တစ်နေ့နှစ်ကြိမ်		
	(ဂ) တစ်နေ့သုံးကြိမ်နှင့်အထက်		
၇	ကျွန်ုပ်သည် ရေဆာတိုင်းရေကိုသာသောက်လေ့ရှိပါသည်။		
၈	ကျွန်ုပ် တစ်နေ့လျှင်သင်ရေသောက်သောပမာဏမှာ (ဖော်ပြရန်)----------လီတာ		
၉	ကျွန်ုပ်နေ့စဉ်စားသောအစားအစာများတွင်အောက်ပါတို့ပါဝင်လေ့ရှိပါသည်။		
	(က) ထမင်း (ကဆီခါတ်)		
	(ခ) အသား (သို့) ငါးဟင်း (အသားခါတ်)		
	(ဂ) ပဲအမျိုးမျိုး (သို့) ပဲဟင်း (ကစီခါတ်)		
	(ဃ) ဟင်းသီးဟင်းရွက်များ (ကြော်/ချက်) (သတ္တုခါတ်၊ဗီတာမင်ခါတ်+အဆီခါတ်)		
	အိပ်စက်ခြင်းနှင့်ဆိုင်သောအလေ့အကျင့်ဆိုင်ရာမေးခွန်းများ		
၁၀	ကျွန်ုပ် ညစဉ် အိပ်ရေး၀၀အိပ်ရပါသည်။		
၁၁	အိပ်ရေးမ၀ပါကဘာကြောင့်ဖြစ်ပါသနည်း(ဖော်ပြရန်)----------		
၁၂	သင်သည် အောက်ပါအလေ့အကျင့်တို့ ပြုကျင့်လေ့ရှိပါသလား။		
	(က) အိပ်ယာမ၀င်ခင် ဗိုက်ပြည့်အောင်စားလေ့ရှိပါသလား။		
	(ခ) အိပ်ပျော်စေရန် အိပ်ဆေးသောက်ရပါသလား။		
	(ဂ) အိပ်ယာမ၀င်ခင် ငြိမ့်ငြောင်းသံသာသောတေးဂီတသံများကိုနားထောင့်လေ့ရှိပါသလား။		
	(ဃ) အခြား(ဖော်ပြရန်)----------		
၁၃	ကျွန်ုပ်သည် ညအိပ်ရာမ၀င်ခင် သွားတိုက်လေ့ရှိပါသည်။		
၁၄	တစ်နေ့လျှင်သင်ဘယ်နှစ်နာရီလောက်(ည)အိပ်လေ့ရှိပါသလဲ။(ဖော်ပြရန်)----------နာရီ		
	ကိုယ်လက်လှုပ်ရှားမှုနှင့်ပတ်သက်သောအလေ့အကျင့်ဆိုင်ရာမေးခွန်းများ		
၁၅	ကျွန်ုပ်ရဲ့ရပ်ရွာအတွင်းရှိအလုပ် ကျောင်း၊ ဈေးနှင့်အနီးအနားသို့ခရီးတိုသွားရန်ရှိပါကခြေလျင်သွားလေ့ရှိပါသည်။		
၁၆	ကျွန်ုပ် လေ့ကျင့်ခန်းပုံမှန်လုပ်ပါသည်။ အကယ်၍လေ့ကျင့်ခန်းပုံမှန်လုပ်သည်ဆိုပါကမေးခွန်းနံပါတ် (၁၇၊ ၁၈)		

	ဆက်ဖြေရန်။		
၁၇	ပုံမှန်လုပ်သည့်လေ့ကျင့်ခန်းရှိပါကအမည်ဖော်ပြပေးပါ။(ဥပမာ - လမ်းလျှောက်၊ ရေကူး၊ ဘောလုံး)(အခြား) (ဖော်ပြရန်) ----------		
၁၈	လေ့ကျင့်ခန်းပုံမှန်လုပ်ပါကတစ်နေ့လျှင်အချိန်မည်မျှ လုပ်ပါသနည်း။(ဖော်ပြရန်) ---------- မိနစ်		
	ဆေးလိပ်သောက်ခြင်းနှင့်ဆိုင်သောအလေ့အကျင့်မေးခွန်းများ		
၁၉	ဆေးလိပ်သောက်တတ်ပါသလား။ဆေးလိပ်သောက်ပါက မေးခွန်းနံပါတ်(၂၀၊၂၁၊၂၂၊၂၃၊ ၂၄၊ ၂၅)တို့အားဆက်ဖြေပေးပါရန်။		
၂၀	ဆေးလိပ်ကိုဘယ်အသက်အရွယ်ကစသောက်ပါသလဲ။ (ဖော်ပြရန်) ----------နှစ်		
၂၁	ဆေးလိပ်သောက်တာဘယ်နှစ်နှစ်ရှိပါပြီလဲ။ (ဖော်ပြရန်) ----------နှစ် ရှိခဲ့ပြီးဖြစ်သည်။		
၂၂	ဆေးလိပ်ကိုဘယ်အချိန်မှာသောက်ပါသလဲ။ (တစ်ခုထက်ပို၍ဖြေဆိုနိုင်ပါသည်)		
	(က) အိပ်ယာမှ နိုးနိုးချင်း		
	(ခ) ထမင်းစားပြီးချိန်		
	(ဂ) ညအိပ်ယာမဝင်ခင်		
	(ဃ) အချိန်မရွေးသောက်ပါသည်		
၂၃	တစ်နေ့ ဘယ်နှစ်လိပ်သောက်ပါသနည်း။ (ဖြေဆိုရန်) --------လိပ်		
၂၄	ဆေးလိပ်သောက်ရခြင်းအကြောင်းအရင်းကိုဖော်ပြပါ။ (တစ်ခုထက်ပို၍ဖြေဆိုနိုင်ပါသည်)		
	(က) စိတ်ဖိစီးမှုအားလျော့ချစေရန်အတွက် သောက်ပါသည်		
	(ခ) အလေ့အကျင့်ကြောင့်ဆေးလိပ်သောက်ပါသည်		
	(ဂ) ပျင်းရိ၍ သောက်ပါသည်		
	(ဃ) ပုဂ္ဂိုလ်ရေးပြဿနာများကြောင့်သောက်ပါသည်		
	(င) အိမ်ထောင်ဖက်ဆိုးသောကြောင့်သောက်ပါသည်		
	(စ) ဆွေမျိုးသားချင်းဆိုးသောကြောင့် သောက်ပါသည်		
	(ဆ) ရုပ်ပိုင်းဆိုင်ရာအနိုင်ကျင့်ခံရသောကြောင့်သောက်ပါသည်		
	(ဇ) စကားလုံးများဖြင့်အနိုင်ကျင့်ခံရသောကြောင့်သောက်ပါသည်		
	(ဈ) စိတ်ပြေလျော့ချင်သောကြောင့်သောက်ပါသည်		
	(ည) ပျော်ရွှင်မှုရလိုသောကြောင့်သောက်ပါသည်		
	(ဋ) အခြားအကြောင်းအရင်းရှိပါက (ဖော်ပြရန်)----------		

၂၅	မည်သည်ကိုပြုလုပ်လိုပါသနည်း။ (အဖြေတစ်ခုသာဖော်ပြရန်)		
	(က) ကျွန်ုပ်ဆေးလိပ်ဖြတ်ချင်ပါသည်		
	(ခ) ကျွန်ုပ်ဆေးလိပ်ဆက်သောက်ချင်ပါသည်		
	အရက်သောက်ခြင်းနှင့်ဆိုင်သောအလေ့အကျင့်မေးခွန်းများ		
၂၆	အရက်သောက်တတ်ပါသလား။အရက်သောက်တတ်ပါကမေးခွန်း နံပါတ်(၂၇၊ ၂၈၊ ၂၀၊ ၃၁၊ ၃၁၊ ၃၂)တို့ကိုဆက်ဖြေပါရန်။		
၂၇	အရက်ကိုဘယ်အသက်အရွယ်မှ စသောက်ပါသလဲ။ (ဖော်ပြရန်)----------နှစ်မှ စသောက်ပါသည်။		
၂၈	အရက်သောက်တာဘယ်နှစ်နှစ်ရှိခဲ့ပြီးပြီလဲ။ (ဖော်ပြရန်) ---------- နှစ်		
၂၉	အရက်ကိုဘယ်အချိန်မှာသောက်ပါသလဲ။		
	(က) မနက်ပိုင်း		
	(ခ) နေ့လည်စာမစားမီ		
	(ဂ) ညစာမစားမီ		
	(ဃ) ညအိပ်ယာဝင်ချိန်		
	(င) အချိန်မရွေးသောက်ပါသည်။		
၃၀	အရက်ကိုတစ်နေ့လျှင် ပမာဏမည်မျှသောက်ပါသနည်း။ (တစ်ခုသာဖြေဆိုပါရန်)		
	(က) ၁၀၀၀ စီစီ (ရေသန့်ဘူးကြီးတစ်ဘူး)		
	(ခ) ရေသန့်ဘူးကြီး(၄)ပုံပုံလျှင် (၃)ပုံ (၇၅၀)စီစီ		
	(ဂ) ရေသန့်ဘူးကြီးတစ်ဝက်စာ (၅၀၀)စီစီ		
	(ဃ) ရေသန့်ဘူးကြီးတစ်စိတ်စာ (၂၅၀)စီစီ		
၃၁	အရက်သောက်ရခြင်း၏အကြောင်းအရင်းကိုဖော်ပြပါ။ (တစ်ခုထက်ပို၍ဖြေဆိုနိုင်သည်)		
	(က) အလေ့အကျင့်ဖြစ်၍သောက်ပါသည်		
	(ခ) စိတ်ဖိစီးမှုဖြေလျော့ရန်သောက်ပါသည်		
	(ဂ) ကြွက်သားများပြေလျော့စေရန်သောက်ပါသည်		
	(ဃ) စိတ်ပျော်ရွှင်လို၍သောက်ပါသည်		
	(င) အထီးကျန်ဆန်၍သောက်ပါသည်		
၃၂	သင်မည်သည်ကိုပြုလုပ်လိုပါသနည်း။(တစ်ခုသာဖြေဆိုရန်)		
	(က) အရက်ဖြတ်ချင်ပါသည်		
	(ခ) အရက်ဆက်သောက်ချင်ပါသည်		

	စိတ်ဖိစီးမှုဆိုင်ရာအလေ့အကျင့်မေးခွန်းများ		
၃၃	ကျွန်ုပ်ဘဝမှာ အောက်ပါစိတ်ဖိစီးမှုအခြေအနေများနှင့် ကြုံတွေ့ဖူးပါသည်။(တစ်ခုထက်ပို၍ဖြေဆိုနိုင်ပါသည်)		
	(က) လူမှုရေးပြဿနာများမှရသောစိတ်ဖိစီးမှု		
	(ခ) ကျန်းမာရေးပြဿနာများမှရသောစိတ်ဖိစီးမှု		
	(ဂ) စီးပွားရေးပြဿနာများမှရသောစိတ်ဖိစီးမှု		
၃၄	ကျွန်ုပ်ဘဝမှာအောက်ဖော်ပြပါခံစားမှုမျိုးခံစားဖူးပါသည်။ (တစ်ခုထက်ပို၍ ဖြေဆိုနိုင်ပါသည်)		
	(က) အထီးကျန်ဆန်ခြင်း		
	(ခ) စိတ်ဓါတ်ကျဆင်းခြင်း		
	(ဂ) စိတ်ပိုင်းဆိုင်ရာပင်ပန်းနွမ်းနယ်မှုခံစားရခြင်း		
	(ဃ) အကူအညီကင်းမဲ့မှုခံစားရခြင်း		
၃၅	ကျွန်ုပ်စိတ်ဖိစီးမှုအခြေအနေများနှင့်ကြုံတွေ့သည့်အခါ အောက်ပါနည်းများနှင့် လျော့ချခဲ့ပါသည်။(တစ်ခုထက်ပို၍ ဖြေဆိုနိုင်ပါသည်)		
	(က) တရားထိုင်ခြင်း		
	(ခ) ကျယ်ကျယ်လောင်လောင်ရယ်မောခြင်း		
	(ဂ) ငြိမ့်ငြောင်းသောတေးသံသာများနားထောင်ခြင်း		
	(ဃ) အခြား(ဖော်ပြရန်)----------		
၃၆	ကျွန်ုပ်၏အားလပ်ချိန်တွင် အောက်ပါတို့ပြုလုပ်ပါသည်။		
	(က) တီဗွီကြည့်ခြင်း		
	(ခ) အင်တာနက်ကြည့်ခြင်း		
	(ဂ) စာအုပ်ဖတ်ခြင်း		
	(ဃ) အိပ်စက်ခြင်း		
	(င) လမ်းလျှောက်ခြင်း		
	(စ) အခြား(ဖော်ပြရန်)---------		