A STUDY ON PERSONAL HYGIENE AND SANITARY PRACTICES IN A RURAL VILLAGE OF MORNAG DISTRICT OF NEPAL

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Abstract:

Background: Inadequate sanitation has direct effect on health of individual, family, communities and nation as a whole. Objective: To assess the personal hygiene and sanitary condition of the Katahari Village Development Committee (VDC). Methods: The cross sectional study was done in Katahari VDC of Morang district. A total of 80 households were randomly selected from two wards of VDC. The data were collected by interview method using interview schedule. Data were entered in Excel sheet and analyzed on SPSS program. Results: Many respondents (61%) were unable to read and write, 33% involved in private job in various factory. Knowledge of sanitation was high (90%) but only 65% of them were using soap water for hand washing. Sixty percent had no toilet facilities. There was significant association between education and toilet facilities among community people. Land holding and type of family had no significant association with toilet facilities. Conclusion: The knowledge regarding sanitation was high among community people but very poor in practice.

Key words: Personal hygiene, Sanitation, Hand washing practices, Rural area, Nepal

Introduction:

Inadequate sanitation has direct effect on health of individual, family, communities and nation as a whole. Simply, having sanitation facilities increases health well-being and economic productivity. Sanitation includes use of latrine, personal hygiene, clean surrounding, proper disposal of solid and liquid wastages and hygienic behavior. Toilet is taken as an essential and basic indicator of health and sanitation worldwide[1]. Proper sanitation is a necessary prerequisite for improvement in general health standards, productivity of labour force and good quality of life[2]. Every 20 seconds, a child around the world dies as a result of poor sanitation[3]. About 80% of all disease of the developing world is related to unsafe water and inadequate sanitation[4]. Worldwide, 5.3% of all deaths and 6.8% of all disability are caused by poor sanitation, poor hygiene and unsafe water. Nearly two-thirds (67%) of the total population go for open-air defecation and only one-third (33%) having access to a latrine[5]. The lack of access to sanitation in Nepal is striking. A total of 75% of the population is without access to sanitation, one of the highest proportions in Asia. However, the urban sanitation coverage is 75% and the rural sanitation coverage is only 20%[6]. Every day, 16 million Nepalese (around 57% of the population) practice open defecation because they have no toilets[7]. Access to sanitary system, garbage disposal and toilets are lowest among the poorest population and is better in the richer quintiles of the population. There is huge gap in access to sanitary facilities between that available to the poorest population and the national average[8]. So this study aims to

find out the personal hygiene, sanitary condition of the Katahri VDC of Eastern Nepal.

Materials and Methods:

This cross sectional study was done in Katahari VDC of Morang District of Eastern Nepal which is situated near to Biratanagar. The study duration was of five month from Feb to June 2011. Two wards were selected randomly among the nine wards of VDC. Study population was 816 households. Among them sample size 80 households were selected purposively for data collection. The data was collected from every third house in each ward. The first house was selected randomly. For data collection, interview was conducted with the head of the household using a semi structured schedule. Observation was done using an observational checklist to assess the sanitary condition of latrines. Data was entered in excel sheet. Editing and coding was done and analyzed by using SPSS 15. The verbal consent was taken from the respondents before interview.

Results:

A total of 80 respondents were interviewed from 80 household in two wards (1 and 2) of Katahari VDC. Among them 72% were female and 28% were male. Most of them (82%) were Hindu and 18 % Muslim by religion. Most (61%) were unable to read and write and 32% were doing private job. Many (60%) had nuclear type of family. Sixty five percent had no land (Table-1).

Table 1. Socio-Demographic Characteristics of the Respondents

Socio-demographic Characteristics	Frequency (n=80)	Percentage
Sex		
Male	58	72
Female	22	28
Religion		
Hindu	66	82
Muslim	14	18
Education		
Unable to read and write	49	61
SLC and Above	31	39
Occupation		
Agriculture	11	14
Business	18	22
Government Job	11	14
Private Job	26	32
Labour	14	18
Type of Family		
Nuclear	48	60
Joint	32	40
Land		
Yes	28	35
No	52	65
Total	**80**	**100**

Most (65%) of the respondents used soap with water after defecation, 31% used water alone and 4% ash/soil with water for hand washing (Fig-1).

Fig. 1: Hand washing practice of the Respondents
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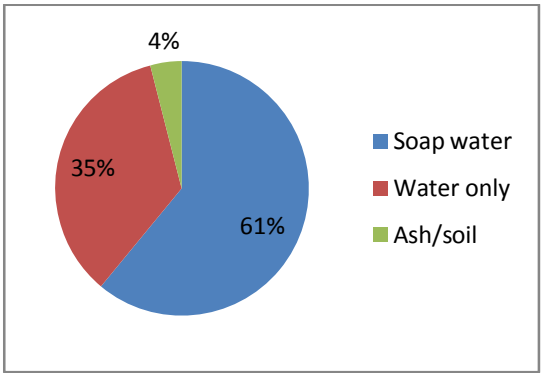


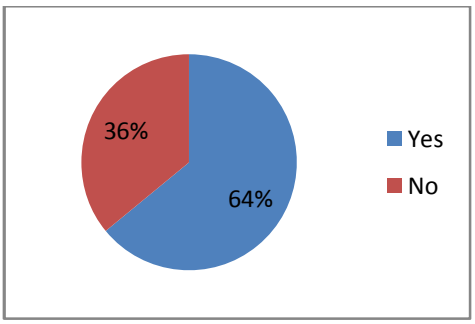
Most (90%) of the respondents had awareness regarding sanitation as they mentioned that due to lack of sanitation there is diarrhoeal and other kind of diseases. Ten percent didn't have knowledge about sanitation. More than half (58%) of the houses had satisfactory sanitary condition. Regarding personal hygiene 64% had good and 36% did not have good personal hygiene (Table 2).

Table 2. Knowledge of sanitation and personal hygiene among community people

Knowledge of sanitation	**Frequency**	**Percentage**
Knowledge	72	90
No knowledge	8	10
Sanitary condition		
Satisfactory	46	58
Un satisfactory	34	42
Personal Hygiene		
Yes	47	64
No	33	36
Total	**80**	**100**

The toilet facilities were seen only in 36% of houses (Fig 3).

Fig. 2: Toilet facilities in the communities



There was significant association between education and toilet facilities (P value<0.05) but there was no significant association between land and type of family among community people (Table 3)

Table 3. Association of toilet facilities with different variables

Variables	Toilet Facilities			
	Yes	**No**	**Total**	**P Value**
Education				
Unable to read and write	10	39	49	0.004
SLC and Above	16	15	31	
Land				
Yes	9	19	28	0.96
No	17	35	52	
Type of family				
Nuclear	13	19	32	0.207
Joint	13	35	48	
Total	**26**	**54**	**80**	

Discussion:

In this study most (65%) of the respondents were using soap water after defecation, and 31% were using water alone and 4% were using ash/soil water for hand washing. But the study done in Madhyapradesh India showed that 100% of people did not wash their hand after defecation they were using stone, soil and leaves for washing hand.[2] Similarly, the study done in Kathmandu,

showed that majority (36%) of the households had used soap with water after defecation[9]. As hand washing is directly concerned with personal hygiene, it is good practice that this community was using soap water 65% after defecation. In this study

64% had good personal hygiene practice and 36% did not had good personal hygiene and 58% of the houses had good sanitary condition. Similarly the study done in Madhyapradesh showed that environmental sanitation through inhabitants was of an average degree, but not very much satisfactory from the hygiene point of view[2]. The present study shows that 90% awareness about sanitation but the studies done in Bote community of Pragatinagar VDC of Nawalparasi district showed that only 15% of respondents were aware of hygiene. Most of them believe that ghosts spread of diseases[10]. In this study 64% of the houses didn't had toilet facilities and they use open defecation. According to Nepal MDG progress report, around 57% of the population of Nepal practice open defecation because they had no toilets. Similarly, the study done by Kravid DZ showed that only 5% of villagers used latrines[11]. In the study done by Thapa M showed that in most of the rural village, latrines are non-existent. The people used to discharge excreta near water sources, making water contaminated[12].

Conclusion:

The sanitary knowledge 90% and hand washing with soap water 65% of the community people was high. The toilet facility was low (36%). So, there should be extensive health education program for the people of the Katahari VDC about the personal hygiene and sanitation. Government and Non-governmental organization should be involved in the construction of toilet in this community with their full participation.

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