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The Knowledge and Practice about Home Sanitation among Rural Community at Mohanlalganj, Lucknow (Original Study)

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Abstract: ***Introduction: PM Modi (2nd October 2014) Launched the Swachh Bharat Abhiyan at Rajghat, Delhi with a motto "one step towards cleanliness". Swachh Bharat Abhiyan (Clean India Mission and abbreviated as SBA or SBM for " Swachh Bharat Mission") is a National Campaign by government of India , covering 4,041 statutory cities and towns , to clean the streets , roads and infrastructure of country. In the present study researchers identified the improper sanitation among the rural population at Mohanlalganj, Lucknow. So they have interested to conduct this study. In the present study researchers assessthe knowledge and practice among rural community regarding home sanitation. Method: The research approach adopted for the study was descriptive survey approach. The sample comprises of 125 sample subject of Mohanlalganj. The convenient sampling was used to select the sample subject. The tool used for study was structured interview schedule having three sections. Section I based on demography; Section II based on knowledge: Section III based on practice. Findings of the Study: The data collected was analyzed using descriptive and inferential statistics based on the objectives in terms of frequency, percentage and mean and standard deviation. It was found that majority of samples had average knowledge 75(60%), good knowledge 30(24%), poor knowledge20 (16%). It also was found that majority of participant were doing unhealthy practice. Conclusion: The rural community was having average knowledge regarding home sanitation. They were also doing unhealthy practice.***

Keywords: Rural Community, Home Sanitation

1. Background of the Study

Primeminister of Indiain 2008 coated that **"Sanitation is more important than independence"**. The most difficult problem to tackle in India is perhaps the environment sanitation, which is multi-facetted & multifactorial.

The UN in July 2010 passed a resolution declaring that access to clean water and sanitation is a basic human right. **WASHI** is recognized as a national key resource, Centre by Ministry of Drinking Water & Sanitation. Annual report presented by **Water Sanitation and Hygiene Institute (WASHI)** with a vision. A world in which all the communities have access to safe , protected and sustainable drinking water and sanitation services & follow improved hygiene practices.

1.1 Need for the Study

Drinking water supply and sanitation in India continue to be inadequate, despite long standing efforts by various levels of government and communities at improving courage.

In a recent study in 2015 on "Water & Sanitation: Hygiene knowledge, attitude & practice among household members living in rural setting" the result showed that 45% of people were not following any method of water treatment 25% were not have access to the toilet in their house hold.

In the present study researchers identified the improper sanitation among the rural population at Mohanlalganj, Lucknow. So they have interested to conduct this study.

1.2 Problem Statement

Adescriptive study to assess the knowledge and practice regarding home sanitation among rural community at Mohanlalganj, Lucknow.

1.3 Objectives

- To assess the knowledge of the rural community regarding home sanitation.
- To assess the practice of rural community regarding home sanitation.

2. Method

The research approach adopted for the study was descriptive survey approach. The sample comprises of 125 rural population of Mohanlalganj, Lucknow. The convenient sampling was used to select the sample subject. The tool used for study was structured interview schedule having three sections. Permission to conduct the study has taken from competent authorities.

Section I based on demographic profile, containing 11 questions.

Section II based on knowledge. It consists of 12 questions to assess the knowledge of rural people regarding home sanitation. The maximum score on knowledge is 12 with score of 1 for each correct response. Knowledge scoring grade as score 9 – 12 were having good Knowledge, score 5 - 8 were having average Knowledge and 0 – 4 were having Poor Knowledge.

Section III based on practice regarding home sanitation. The content of validity of the tool was established by five experts.

3. Findings of the Study

The results are organized under the following sections:

Section I: Analysis of Demographic Data of the Sample Subjects. The data show the majority of sample subjects74 (59.2%) were female and 51 (40.8%) were male. Majority of sample subjects 41 (32.8%) were in the age group 29-38 years, 39 (31.2%) were in the age group 18-28 years, 31 (24.8%) were in the age group 39-48 years, 14 (11.2%) were in the age group 49 and above. Majority of sample subjects 81 (64.8%) were living in joint family, 38 (30.4%) were living in nuclear family, 06 (4.8%) were living in extended family. Majority of sample subjects 82(65.6%) were having total family member 5 and above, 33 (26.4%) were having total family member 3-4, 10(8%) were having total member 1-2.Majority of sample subjects 59 (47.2%) were living in puccahouse, 40 (32%)were living in semi pucca house , 26 (20.8%)were living in kuccha house. Majority of sample subjects 43 (34.4%) were having annual income Rs. 15001- and more, 31 (24.8%) were having annual income Rs. 7001-11000, 29 (23.2%) were having annual income Rs. 3000-7000, 22 (17.6%) were having annual income Rs. 11001-15001. Most of samples subjects 32 (25.6%) were high school educated, 24 (19.2%) were illiterate, 21(16.8%) were primary school educated, 14 (11.2%) were having secondary education and intermediate educated, 12 (9.6%) were graduated, 8 (6.4%) were post graduated. Most sample subjects 51 (40.8%) were unskilled worker, 31 (24.8%) were skilled worker, 16 (12.8%) were others that include farmer and shopkeeper, 16 (12.8%) were unemployed. Majority of sample subjects 71 (56.8%) were consuming water from hand pump, 40 (32%) were consuming water from public tap, 10 (8%) were consuming water from tube well, 4 (3.2%) were consuming water from water tanker (private).Majority sample subjects 90 (72%) were having open type drainage system in their home, 35 (28%) were having closed type of drainage system. Majority sample subjects 68 (54.4%) were used to defecate in open field, 49(39.2%) were used to defecate in latrine at home, 7 (5.6%) used to defecate in pit, 1(0.8%) used to defecate in public latrine.

Section II: Analysis of knowledge Data of the Sample Subjects.
The mean knowledge score was 4.34 and median was 7.27 with a standard deviation of 2.00. It was found that about 30(24%) sample subjects were having good knowledge, 75 (60%) were having average knowledge and 20 (16%) were having poor knowledge.

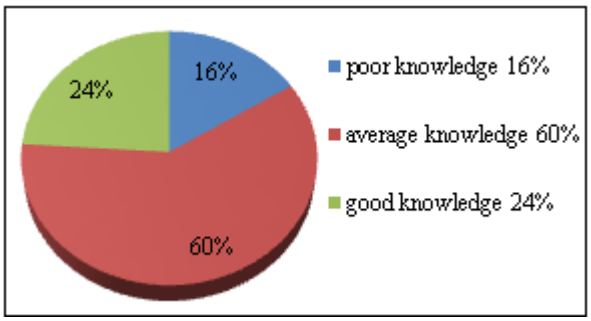

Figure 1: Pie graph showing percentage distribution of sample subjects about knowledge regarding home sanitation.

Section III - Analysis of practices regarding home sanitation.
Majority of sample subjects 96 (76.8%) were using hand pump, 15 (12.0%) were using municipal supply,8 (6.4%) were using RO Water and 6 (4.8%) other specify (submersible, ground water), water is being used for drinking purpose for drinking purpose. Majority of sample subjects 78(62.4%) were storing water in bucket, 32 (25.6%) were storing in small water tank, 8 (6.4%) were storing in bottle, 4(3.2%) were storingin water cans, 2(1.6%) were storing in earthen pot,1 (.8%)were storing inMayur jug. Majority of Sample subjects were cleaning the water storage container 68 (54.4%) every day, 40 (32%) before filling water, 10 (8%) when it is dirty, 6 (4.8%) every month, 1 (0.8%) every week.

Majority of sample subjects 111(88.8%) were doing nothing to make water safe, 4 (3.2%) were boiling and add chlorine/ bleaching, 6 (4.8%) were using water filter to make water safer for drinking. Majority of sample subjects 93(74.4%) were assuming water is already clean, 18 (14.4%) were saying it is expensive, 10(8%) were not knowing how to treat water, 4(3.2%)were not treating because it does not have good taste. Majority of sample subjects 117(93.6%) were doing hand washing before eating, after eating, after defecation, before handling food, after house cleaning. Only 5(4%) were doing hand washing before handling food, 3 (2.4%) were doing hand washing after defecation. Majority of sample subjects 69(55.2%) used to defecate in open field, 45(36%) used to use septic tank toilet facility, 11(8.8%) used to defecate in pits. Majority of sample subjects 65(52%) were having no children <2 years, 19(15.2%)used to rinse the feces in drain, 17(13.6%)were left feces in open, 15(12%) used to dispose feces in garbage, 9(7.2%)used to dispose feces of child < 2 years in toilet. Majority of sample subjects 87(69.6%) were disposed house hold solid waste in open field, 15(12%)were burn it, 12(9.6%)were buried it, 11(8.8%)were disposed in dustbin. Majority of sample subjects 65(52%) were used running water for preparing food, 44(35.2%) were using stored water, 16(12.8%) were using both running and stored water.

4. Discussion

In our study 75% sample subjects showed average knowledge about sanitation. 88.8% sample subjects were not following any method of treatment. Similar study has been performed in 2013 on “Water and sanitation: Hygiene knowledge, attitude & practice among house hold members living in rural setting”. The result showed that 45% of

people were not following any method of water treatment and 25% were not having access in their house hold.

In our study it shows that majority of sample subjects 88.8% were not following any method of water treatment. Majority of sample subjects 74.4% assuming that water is already clean.*AnjanaKuberan et al. (2015)* Forty-five percent of the participants were not following any methods of water treatment and among them half of the participants felt that water available to them was clean and did not require any additional treatment. Twenty-five percent of the participants surveyed did not have access to toilets inside their household.

5. Conclusion

Most of the rural people were having average knowledge regarding home sanitation. Most of rural people use hand pump for drinking purpose. It was found that majority of participant were having in unhealthy practice. Most of them defecate in open field. Majority of them considered that water they drink is already clean. Most of them dispose household waste in open field. So, further study can be conducted and provide them health education and improve their knowledge and practice for maintain proper home sanitation.

References

[1] Basavanthappa, B.T.(2007); Nursing Research; 2nd edition; New Delhi; Jaypee Brothers Medical Publishers Pvt. Ltd. 105-124
[2] Coffey, D;(2014); Open defecation : evidence from new doorway in rural North India; Volume 14;No.38; 43-55
[3] Pattanayak, Sk; et al;(2009);Shame or subsidy revisited : social mobilization for sanitation in Orissa; Volume 87; No.8; 580-587
[4] Harshal T.Pandve; et al;(2016);Study of handwashing practices in rural community; Volume 3; No.1;190-193
[5] Anjana, Kuberan; et al;(2015)Water sanitation, hygiene knowledge attitude and practice among household members living in rural setting of India;69-74
[6] Gopal, S; et al;(2009);Study of water supply and sanitation practices in India using geography information system: Some design & other consideration in village setting; Volume 129;No.3;233-241
[7] Jenkins, MW. et al;(2014);Measuring safety of excreta disposal behavior in India with new safe Sanitation Index: Reliability, Validity and Utility;Volume11; No. 8 ;8319-8346
[8] Bhaskaran, T.R. et al;(1973) Indian journal of Medical Research; Volume 61;304
[9] Wager and Lanoix; (1958);Excreta Disposal for rural areas and small community, WHO Monograph Series No. 38
[10] Chandler, A.C;(1927); Indian journal of Medical Research; Volume 15;695-743
[11] Rao, C. K; et al ;(1976); Journal of Communicable Diseases; Volume 5;No.2;80-86
[12] Arora, R. R; et al;(1976); Journal of Communicable Diseases; Volume 8;No.1;66-76