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Research Paper

Awareness levels on personal hygiene and morbidity profile of tribal children

■ **M. Deepa and V. Vijayalakshmi**

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■ **ABSTRACT :** Mahabubnagar district of Telangana state was selected for the study, to study the awareness levels of tribal families on personal hygiene and morbidity profile of tribal families. Purposive random sampling technique was used to select the sample. Sample comprised of 125 tribal families, total 125 men and 125 women were selected for the study. Tribal couples in the age group of 18 -30 years were selected for the study. Awareness levels on personal hygiene was studied by using interview schedule developed for the study. Results of the study revealed that tribal families lack awareness on spreading of diseases through contaminated water and food. stomach infections and frequent fevers was common among tribals. Awareness on food contamination and contagious diseases was found to be low among tribal families, this could also one of the reason for frequent stomach infections among tribal families.

■ **KEY WORDS:** Personal hygiene, Morbidity profile, Tribal children

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See end of the paper for authors' affiliations

M. Deepa
Krishi Vigyan Kendra, Guntur (A.P.) India
Email : deepanarayana@rediffmail.com

Tribal families were at disadvantage of educational, economical, political and legal rights. Lack of proper education and health facilities, faulty feeding habits, certain irrational belief systems and special tribal chores are likely to aggravate their health and nutritional status (Balgir, 2008). Women are subject of particular health risks due to inadequate responsiveness and lack of services to meet health needs related to sexuality and reproduction. Tribal communities, in general, and the primitive tribal groups in particular are highly disease prone, and do not have required access to basic health facilities. They are mostly exploited, neglected, and vulnerable to various diseases with high degree of malnutrition, morbidity and mortality. Their misery is compounded by poverty, illiteracy, ignorance of the causes of diseases, hostile environment, poor sanitation, lack of safe drinking water and blind beliefs, etc (Balgir, 2005). Tribal women's health is more manifold than those of men and yet, they receive less attention.

■ RESEARCH METHODS

Tribal couples in the age group of 18 -30 years were selected for the study. Awareness levels on personal hygiene of tribal families and morbidity profile of tribal families was studied by using interview schedule. Health status of tribal families were assessed by using the medical history checklist. Medical history checklist was developed, to identify the pattern of morbidity for the

past on month. Initially the checklist was pilot tested and modified. Awareness levels on personal hygiene was studied by interview schedule developed for the study Results were presented in frequencies and percentages.

■ RESEARCH FINDINGS AND DISCUSSION

From the Table 1 it was found that most of the respondents had high awareness in some aspects of personal hygiene. Sixty seven per cent of respondents had high awareness on washing hands before and after eating, followed by twenty one per cent in moderate level and twelve per cent in low level of awareness. Awareness on washing hands was high, it could be due to wide publicity in television. More than seventy per cent of sample had high awareness on taking regular bath, brushing teeth twice a day and cutting nails. only few six to eleven per cent of sample had low awareness in these areas. Eighty per cent of respondents felt that it was good to wear the clean and dried clothes to prevent skin infections. Only nine per cent of sample had moderate level of awareness followed by six per cent of sample with low level of awareness.

From the Table 1 it was also evident that respondents lack awareness on spreading of diseases through contaminated water and food. It was also found that fifty two per cent of sample had low awareness on spreading of diseases by open defecation and fifty nine per cent had low awareness on contamination of water.

Table 1: Awareness level of tribal families on personal hygiene

Sr. No.	Awareness on personal hygiene	High		Moderate		Low	
		N	%	N	%	n	%
1.	Washing hands before eating	168	67	53	21	29	12
2.	Awareness on taking regular bath	198	79	35	14	17	7
3.	Awareness on brushing teeth twice	178	71	45	18	27	11
4.	Regularly cutting nails	186	74	36	14	28	11
5.	Wearing clean and dried clothes	214	85	23	9	13	6
6.	Washing hands after toileting	179	72	55	22	16	6
7.	Open defecation causes spread of diseases	85	34	35	14	130	52
8.	Clothes should not be used near water pumps	35	14	67	27	148	59
9.	Foods should be prepared in hygienic environment	148	59	83	33	19	8
10.	Clean utensils should be used for preparing weaning foods	115	46	98	39	37	15
11.	Ones soaps and towels should not be used by others	78	31	48	19	124	50
12.	Safe to drink clean and boiled water	27	11	39	16	184	73
13.	Stagnation of water leads to breeding of mosquitoes	118	47	23	11	109	42
14.	Water gets contaminated during rainy and summer seasons	39	16	22	9	189	75
15.	Open garbage disposal causes spread of diseases	25	10	52	21	173	69
16.	Mosquitoes repellents and nets will prevent mosquito bites	52	21	45	18	153	61
17.	Good ventilation and aeration is essential for good health	117	47	35	14	98	39
18.	Keep eatables with covering lid	100	40	48	19	102	41

Table 2 : Morbidity profile of tribal families **(n=125)**

Sr. No.	Morbidity	Frequency	Percentage
1.	Fevers	37	15
2.	Stomach infections	43	17
3.	Headaches	24	10
4.	Body pains	123	49
5.	Skin allergies	23	9
6.	Others (chronic diseases)	Nil	-

Fourteen per cent of sample had moderate level of awareness on ill effects of open defecation and thirty four per cent of sample were aware of contagious diseases.

From the Table 1, it was also found that fifty nine per cent of respondents were aware of foods to be prepared in hygienic environment and forty six per cent of sample knew that clean utensils must be used for preparing food. Few per cent of sample from eight to fifteen per cent were not aware of preparation of food in hygienic environment by using clean utensils.

From the Table 2 it was evident that forty nine per cent of them suffered frequent body pains, followed by seventeen per cent stomach infections and fifteen per cent suffered from frequent fevers for the past one month. Most of the tribal families main occupation was agriculture, involvement in drudgery related activities could lead to body pains and head aches. From the group discussion, it was revealed that body and joint pains were mostly due to the heavy work. Seventeen per cent of families suffered from stomach infections, though the percentage of stomach infection was low, it was the second health problem among the tribals. Awareness on food contamination and contagious diseases was found to be low among tribal families, this could also one of the reason for frequent stomach infections among tribal families. Skin allergies were least among these tribal families, only nine per cent suffered skin allergies. It was observed they felt that skin diseases were identified as major diseases among tribals, so they hesitated and it was under reported. It can be concluded that majority of respondents suffered common ailments for the past one month than any other chronic diseases, this could be due to the young age of the respondents. Body pains were recorded highest, this could be due to the strenuous or heavy work. Study by Sarjapura *et al.* (2012) on morbidity pattern in tribals and non-tribals, revealed that morbidity pattern observed was more with skin infections, dental caries, intestinal infections, respiratory infections and vitamin deficiencies.

Authors' affiliations:
V. Vijayalakshmi, College of Home Science, Professor Jayashankar Telangana State Agricultural University, Rajendranagar, Hyderabad (Telangana) India

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