AJHS.
Asian Journal of Home Science
Volume **8** | Issue 2 | December, 2013 | 711-714

Research Paper

Knowledge and practices regarding hygiene among homemakers of makkasar village of Hanumangarh district

SUNITA AGARWAL **AND** JYOTI JOSHI

Received: 15.12.2012; **Revised:** 27.10.2013; **Accepted:** 15.11.2013

See end of the paper for authors' affiliations

Correspondence to **:**
JYOTI JOSHI
Department of Home Science, University of Rajasthan, JAIPUR (RAJASTHAN) INDIA
Email: jyjoshi@gmail.com

ABSTRACT : Poor hygiene practices and inadequate sanitary conditions play a major role in the increased burden of communicable diseases. This study evaluated the knowledge and practices regarding hygiene among homemakers of Makkasar Village of Rajasthan. Hundred homemakers were selected for the study as per systematic sampling method. The data were collected through structured interview scheduled. Majority 95 per cent of the respondents possessed good knowledge regarding personal hygiene whereas 65 per cent of the respondents apply it to practices. Need of purified water and maintenance of water resources was known to 85 per cent of respondents but again they did not have good practices. Regarding food hygiene, 89 per cent of the respondents had good knowledge of food hygiene whereas more than half 56 per cent of the respondents had good practices and 12 per cent of them were practicing food hygiene at poor level.

KEY WORDS : Hygiene, Knowledge, Practice, Makkasar village, Homemakers

HOW TO CITE THIS PAPER : Agarwal, Sunita and Joshi, Jyoti (2013). Knowledge and practices regarding hygiene among homemakers of makkasar village of Hanumangarh district. *Asian J. Home Sci.*, **8** (2): 711-714.

Safe water and hygiene have been well documented to have important influence towards health of the people. Many diseases, especially communicable diseases result due to poor hygiene at the level of drinking water, food hygiene as well as personal hygiene (Nguyen, 2000). In 2000, 2.4 billion people lacked access to improved hygiene and sanitation out of them about 81 per cent of these were residents of rural areas. Approximately 1.1 billion people lacked access to clean drinking water source and again 86 per cent of these were in rural area. Therefore, there is an urgent need to educate the rural women regarding hygienic practices, both at personal and community level and drinking water maintenance in rural areas The present study was planned to find out the level of knowledge and practices regarding hygiene among homemakers of rural area in Hanumangarh district of Rajasthan.

RESEARCH METHODS

The study was conducted at the Makkasar village in Haumangarh district in Rajasthan, with an aim to find out the knowledge and practices of homemakers regarding hygiene. Personal hygiene was divided into three aspects namely, personal hygiene, drinking water hygiene and food hygiene. Collection of data was done by systematic sampling method. List of residents from village panchayat was collected and every fifth house was chosen and from each house one homemaker was selected for collection of data. Structed interview schedule was framed by the investigator to collect the necessary information. For knowledge dichotomous scale and for practices three point scales were used and correlation co-efficient tests were worked out to determine relationship between independent and dependent variables. Descriptive statistics *i.e*. frequency, percentage, mean and standard deviation were used to describe general characteristics.

RESEARCH FINDINGS AND DISCUSSION

The general characteristics of respondents were provided with the help of Table 1 to describe age, education level and family type of the respondent.

Table 1: General characteristics of respondents (n=100)

Characteristics	% of respondents
Age group in years	
20-35	54
36-51	23
52-67	23
Education level of respondent	
Illiterate	50
Up to primary	19
Up to secondary	23
Above	8
Type of family of respondents	
Joint	46
Nuclear	54

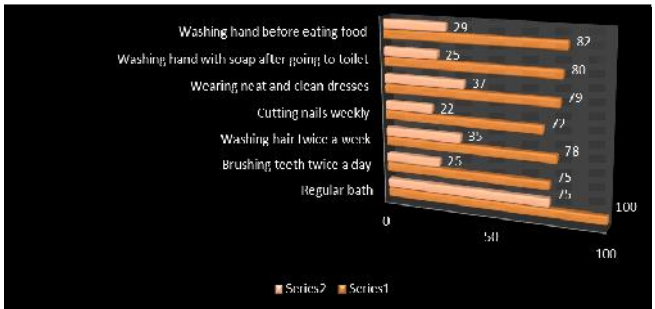

Fig. 1: Knowledge and practices regarding personal hygiene

Out of 100 respondents 54 per cent were young within the age group of 20-25 and 50 per cent were illiterate while 46 per cent were residing in joint families.

Knowledge and practices regarding in various aspects of hygiene:

Knowledge and practices were examined in detail and depicted in Table 2. Majority 80 per cent of the homemakers knew about the importance of hand wash after defecation, whereas only 25 per cent of the homemakers washed hands with soap after defecation (How many washed only with water), again 82 per cent of them knew about the importance of washing hands before eating food but only 29 per cent of the homemaker were washing hand before eating food. Earlier also Sharma (2000) did the similar study and found that 84 per cent respondents knew about the importance of hand washing after defecation and 55 per cent about before and after having food. Khan and Alam (2002) stated that 96 per cent of people were found to use only water. Only 4 per cent of them used soap before taking food. 74 per cent of respondents used any kind of agent for washing hand after defecation, of which 33 per cent used soap, 8 per cent used ash and 23 per cent soil. Kumie (2005) found that simple hygienic measures such as washing hands with soap were poorly practiced, especially in rural areas. A considerable gap between knowledge and practices regarding hygiene was observed.

Table 2: Knowledge and practices regarding food hygiene

Sr. No.	Aspects	Knowledge (%)	Practice (%)
1.	Use fruit and vegetable after washing	89	50
2.	Wash vegetable after reeling	72	60
3.	Cover food while cooking	85	59
4.	Washing hands before cooking food	82	60
5.	Eat left over food from the dinner	77	85
6.	Clean the cooking	87	55
7	Cooking of food done in open area	80	65

Majority 89 per cent respondents knew about the requirement to eat fruits and vegetable after washing but only half of the respondents were eating fruits and vegetables after washing. 82 per cent respondents knew about the requirement to wash hands before cooking food but only 69 per cent of the homemakers washed hands before and after cooking food. Homemakers were following traditional habits that could not motivate people to adopt new food habits. Sudarshan and Roy (2008) did a similar study and found that 90 per cent of respondents wash hands before feeding children, eating, serving or cooking food but uses of soap are very limited.

Majority 72 per cent of the homemakers knew about the use of ladle with handle to take out water from pot but only 17 per cent practiced it. While 82 per cent of the homemakers knew about the need to purify water but nearly one fourth 29 per cent homemakers used some method to purify water for drinking. Chawla and Gupta (2006) did a similar study and found that households in study block about 39 per cent were using handle jug for taking out water from containers as against 61 per cent in

Table 3: Knowledge and practices regarding various aspects of personal hygiene, drinking water hygiene and food hygiene (n=100)

Response	Personal hygiene (%)		Water hygiene (%)		Food hygiene (%)	
	Knowledge	Practices	Knowledge	Practices	Knowledge	Practices
Good	95	65	85	59	89	56
Average	5	25	15	22	11	32
Poor	Nil	20	Nil	19	Nil	12

control block. UNICEF (2006) reported about 6 million people are blind from trachoma, a disease caused by the lack of water combined with poor hygiene practices.

Relationship between knowledge and practice regarding various aspect of hygiene:

No significant relationship was found between knowledge and practices regarding hygiene as even after possessing good knowledge regarding various aspects of hygiene respondents were not found to be practicing the same aspects. A big gap between personal hygiene knowledge and practices was observed. Thus, no relationship between knowledge and practices of various aspects of hygiene was observed. Therefore co-relation tests also proved that there was no relation between knowledge and practices of personal hygiene, water hygiene and food hygiene.

It was interesting to note that with the increasing age knowledge and practices regarding personal hygiene, water hygiene and food hygiene reduced. The younger age group (25-35) was found to have better knowledge and practices as against their counterparts.

Similarly knowledge and practices regarding all aspects of hygiene improved with the increasing education. Highly educated homemakers had good knowledge and practices against illiterates and less educated homemakers. Thus, age and education were found to have impact upon the knowledge and practices regarding various aspects of Hygiene. Homemakers in nuclear families had better knowledge and practices regarding all the aspects of hygiene than those in joint families.

Conclusion:

This study has shown a need to improve the practices regarding various aspects of hygiene because the respondents showed that they have enough knowledge about personal hygiene, potable drinking water and food hygiene but they did not have good practices regarding various aspects of hygiene because due to lack of education awareness, age old practices and adoption of new method and technology. A change in awareness or knowledge can lead, through the complex system, to the changes in behavior ultimately. Thus, it is recommended that there should be urgent need to start health education programme for homemaker of Makasar village.

Table 4: Relationships between knowledge and practices regarding various aspects of hygiene among homemakers

Personal hygiene					
Sr. No.	Aspect	Mean	S.D.	Correction	Level of significance
A.	Knowledge	2.95	0.232	0.370	NS
B.	Practices	1.05	0.219		
Drinking water hygiene					
A.	Knowledge	2.80	0.358	0.3400	NS
B.	Practices	1.15	0.333		
Food hygiene					
A.	Knowledge	2.70	0.569	0.4200	NS
B.	Practices	1.41	0.460		

Table 5 : Impact of independent variable upon knowledge and practices

		Personal hygiene		Potable drinking		Food hygiene	
		Knowledge (%)	Practices (%)	Knowledge (%)	Practices (%)	Knowledge (%)	Practices (%)
Age	20-35	100	60	95	48	89	53
	36-51	100	45	8770	40	82	45
	52-6	78	39		25	68	35
Education	Illiterate	72	32	70	35	68	30
	Up to Primary	78	38	86	44	78	45
	Up to Secondary	86	40	90	52	85	49
	above	95	65	95	59	89	54
Type of family	Joint nuclear	89	54	88	41	82	46
		95	62	92	52	89	54

Authors' affiliations:
SUNITA AGARWAL, Department of Home Science, University of Rajasthan, JAIPUR (RAJASTHAN) INDIA Email: sanjeevsunita@gmail.com

■ REFERENCES

Chawla, S. and Gupta, M. (2006). Sanitation practices and safe drinking water technology in rural homes of Mewat, Haryana. *Indian Res. J. Extn. Edu.*, **6** (3): 0972-2118.

Khan, A. and Alam, M. (2002). Environmental sanitation hygiene and water supply in rural area project, BANGLADESH.

Kumie, A. and Ali, A. (2005). An overview of environmental health stated in Ethiopia with particular emphasis to its organization, drinking water and sanitation: A literature survey. *Ethiopian J. Health Develop.*, **19**:89-103.

Nguyen, Thi and Thu, Cue (2000). Homecare management of the caretaker on diarrhoeal diseases among children under 5 years of age. (MPH Thesis on Public Health) Faculty of Public Health, Mahidol University.

Sharma, A.N. (2000). A study on environmental sanitation and sanitary habits among Bharias of Patolkot, Madhya Pradesh. *Man & Life*, **26** (3&4): 201-208.

Sudershan, R.U. and Rao Subba, G.M. (2008) Food safety related perceptions and practices of mothers. A Case study in Hyderabad India. **19** (5): 506-513.

■ WEBLIOGRAPHY

UNICEF (2006). *UNICEF Statistics: Water.*Available at: *http://www.childinfo.org/areas/water/*