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ASSOCIATION BETWEEN DEMOGRAPHIC VARIABLES ON SANITATION AND HYGIENE AMONG FAMILIES IN GADAG CITY, KARNATAKA

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ABSTRACT: -

Personal hygiene involves those practices which are performed by an individual to care for one's bodily health and well being, though cleanliness is important in every stage of life. Motivational factors behind personal hygiene practices include reduction of personal illness, healing from personal illness, optimal health and sense of well being, social acceptance and prevention of spread of illness to others. The study was conducted to find out the association between demographic variables on sanitation and hygiene among families in Gadag city with the objectives to assess the respondents' awareness and source of information regarding hygiene and sanitation; determine the association between the attitude on sanitation and hygiene, and to find out the association between the practice on sanitation and hygiene. Hundred respondents were selected by random sampling method. A questionnaire cum interview schedule was developed to elicit information from the respondents. Results indicated that most respondents had adequate awareness regarding sanitation and hygiene. There was also significant association between the respondents' type of family and educational level with regard to their attitude and practices of sanitation and hygiene.

KEYWORDS: *Sanitation, Hygiene, Attitude, Practice, Awareness.*

INTRODUCTION

In India, the health risks to which human beings are exposed prove that good hygienic practice is essential. In fact, the spread of most new-world diseases, like bird flu and swine flu, has been attributed to a lack of hygiene. With this in mind it is clear that, if sound hygienic practices were more wide spread, all people would benefit, including future generations. Good hygiene is actually a group of habitual practices that need our attention and should be inculcated in children at an early age, indeed, as early as possible. (World Health Organization, 2010).

Personal hygiene generally includes cleanliness of the body and proper maintenance of personal appearance. Hygiene is an old concept related to medicine, as well as to personal and professional care practices related to most aspects of living. In medicinal, domestic and everyday life settings, hygiene practices are employed as preventative measures to reduce the incidence and spreading of the diseases. Children do not naturally understand the importance of personal hygiene and how to maintain it. They learn about it from

their family and usually need assistance until they get older and are able to do it on their own. (Paliwal et al., 2014).

Cronk et al. (2015) provided a review on the impact of poor 'water, sanitation and hygiene' (WASH) in health care facilities and institutions. Issues such as inadequate drinking water, sanitation, and hygiene in non-household settings, such as schools, health care facilities, and workplaces impacts the health, education, welfare, and productivity of populations, particularly in low and middle-income countries.

Safe drinking water and basic sanitation is of crucial importance to the prevention of human health. Water can become a vehicle for transmission of faecal group of infections, because the faecal contamination of water is common and its avoidance and subsequent purification is vigilant. (Reshma and Pai, 2016).

AIM:

To ascertain the association between the demographic variables on sanitation and hygiene among families in Gadag city.

OBJECTIVES:

1. To find out the respondents' awareness and source of information regarding sanitation and hygiene among families in Gadag city.
2. To determine the association between the attitude level on sanitation and hygiene.
3. To assess the association between the practice level of sanitation and hygiene.

PROCEDURE:

Hundred respondents, both men and women were selected through random sampling method for this study. As the study aimed at finding out the association between the demographic variables on sanitation and hygiene among families in Gadag city, the survey method was used and questionnaire cum interview schedule was the tool used. The data was analyzed using relevant statistical tests.

SALIENT FINDINGS:

Demographic data revealed that a larger number (37%) of the respondents were in the age group of 20-30 years. Majority (96%) of the respondents were women, while 53 percent of the respondents were degree holders. Most (48%) of the respondents' families consisted of 4-6 members, while a larger percentage were from nuclear families. Most (39%) of the men's occupation was business, while 27 percent of the respondents' occupation was agriculture. Majority (83%) of the women were housewives, and 79 percent of the respondents' family monthly income ranged from Rs.10,000 –Rs. 20,000.

Table 1- Respondents' Awareness of Sanitation and Hygiene and Source of Information

N=100

Aspects	Category	Respondents	
		Number	Percent
Aware that sanitation and hygiene is important for good health	Fully	55	55.0
	Partially	45	45.0
Sources of information @	Print media	36	36.0
	Electronic media	23	23.0
	Family members / relatives	63	63.0
	Friends/Neighbours	15	15.0

MULTIPLE RESPONSE

Table 1 reveals that majority (55%) of the respondents were fully aware that sanitation and hygiene was important for good health, with only a smaller percentage being partially aware of this issue. From the multiple responses of the respondents, it was seen that majority (63%) of the respondents' source of information was

from family members/relatives, whereas 36 percent of them cited print media, and the remaining 23 percent of the respondents expressed that their source of information was from electronic media, only 15 percent of the respondents get information from friends/neighbours. This was clearly observed in Fig. 1.

Fig. 1: Respondents' Source of information

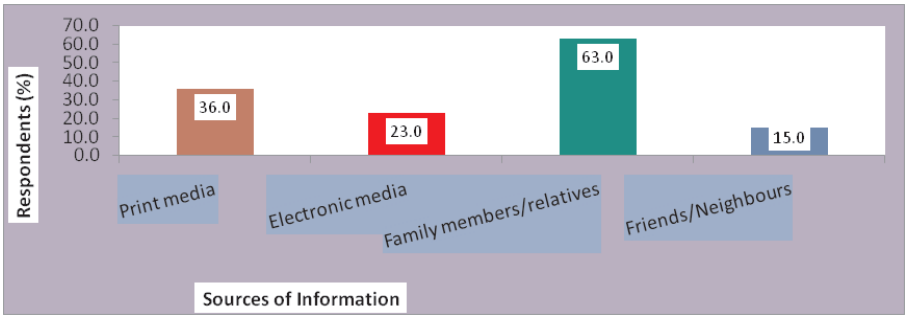

Table 2 - Respondents' Attitude level on Sanitation and Hygiene

N=100

Attitude Level	Category	Respondents	
		Number	Percent
Unfavourable	? 50 % Score	0	0.0
Moderately favourable	51-75 % Score	16	16.0
Totally favourable	> 75 % Score	84	84.0
Total		100	100.0

From the above table and Fig. 2, it was seen that majority (84%) of the respondents had a totally favourable attitude towards sanitation and hygiene followed by 16 percent who had a moderately favourable attitude. None of them had an unfavourable attitude.

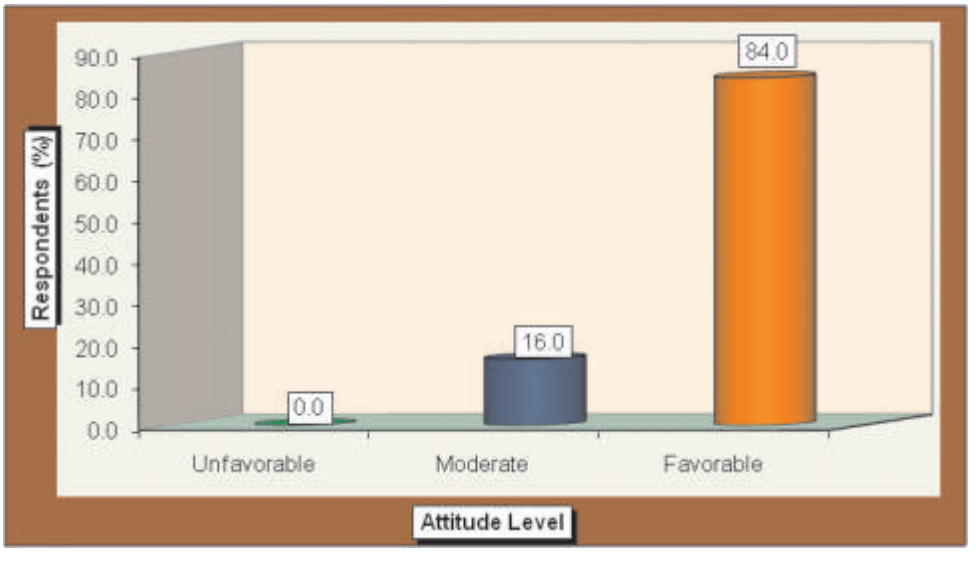

Fig. 2: Respondents Attitude Level on Sanitation and Hygiene

Table 3 - Relationship between Attitude and Practice on Sanitation and Hygiene

N=100

Aspects	Max. Score	Response scores				Correlation coefficient (r)
		Mean	SD	Mean (%)	SD (%)	
Attitude	30	26.65	3.4	88.8	11.2	+ 0.8915*
Practice	45	39.37	4.0	87.5	8.8	

*** Significant at 5% level,**

Table 3 shows the association between attitude and practices of sanitation and hygiene of the respondents. It was found that there exists a positive significant relationship between attitude and practice on the sanitation and hygiene of the respondents.

Table 4 - Association between Demographic Variables and Attitude on Sanitation and Hygiene

N = 100

Demographic Variables	Category	Sample	Attitude Level				χ^2 Value	P Value
			Moderate		Favourable			
			N	%	N	%		
Age group (years)	18-20	35	5	14.3	30	85.7	2.59 NS	P>0.05 (9.884)
	20-30	37	4	10.8	33	89.2		
	30-35	21	5	23.8	16	76.2		
	Above 35	07	2	28.6	5	71.4		
Gender	Male	04	0	0.0	4	100.0	0.79 NS	P>0.05 (3.841)
	Female	96	16	16.7	80	83.3		
Family members	2-4	35	5	14.3	30	85.7	0.87 NS	P>0.05 (5.991)
	4-6	48	7	14.6	41	85.4		
	Above 6	17	4	23.5	13	76.5		
Type of family	Joint	29	9	31.0	20	68.0	6.87*	P<0.05 (3.841)
	Nuclear	71	7	9.9	64	90.1		
Religion	Hindu	90	16	17.8	74	82.2	2.12 NS	P>0.05 (3.841)
	Muslim	10	0	0.0	10	100.0		
Educational qualification	Below SSLC	15	5	33.3	10	66.7	9.50*	P<0.05 (7.815)
	SSLC	16	4	25.0	12	75.0		
	PUC	16	4	25.0	12	75.0		
	Degree	53	3	5.7	50	94.3		
Combined		100	16	16.0	84	84.0		

*** Significant at 5% Level,** **NS : Non-significant**

Note : Figures in the parenthesis indicate Table value

The association between the demographic variables and respondents' attitude on sanitation and hygiene is seen in the above table. It was observed that majority (89.2%) of the respondents in age group of 22-30 years have favourable attitude towards sanitation and hygiene. From the statistical analysis, it was seen that the results were significant for type of family (χ 2 = 87, P=3.841) with majority being from nuclear families, and significant for educational qualification (χ 2 = 9.50, P=7.815) of the respondents, with majority being educated up to degree level. It was non significant for age group, gender, number of family members and religion of the respondents.

Table 5 - Association between Demographic Variables and Practice level on Sanitation and Hygiene

N=100

Demographic Variables	Category	Sample	Practice Level				χ^2 Value	P Value
			Moderate		High			
			N	%	N	%		
Age group (years)	18-20	35	2	5.7	33	94.3	11.67*	P<0.05 (9.488)
	20-30	37	7	18.9	30	81.1		
	30-35	21	9	42.9	12	57.1		
	Above 35	07	2	28.6	5	71.4		
Gender	Male	04	0	0.0	4	100.0	1.04 NS	P>0.05 (3.841)
	Female	96	20	20.8	76	79.2		
Family members	2-4	35	8	22.9	27	77.1	4.35 NS	P>0.05 (5.991)
	4-6	48	6	12.5	42	87.5		
	Above 6	17	6	35.3	11	64.7		
Type of family	Joint	29	5	17.2	24	82.8	0.19 NS	P>0.05 (3.841)
	Nuclear	71	13	21.1	56	78.9		
Religion	Hindu	90	18	20.0	72	80.0	0.00 NS	P>0.05 (3.841)
	Muslim	10	2	20.0	8	80.0		
Education qualification	Below SSLC	15	4	26.7	11	73.3	0.98 NS	P>0.05 (7.815)
	SSLC	16	3	18.6	13	81.4		
	PUC	16	4	25.0	12	75.0		
	Degree	53	9	19.0	44	83.0		
Combined		100	20	20.0	80	80.0		

*** Significant at 5% Level,** **NS : Non-significant**

Note : Figures in the parenthesis indicate Table value

Table 5 depicts that the association between the demographic variables and practice level on sanitation and health is significant only for the age group, while it is not significant for other variables such as gender, family members, type of family, religion and educational qualification.

SUMMARY AND CONCLUSION:

Most of the respondents were fully aware that sanitation and hygiene was important for good health. Results of the study indicated there was a significant association between the type of family and educational qualification regarding attitude and practice of sanitation and hygiene among the families in Gadag city. Non significant results were associated with variables like age, gender and religion of the respondents. In conclusion, it could be ascertained that type of family and educational qualification contributed significantly to the attitude and practice of sanitation and hygiene among families in Gadag city. Education and awareness brought about the changes in peoples' attitude in maintaining sanitation and hygienic practices in their daily lives.

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