



ISSN (E): 2277- 7695
ISSN (P): 2349-8242
NAAS Rating: 5.23
TPI 2022; SP-11(4): 183-185
© 2022 TPI
www.thepharmajournal.com
Received: 16-02-2022
Accepted: 18-03-2022

Dr. MV Tiwari

Scientist (Home Science), KVK,
Navsari Agricultural University,
Dediapda, Gujarat, India

VK Poshia

Assistant Professor, (Ext.Edu.),
KVK, Navsari Agricultural
University, Dediapda, Gujarat,
India

NV Chaudhary

Professor SMS (Agromet), KVK,
Navsari Agricultural University,
Dediapda, Gujarat, India

Dr. PD Verma

Senior Scientist & Head, KVK,
Navsari Agricultural University,
Dediapda, Gujarat, India

Assess the incidences of water, sanitation and hygiene among tribal women in Narmada district

Dr. MV Tiwari, VK Poshia, NV Chaudhary and Dr. PD Verma

Abstract

India resides in its villages with 71 per cent of its population living in rural areas. The living Conditions in rural areas are not very good, which make India's rural population more vulnerable to a number of communicable diseases. Drinking water and Sanitation are the basic needs of life. The present study is mainly undertaken to understand the knowledge and practices of tribal with respect to overall sanitation, hygiene and drinking water. Findings suggest that Proper maintenance and management of the water and sanitation hygiene condition of respondents is required along with awareness as well as ensured to minimizing the incidence of infection. Findings of the study showed had average knowledge and majority of the subjects followed unsafe practices on water, sanitation and hygiene.

Keywords: water, sanitation, hygiene

Introduction

Drinking water and Sanitation are the symbol of quality of life [1]. The safe drinking water and proper sanitation are the key factors in achieving the ultimate goal of 'Health for All'. However, contaminated drinking water and living in unhygienic conditions can cause disease and death. As per WHO report 80% of all the diseases are caused due to lack of safe drinking water. Hence, without adequate supply of safe drinking water to the community, promotion of health and prevention of diseases are not possible. Sanitation means "science of safe guarding health". National Sanitation Foundation of USA defines it as "Sanitation is way of life, it is the quality of living that is expressed in the clean house, clean farm, the clean business, the clean neighbourhood and clean community. In tribal areas the availability of pure drinking water is not maintained properly which leads them to various infectious diseases. In this alarming situation it is felt necessary to know the measure taken by the tribal in relation to safe drinking water and sanitation. Thus, present study was conducted to obtain baseline information on the existing knowledge, attitude and practices in relation to sanitation and hygiene in tribal population.

Methodology

Two taluka from Narmada district namely; Dedipada and sagbara were selected for present investigation. Ten village from each taluka, Total 20 village was selected from both taluka, 15 respondents. (Only females) from each village was selected. Thus total sample size is 300. Ex-post-facto research design was used in proposed investigation, An interview schedule was constructed by covering all dependent, intervening and independent variables to collect required information in context to present study. The personal interview method was used to collection the opinion, views and verbal expression from the respondents.

Corresponding Author

Dr. MV Tiwari

Scientist (Home Science), KVK,
Navsari Agricultural University,
Dediapda, Gujarat, India

Results and Discussion

To study the profile of tribal

Table 1: Distribution of the selected characteristics of the tribal women

(n=300)			
Personal profile	Categories	No. of respondents	Percentage
Age	Young age (<35 years)	93	31.00
	Middle age (36 to 50 years)	121	40.33
	old age (> 50 years)	86	28.67
Education	(Mean=2.033/ SD= 0.77) Total	300	100.00
	Illiterate (No education at all)	96	32.00
	Primary education (up to 7th std.)	90	30.00
	Secondary education (8th to 12th std.)	80	26.67
	College education (Graduation and above)	34	11.33
Size of family	(Mean=2.18/SD=1.0067) Total	300	100.00
	Small family(Up to 5 members)	76	25.33
	Medium family(6 to 8 members)	151	50.33
	Big family (More than 8 members)	73	24.34
	(Mean=1.99/SD=0.71) Total	300	100.00
Occupation	Farming	81	27.00
	Farming + animal husbandry	158	52.67
	Farming + animal husbandry + Service	61	30.33
	(Mean=1.93/SD=0.69) Total	300	100.00
Type of House	Kachha	194	64.67
	Pakka	44	14.66
	Mixed	62	20.67
	(Mean=1.94/SD=0.0658) Total	300	100.00
Annual inco	low (Below to Rs.50,000)	88	29.33
	Medium(Rs. 50,001to Rs.1,50000)	151	50.33
	Higher (Above Rs. 1,50000)	61	20.34
	(Mean=798/SD=0.698) Total	300	100.00
Marital status	Un Married	77	25.67
	Married	139	46.33
	Widow	84	28.00
	(Mean=2.02/SD=0.74) Total	300	100.00
Social participation	No membership	60	20.00
	Membership in one organization	108	36.00
	More than one organization	76	25.33
	Holding position in organization	56	18.67
	(Mean=2.43/SD=1.010) Total	300	100.00
Source of information	Rarely assess the information	96	32.00
	Frequently assess the information	129	43.00
	Regularly assess the information	75	25.00
	(Mean=4.32/SD=2.043) Total	300	100.00
Training	No training	93	31.00
	1 to 2 training	155	51.67
	Above 3 training	52	17.33
	(Mean=1.86/SD=0.69) Total	300	100.00
Types of activity	On farm activity	83	27.67
	Off farm activity	113	37.67
	Both on and off farm activity	104	34.66
	(Mean=2.07/SD=0.77) Total	300	100.00
Knowledge	Low knowledge	76	25.33
	Medium knowledge	141	47.00
	Higher knowledge	83	27.67
	Total (Mean= 47.51/ SD= 14.34)	300	100.00

The data regarding socio-personal attributes of respondents were analyzed and presented in Table-1. The data regarding age of the respondents in Table- 1 reveals that 40.33 per cent of the respondents were of middle age group followed by young age group (31.00%) and upper age group (28.67%) respectively. It is evident from Table 1 that 32.00 percent of the tribal farm women were illiterate and 30.00 per cent of the tribal farm women had education up to primary school, followed by secondary school (26.67 per cent), only 11.33 per cent of total respondents were educated up to graduation/post-

graduation level. It's revealed that majority (50.33 per cent) of the respondents possessed 6 to 8 members followed by 25.33 had small family and 24.34 percent had more than 8 members in their families. It is well exhibited that 52.67 per cent of the respondents had agriculture + animal husbandry followed by farming (27.00 per cent) as their main occupation, where as 30.33 percent respondents were involved in farming+ animal husbandry and service respectively. That more than half (64.67 per cent) of the respondents had kachcha house followed by 14.66 per cent

had pakka house and 20.67 percent respondents were residing in mixed house. Majority of the respondents were married and Most of respondents have social participation in the society. All the respondents had frequently assess the information regarding sanitation and had medium level knowledge.

Incidences of water and sanitation hygiene practices among tribes

The present study revealed that respondents had adequate knowledge about sanitation and hygiene. Majority of respondents attributed sanitation and hygiene mostly as hand hygiene followed safe disposal of feces. According to them good hygiene is a prerequisite to be healthy and free from diseases and majority of them perceived that hands should be washed prior to handling of food (Table 1). According to respondents, topmost ways to maintain good sanitation are cleaning of houses, proper disposal of garbage and wastewater and safe disposal of feces (Table 1). Variations in findings may be due to different study settings and population. Present study revealed that there is no lack of understanding of people regarding sanitation and they did not confine it merely to disposal of feces and construction of latrines. Considerably higher level of understanding regarding sanitation may be attributed to increased awareness through electronic media along with social and educational background of participants.

Table 2: Distribution of respondents according to their the incidences of water and sanitation hygiene practices among tribes

(n=300)

Sr. No	Water and sanitation hygiene practices	No. of respondents	Percentage
1.	Irregular availability of water	285	95.00
2	Drinking water treatment practices	280	93.33
3	Frequency of cleaning of water container	275	91.66
4	*Key times for Hand washing	265	88.33
5	Agent used for Hand washing	260	86.66
6	Means of waste disposal	251	83.66
7	Frequency of waste disposal	198	66.00
8	Diverting waste water to kitchen garden	195	65.00
9.	Construction of soakage pit	125	41.66

The present study depicted that 95% respondents reported regarding irregular availability of water, 93.33% respondents did not follow any methods of water treatment (Table 2) because they felt that water was already cleaned/filtered and did not require additional treatment. In addition, majority 91.66% of respondents reported that they clean their water storage containers on alternate days, these findings are in contrast with the findings of the study conducted by Reshma *et al.* [2], who reported that majority of the subjects (83.7%) clean water storing vessels daily. In our study, respondents reported that, they stored water in cans (appx. 20 litre capacity), that was sufficient for two days. So they cleaned it only after the container got empty. The most common time for hand washing mentioned by 88.33% of the respondents was 'after defecation'. The findings of our study are in contrary with the findings of Sah *et al.* [3] who reported that majority of respondents (95.3%) washed hands with soap and water. In our study, majority of the respondents reported that they dispose solid waste in open area. 66% respondents reported that they dispose solid waste daily. 65 percent respondents reported they diverted their waste water in to

kitchen garden area followed by only 41.66% has constructed soakage pit at their home.

Conclusion

An obvious conclusion that can be drawn from the data produced by the current study is that existing knowledge of respondents regarding sanitation and hygiene was satisfactory but there was a clear gap between knowledge and actual practice. Hence, there is a need for implementation of water facility and sanitation practices in to tribal community. So, that they can learn to derive health benefits from these practices. Proper maintenance and management of the water and sanitation hygiene condition of respondents is required along with awareness as well as ensured to minimizing the incidence of infection.

References

1. World Water Council. Water Supply and Sanitation. Available from: www.worldwatercouncil.org Retrieved on 2/10/2013
2. Reshma, Pai S, Mamatha, Manjula. A descriptive study to assess the knowledge and practices regarding water, sanitation and hygiene among women in selected villages of Udupi district. Nitte University J Health Sci. 2016;6:21-27.
3. Sah RB, Bhattarai S, Baral DD, Pokharel PK. Knowledge and practice towards hygiene and sanitation amongst residents of Dhankuta municipality. Health Renaissance. 2015;12:44-48.