

International Journal of Advanced Research in Biological Sciences

ISSN: 2348-8069

www.ijarbs.com

(A Peer Reviewed, Referred, Indexed and Open Access Journal)

DOI: 10.22192/ijarbs

Coden: IJARQG (USA)

Volume 9, Issue 10 -2022

Research Article



DOI: <http://dx.doi.org/10.22192/ijarbs.2022.09.10.006>

Practice of Hygiene among Women in Selected Rural Area of Bangladesh in Context of Socio-demographic Characteristics

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Abstract

Poor practice of personal hygiene and inadequate sanitary conditions plays major roles in increased burden of communicable diseases in the developing countries and has direct effect on health of individual, family, communities and nation as a whole. Proper practice of personal hygiene and sanitation are necessary prerequisite for improvement in general health standards, productivity of labor force and good quality of life. The study aimed to assess practice regarding personal hygiene and sanitation among women living at Upazila Health Complex in Keranigonj Dhaka. This descriptive type of cross sectional study was carried out among 160 persons living at Upazila Health Complex, Keranigonj, Dhaka during October to November, 2021. Non-probability type of convenience sampling method was applied. Data were collected by an interviewer administered semi-structured questionnaire. After collection, the data were checked, verified and edited. Compilation and tabulation of data according to key variables were done by using calculator and computer. Data were presented by tables and diagrams based on nature of data. According to socio-demographics characteristics, maximum 30% were found in age group 25 to 35 years, maximum 82% were muslim, 85% were married, 61% was found illiterate. Majority 82% of the respondents were housewives; more than half of the respondents 58% of the respondents had monthly income of 5000 to 10,000 taka. Regarding personal hygiene, majority 62% of the respondents had taken daily bath, 47% were taking bath with soap and water daily, 62% of the respondents had habit of brushing teeth daily, majority of the respondents 87% had habit of cutting nails, 80% were wash their clothes regularly, 75% were habit of brushing hair. Majority of the respondents majority 55% wash their hands before meal by soap and water, 60% wash their hands with soap and water after defecation. Maximum 75% respondents used tube well as a source of drinking water, 77% of the respondents used sanitary latrine, majority 46% respondents were aware about transmission of diarrhoea through dirty nail and majority 84% of the respondents uses footwear while going to the toilet. Practice of proper personal hygiene and sanitation is essential in daily life as good hygiene will prevent the spread of infectious diseases. So health education and comprehensive knowledge should be used to improve highly effective programs that will decrease the burden of transmissible diseases in rural settings.

Keywords: Practice, Personal hygiene, Sanitation

Introduction

Maintenance of good hygiene, access to safe drinking water and improved sanitation are among the prime concerns around the globe. Hygiene is a series of practices performed to preserve health. According to the WHO, "Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases." Personal hygiene is the science of healthy living of an individual. Personal hygiene includes all those personal factors, which influence the health and well being of an individual. It comprises a broad range of day to day activities such as bathing, washing hands, care of nails, teeth, hair and clothing.¹ Inadequate hygiene and sanitation has direct effect on health of an individual, family, communities and nation as a whole. Many people associate hygiene with cleanliness but hygiene includes such personal habit choices as how frequently to take shower, wash hands, trim fingernails and wash clothes. Some regular hygiene practices may be considered good habits by the society while the neglect of hygiene can be considered disgusting, disrespectful or threatening. Sanitation includes use of latrine, maintenance of personal hygiene, cleaning the surrounding and safe disposal of wastes and hygienic behavior.^{1,2}

For improvement in general health standards and good quality of life; practice of hygiene and sanitation is a necessary prerequisite.² About 80% of all diseases of the developing world are related to drinking unsafe water and inadequate sanitation.³ Worldwide, 5.3% of all deaths and 6.8% of all disability are caused by poor sanitation, poor hygiene and unsafe water. Nearly two-thirds (67%) of the total population go for open-air defecation and only one-third (33%) having access to a latrine.⁴ In a developing country like Bangladesh, almost one-third of the population lives below the poverty line. Hand washing removes infectious microbes and often means to achieve hygiene. Hand washing with soap and water has been reported to reduce diarrhoeal morbidity by 44 % and respiratory infection by 23%.⁵ World Health Organization recommends hand washing with ash if soap is not available in critical situations.^{5,6}

Among the poorest, nearly one-third defecate in the open, making the everyday environment unsafe.⁶ According to a World Health Organization estimate, 1.5 million children die from diarrhoeal diseases each year worldwide, with 88% of these deaths occurring due to inadequate sanitation, hygiene, and safe drinking water.^{7,8} So, hygiene practice becomes difficult in many parts of the world, including Bangladesh, due to lack of awareness about using safe water, soap and disinfectants.⁹ Only 26.7% people wash their hands with soap or ashes after defecation.¹⁰ The main barrier to success of sanitation coverage is lack of awareness about the benefits of a safe latrine, poverty, lack of adequate space, and attitude for open defecation.¹¹ In this regard, Government of Bangladesh initiated a program to achieve 100% sanitation by 2013.¹² As a part of this program, the Bangladesh Rural Advancement Committee (BRAC) has been offering comprehensive interventions for Water, Sanitation, and Hygiene (WASH) in rural areas of 150 of 482 upazilas in the country since 2006. The interventions are being carried out in three phases. Each phase covers 50 upazilas for 6 months. The program aims to improve the health and hygiene of the rural people.¹³

To facilitate intervention activities, village wash committees (VWCs) are formed based on a participatory community process, in order to stimulate bottom-up participation; one VWC consisting of 11 members where six women and five men present from different segments of the community and are formed for an average of 200 households.¹⁴ Practice of hand washing and provision of safe drinking water in adequate quantity can eliminate most water borne and water related disease. Good hygiene maintains the chain of infection in a person, family and as well as community. So importance of personal cleanliness and clean habits is obvious. Considering all the facts, this study was aimed to assess the practice of hygiene and sanitation among women in selected rural area of Bangladesh.

Materials and Methods

This descriptive type of cross sectional study carried out among a total of 160 persons living at Keranigonj Upazila Health Complex, Dhaka during October to November 2021. Non-probability type of convenience sampling method was applied. Data were collected by an interviewer administered semi-structured questionnaire. After collection, the data were checked, verified and edited. Compilation and tabulation of data according to key variables was done by using calculator and computer. Data were presented by tables and diagrams based on nature of data.

Results

This descriptive type of cross sectional study carried out among a total of 160 women living at Upazila Health Complex, Keranigonj Dhaka. Table 1 shows the distributions of respondents according to socio-demographics characteristic, maximum 30% were found in age group 25 to 35 years where mean age $\pm$ SD 32 $\pm$ 10.15 years; maximum 82% were muslim, 85% were married, 61% was found illiterate. Majority 82%% of the respondents were house wives; more than half of.

The respondents 58% of the respondents had monthly income of 5000 to 10,000 taka. Table 2 shows distribution of respondents regarding personal hygiene, shows majority 62% of the respondents had taken daily bath, majority 47% were taking bath with soap and water daily, majority 62% of the respondents had the habit of brushing teeth daily, majority of the respondents 87% cut their nails, majority of the respondents 80% were wash their clothes regularly, 75% were habit of brushing hair. Majority of the respondents majority 55% wash their hands before meal by soap and water, 60% wash their hands with soap and water for hand wash after defecation. Figure 1 shows maximum 75% respondents used tube well as a source of drinking water. Figure 2 shows that majority 77% of the respondents used sanitary latrine. Figure 3 shows majority 46% respondents were aware about transmission of diarrhoea through dirty nail. Figure 4 shows that majority 84% of the respondent uses footwear while going to the toilet.

Table 1: Distribution of respondents regarding socio-demographic characteristics (n = 160)

Variables	Frequency	Percentage (%)
Age Group (year)		
15-25	48	30
25-35	38	23.75
35-45	36	22.5
45-55	25	15.62
> 55	13	8.13
Religion		
Islam	132	82
Hindu	25	16
Christian	3	2
Marital Status		
Married	136	85
Unmarried	24	15
Educational Level		
Illiterate	98	61.25

Primary	42	26.25
Secondary	12	7.5
HSC and above	8	5
Occupation		
Housewife	131	82
Service holder	20	13
Day labourers	5	3
Agriculture	4	2
Monthly Family Income (BDT)		
5000 -10000	93	58
10000 – 15,000	40	25
More than 15,000	27	17
Total	160	100

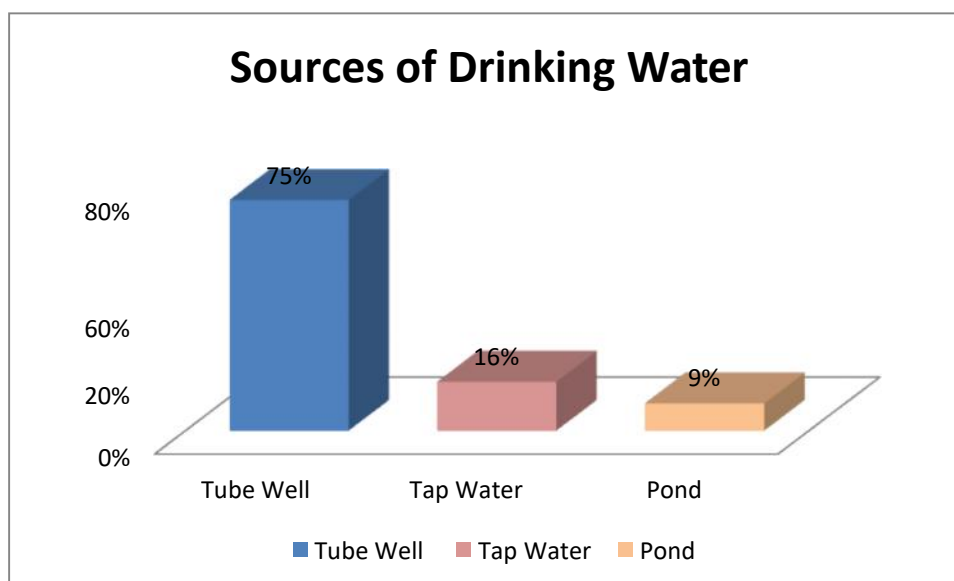


Figure 1: Bar-diagram showing distribution of respondents according to sources of drinking water

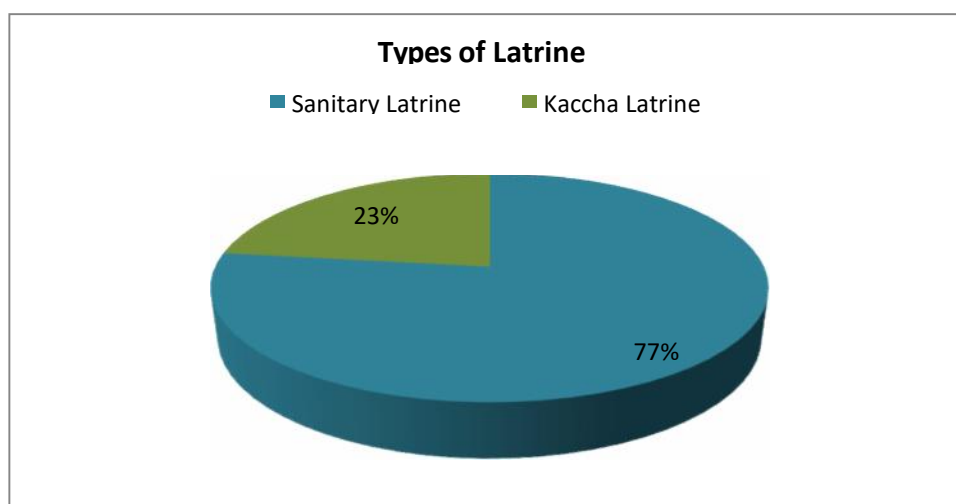


Figure 2: Pie diagram showing distribution of respondents according to types of latrine used Table 2: Distribution of respondents regarding personal hygiene (n = 160)

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Habit of bathing	Frequency	Percentage (%)
Daily	98	62
At interval	62	38
Method of taking bath		
With soap & water daily	75	47
With water daily	23	14.25
With soap & water at interval	62	38.75
Habit of brushing teeth		
Daily	98	62
At interval	62	38
Habit of cutting nails		
Yes	140	87.5
No	20	12.5
Habit of washing clothes		
Regularly	128	80
Irregularly	32	20
Habit of brushing hair		
Regularly	120	75
Irregularly	40	25
Method of washing hands before meal		
Soap & water	88	55
Only water	50	31.2
Ash & water	12	7.5
Soil & water	10	6.3
Method of washing hands after defecation		
Soap & water	97	60.5
Only water	43	27
Ash & water	12	7.5
Soil & water	8	5
Personal Habit		
Betel nut chewing	77	48.12
Uses of gul	10	6.25
Tobacco chewing	9	5.62
Nothing	64	40
Total	160	100

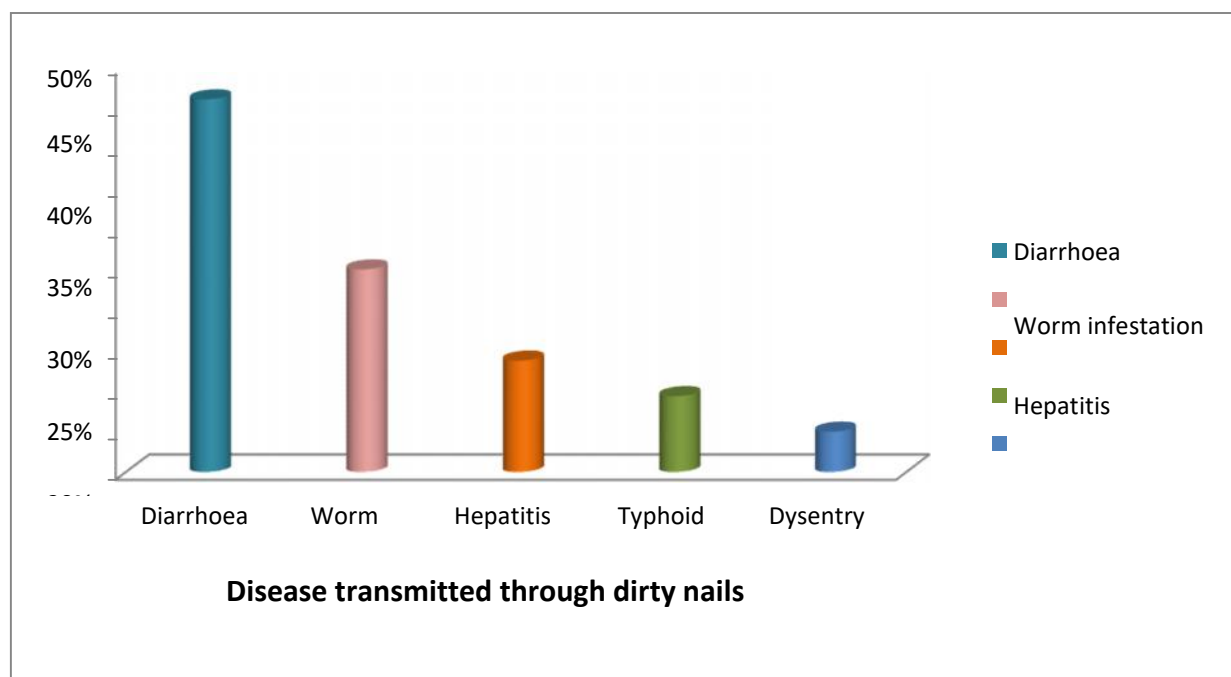


Figure 3: Bar-diagram showing distribution of respondents by knowing transmission of disease through dirty nails

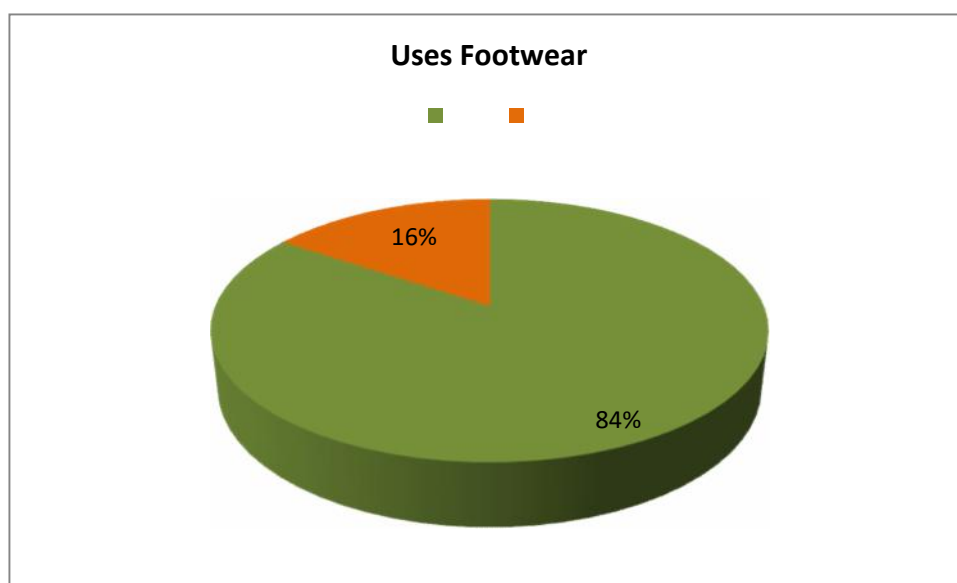


Figure 4: Pie diagram showing distribution of respondents who uses footwear while going to the toilet

Discussion

In this study, more than half about 55% of the respondents had good personal hygiene practice and 77% of the houses showed good sanitary condition. Slightly different picture was observed in Nepal by Rajiv et al where the study showed that 90% of the respondent had sanitary knowledge and 65% of the respondent practice

hand washing with soap and water.¹⁴ In this study, 77% of the houses had sanitary latrine toilet facilities and they do not use open air defecation. A study conducted in selected slums area of Dhaka city represents almost similar data.¹⁵ Approximately, 62% of the respondents reported daily bathing practices and 62% reported tooth brushing practices. These findings are unlike with a study conducted in Philippines which showed

that 35% of respondent reported poor bathing.¹⁶ In general; the majority 55% reported washing hands with soap and water and 31% respondents washing hands with only water before meals. These findings are almost similar to the studies carried out in Philippines and Turkey where an average of majority 42.4% and 37.7% washed their hands with soap and water or only water respectively.^{16,17}

In this study, majority 60% of the respondents reported washing hands with soap and water and 27 % washing hands with water after defecation. A slight different findings were found in a study done International Centre for Diarrhoeal Disease Research, Bangladesh and Water Aid at 2014.¹⁸ This study showed that maximum 75% of the respondents used tube well for the source of drinking water and 46% were aware about the transmission of diarrhoea through dirty nails and majority 84% were aware to use footwear during going toilet. A study conducted by UNICEF in Ethiopia found that less than one-third of respondents had water points and only 5% had hand washing facilities, none of which had soap and they were not aware of any infectious diseases that could be transmitted through bare footed while going toilet.¹⁹

Conclusion and Recommendations

Maintaining good hygiene can only will prevent the spread of diseases. People should be more receptive to learning and are very likely to adopt attitudes at a younger age. It can be inferred that enhancement of comprehensive knowledge about these issues should be used to improve highly effective programs that will significantly attenuate the burden of transmissible diseases among people living in rural settings. Mass media can play an important role in dissemination of hygienic education in rural people. There should be extensive health education program for the people about the personal hygiene and sanitation. Both Government and Non-governmental organization should strengthen the ongoing program and pay sustainable attention for the construction of sanitary latrine in this

underprivileged community. Further study also can be conducted to have greater view regarding the awareness with larger sample size.

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	Website: www.ijarbs.com
	Subject: Health Sciences
Quick Response Code	
DOI: 10.22192/ijarbs.2022.09.10.006	

How to cite this article:

Sultana Begum. (2022). Practice of Hygiene among Women in Selected Rural Area of Bangladesh in Context of Socio-demographic Characteristics. Int. J. Adv. Res. Biol. Sci. 9(10): 52-59.
DOI: <http://dx.doi.org/10.22192/ijarbs.2022.09.10.006>