

Review Article

Review Article on Knowledge and Practices of People on Hygiene

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ABSTRACT

Diarrhea and water-borne diseases are leading causes of mortality and morbidity in developing countries. Approximately 88% of diarrhoeal diseases are attributed to unsafe water supply, inadequate sanitation and hygiene. In India lack of access to safe water supply and inadequate sanitation facilities together with unhygienic conditions have contributed to high morbidity amongst the rural population especially in children less than 5 years of age. Maintaining high food safety levels in school food services is very important because any incidences can affect a high number of students. Previous hand hygiene studies reported that children with proper hand washing practices are less likely to report gastrointestinal and respiratory symptoms. Hand washing with soap has been reported to reduce diarrheal morbidity by 44% and respiratory infections by 23%. Lack of soap and water, as well as inadequate sanitation facilities may be two of the main reasons why children do not wash their hands. Poor hygiene practices and inadequate sanitary conditions play major roles in the increased burden of communicable diseases within developing countries. School-based hygiene education is very important to decrease the rates of transmissible diseases.

Key words: hygiene, knowledge, practices, review article

INTRODUCTION

Diarrhea and water-borne diseases are leading causes of mortality and morbidity in developing countries (WHO/UNICEF, 2000).⁽¹⁾ Approximately 88% of diarrhoeal diseases are attributed to unsafe water supply, inadequate sanitation and hygiene (WHO, 2004).⁽²⁾ Diarrhea is one of the major killers of children in developing countries.⁽³⁾ In India lack of access to safe water supply and inadequate sanitation facilities together with unhygienic conditions have contributed to high morbidity amongst the rural population especially in children less than 5 years of age.⁽⁴⁾ Food contamination in developing countries is caused by many factors including traditional food processing methods, inappropriate holding temperatures, and poor personal hygiene of food handlers.⁽⁶⁾ Maintaining high food safety levels in school food services is very

important because any incidences can affect a high number of students.⁽⁷⁾ Previous hand hygiene studies reported that children with proper hand washing practices are less likely to report gastrointestinal and respiratory symptoms.^(9,10) Hand washing with soap has been reported to reduce diarrheal morbidity by 44% and respiratory infections by 23%.^(11,12) Lack of soap and water, as well as inadequate sanitation facilities may be two of the main reasons why children do not wash their hands.^(13,14)

REVIEW OF LITERATURE

A study⁽⁵⁾ was conducted to assess knowledge, attitude and practices regarding water handling, sanitation and defecation practices as possible determinants of diseases in the rural population of Madhya Pradesh, India. Mothers of children below 5 years of age were interviewed using questionnaires in 10 villages of 2 blocks of

Sehore district of Madhya Pradesh. All of them used traditional metallic or earthen covered vessels for storing drinking water. Then the household members were asked how they treat water before drinking, to this most of them (72%) said that they don't follow any treatment and drink it as it is, only 3.6 % were using chlorine tablets for treating water before drinking in spite of its free of cost distribution by the health department. The most popular method of water treatment in the study villages was filtering with cloth or sieve. Only 38% of household in Ichhawar and 61% in Astha block used handled jug to take out drinking water from vessel. Most of the respondents interviewed took out water by dipping glass held in hand. For the disposal of waste water, 98% households in Ichhawar and 84% in Astha block had open drains in front of their houses which can become potential breeding ground for mosquitoes. Ownership of toilet among households was 31% in Astha and 21% in Ichhawar block. The vast majority of households in study area have no sanitation facility, so they defecated in open field or near water source. When we tried to find out the reasons for not having the toilet facility, people gave reasons like lack of space (12% in Ichhawar and 10% in Astha), Lack of money (98.8% in Ichhawar and 98.4% in Astha), and lack of water connection (8.8% in Ichhawar and 6% in Astha). Only 8% households in Ichhawar and 22% in Astha washed hands with soap and water before eating. Hand washing with soap after defecation was practiced only by 22% households in Ichhawar and by 54% households in Astha block. Only 8.8% mothers in Ichhawar and 20% in Astha block knew that worm infestation occurs by consuming dirty food or water.

Regarding the level of knowledge on food safety in Ghana, ⁽⁸⁾ 77% of the vendors had some knowledge on laws regarding food hygiene, while 23% had no knowledge thereof. 68% of the vendors had been medically examined, out of which 95% showed their certificates as evidence during the study while the remaining 5% could not

readily produce their certificate at the time of the interview. About 55.0% of vendors were observed to adequately protect their food from flies and dust whilst 45.0% had no protection, thus exposing their food to flies and dust. 63% had clean, short and well trimmed fingernails, 15% had hair restraints in the form of a head scarf and 52% wore aprons.

In Ethiopia ⁽¹⁵⁾ a study reported that of the students surveyed, 52% were classified as having proper knowledge of hygiene. Only 14.8% of the students washed hands after defecation the day prior to the interview. Overall, the majority of students reported washing hands before meals. The percentages of children who reported the importance of and the preference for hand washing before eating were 99.7% and 98.8%, respectively. While 76.7% of students reported that washing hands after defecation is important, only 14.8% reported actually following this practice. The most common hygiene practices, in order of rank, were washing feet (97.4%), brushing teeth (89.2%), and changing clothes (84.9%). Bathing and hair washing received the lowest ranks. Approximately 34% of the students reported poor bathing practices and 21% reported poor hair washing practices.

A cross-sectional study ⁽¹⁶⁾ was conducted from 30th April to 13th May 2012 in Dhankuta Municipality where 300 households were taken as subjects. In this study people reasoned washing of hands to reduce diseases (71.3%), to be clean (66.3%), to be healthy (39%) and to reduce foul odour (10.7%). 46.3% respondents believed unsafe water to be responsible for spread of diarrhoea. 59.3% of the respondents use tap water as the source of drinking water followed by river/stream (20.3%), tube well (1.7%), and others including spring, pond and well water (18.7%). Most of the respondents (75.7%) wash hands with soap and water before meal. Most of the respondents (95.3%) wash hands with soap and water after defecation.

The findings of a study ⁽¹⁷⁾ in adopted villages of MCON Manipal, Udupi District showed that majority of samples had average knowledge and unsafe practices on water, sanitation and hygiene. Majority (89.3%) of the women used to draw water from well. Most of the subjects (66.3%) used handled jug to take water from water storing drum, majority (70%) uses boiled or filtered water for drinking. Majority had access to water less than in less than 100 feet distance. Majority (97.7%) had toilet. Most of the toilets (68.3 %) are well ventilated, Majority of the subjects (83.7%) cleans water storing vessel daily. Majority (70%) practice hand washing with soap and water after defecation. All the houses (100%) water was stored in closed container, majority (97.7%) had toilet in their household and it was kept clean (75.7%).

A descriptive survey ⁽¹⁸⁾ was conducted at Nellanadu Panchayath in Trivandrum district which reported that majority of the subjects (57%) had average level of knowledge and minimum of (11%) had poor level of knowledge regarding environmental sanitation and hygiene. Nearly half (49%) of the subjects had fair and good standard of practice regarding environmental sanitation and hygiene. There is a weak positive correlation between level of knowledge and standard of practice regarding environmental sanitation and hygiene.

CONCLUSION

Poor hygiene practices and inadequate sanitary conditions play major roles in the increased burden of communicable diseases within developing countries. School-based hygiene education is very important to decrease the rates of transmissible diseases. Children are more receptive to learning and are very likely to adopt healthy behaviors at a younger age. Enhanced, comprehensive knowledge about these issues should be used to improve low-cost but highly effective programs that will meaningfully attenuate the burden of

transmissible disease among students in rural settings.

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