



# A DESCRIPTIVE STUDY TO ASSESS THE KNOWLEDGE ON WASH PRACTICES (WATER, SANITATION AND HYGIENE) AMONG ADULT RESIDENTS OF LABOR COLONY, BARU SAHIB (H.P)

Manpreet K\*, Ms. Joynika Singh\*\*, Ms. Kalpana Thakur\*\*, Ms. Kavita Thakur \*\*, Ms. Ketna Singh \*\*, Ms.  
Khushboo\*\*

1. \* Assistant Professor, Akal College of Nursing, Eternal University, Baru Sahib, Himachal Pradesh.
2. \*\* B. Sc Nursing Interns, Akal College of Nursing, Eternal University, Baru Sahib, Himachal Pradesh

## ABSTRACT

WASH is an acronym that stands for (Water, Sanitation and Hygiene) are one of the basic determinants of quality of life. WASH is a key public health issue within the international development. WASH practices are the basis of life. Poor WASH practices adversely affect our day-to-day life. The effects of poor sanitation seep into every aspect of life-health, nutrition, development, economy, dignity and empowerment. Globally, water, sanitation and hygiene practices are responsible for various diseases that increase the morbidity and mortality, especially in low socioeconomic populations.

*Aim of the study: To assess the level of knowledge regarding water, sanitation and hygiene practices among the adult residents of labor colony, Baru Sahib.*

*Methods and Materials: A descriptive research study was carried out among the adult residents of labor colony, Baru Sahib, District Sirmour, H.P. Data was collected using a self- structured questionnaire related to the knowledge regarding WASH practices.*

*Results: Majority 33 (66%) of the residents of labor colony had average level of knowledge regarding healthy WASH practices followed by 12 (24%) of them had good level of knowledge and then 5 (10%) of them had excellent knowledge regarding healthy WASH practices.*

*Conclusion: Majority of adult residents of labor colony, Baru Sahib, have average knowledge regarding WASH (Water, Sanitation and Hygiene) practices, followed by good level of knowledge and then a few were having excellent knowledge regarding WASH*

**Keywords:** Assess, WASH practices, Adult, Knowledge.

## I. INTRODUCTION

Safely managed WASH services are also critical during the recovery phase of a disease outbreak to mitigate secondary impacts on community livelihoods and wellbeing. If not managed, secondary impacts can increase the risk of further spreading water borne diseases, including potential disease outbreaks such as cholera, particularly where the disease is endemic<sup>1</sup>.

Most cities and towns in India are characterized by overcrowding, congestion, inadequate water supply, and poor sanitation facilities regarding the disposal of human excreta, wastewater and garbage disposal, which affect the health of population<sup>2</sup>.

People residing in slums are more prone to health risks, such as stomach problems, malaria, diarrhea, typhoid, jaundice, other fevers and vector- related diseases, including dengue and chikungunya. Overcrowding, high population density, and environmental pollution in slums can lead to infections that affect a large proportion of young children<sup>3</sup>.

A study suggests that India is on track to meet its target of improving access to safe drinking water, with a sharp reduction in urban-rural disparities. However, as far as sanitation facilities are concerned, the country lags far behind. A number of studies have explored sanitation conditions (Kumar, 2015; Dobe, Sur & Biswas, 2011; Gupta & Pal, 2008; Nath, 2003) and their association with health at micro and national levels. However, there have only a few studies focusing on WASH practices and their link with selected diseases in urban households in India. Previous studies have brought out significant disparities in WASH conditions in rural versus urban settings concerning access to sanitation facilities<sup>4</sup>.

The study focuses on WASH practices as it is the leading cause of mortality and morbidity among children. The objective of this study is to assess the knowledge on practices regarding Water, Sanitation and Hygiene with low socioeconomic status in rural area. The consequences of unsafe water, sanitation and hygiene (WASH) on children can be deadly. Over 700 children under age 5 die every day of diarrheal diseases due to lack of appropriate WASH practices. When children don't have access to clean water, it affects their health, nutrition, education and learning abilities, thus impacting many aspects of their lives.

## II. AIM OF THE STUDY

To assess the knowledge on WASH practices (Water, Sanitation and Hygiene) among adult residents of labor colony.

## III. OBJECTIVES OF STUDY.

- To assess the level of knowledge regarding water, sanitation and hygiene practices among residents of labor colony, Baru Sahib.
- To find out the association between selected demographic variables and level of their knowledge regarding WASH practices.

#### IV. METHODOLOGY

A descriptive research design was selected for the study. The total sample of 50 adult residents of labor colony were selected with non-probability sampling technique. A self-structured questionnaire was used to assess the level of knowledge among them. Ethical permission was taken from the principal of Akal College of Nursing and the vice chancellor of Eternal University, Baru Sahib for conducting the study. Population consists of adult people residing in labor colony, Baru sahib (H.P). The sample for present study consists of 50 adult residents of labor colony Baru sahib. Non probability sampling technique was used for this study. SECTION A: Socio-demographic variables. The demographic variables include personal information about subjects such as age, religion, area of residence, type of family, educational status, occupation, family income per month, number of siblings.

SECTION B: Self- structured questionnaire. The self-structured questionnaire was prepared to assess the knowledge on WASH practices (water, sanitation and hygiene). It contains 30 questions regarding WASH practices. Right answers will be given 1 and wrong was given 0 score.

Majority 33 (66%) of the residents of labor colony had average level of knowledge regarding healthy WASH practices, followed by 12 (24%) of them had good level of knowledge and then 5 (10%) of them had excellent knowledge regarding healthy WASH practices.

#### Scoring key for assessing level of knowledge according to Bloom's Taxonomy

COMPONENTS	SCORE
Excellent	24-30 (80-100%)
Good	18-23 (60-79%)
Average	<18 (<59%)

#### V. RESULTS

According to Polit and Beck, to answer research question and test hypothesis, researcher need to process and analyze the data in an orderly coherent fashion. The analysis was based on the above objectives of the study. The data and findings have been organized and presented under the following sections:

**Section 1:** Frequency and percentage distribution of socio-demographic profile of study subject.

**Section 2:** Level of knowledge related to Water, Sanitation and Hygiene practices among adult residents of labor colony, Baru Sahib.

**Section 3:** Association of socio-demographic variables with level of their knowledge.

**SECTION 1:****Frequency and percentage distribution of socio-demographic profile of study subject.**

This section describes the characteristics of adult residents of labor colony who are included in the study. Sample characteristics were described in terms of age, gender, educational status, family monthly income, religion, area of residence, type of family, number of family members.

**TABLE 4.1.1 Frequency and percentage distribution of socio-demographic profile of the study subject.**

<b>S.NO.</b>	<b>DEMOGRAPHIC VARIABLES</b>	<b>FREQUENCY (n)</b>	<b>PERCENTAGE (%)</b>
<b>1.</b>	<b>Age of participant (in years)</b>		
	19-29	30	60
	30-39	14	28
	40-49	04	08
	50-59	02	04
<b>2.</b>	<b>Gender</b>		
	Male	41	82
	Female	09	18
	Others	00	0
<b>3.</b>	<b>Religion</b>		
	Hindu	31	62
	Sikh	05	10
	Muslim	00	0
	Others	14	28
<b>4.</b>	<b>Educational status</b>		
	Illiterate	13	26
	Primary	26	52
	Secondary	10	20
	Senior secondary	01	02
<b>5.</b>	<b>Type of family</b>		
	Nuclear	25	50
	Joint	22	44
	Extended	03	06
<b>6.</b>	<b>Number of family members</b>		
	1-2	02	04

	3-5	33	66
	6-8	11	22
	More than 8	04	08
<b>7.</b>	<b>Occupation of head of the family</b>		
	Unemployed	22	44
	Private job	06	12
	Daily wager	22	44
	Government job	00	0
<b>8.</b>	<b>Monthly family income</b>		
	2,000-4,000 Rs.	00	0
	5,000-7,000 Rs.	08	16
	8,000-10,000 Rs.	14	28
	>10,000 Rs.	28	56
<b>9.</b>	<b>Area of residence</b>		
	Urban	03	06
	Rural	47	94
	Semi-urban	00	0

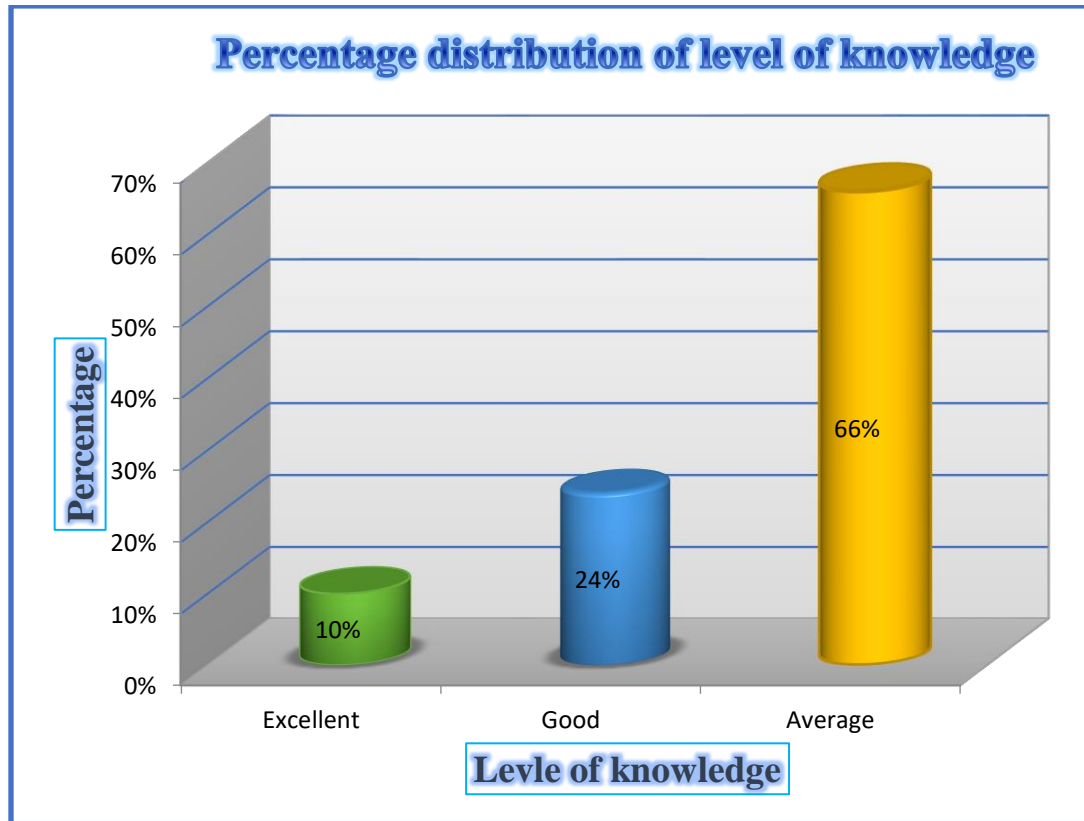
**Table 4.1.1 revealed the following results:**

Majority 30 (60%) of the adult residents of labor colony were in the age group of 19-29 years, followed by the age group of 30-39 respectively. Majority 41 (82%) of the residents were males, followed by 09 (18%) females. Majority 31 (62%) of the residents were Hindu, followed by 14 (28%) others and 05 (10%) Sikh respectively. Majority 26 (52%) of the residents were having primary education, followed by 10 (20%) secondary education, then 1 (2%) senior secondary education respectively. Majority 25 (50%) of the residents were from nuclear family, followed by 22 (44%) joint family, then extended 03 (06%) respectively.

Most 33 (66%) of the residents have 3-5 family members, followed by 11 (22%), >8 4(8%) respectively. Majority 22 (44%) of the adult residents of labor colony were unemployed and daily wager, followed by 6 (12%) private job. Majority 28 (56%) of the residents have >10,000 Rs. family monthly income, followed by 14 (28%) have 8,000-10,000 Rs. family monthly income, then 8 (16%) having 5,000-7,000 Rs. monthly family income respectively. Most 47 (94%) of the residents were living in rural area, followed by 03 (06%) respectively.

**SECTION 2:**

Level of knowledge related to Water, Sanitation and Hygiene (WASH) practices among adult residents of labor colony, Baru Sahib.



**Fig 2.1: Percentage of distribution of level of Knowledge on WASH practices.**

**Figure 2.1, Percentage of distribution of level of knowledge on WASH practices showed the following results:**

Majority 33 (66%) of the residents of labor colony had average level of knowledge regarding healthy WASH practices, followed by 12 (24%) of them had good level of knowledge and then 5 (10%) of them had excellent knowledge regarding healthy WASH practices.

**SECTION 3:**

**Table 4.3.1: Association between demographic variables and level of knowledge**

Demographic variables	Scoring			value	p value
	Excellent	Good	Average		
Age					
19-29	2	16	12	4.687 <sup>a</sup>	0.585
30-39	3	6	5		

40-49	0	1	3		
50-59	0	1	1		
<b>Gender</b>					
Male	3	19	19	2.792 <sup>a</sup>	0.248
Female	2	5	02		
Others	0	0	0		
Prefer not to say	0	0	0		
<b>Religion</b>					
Hinduism	4	14	13	1.756 <sup>a</sup>	0.781
Sikhism	0	02	3		
Muslim	0	0	0		
Others	1	08	5		
<b>Educational status</b>					
Illiterate	1	5	7	3.377 <sup>a</sup>	0.760
Primary	2	14	10		
Secondary	2	04	04		
Graduate	0	1	0		

<b>Type of family</b>					
Nuclear	2	15	08	6.172 <sup>a</sup>	0.187
Joint	3	09	10		
Extended	0	0	03		
<b>Number of family members</b>					
1-2	0	1	1	3.067 <sup>a</sup>	
3-5	2	17	14		0.800
6-8	2	05	04		
>8	1	01	02		
<b>Occupation of head of family</b>					
Unemployed	0	14	08	9.372 <sup>a</sup>	
Private job	1	04	01		0.052
Daily wager	4	06	12		
Government job	0	0	0		
<b>Monthly family income</b>					
2,000-4,000 Rs.	0	0	0	2.118 <sup>a</sup>	0.714
5,000-7,000 Rs.	1	5	2		
8,000-10,000	2	5	7		
>10,000 Rs.	2	14	12		
<b>Area of residence</b>					
Urban	0	1	2	0.925 <sup>a</sup>	0.630
Rural	5	23	19		
Semi-urban	0	0	0		

\*Significant at level  $p < 0.05$  level of significance. Table 4.3.1 has shown the association between the demographic variables and level of knowledge on wash practices among adult residents of labor colony.

## VI. DISCUSSION

This chapter includes the discussion of the findings of study that are interpreted from the statistical analysis. The findings are discussed in relation to the objectives and assumptions of the study. It is presented in the line with the objectives of the study. The problem stated is “A descriptive study to assess the knowledge on WASH practices (Water, sanitation and Hygiene) among adult residents of labor colony Baru Sahib (H.P).”



The objectives of the study are.

1. To assess the level of knowledge regarding water, sanitation and hygiene practices among residents of labor colony, Baru Sahib.
2. To find out the association between selected demographic variables and knowledge on WASH practices.

**The findings are discussed based on the objectives of study.**

### **1. To assess the level of knowledge regarding water, sanitation and hygiene practices among residents of labor colony, Baru Sahib.**

The study results represent on the table that level of knowledge on WASH practices is excellent in 10%, good in 24% and average in 66% of adult residents of labor colony. It shows that more than half of the participants have average knowledge regarding good WASH practices. They know about some good WASH practices how to maintain hygiene, water purification and maintenance of environment sanitation.

A study to access the knowledge, attitudes and practices regards WASH. This study assessed the level of knowledge, behavior and practices towards water, sanitation and hygiene in Kaduna state. Data was collected by observation and questionnaire involving 854 participants. the result found the study, 36.5% of them had quarni education n,24.4% primary schooling, and 14.0% had postsecondary education.

### **2. To find out the association between selected demographic variables and knowledge on WASH practices.**

According to the results about more than half of the population have average knowledge regarding WASH practices in that area. The habits regarding WASH practices need to be improved by the time to avoid any kind of health problems and spread of disease among people.

Arunava Saha, Kusum V. Moray, and Venkat Raghava Mohan conducted an observational study on Water quality, Sanitation, and hygiene among the tribal community residing in Jawadhi hills, Tamil nadu. The conclusion of the study was the practices among the tribal population of Tamil Nadu is not acceptable. The lack of administrative function and poor economic conditions are the likely causes attributed to the poor WASH conditions and drinking water quality.

A cross sectional study conducted, to assess WASH practices and associated factors in the district of Lalo. BU (Buruli ulcer) one of the 17 NTD s, remain a public health issue in Benin in district of Lalo. Data were collected from 600 heads of household using structured pretested questionnaire and observations triangulated with qualitative information obtained from in - depth interviews of patient's care - givers and community members. The result found BU is an important condition in the district with 917 new cases detected from 2006 to 2012. only 8.7% of the investigated household had improved sanitation facilities at home and 9.7 % had improved hygiene behavior.

## **VII. CONCLUSION**

Majority of adult residents of labor colony, Baru Sahib, have average knowledge regarding WASH (Water, Sanitation and Hygiene) practices, followed by good level of knowledge and then a few were having excellent knowledge regarding

WASH. Majority 26 (52%) of the residents were having primary education, followed by 10 (20%) secondary education, then 1 (2%) senior-secondary education respectively. Majority 25 (50%) of the residents were from nuclear family, followed by 22 (44%) joint family, then extended 03 (06%) respectively. Majority 26 (52%) of the residents were having primary education, followed by 10 (20%) secondary education, then 1 (2%) senior-secondary education respectively Majority 33 (66%) of the residents of labor colony had average level of knowledge regarding healthy WASH practices followed by 12 (24%) of them had good level of knowledge and then 5 (10%) of them had excellent knowledge regarding healthy WASH practices.

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