

How to Cite:

Marskole, P., Yadav, R., Bhagora, R., & Parmar, S. (2022). A cross-sectional observational study about knowledge and practice of handwashing among slum dwellers females in urban area. *International Journal of Health Sciences*, 6(S2), 11445–11449. <https://doi.org/10.53730/ijhs.v6nS2.8060>

A cross-sectional observational study about knowledge and practice of handwashing among slum dwellers females in urban area

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Abstract---Hand-washing and basic hygiene practices can prevent diarrhea, acute respiratory infections, and skin infections. Despite abundant evidence supporting the efficacy of personal hygiene practices, they are not widely practiced. It has been observed that young children and their mothers in developing nations do not adequately wash their hands after contact with faeces . In urban slums with less access to clean water and sanitation, the magnitude of the problem is greater. In this study 200 female from slum of a city of northern Madhya Pradesh. Most of them were aware about the basic steps of hand washing and its importance but they not practice the hand washing with soap in their daily house hold work except after defecation.

Keywords---hand washing, sanitation practices, slums, females soap, water.

Introduction

Communicable diseases continue to be the leading cause of morbidity and mortality worldwide [1]. Infectious diseases account for 62 percent and 31 percent of all deaths in Africa and south Asia, respectively [2]. According to the World Health Organization, 3,8 million children under the age of five die annually from diarrhoea and acute respiratory infections [3]. Globally, 88 percent of diarrheal deaths are attributed to unsafe water, inadequate sanitation, and poor hygiene [4]. The most cost-effective intervention for preventing diarrheal diseases is considered to be access to clean water and hand washing [5]. Several studies [6, 7] have demonstrated that hand-washing and basic hygiene practises can prevent diarrhoea, acute respiratory infections, and skin infections. Despite abundant evidence supporting the efficacy of personal hygiene practices, they are not widely practiced. It has been observed that young children and their mothers in developing nations do not adequately wash their hands after contact with faeces [8]. In urban slums with less access to clean water and sanitation, the magnitude of the problem is greater. Children in the poorest urban areas are three times more likely to pass away before the age of five compared to children in the wealthiest urban and rural areas [9]. According to a study conducted in a Mumbai slum, 30 percent of all morbidity can be attributed to water-related infections [10]. Understanding the frequency of hand washing is essential for any programme that aims to improve sanitation, hand hygiene, and water quality. However, data assessing the hand hygiene practises home maker female, particularly in slums, are scarce. In light of this, the present study was conducted to determine the knowledge, attitude, and practices of urban slum females regarding hand-washing. The purpose of the study was to evaluate the hand washing habits of the participants in order to identify and eliminate obstacles to proper hand hygiene practises.

Methodology

A cross-sectional observational study about knowledge and practice of hand washing among slum dwellers females in Urban area of central India .The questionnaire was developed by adopting the theme of WHO and EHP's core questionnaire on sanitation. A semi-structured questionnaire tailored to the local context was developed. This questionnaire covered aspects of sanitation such as knowledge attitude and practice of hand washing. The questionnaire was pretested in non study area and necessary changes were made accordingly. Data was entered and analysed in Microsoft Excel. Before interviewing feamles, verbal consent was obtained and they were informed of the study's purpose and confidentiality.

Results

We conducted a two-month study in slum dwellers to investigate their knowledge and practises regarding hand washing. Using a questionnaire proforma, we first determined their knowledge and practises regarding hand washing, and then we educated them on the importance and proper method of hand washing. According to our findings, 47% of the subjects said they washed their hands up to 5 times per day (0-5 times). Six to ten times per day, 42 percent of people washed their

hands. 7 percent said they washed their hands 11-15 times per day, while 4% said they washed their hands more than 15 times per day. Soap was found to be used by 85 percent of the respondents when washing their hands. The rest of the subjects used ash or soil to wash their clothes. Only 19% of the subjects were aware of the diseases linked to improper hand washing, and while 88 percent of the study group was in the habit of washing their hands before meals, only 13% of them used soap and the rest used only water. Even though no single subject knew all of the steps of hand washing, 96 percent of the subjects followed 1-4 steps and 4% followed 4-7 steps. When asked about any previous interventions, 4% of the subjects stated that they had been told about the benefits of hand washing by other health workers in the past, and that they had learned about the benefits of hand washing after our observation. After coming home from work, 80 percent of the subjects wash their hands, with only 18.75 percent using soap and the rest using only water. After defecation, 100% of the subjects wash their hands, but 5% of them use clay or ash instead of soap.

Table 1
Awareness participants

Awareness about	Steps of Hand washing		Diseases spread	
	Yes	No	Yes	No
Awareness				
No of Individuals	140	60	150	50
percentage	70%	30%	75%	25%

Figure-1

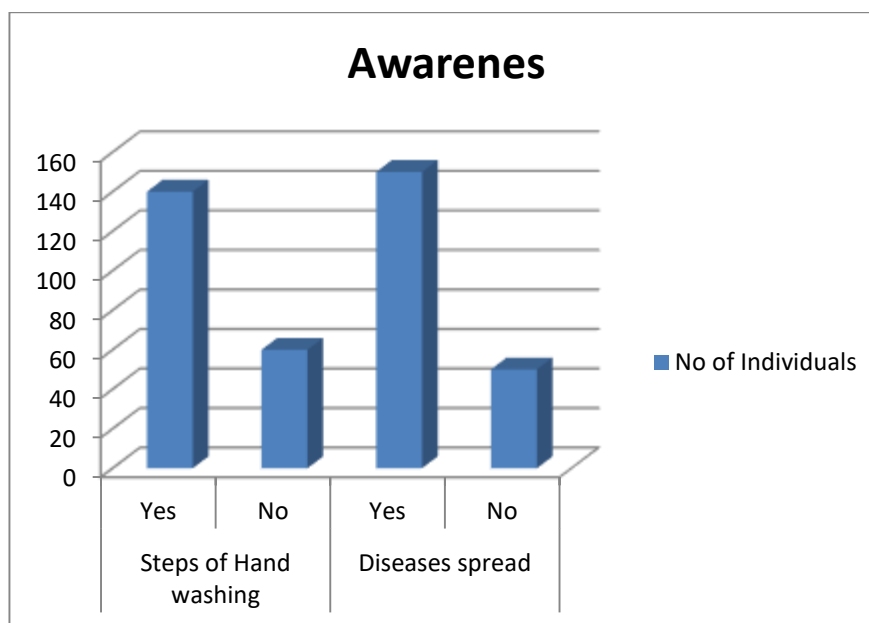
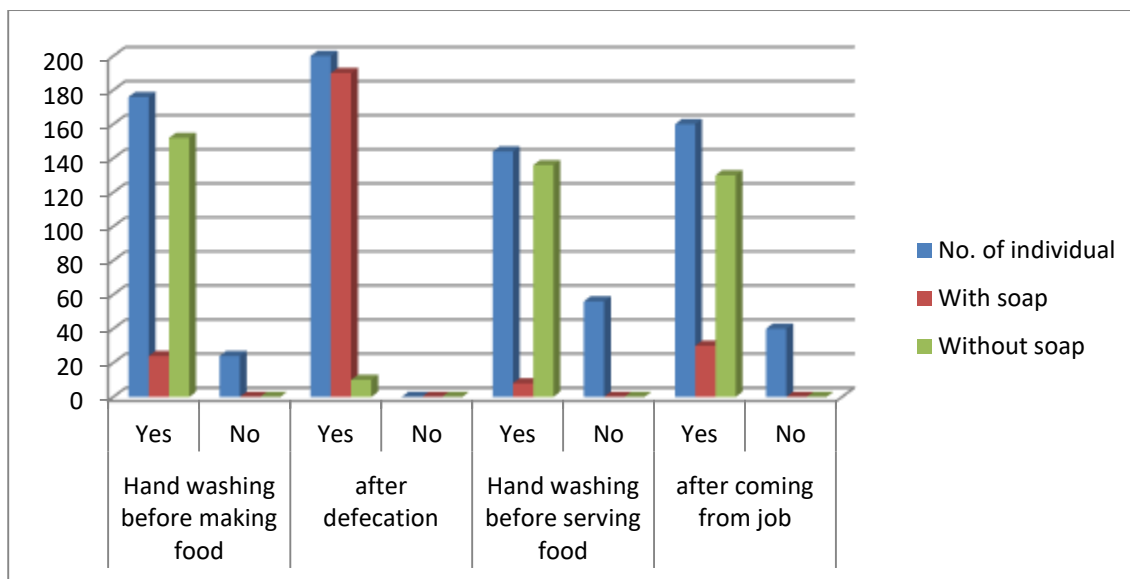


Table 2
Hand Washing practice among participants

Particulars	Sub-Particulars	No. of individual	With soap	Without soap	Percent
Hand washing before making food	Yes	176	24	152	88%
	No	24	0	0	12%
after defecation	Yes	200	190	10	100%
	No	0	0	0	0
Hand washing before serving food	Yes	144	8	136	72%
	No	56	0	0	28%
after coming from job	Yes	160	30	130	80%
	No	40	0	0	20%

Figure- 2



Discussion

Hand hygiene knowledge and practices were assessed in this study of females from urban slums. Seventy percent of females surveyed were aware of the proper steps for hand washing, and 75 percent were aware that disease could spread if they did not wash their hands. 88 percent of females said they wash their hands before making food, but only 12 percent of those who wash their hands using soap, while 76 percent do not use soap and 12 percent do not wash at all. This is similar to Ray SK's study in two eastern Indian communities, where hand washing was not done before "preparing food" or after handling "raw vegetables" [11] After defecation, 100% of females were practicing hand washing, 95% with soap and 5% without. This is higher than the WHO study, which found that 84

percent of women practice this. It is possible that the higher level is due to the widespread availability of soap and public awareness of disease transmission. Despite the fact that 96 percent of women believe that hand washing is a good idea, In this case, limited knowledge does not appear to be a constraint. However, it is necessary to reinforce the translation of knowledge into long-term behavior.

Conclusion

On the basis of finding of our study limited knowledge does not appear to be a constraint. However, it is necessary to reinforce the translation of knowledge into long-term behavior.

Recommendation

A behavioral intervention aim at improving hand hygiene practices should be pursued in order to improve the respondent's hand hygiene practices.

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