

Study on Knowledge and Practice on Water, Sanitation and Hygiene (WASH) Among Mother of Under-2 Children in Porbandar, Gujarat

By

Manu Sharma

*Dissertation submitted for the partial fulfillment of the
MBA Hospital and Health Management*

Academic year, 2015-2017



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TO WHOMSOEVER MAY CONCERN

This is to certify that Manu Sharma student of MBA Health and Hospital Management from The IIHMR University, Jaipur has undergone internship training at "NHM Gujarat" from 6th February to 5th May 2017.

The Candidate has successfully carried out the study designated to him during internship training and his approach to the study has been sincere, scientific and analytical.

The Internship is in fulfillment of the course requirements.

I wish him all success in all his future endeavors.



Dr. Ashok Kaushik
Dean, Academics and Student Affairs
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Dr. Sandesh Kumar Sharma
Associate Professor
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District Programme Management Unit

Health Department

District Panchayat – Porbandar

મુખ્ય જિલ્લા આરોગ્ય અધિકારીશ્રીની કચેરી,

આરોગ્ય વિભાગ,

જિલ્લા પંચાયત ભવન, પોરબંદર,

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ફોન નં. (૦૨૮૬) ૨૨૪૨૭૩૧-૨૨૧૧૦૮૩

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The certificate is awarded to

Mr. Manu Sharma

In recognition of having successfully completed her

Internship in the department of

District Health Society – Porbandar, Gujarat

He has successfully completed her project on

A study of KAP analysis of WASH Among lactating mother in Porbandar District.

Date – 08/05/2017

Organization – National Health Mission, Gujarat

He comes across as a committed, sincere and diligent person who has a strong drive and zeal for learning.

We wish her all the best for future endeavours.

મુખ્ય જિલ્લા આરોગ્ય અધિકારીશ્રી કચેરી
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Health Department, Porbandar

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that the dissertation titled **“A Study on Knowledge and Practice on Water, Sanitation and Hygiene (WASH) among Mothers Groups of Under-2 Children in Porbanadr, Gujarat”** and submitted by **Manu Sharma** Enrollment No. **IIHMR-U/01/2015-17/20/ 0300** under the supervision of **Dr. Sandesh Kumar Sharma** for award of MBA in Hospital and Health Management in Health and Hospitals of the University carried out during the period from 6th February to 5th May embodies my original work and has not formed the basis for the award of any degree, diploma associate ship, fellowship, titles in this or any other institute or other similar institution of higher learning.

Manu Sharma

Signature

Manu Sharma

THE IIHMR UNIVERSITY, JAIPUR

CERTIFICATE BY SCHOLAR

This is to certify that all ethical issues have been considered while collecting data for my dissertation titled "A Study on Knowledge and Practice on Water, Sanitation and Hygiene (WASH) among Mothers Groups of Under-2 Children in Porbanadr, Gujarat" at "NHM Gujarat".

Manu Sharma

Signature

Manu Sharma

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INTRODUCTION:

Communicable diseases continue to be the major contributor to global morbidity and mortality. According to WHO estimates, 3.8 million children aged less than five die each year from diarrhea and acute respiratory tract infections. An estimated 88 percent of diarrheal deaths worldwide are attributable to unsafe water, inadequate sanitation and poor hygiene. Clean water and hand-washing are viewed as the most cost effective intervention for preventing diarrheal diseases. Various studies have highlighted that simple act of hand-washing and basic hygiene behavior could prevent diarrhea, acute respiratory infection and skin infections. Despite much evidence supporting the effectiveness of personal hygiene behavior, they are yet to be practiced widely. It is observed that young children and their mothers in developing countries fail to wash their hand adequately after fecal contact. Magnitude of the problem is more in urban slums and rural area with reduced access to safe water and sanitation.

Children from poorest urban and rural area are three times more likely to die before the age of five than children from wealthiest urban and rural areas. Understanding usual hand-washing is an important baseline assessment for any programme intended to improve sanitation, hand hygiene and water quality. However, there are limited data that have assessed the hand hygiene behavior of children and their mothers particularly in slums

Keeping this in view the present study was taken up to understand the knowledge, attitude and practices relating to hand-washing and safe water source in Porbandar district mothers of 0-2 year aged child. The objective of the study was to access handwashing behavior among the participants so as to identify and overcome barriers to proper hand hygiene practices.

REVIEW OF LITERATURE:

Communicable diseases continue to be the major contributor to global morbidity and mortality. According to WHO estimates, 3.8 million children aged less than five die each year from diarrhoea and acute respiratory tract infections [1]. Inadequate and unsafe water, poor sanitation, and unsafe hygiene practices are the main causes of diarrhoea, which results in at least 1.9 million under-5 child deaths annually. Diarrhoea morbidity rates are also increasing - children in developing countries suffer from average four to five debilitating bouts of diarrhoea per year, which can cause and exacerbate malnutrition and result in long-term growth stunting. Water, sanitation and hygiene (WASH) are also linked to many other diseases including helminth infections, dracunculiasis, trachoma, cholera, fluorosis and arsenicosis [2].

The sustainable development Declaration and the Goals recognize the importance of safe drinking water and sanitation to meet the global commitments. Water and sanitation are at the very core of sustainable development, critical to the survival of people and the planet. It's not only addresses the issues relating to drinking water, sanitation and hygiene, but also the quality and sustainability of water resources worldwide. WASH is a key input for the achievement of universal primary education and reductions in child mortality (Goals 2 and 4) and is directly linked to the eradication of poverty and hunger, the empowerment of women, improvements in maternal health and the reduction of diseases (Goals 1, 3, 5 and 6) [2].

From the 42 studies reporting hand washing prevalence Freeman et al estimate that approximately 19% of the world population washes hands with soap after contact with excreta. Meta-regression of risk estimates suggests that handwashing reduces the risk of diarrhoeal disease by 40% (risk ratio 0.60, 95% CI 0.53–0.68) [3].

India has made steady progress in reducing deaths in children younger than 5 years, with total deaths declining from 2.5 million in 2001 to 1.5 million in 2012. [4] Remarkable reduction was possible due to the inception and success of many universal programs like expanded program on immunization, program for the control of diarrheal diseases and acute respiratory infection. Even though the deaths among children under-5 years have declined, the proportional mortality accounted by diarrheal diseases still remains high. Diarrhea is the third most common cause of death in under-five children, responsible for 13% deaths in this age-group, killing an estimated 300,000 children in India each year.[5] Information on diarrheal diseases, its determinants in India and preventive and control strategies in light of recent developments need to be reviewed for better planning and organization of health services within the community.

In a study conducted in Gujarat, India it was observed that, out of 384 cases, 330 women (86%) always washed their hands before cooking food while 16 women (4%) never washed their hands prior to cooking. 93% of these women always washed hands before eating food, of which 31% washed with soap. [6].

However, there are limited data that have assessed the water, sanitation & hand hygiene behavior of mothers of under two years children in Porbandar district, Gujarat. Keeping this in view present study was taken up to assess the water & sanitation facilities available to the mothers of under two years children & their knowledge & practices regarding hand washing.

RATIONALE:

Safe water and adequate sanitation are basic to the health of every person on the planet, yet many people throughout the world do not have access to these fundamental needs. An important step towards resolving this global crisis is to understand its magnitude. This study will conduct to provide a true picture of porbandar district.

RESEARCH QUESTION:

What is the knowledge on water sanitation and hygiene (WASH) among mothers of under-2 children?

What is the practice on water sanitation and hygiene (WASH)?”

OBJECTIVES:

To study the understanding about WASH among Mother Group of under-2 year children

RESEARCH METHODOLOGY:

Study design: Cross sectional study

SAMPLING TECHNIQUE: Purposive sampling, to reach target population (Under 24 Months aged child mother)

DATA SOURCE:

Primary Data: Semi-structured questionnaire.

SETTING: Porbandar is a district of Gujarat state. In 2011, Porbandar had population of 585,449 of which male and female were 300,209 and 285,240 respectively. In 2001 census, Porbandar had a population of 536,835 of which males were 275,821 and remaining 261,014 were females.

DURATION OF STUDY: February 2017 to April 2017

SAMPLE SIZE: 100 Lactating mothers, who having child's age 0-2 Years.

That will be enlisted from following block of Porbandar districts of Gujarat state.

District	Taluka	No. of Participant
Porbandar	Kutiyana	40
Porbandar	Ranavav	60

Under Kutiyana Block-2 PHC

Under Ranavav Block comes-3 PHC

From every PHC 20 Households

SAMPLE SELECTION:

Inclusion criteria: Mother having 0-2 years child.

Exclusion criteria: Pregnant women, Non responsive mother

DATA COLLECTION PROCEDURE:

Semi-structured survey questioner will be used to gather focused, quantitative data. All data will be collected by using of ODK tool kit.

DATA ANALYSIS PROCEDURE:

The study is based on household survey. As technical tool Excel will be used for further explanations.

ETHICAL CONSIDERATIONS: Verbal informed consent, data security, privacy, and confidentiality.

RESULTS

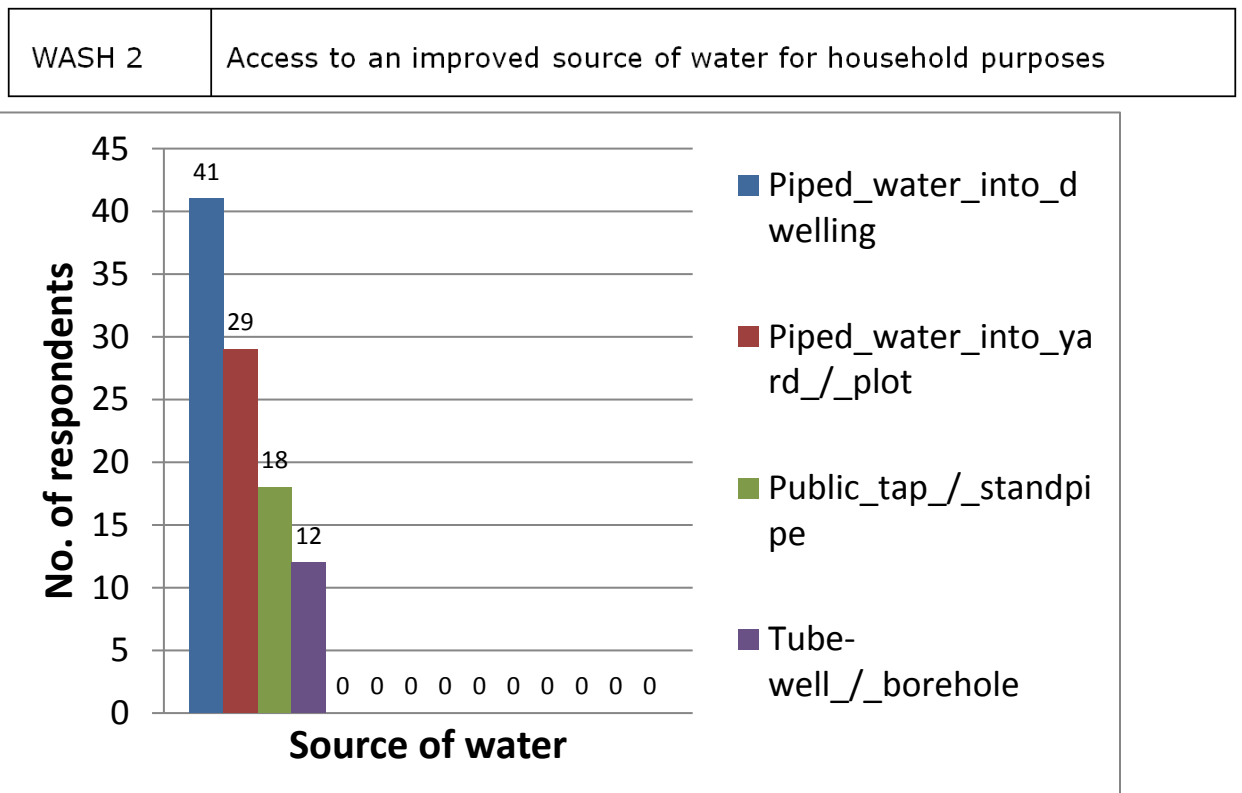
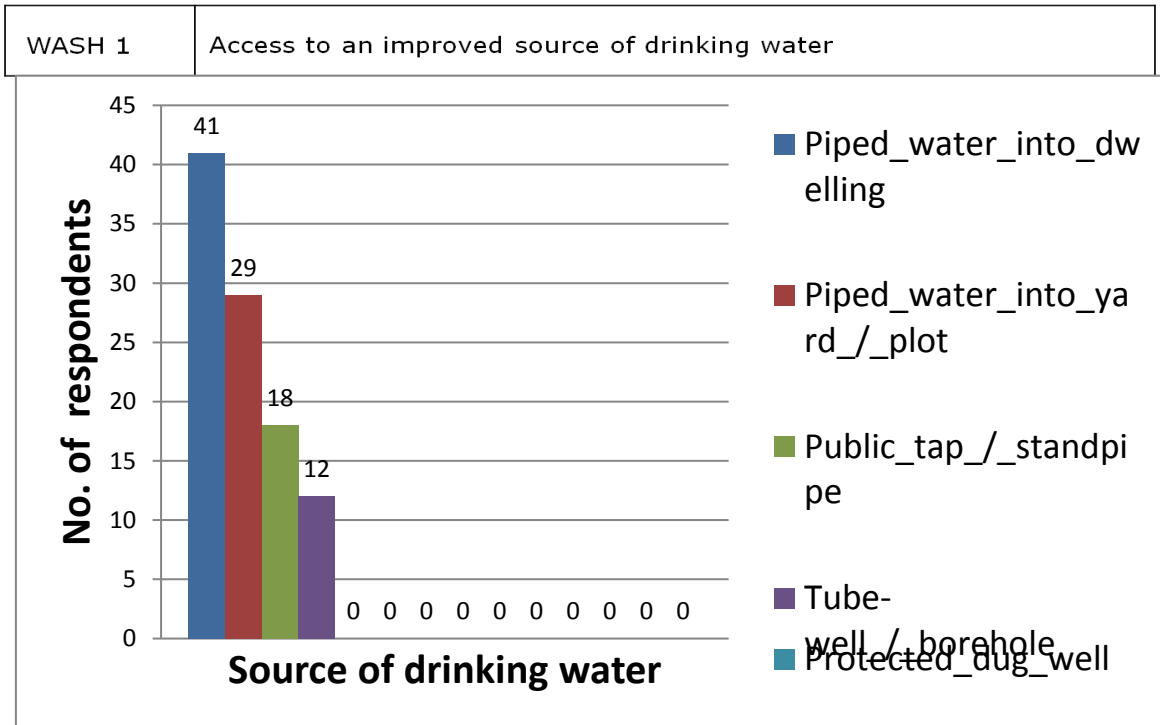
Social Demographic profile

Variables	Characters	No. %
Age Group	<19	9
	20-29	79
	30-39	12
Residence	Rural	68
	Urban	32
Religion	Hindu	88
	Muslim	12
Caste	General	44
	OBC	12
	SC	13
	ST	31
Education	Illiterate	10
	Primary	17
	Middle	23
	Secondary	32
	Higher secondary & above	18
Occupation	Homemaker	87
	Working	13
Type of Family	Nuclear	67
	Joint	33

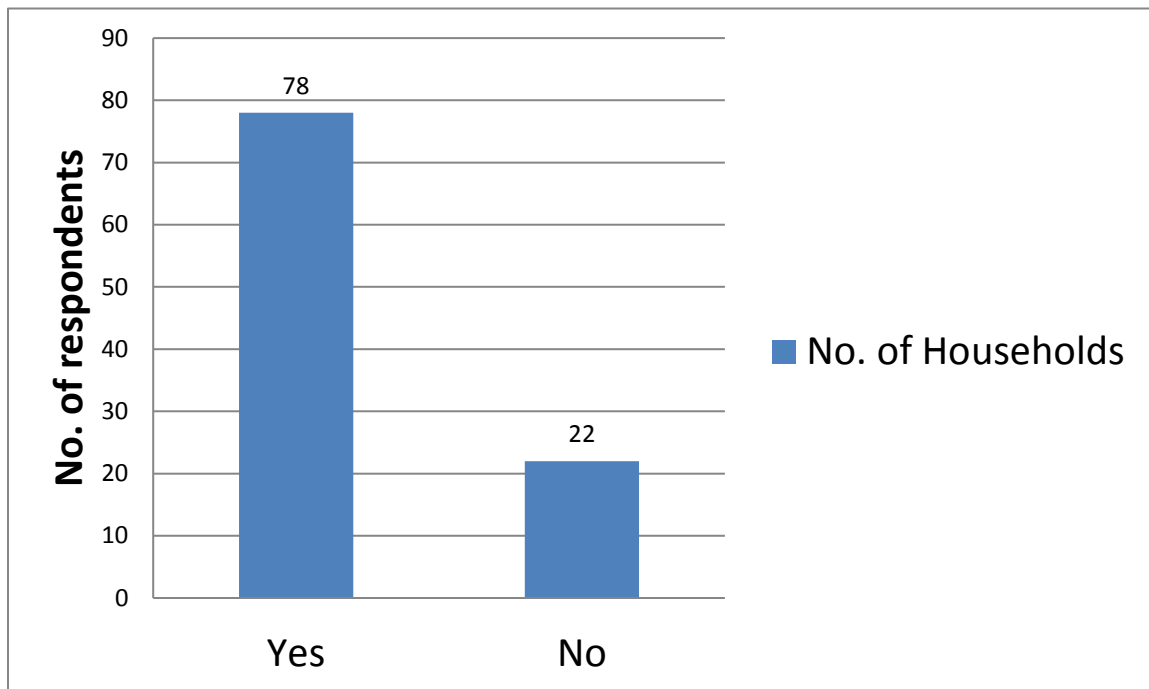
The WASH indicators are

WASH1	Access to an improved source of drinking water
WASH2	Access to an improved source of water for household purposes
WASH3	Access to an improved water source
WASH4	Adequate water treatment
WASH5	Probable safe drinking water
WASH6	Access to an improved sanitation facility
WASH7	Sanitary disposal of children's faeces
WASH8	Knowledge of five critical moments for hand washing

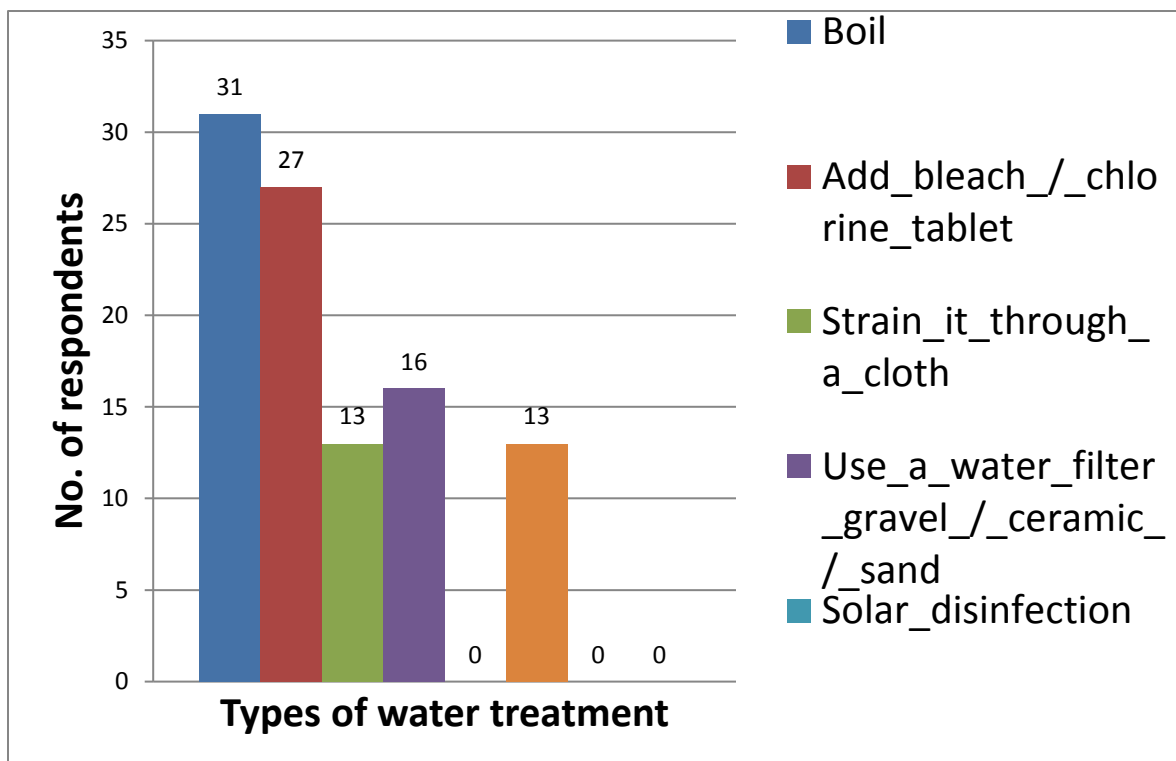
RESULTS



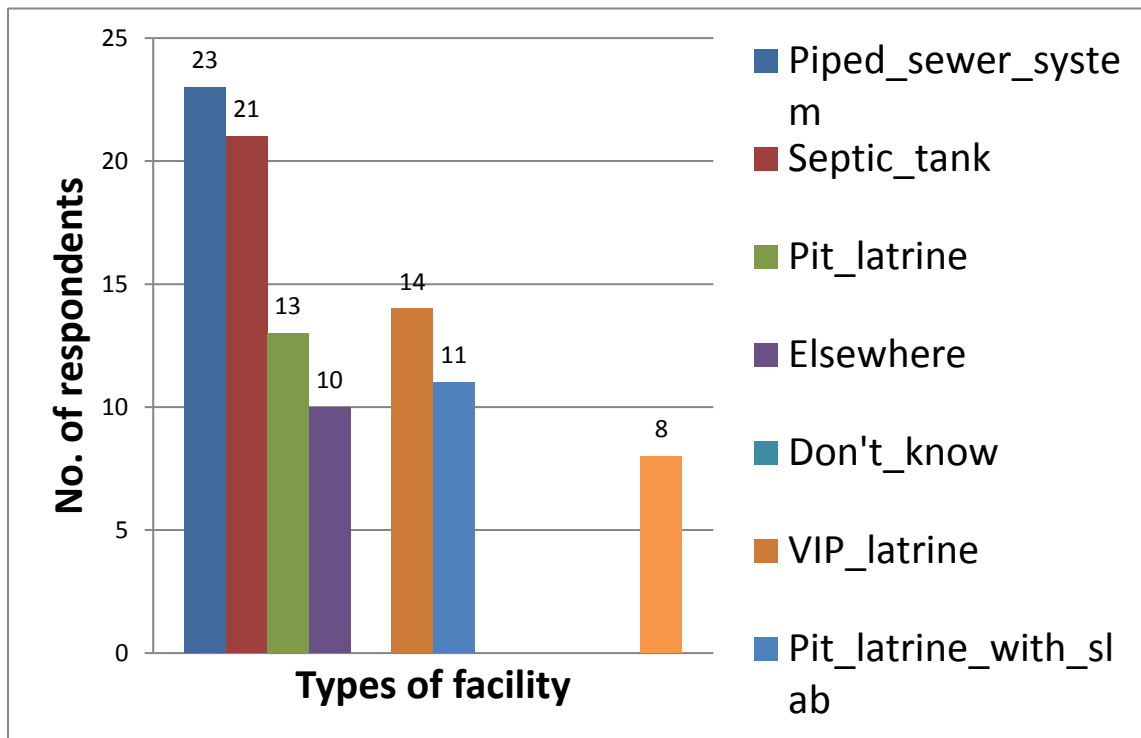
WASH 3	Access to an improved water source
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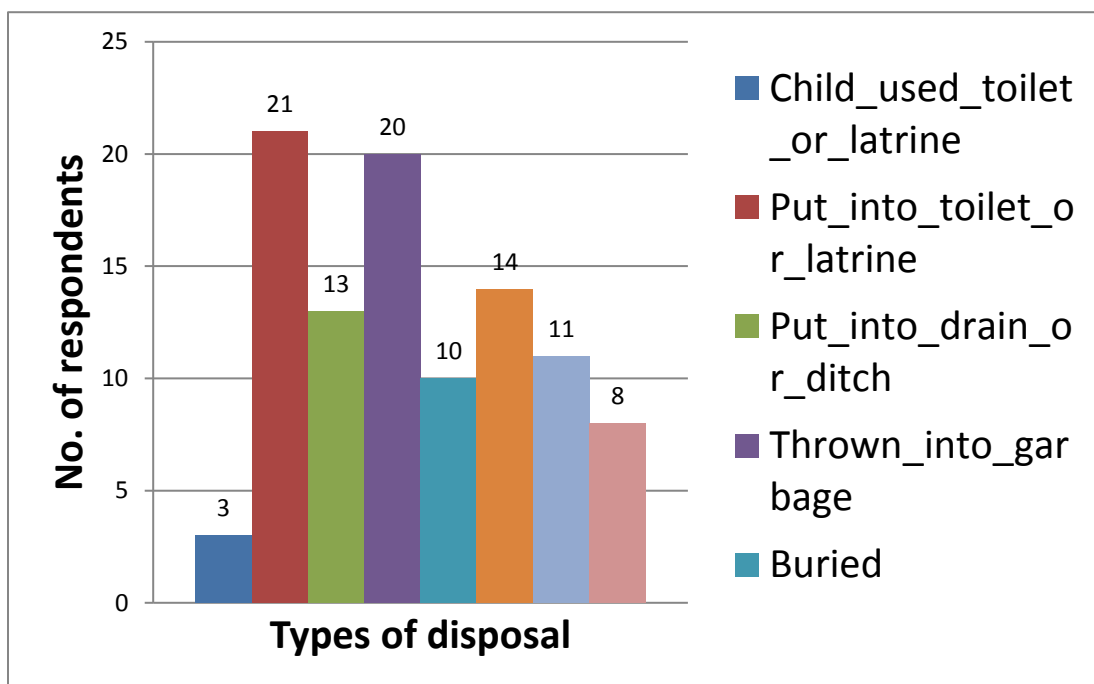
WASH 4	Adequate water treatment
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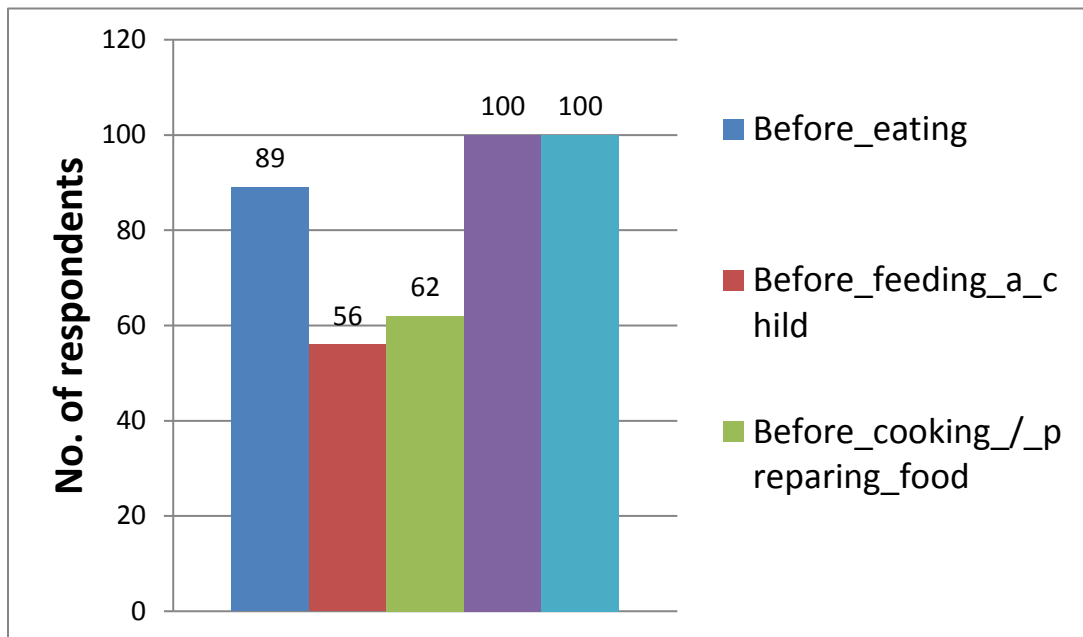
WASH 6	Access to an improved sanitation facility
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WASH 7	Sanitary disposal of children's feces
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WASH 8	Knowledge of five critical moments for hand washing
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Findings

- This study shows that only 78% households use any one or more methods to make safe water.
- More than half mothers are not properly disposing of child faeces.
- 92% of people have access to an improved sanitation facility. Only 8% of people go for open defecation.
- All mothers do wash their hands after cleaning defecated children and also after defecation.

Conclusions

- The findings showed that there is a gap between knowledge and practice.
- Most of them have a sanitary facility.
- Health workers were doing excellent work but need a little push for motivation.
- They are doing work along with the panchayat to make safe water and also providing chlorine balls.
- There is a lack of availability of chlorine balls, which is the main reason for the unavailability of safe water.

Recommendations

- There is a need to provide some more information about WASH-related diseases so they can prevent them.
- People have knowledge but need to change their behavior.
- IEC/BCC campaigns should be used for more informative awareness.
- Mothers should be educated about proper disposal of child faeces.

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Annexure-I

W1 : What is the main source of drinking water for members of your household?

Piped water into dwelling
Piped water into yard/plot
Public tap/standpipe
Tube-well/borehole
Protected dug well
Unprotected dug well
Protected spring
Unprotected spring
Rainwater collection
Bottled water
Cart with small tank /drum
Tanker-truck
Surface water (river, dam, lake, pond, stream
channels)
Other

W2 : What is the main source of water used by your household for other purposes such as cooking and hand washing?

Piped water into dwelling
Piped water into yard/plot
Public tap/standpipe
Tube-well/borehole
Protected dug well
Unprotected dug well
Protected spring
Unprotected spring
Rainwater collection
Bottled water
Cart with small tank /drum
Tanker-truck
Surface water (river, dam, lake, pond, stream
channels)
Other

W3 : Do you do anything to make water safer to drink?

Yes
No

W4 : What do you usually do to the water to make it safer to drink?

Boil
Add bleach / chlorine tablet
Strain it through a cloth
Use a water filter gravel/ceramic/sand
Solar disinfection
Let it stand and settle
Other
Don't know

W5 : What kind of toilet facility do members of your household usually use?

Piped sewer system
Septic tank
Pit latrine
Elsewhere
Don't know
VIP latrine
Pit latrine with slab
Pit latrine without slab
Composting toilet
Bucket
Hanging latrine
No facilities or bush or field

W6 : Do you share this facility with other households?

Yes
No

W7 : The last time NAME OF CHILD passed stools, what was done to dispose of the stools?

Child used toilet / latrine
Put into toilet or latrine
Put into drain or ditch
Thrown into garbage
Buried
Left in open
Other

W8 : Please tell me all of the occasions when is it important for you to wash your hands.

Before eating

Before feeding a child

Before cooking/preparing food

After defecation/ urination

After cleaning a child that has defecated