A Study on Knowledge and Practice on Water, Sanitation and Hygiene (WASH) among Mothers Groups of Under-2 Children in Porbanadr, Gujarat

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Introduction

- Water and sanitation are at the core of sustainable development, critical to the survival of people and the planet.
- 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.
- Infectious diseases such as pneumonia and diarrhoea are still main killers of children under age five in India.
- In 2015, pneumonia is estimated to account for about 15% of the 1.2 million under-five deaths in India. Diarrhea accounts for about 9%.

- WASH is a key input for the achievement of universal primary education and reductions in child mortality and is directly linked to the eradication of poverty and hunger, the empowerment of women, improvements in maternal health and the reduction of diseases.
- Hand washing is a very important public health tool in disease control. The control of some of the leading causes of under-five morbidity and mortality is greatly enhanced when mothers and other care-givers adopt appropriate hand washing practices.

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 crisis is to understand its magnitude. This study was conducted to provide a true picture of porbandar district.

Methodology

- RESEARCH QUESTION:

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

  What are the practices on water sanitation and hygiene (WASH)?

- OBJECTIVES:

  To study the knowledge and practices about WASH among Mother Group of under-2 year children

RESEARCH METHODOLOGY:

- RESEARCH DESIGN: Cross sectional study

- 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..

- DURATION OF STUDY: February 2017 to April 2017 (3 Months)

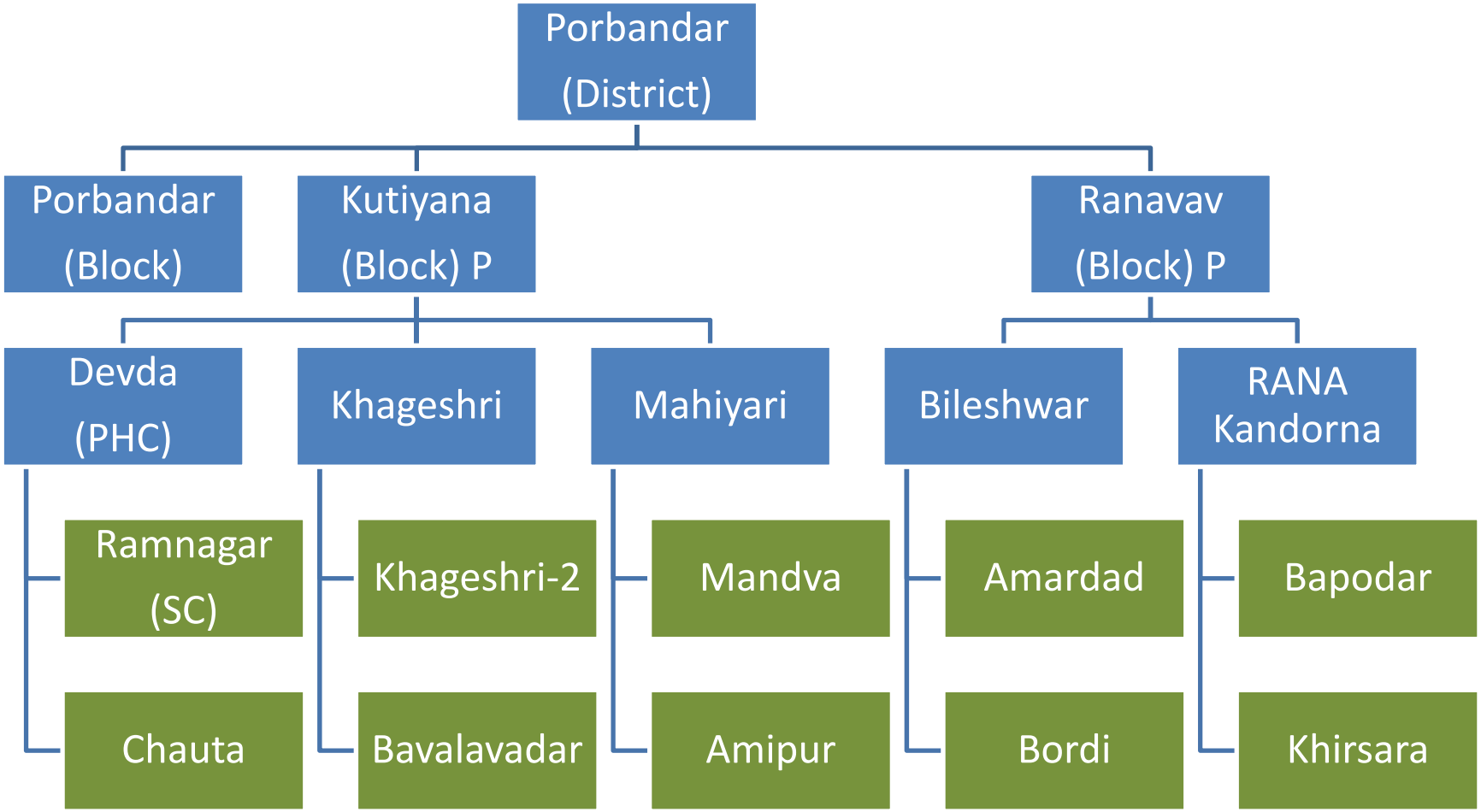
- SAMPLING TECHNIQUE: Purposive sampling, to reach target population (Under 2 Years aged child's mother)

- SAMPLE SIZE: 100 mothers, who have children of age 0-2 years.

- DATA TOOL:

  Primary Data: Semi-structured questionnaire.

* Mother were selected for interview form priority block of Porbandar districts of Gujarat state.



*From Every Sub center 10 Mothers were interviewed.

- SAMPLE SELECTION:

  Inclusion criteria: Mother having 0-2 year's Child.

  Exclusion criteria: Pregnant women, Non responsive mother

- DATA COLLECTION PROCEDURE:

  Semi-structured questionnaire is used to gather data.

  All data is collected by using of ODK tool kit.

- DATA ANALYSIS PROCEDURE:

  The study is based on household survey. Microsoft Excel, graphs are used for further explanations.

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

Social Demographic profile

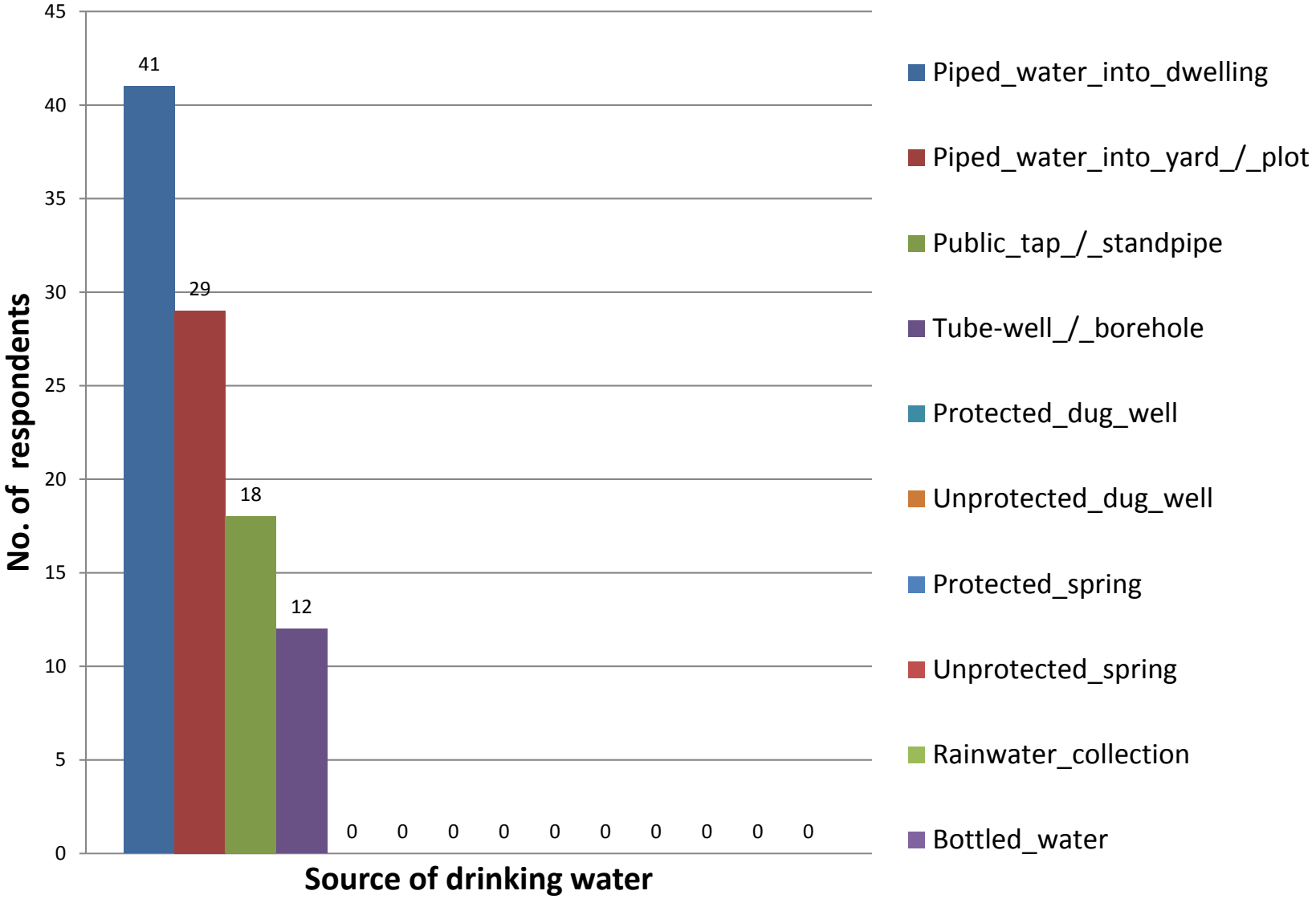
Variables	Characters	No. %
Age Group	<19 20-29 30-39	9 79 12
Residence	Rural Urban	68 32
Religion	Hindu Muslim	88 12
Caste	General OBC SC ST	44 12 13 31
Education	Illiterate Primary Middle Secondary Higher secondary & above	10 17 23 32 18
Occupation	Homemaker Working	87 13
Type of Family	Nuclear Joint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

The WASH indicators are

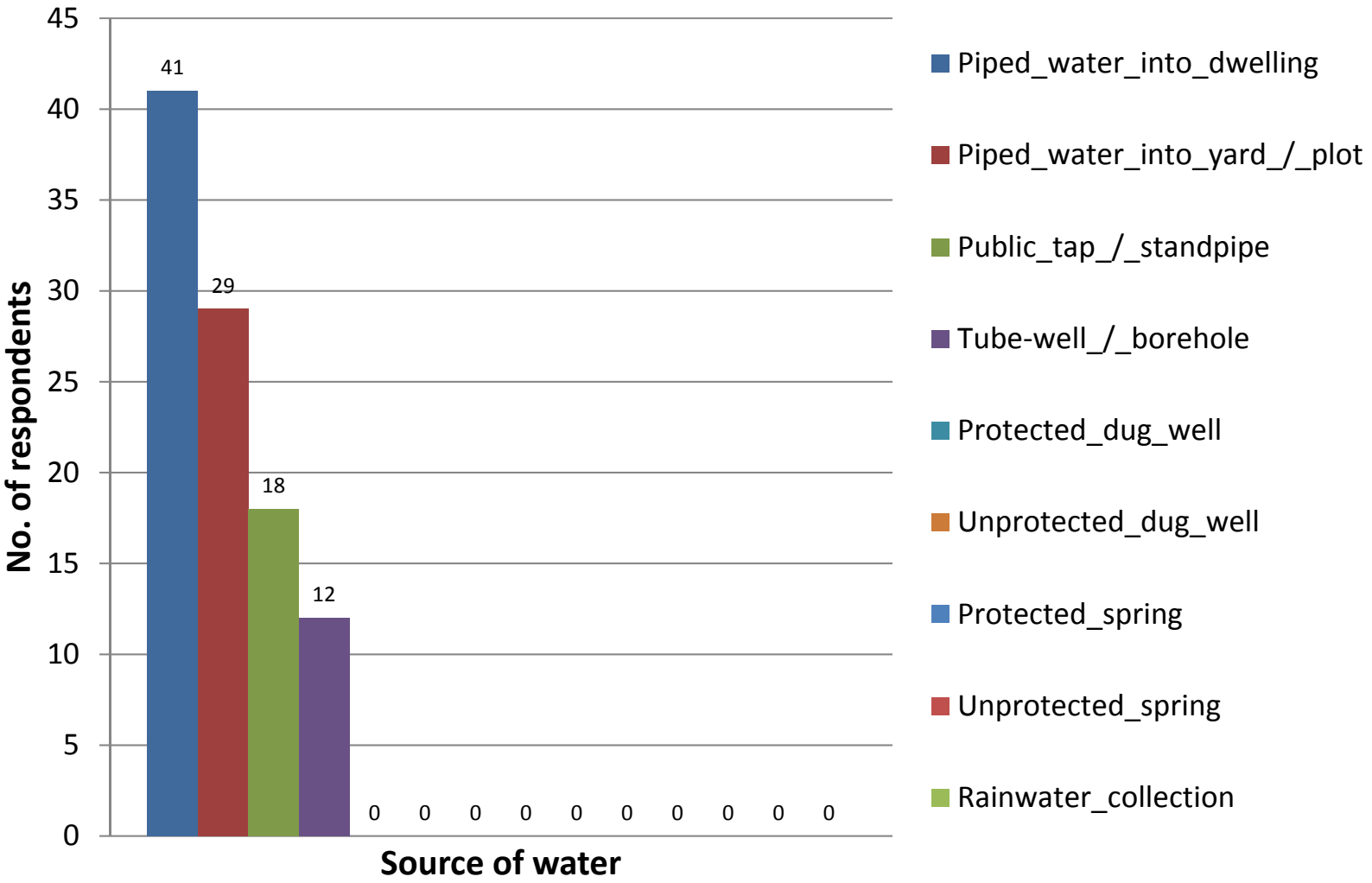
WASH1	Access to an improved source of drinking water
WASH2	Access to an improved source of water for household purposes
WASH3	Access to an improved water source
WASH4	Adequate water treatment
WASH5	Probable safe drinking water
WASH6	Access to an improved sanitation facility
WASH7	Sanitary disposal of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

RESULTS

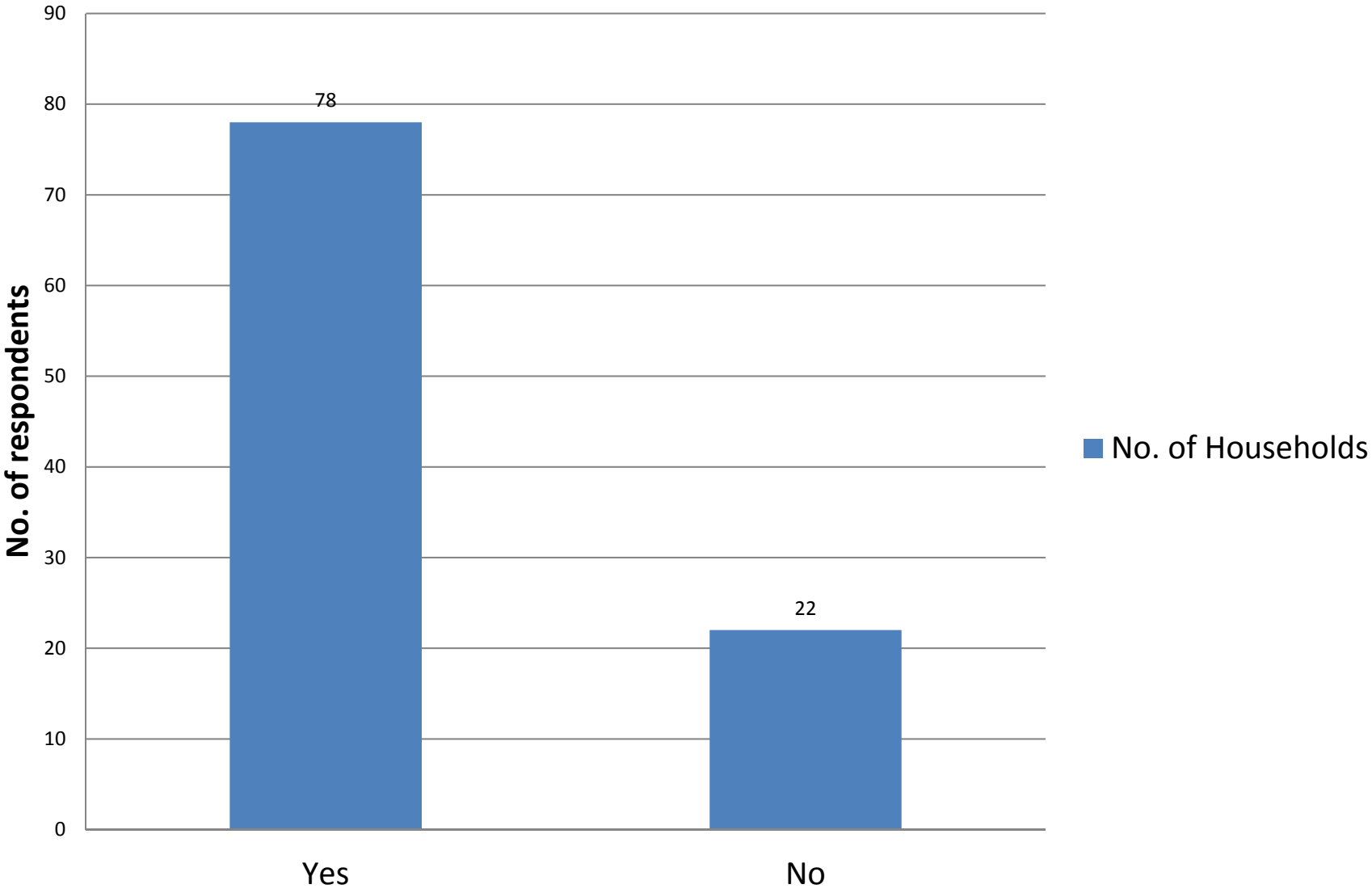
WASH 1	Access to an improved source of drinking water



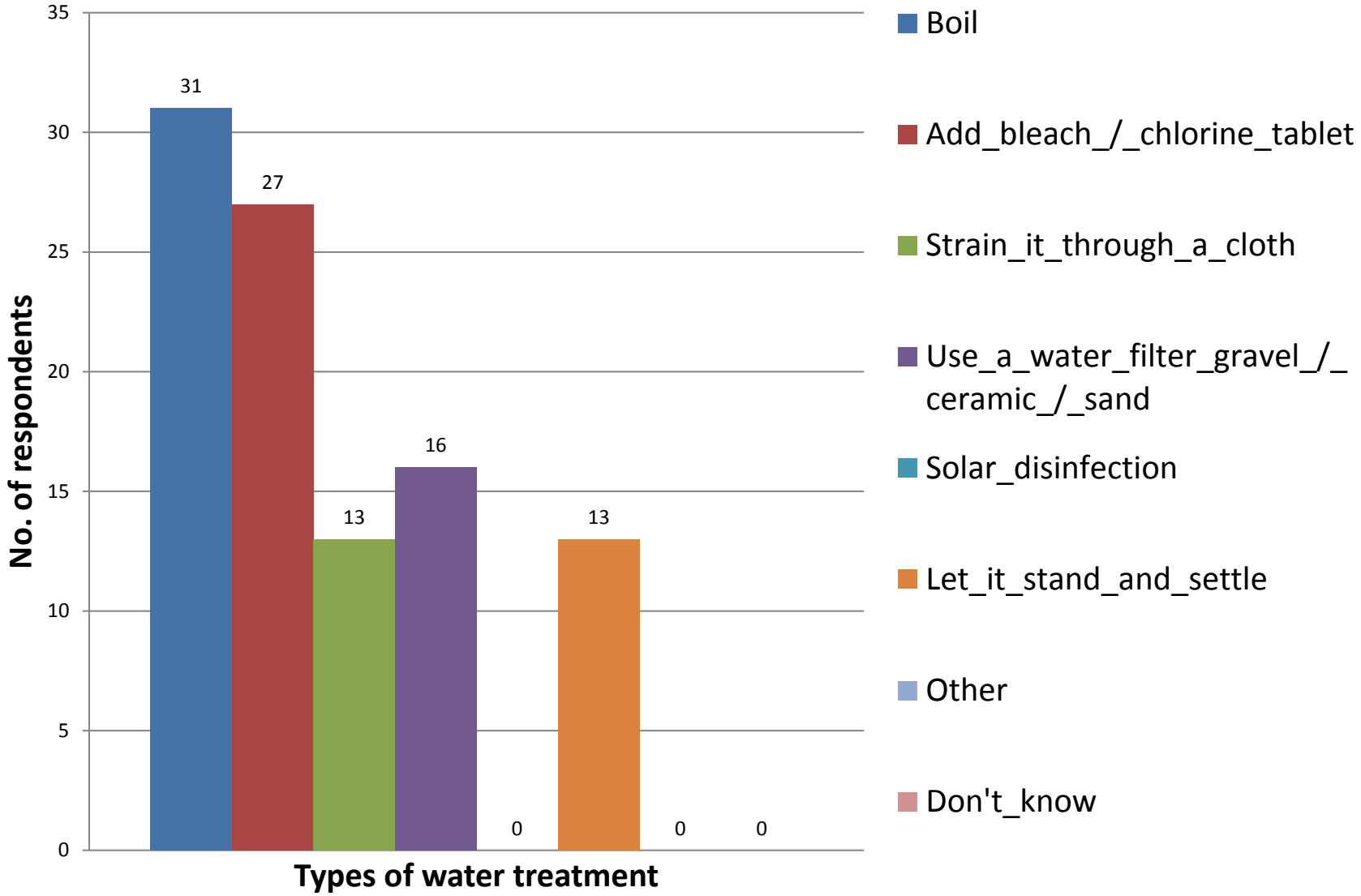
WASH 2	Access to an improved source of water for household purposes



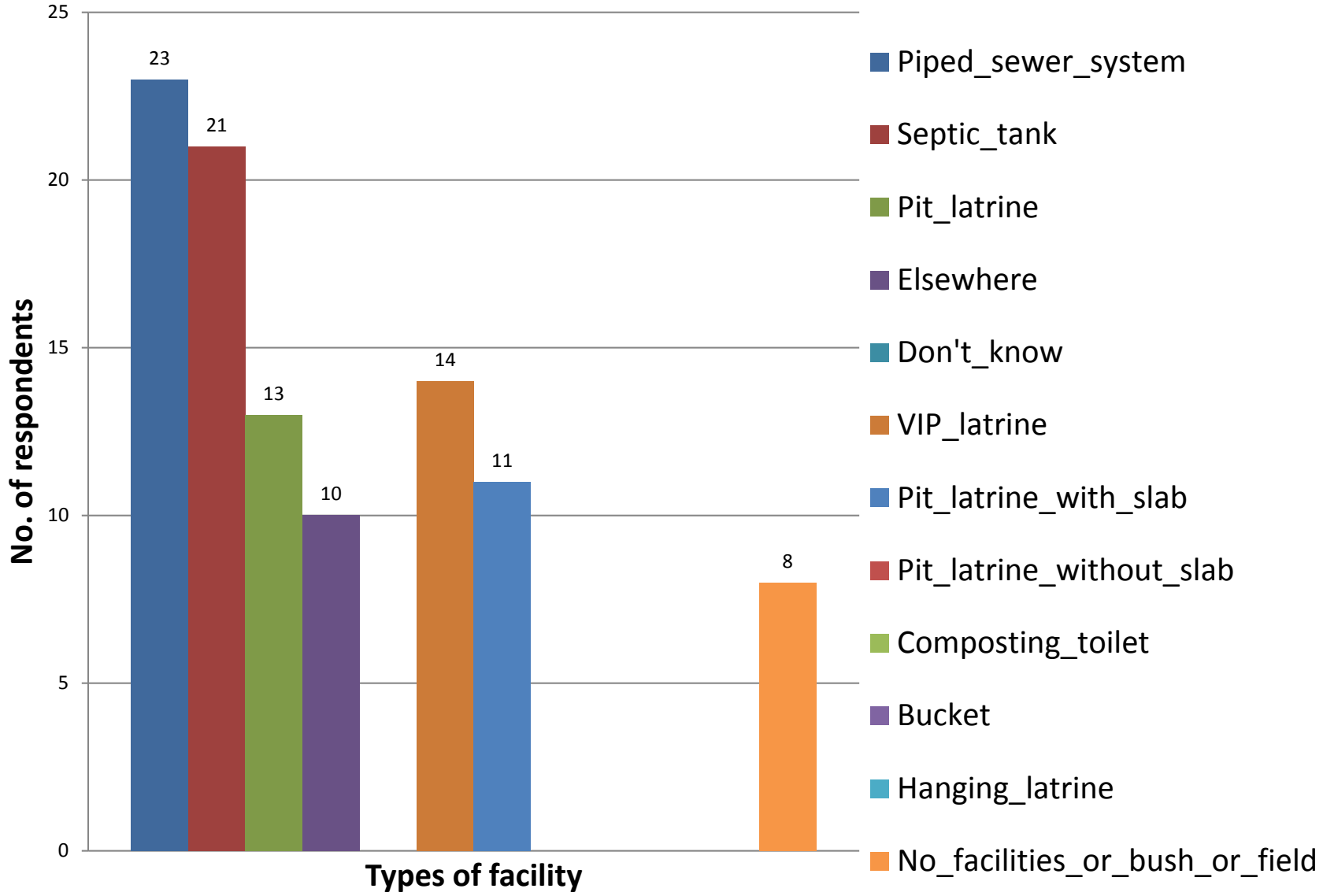
WASH 3	Access to an improved water source



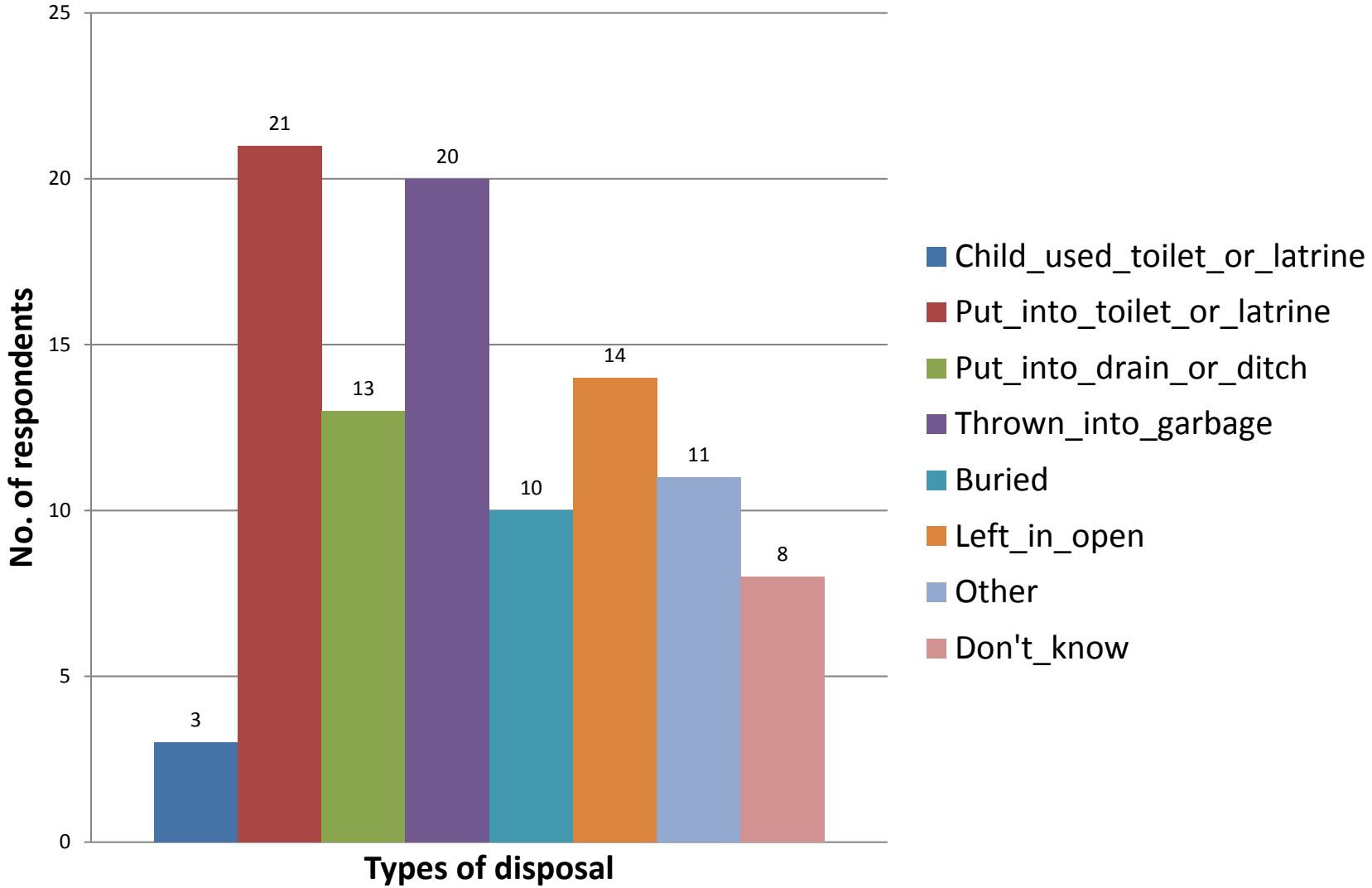
WASH 4	Adequate water treatment



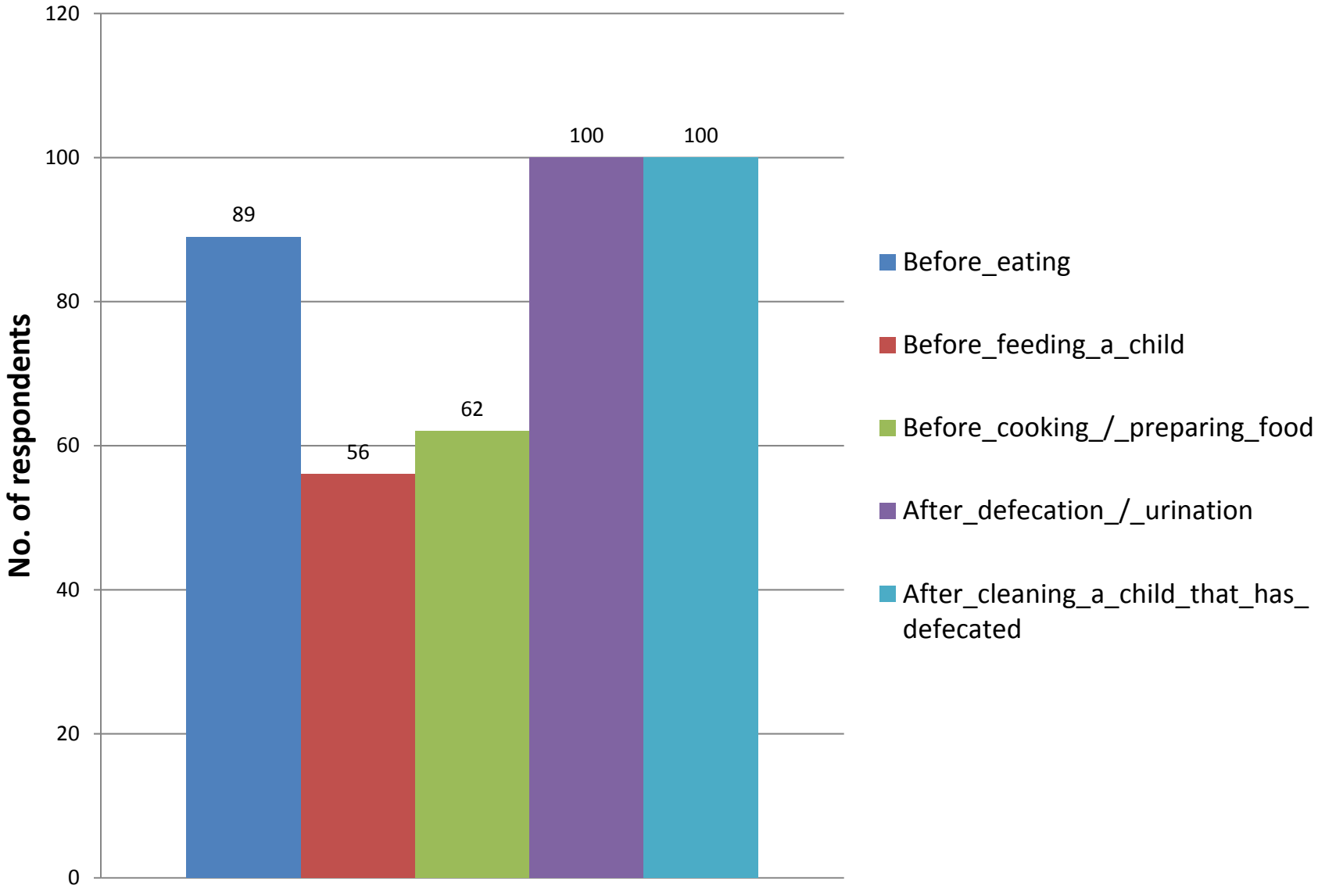
WASH 6	Access to an improved sanitation facility



WASH 7	Sanitary disposal of children's fasces



WASH 8	Knowledge of five critical moments for hand washing



Findings

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

Conclusions

- The findings showed that there is a gap between knowledge and practice.

- Most of them having sanitary facility.

- Lack of awareness about all 5 critical for hand washing. In all of them before feeding hand washing practice is very less.

Recommendations

- People have knowledge but need to change in behavior.
- IEC/BCC campaign should be used for more informative awareness.
- Mother should be educated about proper disposal of child faeces.
- Health workers need a little push for motivation to work better.
- They are doing work along panchayat to make safe water and also providing chlorine balls.
- There should be proper supply for chlorine balls to ensure availability in every village.

THANK YOU