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## Awareness on health, hygiene and sanitation of rural women: Village level study

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### Abstract

The currently study was conducted in Samastipur district of Bihar with the aim to analyse the impact of awareness and adoption of health, hygiene and sanitation on rural women. From Samastipur district one block was selected (Pusa block) purposively. From Pusa block 2 villages (Harpur and Bhuskaul) were selected randomly. Following random Stratified Sampling technique, 60 respondents (women) were selected from both villages, comprising total 120 respondents from the study area. A structured Interview Scheduled was used to obtain relevant information from the respondents. The findings revealed that the impact of awareness on health, hygiene and sanitation of rural women with Pearson Samples Test value of 6.019 (p-value = 0.001) revealing that awareness was significant at one percent level of probability. Additionally, the confidence interval, which includes both the lower and upper bounds, was significant at a 99 percent confidence level. In light of these findings, it can be concluded that awareness on health, hygiene and sanitation was higher in Bhuskaul village compared to Harpur village.

**Keywords:** Awareness, health, hygiene, impact, rural women, sanitation

### Introduction

Women are concerned about access to health care services. Women face significant health challenges, such as self-denial and a lack of a safe venue in which to speak openly and obtain a trained medical specialist. Civilized civilizations value cleanliness, sanitation, and hygiene. Sanitation is crucial for long-term socioeconomic prosperity and well health. The poor social position of Indian women in many areas of life is directly linked to their health. Indian women are typically overlooked as financial liabilities, despite their contributions to families. They frequently have limited autonomy and are ruled by their sons, spouses, and fathers in the family.

Kumar and Mishra (2016) [6] mentioned that nations such as India confronted an issue in which open defecation is widespread and the number of people who do it is exceedingly significant. Another cause for low sanitation coverage in India is people's lack of desire or understanding, as well as a lack of affordable sanitation solutions. There are many people, particularly women, had physical, social, and emotional health issues as a result of a lack of access to sufficient sanitary facilities. According to the study, negative health repercussions associated with contaminated water, inadequate sanitation, and unsanitary surroundings that an individual is exposed to are detrimental to their health (Caruso *et al.* (2017) [2].

Kaur *et al.* (2015) [5] suggested that mothers' knowledge plays an important role in the nutritional status of their children; adequate awareness of numerous elements of feeding practices throughout pregnancy and infancy is critical, because knowledge of child nutrition and caring practices can be predicted to have a significant impact on their children's nutritional status. Water, sanitation, and hygiene (WASH) have an impact on linear growth in early infancy. Improved sanitation and hygiene practices, according to the study, have been associated to a lower prevalence of stunting growth in children in rural India (Rah *et al.* (2015) [8]. Karjee *et al.* (2023) [4] concluded that using sanitary routines during the menstrual cycle protects women's health and promotes their overall well-being. Women's education is one aspect that influences their general cleanliness behaviours during menstruation. Poor education and a lack of awareness contribute to unsanitary practices in terms of cleaning and sanitation. The survey also determined that poor socioeconomic status, lack of access to clean and safe drinking water, restroom facilities, and harmful dietary items are major health hurdles (Patel *et al.* (2022) [7].

Brahmanandam and Nagarajan (2021) [1] hand hygiene is notably recognized as one of the most important infection control measures since it technically prevents the transmission of microorganisms in medical settings. Jena. K (2018) [3] stated that cleanliness in the community is a significant problem for environmental sustainability. People are failing to stay fit and healthy, either intentionally or unintentionally, and many are ignorant of the benefits of hand washing. He went on to say that regular hand washing is essential after defecation, as well as before and after eating, and that its absence leads to the spread of hundreds of diseases in society. Veerapu *et al.* (2016) [9] mentioned that the spread of disease-causing microorganisms is sustained by poor hand washing habits and restricted access to sanitary facilities. People's cleanliness and hygiene habits are what mostly determine community health. Health education helps individuals adopt or maintain a good, healthy habit by increasing their understanding of sanitation issues, changing their attitudes towards it, and improving their level of expertise in these areas.

After reviewing numerous studies, only a handful have been undertaken on this specific topic, particularly in locations where many underlying instances are not reported and many people are unaware of the importance of personal health, cleanliness, and sanitation. The current study was entailed with objective:

To determine the awareness level of health, hygiene and sanitation among rural women.

**Methodology**

Ex-post-facto design of research was used for conducting the study. The present study was conducted purposively in Bihar state. Samastipur district was selected and one block was selected (Pusa block) purposively. From Pusa block 2 villages (Harpur and Bhuskaul) were selected randomly. Following random Stratified Sampling technique, 60 respondents (women) were selected comprising total 120 respondents from the study area. A structured Interview Scheduled was used to obtain relevant information from the respondents. Secondary data were gathered from a variety of reliable

sources including published reports, research papers, statistical manuals and so on as well. For the purpose of deriving findings and conclusions appropriate statistical tools such as Paired Samples Test was used.

**Results and Discussion**

**Table 1:** Distribution of women according to awareness level (n=120)

Awareness level	Harpur	Bhuskaul		
Mean	8.13	10.35		
SD	2.22	1.96		
Range (min-Max)	<5.90->10.36	<8.38->12.31		
frequency distribution				
Category	f	%	f	%
Low	6	10	10	17
Average	50	83	40	66
High	4	7	10	17
Total	60	100	60	100

As table 1 elicits the data with regard of women's awareness level. It reveals the mean value awareness of women in Harpur village was 8.13 and the average awareness ranged from <5.90 to > 10.36. Standard deviation being at 2.22. The frequency distribution was 10 percent belonged to the low awareness level, 83 percent belonged to the average level and 7 percent belonged to the high awareness level respectively. Hence, it can be concluded that in Village 1 less women have an awareness level and the majority have an average awareness level.

In case of Bhuskaul village, the data represent the mean average of 10.35, where the average awareness ranged from <8.38 to > 12.31 and having standard deviation being of 1.96. The frequency distribution was 17 percent which represented low awareness level, 66 percent belonged to average awareness level and 17 percent belonged to high awareness level. Hence it can be concluded that the awareness level of women in Bhuskaul village has equal frequency distribution for low and high awareness level.

**Table 2:** Paired Samples Test differences between Harpur and Bhuskaul village according to awareness level (n=120)

Group	Mean	Standard Deviation	Standard error Mean	99% confidence interval of the difference		T	Df	Significant
				Lower	Upper			
Pair awareness Bhuskaul & Harpur	2.21667	2.85284	0.36830	1.23634	3.19699	6.019**	59	0.001

\*\*\*t\* value is significant at the 0.01 level (2-tailed).

Relative awareness of both Harpur and Bhuskaul village: Table 2 depicts a t-value of 6.019 (p-value = 0.001) revealing that awareness is significant at one percent level of probability. The lower and upper bounds of the confidence interval demonstrate a significant margin of error at a 99 percent confidence level. Thus, we can confidently say that the awareness level regarding proper health, hygiene, and sanitation is higher in Bhuskaul village compared to Harpur village.

**Conclusion**

The influence of awareness on rural women's health, hygiene and sanitation practices has profound and positive impact. It benefits not only to individual well-being but also healthier communities and more gender equality. Efforts to enhance awareness in these areas should be sustained and expanded to

enable long-term improvements in rural populations' health and living situations. The study tried to see the effect and impact of awareness on health, hygiene and sanitation of rural women in the study area. Awareness about health, hygiene and sanitation is a transformational strength for rural women. It empowers them with the knowledge and skills they need to make healthier choices, protect their families and create improved living circumstances in their communities. The long-term benefits of such understanding go beyond individual well-being, building a culture of health and sustainability that can lead to more resilient and prosperous rural societies as well for the whole nations.

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