

## A Study to Assess the Knowledge, Attitude and Practice of Housewives Regarding Domestic Waste Water Management in Selected Community Areas, Kollam

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**Article History**

*Received: 11.11.2017*

*Accepted: 18.11.2017*

*Published: 30.11.2017*

**DOI:**

10.36347/sjahss.2017.v05i11.025



**Abstract:** Water is a transparent fluid which forms the major constituent of the fluids of living things. The global water crisis claims 3.4 million lives each year. When people gain access to clean water, jobs are created, sickness is prevented, childhood are restored, and communities are transformed. The study was conducted to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam. The objectives of the study were to assess the level of knowledge of housewives regarding domestic waste water management, assess the attitude of housewives regarding domestic waste water management, assess the practice of housewives regarding domestic waste water management and to find out the association between knowledge scores of housewives and selected demographic variables. The researchers used descriptive research design. Convenient sampling method was adopted to select 60 housewives from two nagars of Pallihottam community area under Bishop Benziger community health centre as the samples. The results of the study showed that more than half of the samples (53.33%) possessed poor level of knowledge, 45% had average knowledge and 1.66% had good knowledge regarding waste water management, all the samples had favorable attitude towards waste water management, 36.6% of the samples had poor level of practice, 30% had average level of practice and 33.33% had good level of practice and the socio demographic variables like education and source of information had significant association with knowledge scores. The study concluded that more than half of the samples had good knowledge regarding waste water management, all the samples had favorable attitude towards waste water management and 36.6% of the samples had poor level of practice. The researchers felt that intense education programs on waste water management and more studies to assess the barriers in practice are very important to improve the health of the community.

**Keywords:** Pallihottam community, housewives, health, water management

### INTRODUCTION

Water is a transparent fluid which forms the major constituent of the fluids of living things. Water covers 71% of the Earth's surface. It is vital for all known forms of life. The quantity of water delivered and used for households is an important aspect of domestic water supplies, which influences hygiene and therefore public health. Globally we use 70% of water for agriculture and irrigation and only 10% for household purposes [1].

The global water crisis claims 3.4 million lives each year. When people gain access to clean water, jobs are created, sickness is prevented, childhoods are restored, and communities are transformed [2].

Waterborne diseases are caused by pathogenic microbes that can be directly spread through contaminated water. Most waterborne diseases cause diarrheal illness. Eighty-eight percent of diarrhea cases worldwide are linked to unsafe water, inadequate sanitation or insufficient hygiene. These cases result in 1.5 million deaths each year, mostly in young children among which the usual cause is dehydration. Waterborne diseases also cause malnutrition, skin infections, and organ damage [3].

Poor water quality continues to pose a major threat to human health. Diarrhoeal disease alone amounts to an estimated 4.1 % of the total DALY global burden of disease and is responsible for the deaths of 1.8 million people every year (WHO, 2004). It

was estimated that 88% of that burden is attributable to unsafe water supply, sanitation and hygiene and is mostly concentrated on children in developing countries. A significant amount of disease could be prevented especially in developing countries through better access to safe water supply, adequate sanitation facilities and better hygiene practices [4].

The World Health Organization says that every year more than 3.4 million people die as a result of water related diseases, making it the leading cause of disease and death around the world. Most of the victims are young children, the vast majority of whom die of illnesses caused by organisms that thrive in water sources contaminated by raw sewage [5].

Worldwide 1 out of every 5 deaths of children under five is due to a water related disease. 443 million school days are lost each year due to water related illnesses. In developing countries, 80% of illnesses are due to poor water and sanitation conditions [6].

The failure to provide safe drinking water and adequate sanitation services to all people is perhaps the greatest development failure of the 20th century. The most egregious consequence of this failure is the high rate of mortality among young children from preventable water-related diseases [7].

A recent report by the United Nations says that more than three million people in the world die of water-related diseases due to contaminated water each year, including 1.2 million children. In India, over one lakh people die of water-borne diseases annually [8].

Hence the researchers felt that to assess the knowledge of housewives regarding safe water and waste water management is very essential in this scenario

#### **Statement of the problem**

A study to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam.

#### **Objectives**

- Assess the level of knowledge of housewives regarding domestic waste water management in selected community areas of Kollam
- Assess the attitude of housewives regarding domestic waste water management in selected community areas of Kollam
- Assess the practice of housewives regarding domestic waste water management in selected community areas of Kollam
- Find out the association between knowledge scores of housewives and selected demographic variables

#### **METHODOLOGY**

Descriptive research design was used to conduct the study among housewives in Century and Don Bosco Nagars under Bishop Benziger Community health centre, Pallithottam in Kollam district. Convenient sampling method was adopted to select 60 housewives from two nagars of Pallithottam community area under Bishop Benziger community health centre as the samples.

#### **Tool**

Data were collected by using structured questionnaire for knowledge and practice, and five point likert scale was used to assess the attitude. Confidentiality of the study was assured to the respondents and the consent was obtained. Data was collected by using self administered structured knowledge and practice questionnaire and likert scale.

#### **Analysis and interpretation**

The findings of the study were analysed by using descriptive and inferential statistics. Frequency and percentage distributions were used for analyzing socio demographic variables and the level of knowledge, attitude and practice.

#### **RESULTS**

The researchers conducted the study in 60 samples.

#### **Demographic characteristics:**

- 41.60% of the samples were in the age group of 40-50 years, 25% were in the age group of 30-40 years, 20% were above 50 years and 13.3% were in the age group of 20-30 years.
- Majority of the samples belongs to Christian religion.
- Majority of the samples belongs to BPL.
- Half of the samples possessed secondary level of education, 33.3% possessed primary level of education, 10% had higher secondary level of education and 6.6% had educational status above higher secondary level.
- Majority of the samples were unemployed.
- Majority of the samples (71.66%) had information from home and 25% had information from health workers.

#### **Knowledge**

More than half of the samples (53.33%) possessed poor level of knowledge, 45% had average knowledge and 1.66% had good knowledge regarding waste water management.

#### **Attitude**

All the samples had favourable attitude towards waste water management.

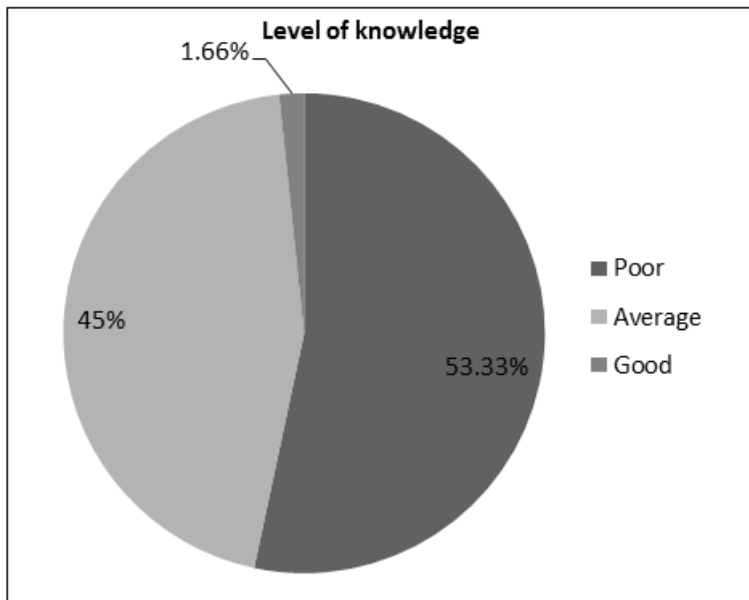
**Practice**

36.6% had poor level of practice, 30% had average level of practice and 33.33% had good level of practice.

**Association**

Education and source of information had significant association with knowledge scores.

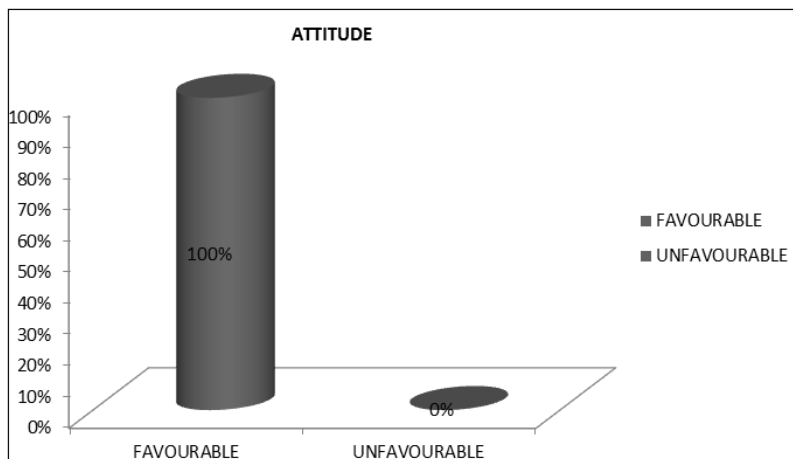
**Analysis of level of knowledge, attitude and practice of housewives regarding domestic waste water management.**



**Fig-1:- Pie diagram showing the percentage distribution of samples according to their level of knowledge regarding domestic waste water management.**

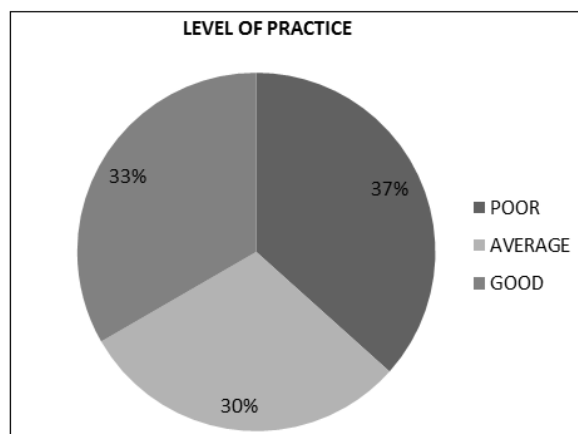
The data depicted in figure 1 shows that 53.33% had poor level of knowledge, 45% had average

level of knowledge and 1.66% had good level of knowledge.



**Fig-2: Cylindrical diagram showing percentage distribution of samples according to their attitude towards domestic waste water management.**

The data depicted in figure 2 shows that all the samples had favorable attitude regarding domestic waste water management.



**Fig-3: Pie diagram showing the distribution of the samples according to their level of practice on domestic waste water management.**

The data depicted in figure 3 shows that 37% of the samples had poor level of practice, 33% had good

level of practice and 30% had average level of practice on domestic waste water management.

**Table-1: Association of knowledge regarding domestic waste water management and selected socio demographic variables.**

Sl/ No	Variables	Df	Table Value	Chi Square Value	Inference
1	Age	6	12.59	5.238	NS
2	Religion	6	12.59	1.178	NS
3	Education	6	12.59	22.01	S
4	Occupation	10	18.31	11.273	NS
5	Socioeconomic Status	2	5.99	1.196	NS
6	Source of information	6	12.59	72.043	S

(n= 60)

**CONCLUSION**

The study was conducted to assess the knowledge, attitude and practice of housewives regarding domestic waste water management in selected community areas, Kollam. The study concluded that the more than half of the samples had good knowledge regarding waste water management, all the samples had favorable attitude towards waste water management and 36.6% of the samples had poor level of practice. The researchers felt that intense education programs on waste water management and more studies to assess the barriers in practice are very important to improve the health of the community.

**ACKNOWLEDGEMENT**

The researchers heartfully acknowledge Mr. Sreenivasan and Mrs. Sherin for their immense support for the study.

**CONFLICT OF INTEREST**

There is no conflict of interest for the present study.

**ETHICAL CONSIDERATIONS**

The study was conducted after obtaining ethical clearance from the institutional ethical

committee and permission from the concerned community area was obtained for conducting the study. Consent was obtained from the housewives who participated in the study. Confidentiality was assured for the samples throughout the study.

**SOURCE OF FUNDING: Self**

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