

# A Study on Health and Hygiene Awareness among Self-help Group Members in Coimbatore District

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## ABSTRACT

Rural Health and hygiene is one of the major challenges that India is facing self-help group members today. High mortality rates are subjected to deprived health facilities in the self-help group members in rural areas of India. More than 70% of India's population is living under the roof of rural setup. These poorly established houses experience not have of proper supply of water and electricity. They manage to get a little water from far away distant places in order to proceed with their daily activities. Apart from this, their situation is vulnerable because of require of education and public health awareness. The key challenges in lack of health awareness and limited access to health facilities. The present study has the objective to study the health and hygiene awareness among self-help group members. The study was conducted on 60 self-help group members of the Coimbatore district. This study concludes that 48.3% of respondents are moderate level of health and hygiene awareness among self-help group members, 33.3% of the respondents are low level of health and hygiene awareness among self-help group members and 18.4% of the respondents are high level of health and hygiene awareness among self-help group members.

**KEYWORDS:** Health, Hygiene and Self-help Group Members

## INTRODUCTION

Health and Hygiene awareness plays an important role in preventing various communicable diseases. Intervention based researches should be conducted widely to address the issue of health and hygiene. Self-help group members of rural area are focused as they are the best ambassadors in the villages to create awareness. Self-help groups (SHGs) are formed on a large scale in India, especially in rural areas. Large numbers of rural women have been enrolled into SHGs by both government and non-government organizations with the aim to empower women. The present study has the objective to study the health and hygiene awareness among self-help group members. The study was conducted on 60 self-help group members of the Coimbatore district. This study concludes that 48.3% of respondents are moderate level of health and hygiene awareness among self-help group members, 33.3% of the respondents are low level of health and hygiene awareness among self-help group members and 18.4% of the

respondents are high level of health and hygiene awareness among self-help group members.

## DEFINITION

### Health

World Health Organization's (WHO) constitution defines health as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity". Necessarily, health has to be defined from a practical point of view and therefore, it has been defined according to life expectancy, infant mortality, and crude death rate, etc.

### Hygiene

The term 'hygiene' is used to refer to the knowledge, behaviour and practices used to break the chain of infection transmission in the home and community. Hygiene education comprises a broad range of activities aimed at changing, knowledge, attitudes and behaviours.

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### Self-help groups

Self-help groups (SHGs) are formed on a large scale in India, especially in rural areas. Large numbers of rural women have been enrolled into SHGs by both government and non-government organizations with the aim to empower women.

### REVIEW OF LITERATURE

**World Health Organization (2008)** estimates that 50 percent of malnutrition is associated with repeated intestinal worm infections from drinking unsafe water or poor sanitation or hygiene. Potable drinking water is crucial to prevent infection and diseases. Presents data on main water source and frequency of water supply. Majority (48.5%) of the respondents use public tap.

**Kaviraj Motakpalli et al. (2013)** conducted that “Health Hygiene among rural women in Rural Field Practice Area of AJIMS, Mangalore in Karnataka: India”. It was found that out of 500 women examined, 63.4% had good personal hygiene, 9.6% had fair personal hygiene, and 27% had poor personal hygiene. Out of the total, 31% of the women had Caries, 15% had fully blocked wax in the ear, 21% had coated tongue, and 11% had skin infections.

**Seenivasan et al. (2015)** conducted that assess the knowledge, attitude, and practice of menstrual hygiene among rural women. The results of the study showed that 57.6% of the women were using napkins, 42.4 % of the women were using cloth during

### Finds of the Study

S.NO	PERSONAL VARIABLES	FREQUENCY	RESPONDENTS	PERCENTAGE
1	Age	30yrs - 45yrs	37	61.7
2	Gender	Female	60	100
3	Educational Qualification	Below 10 <sup>th</sup>	34	56.7
4	Religion	Hindu	40	66.7
5	Family income	5000-10000	41	68.3
6	Place of living	Rural	48	80
7	Number of children's	Two children	34	56.7

- Majority (61.7 percent) of the respondents belong to the age group of 30 to 45 years.
- All (100 percent) of the respondents are Female.
- More than half (56.7 percent) respondents are below 10<sup>th</sup> class.
- Most (66.7percent) of the respondents are Hindu.
- Majority (68.7 percent) of the respondents are family income 5000-10000.
- Majority (80 percent) of the respondents are place of living rural.
- More than half (56.7 percent) of the respondents are two children.

### DISTRIBUTION OF THE RESPONDENTS ACCORDING TO THEIR LEVEL OF HEALTH AND HYGIENE AWARENESS AMONG SELF-HELP GROUP MEMBERS

HEALTH AND HYGIENE	NO. OF RESPONDENTS	PERCENTAGE (%)
High	11	18.4
Moderate	29	48.3
Low	20	33.3
<b>Total</b>	<b>60</b>	<b>100</b>

menstruation, and 86.3 % had knowledge of its proper disposal.

### Methodology of the Study

#### Objectives of the Study

- To study the demographic profile of the respondents.
- To level of health and hygiene awareness among self-help group members.
- To access the difference between demographic profile and level of health and hygiene awareness among self-help group members.

**Research design:** The researcher followed descriptive research design for the study.

**Universe of the study:** The universe of the present study is contact from Coimbatore district.

**Sampling:** 60 self-help group members were selected for data collection by a Convenience sampling is a non-probability sampling technique where subjects are selected because of their convenient accessibility and proximity to the researcher.

**Tools for data collection:** The researcher made use of interview schedule questionnaire. The researcher prepared own questionnaire 5 point likert scale. The Question 32 consists of awareness among self-help group members.

The data were analyzed using various statistical tools like simple percentage, and ANOVA.

## Interpretation

The above table shows that 48.3% of respondents are moderate level of health and hygiene awareness among self-help group members, 33.3% of the respondents are low level of health and hygiene awareness among self-help group members and 18.4% of the respondents are high level of health and hygiene awareness among self-help group members.

## Difference between of demographic profile and level of health and hygiene awareness among self-help group members respondents

Variables	Statistical tool	Value	Result
Age and health and hygiene	ANOVA	F= .000 P<0.05	Significant
Gender and health and hygiene	t-test	t = .163 P>0.05	Not- Significant
Education qualification and health and hygiene	ANOVA	F= .479 P>0.05	Not-Significant
Religion and health and hygiene	ANOVA	F = .000 P<0.05	Significant
Family income and health and hygiene	ANOVA	F= .092 P>0.05	Not- Significant
Place of living and health and hygiene	t- test	t= .078 P>0.05	Not- Significant
Number of children and health and hygiene	ANOVA	F = .002 P< 0.05	Significant

- There is significant difference in the age and health and hygiene of the respondents.
- There is no significant difference in the gender and health and hygiene of the respondents.
- There is no significant difference in the educational qualification and health and hygiene of the respondents.
- There is significant difference in the religion and health and hygiene of the respondents.
- There is no significant difference in the family income and health and hygiene of the respondents.
- There is no significant difference in the place of living and health and hygiene of the respondents.
- There is significant difference in the numbers of children and health and hygiene of the respondents.
- Regular orientation, training, and workshops should be conducted in rural areas.
- Regard to sanitation and hygiene focusing on self-help groups (irrespective of gender) and school children.
- Multiple approaches like street plays, film shows, individual interaction, etc.

## CONCLUSION

The study is indicative of need for developing a supportive health, sanitation and hygiene awareness among the masses, and also to promote healthy sanitation and hygiene practices by using multiple strategies among self-help group members. This study concludes that 48.3% of respondents are moderate level of health and hygiene awareness among self-help group members, 33.3% of the respondents are low level of health and hygiene awareness among self-help group members and 18.4% of the respondents are high level of health and hygiene awareness among self-help group members.

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## Recommendations

- Community based organizations like self-help groups are the effective platform to generate awareness especially in rural areas.
- It is evident from the study that there is significant difference in the knowledge and awareness of self-help group members in pre and post test results.
- Interventions at micro level are imperative to create awareness among the masses.

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