

# Hygiene Practices and Community Well-being in a Rural Setting: The Case of Mhawlewadi Village

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Received: 10-07-2023

Revised: 28-07-2023

Accepted: 13-08-2023

## ABSTRACT

In rural areas, the relationship between hygiene practices and community well-being holds paramount importance due to limited access to resources and healthcare facilities. This study investigates the intricate interplay between hygiene practices and the overall well-being of a rural community. Focused on the unique context of a rural setting, this research aims to comprehensively analyze hygiene behaviors, infrastructure, and awareness, thereby uncovering insights into their impact on community health. Utilizing a mixed-methods approach, both qualitative and quantitative data were collected from the residents of Mhawlewadi Village, representing the rural setting under study. Qualitative interviews and surveys were conducted to understand the prevailing hygiene practices, knowledge, attitudes, and challenges faced by the community members. The results of this study reveal a complex relationship between hygiene practices and community well-being. While certain aspects of hygiene practices were found to be deeply ingrained within the community's traditions and lifestyle, other areas displayed room for improvement. Limited access to clean water, proper sanitation facilities, and health education emerged as significant challenges affecting hygiene practices and subsequently, community health. The implications of this study underscore the need for targeted interventions that address the unique challenges faced by rural communities. Health education campaigns, infrastructure development, and collaborative efforts among stakeholders can contribute to enhancing hygiene practices and, consequently, the well-being of the community. This research contributes to the growing body of knowledge concerning hygiene practices in rural areas, offering insights that can inform policies, programs, and initiatives aimed at fostering holistic community health.

In conclusion, this study illuminates the intricate dynamics between hygiene practices and community well-being in a rural setting. By unveiling the challenges and opportunities within this context, it provides a foundation for evidence-based strategies that empower rural communities to improve their hygiene practices and enhance overall well-being.

**Keywords--** Sanitation, Hygiene Infrastructure, Public Health, Rural Development, Health Interventions, Community Health, Hygiene Awareness, Health Disparities

## I. INTRODUCTION

In rural settings, the intertwined relationship between hygiene practices and community well-being assumes a critical role in shaping the overall health and quality of life of residents. Rural communities often face unique challenges due to limited resources, inadequate infrastructure, and reduced access to healthcare facilities. Consequently, the implications of hygiene practices in these contexts become even more pronounced, impacting not only individual health but also the collective health of the community.

Hygiene practices encompass a range of behaviors, from personal hygiene routines to sanitation and waste management, all of which contribute to disease prevention, reduced healthcare burden, and improved living conditions. The absence of proper hygiene practices can lead to the proliferation of waterborne diseases, respiratory infections, and other health issues, disproportionately affecting rural populations. Addressing these challenges necessitates a comprehensive understanding of the dynamics between hygiene practices and community well-being in rural areas.

## II. OBJECTIVES

The primary objective of this study is to investigate the relationship between hygiene practices and community well-being within the context of a rural setting. Specifically, the study aims to:

- To know the demographics and socio-economic characteristics of respondents
- Examine prevailing hygiene practices and behaviors within the selected rural community.
- Assess the impact of hygiene practices on the health and well-being of community members.
- Provide insights for developing targeted interventions and strategies to enhance hygiene practices and improve community health.

## III. SIGNIFICANCE OF THE STUDY

This study holds significance for several reasons. First, it contributes to bridging the existing gap

in literature regarding the relationship between hygiene practices and community well-being in rural areas. By shedding light on this intricate relationship, the study offers insights into the specific challenges and opportunities faced by rural communities.

Second, the findings of this study can inform policy-making and the development of evidence-based interventions aimed at improving hygiene practices and enhancing community well-being. These interventions can have far-reaching effects on disease prevention, healthcare expenditure reduction, and the overall quality of life in rural settings.

#### IV. SCOPE AND METHODOLOGY

The study is conducted in Mhawlewadi Village, a representative rural setting. A mixed-methods approach is employed, involving qualitative data collection through interviews and surveys to capture the nuances of hygiene practices, community perceptions, and challenges. Quantitative data analysis will be used to identify correlations and trends between hygiene practices and various well-being indicators.

#### V. REVIEW OF LITERATURE

Nandini K.S. (2017) conducted a study examining the connection between social work and women's health, particularly focusing on menstrual hygiene practices. Social work, as a diverse profession encompassing various health and social sectors, plays a pivotal role in improving the well-being of individuals, families, groups, and communities. In the realm of primary health care, the significance of health promotion is emphasized, aligning with the profession's commitment to early intervention, prevention, and health enhancement. The study emphasizes the relevance of addressing menstrual hygiene, as it is a critical aspect of women's health. By creating awareness about menstrual hygiene, providing counseling, and educating girls about the impact of proper menstrual hygiene practices, social workers contribute to promoting better health outcomes among women.

In their 2011 study, Drakshayani Devi and P. Venkata Ramaiah explored menstrual hygiene practices among rural adolescent girls in India. Conducting interviews with 65 females aged 14-15 from a rural high school in Guntur District, Andhra Pradesh, the study aimed to uncover knowledge and practices related to menstruation. The findings revealed a range of insights, including variations in menstrual cycle length and duration of menstrual bleeding. While a portion of participants understood menstruation as a physiological process, misconceptions such as considering it a curse or disease were also identified. The study highlighted sources of information, materials used, disposal methods, and the influence of cultural norms on girls' hygiene practices during menstruation.

Hema Priya and colleagues (2009) delved into the realm of menstrual hygiene and related personal hygiene practices among adolescent girls in rural Puducherry. The study identified the need for emphasis on aspects beyond just providing sanitary products, focusing on factors like changing times of soaked absorbents, genitalia cleaning, and disposal methods. The study also pointed out the lack of separate sanitary latrine facilities and the prevalence of open-air defecation, underscoring the importance of comprehensive health education and sanitation infrastructure development in rural communities.

A study led by Shyam Sundar Budhathoki in 2018 explored menstrual hygiene management (MHM) among women and adolescent girls in Nepal post-earthquake. The research revealed that MHM was a less prioritized aspect in immediate relief efforts. Cultural and religious taboos surrounding menstruation led to discreet MHM practices using locally available materials. The study advocated for considering culturally appropriate, reusable methods of sanitary towels as sustainable alternatives alongside disposable pads. This approach aligned with the environmental concerns post-disaster.

Md. Mizanur Rahman and his colleagues (2019) investigated the knowledge and practice of personal hygiene among primary school students in Dhaka, Bangladesh. The study highlighted the need for coordinated education efforts involving parents, teachers, and media to enhance awareness and importance of personal hygiene. The findings suggested the development of policies and guidelines to ensure access to resources for maintaining personal hygiene at schools and homes.

Deepak Anand and Shiv Prakash (2018) assessed the hygiene and sanitation practices among students of an urban government inter college in Allahabad district, India. The study emphasized the need for enhanced health education programs involving teachers and parents to improve the health habits of students.

Rajiv Rajan Karan, Buna Bhandari, and Nilambar Jha (2012) conducted a study in the village of Katahari, Nepal, assessing the practice of personal hygiene and sanitation. The study highlighted the high level of sanitary knowledge and the need for extensive health education programs and collaborative efforts between governmental and non-governmental organizations to improve sanitation facilities in the community.

RB Sah and colleagues (2016) investigated knowledge and practice towards hygiene and sanitation among households in Dhankuta municipality, Nepal. The study found fair knowledge and practices regarding hygiene and sanitation among the participants. Certain factors such as gender, ethnicity, marital status, and residence were identified as influencing hygiene practices.

These studies collectively underscore the significance of proper hygiene practices, particularly in rural and educational settings, and emphasize the importance of education, awareness, and infrastructural

support to improve hygiene-related behaviors and overall community health.

## VI. RESULT AND DISCUSSION

**Table 1:** Demographics and socio-economic characteristics

Sr. No.	Variables	Findings
1.	Types of ration card	The majority (60%) of the respondents having orange coloured ration card
2.	Occupation of family	The majority (44%) of respondents are doing farming
3.	Annual income	Almost half respondents (48%) annual income of the respondents is between 1 lakh to 5 lakh
4.	No. of family members	Half of the respondents having 6 family members

The table No. 1 presents findings related to various variables based on the responses from the respondents.

The data indicates that the majority of the respondents (60%) possess an orange-colored ration card. This could imply that a significant portion of the respondents belong to a specific income or socio-economic group that qualifies them for an orange ration card. Orange ration cards are typically issued to households that fall within a certain income bracket and are entitled to receive subsidies on essential food items.

Among the respondents, the largest portion (44%) reported that their primary occupation is farming. This finding suggests that agriculture or farming is a predominant occupation among the surveyed population. The prevalence of farming as the primary occupation could indicate the importance of agriculture in the local economy and the community's dependency on agricultural activities for their livelihood.

Nearly half of the respondents (48%) indicated that their annual income falls within the range of 1 lakh to 5 lakh. This could indicate a relatively moderate income level within the surveyed population. The

distribution of income in this range suggests a diverse economic profile among the respondents, with a significant portion falling into this income bracket.

The data shows that around half of the respondents reported having six family members. This finding provides insight into the average family size within the surveyed population. A family size of six members suggests that the households may be relatively larger, which could have implications for resource allocation, financial planning, and overall family dynamics.

In summary, the analyzed data from the table provides valuable insights into the demographics and socio-economic characteristics of the surveyed population. The findings suggest a prevalence of orange ration cards, a significant presence of farming as a primary occupation, a moderate income distribution, and an average family size of six members among the respondents. These insights can be utilized to understand the socio-economic context of the surveyed population and to inform relevant policies or interventions based on their needs and characteristics.

**Table 2:** Prevailing hygiene practices and behaviors

Sr. No.	Variable	Findings
1.	Use of toilets	Majority (94%) of the respondents do use toilets
2.	Cutting nails regularly	Three quarter (74%) of the respondents cutting their nails regularly
3.	Washing hands before meal	Half of (54%) of the respondents wash their hands before meal
4.	Frequency of washing hands	Half(54%) of the respondents are wash their hands more than 5 times in a day
5.	Wash fruits and veggies before eating	Almost 75% of the people wash fruits and veggies before eating
6.	Use separate towels	40% of the respondents are use their separate towel
7.	Use of separate soap	Majority (66%) of the respondents do not use separate soap
8.	Use of Sanitary Pad during menstruation	Majority(82%) of the respondents are using sanitary pads during menstruation
9.	Disposal of sanitary pads	three quarter (76%) of the respondents are through sanitary pads in a dustbin
10.	Bath during menstruation	Majority (80%) of respondents take bath during menstruation at only once in a day

Table No. 2 reveals prevailing hygiene practices and behaviour of the respondents.

A significant majority (94%) of the respondents reported using toilets. This high percentage suggests that the surveyed population has access to and utilizes toilet facilities for sanitation purposes. This is a positive indicator of proper sanitation practices and access to basic facilities.

Approximately three-quarters (74%) of the respondents mentioned that they cut their nails regularly. Regular nail hygiene is important to prevent the accumulation of dirt and potential infection. This percentage reflects a substantial portion of the surveyed population taking care of their personal hygiene.

About half of the respondents (54%) stated that they wash their hands before meals. While this percentage indicates that a considerable portion of the population follows this hygienic practice, there is room for improvement, as hand washing before meals is a crucial step in preventing the ingestion of contaminants.

The data indicates that half of the respondents (54%) wash their hands more than five times a day. This suggests that a significant portion of the surveyed population recognizes the importance of frequent hand washing, which is vital for maintaining good hygiene and preventing the spread of germs.

An overwhelming majority (approximately 75%) of the respondents reported washing fruits and vegetables before consuming them. This high percentage reflects a strong adherence to food safety practices, ensuring that potential contaminants are removed before consumption.

Around 40% of the respondents stated that they use separate towels. While this percentage is not as high as some of the other variables, it still signifies a notable portion of the surveyed population practicing personal hygiene by using separate towels, which helps prevent the spread of germs.

A majority (66%) of the respondents do not use a separate soap. This finding suggests that there might be a lack of emphasis on using separate soap for hygiene purposes, which could be an area for education and improvement.

A significant majority (82%) of the respondents reported using sanitary pads during menstruation. This is a positive indication of menstrual hygiene practices among the surveyed population.

Approximately three-quarters (76%) of the respondents mentioned that they dispose of sanitary pads in a dustbin. Proper disposal of sanitary pads is crucial for maintaining cleanliness and preventing environmental pollution.

A majority (80%) of the respondents reported taking a bath during menstruation once a day. This finding reflects a common practice, where a daily bath is considered sufficient during menstruation.

In conclusion, the findings reveal positive hygiene practices among the surveyed population, such as regular toilet use, nail hygiene, handwashing, washing fruits and vegetables, and sanitary pad usage. However, there are areas for improvement, such as encouraging the use of separate soap and towels. Overall, the data suggests a commendable adherence to many hygiene practices, which contributes to the maintenance of individual and community health.

**Table 3: Impact of hygiene practices on the health**

Sr. No.	Variable	Findings
1.	Dry waste and wet waste management	Majority (78%) of the respondents are do dry and wet waste management
2.	Type of drinking water	Almost three quarter ( 70%) of respondents are drink water from tap water
3.	Family member health issue	Half (56%) of the respondents did not have any health issues in family , one fourth (26%) respondents have Sugar patients in the family , and 18% respondents have Blood pressure patients in the family.
4.	Type of addiction in family members	Almost (46%) half of the respondents family member having addiction of tobacco
5.	Place of Treatment	Half (50%) of the respondents go to privet doctor for the primary treatment
6.	Annual expenditure on health	Majority (60%) of the respondents are spend 10000 on health annually

Table No. 3 shows impact of hygiene practices on the health.

A significant majority (78%) of the respondents reported practicing both dry and wet waste management. This high percentage indicates that the surveyed population is conscious of waste separation and disposal,

which contributes to environmental sustainability and cleanliness.

Approximately three-quarters (70%) of the respondents mentioned that they drink tap water. This finding suggests that tap water is a common source of drinking water for the surveyed population. This could

indicate either the availability of clean and safe tap water or a lack of alternative sources.

Around half (56%) of the respondents reported not having any health issues within their family. A notable portion (26%) mentioned having family members with diabetes, while 18% reported having family members with high blood pressure. These findings provide insight into the prevalent health conditions within the surveyed population's families.

Almost half (46%) of the respondents indicated that family members had an addiction to tobacco. This suggests that tobacco addiction is a prevalent concern within the surveyed population's families.

Approximately half (50%) of the respondents reported seeking primary treatment from private doctors. This could suggest that private healthcare facilities are commonly used by the surveyed population for initial medical attention.

A majority (60%) of the respondents reported spending 10,000 on health annually. This gives insight into the average healthcare expenditure within the surveyed population, which could be influenced by factors such as access to healthcare services, insurance coverage, and health needs.

The analyzed data from the table provides valuable insights into waste management practices, drinking water sources, prevalent health issues in families, addiction concerns, healthcare-seeking behavior, and annual healthcare expenditure among the surveyed population. These findings can be utilized to understand the health and environmental context of the surveyed population and to inform relevant policies, interventions, and awareness campaigns based on their needs and characteristics.

## VII. SUGGESTIONS AND RECOMMENDATIONS

Based on the findings and conclusions of the study on "Hygiene Practices and Community Well-being in a Rural Setting: The Case of Mhawlewadi Village," several suggestions and recommendations can be made to enhance hygiene practices and overall community health in the village:

- i. **Hygiene Education Programs:**  
Develop and implement hygiene education programs targeting all age groups within the community, emphasizing the importance of regular handwashing, proper waste management, and personal hygiene. Collaborate with local schools to incorporate hygiene education into the curriculum, ensuring that children are educated about essential hygiene practices from a young age.
- ii. **Handwashing Campaigns:**  
Launch handwashing campaigns with clear messaging on the critical times to wash

hands, such as before meals and after using the restroom.

Distribute educational materials, posters, and pamphlets in prominent community spaces to reinforce the importance of handwashing.

- iii. **Safe Drinking Water:**  
Evaluate the quality of tap water sources to ensure they meet safety standards, and communicate the results to the community to build trust in tap water as a reliable source for drinking. Encourage the use of water filters or purification methods in households without access to safe tap water.
- iv. **Waste Management Initiatives:**  
Organize community workshops on waste separation and proper disposal techniques, encouraging residents to segregate dry and wet waste effectively. Establish waste collection points and schedules to ensure regular waste removal from the village.
- v. **Health Awareness Programs:**  
Collaborate with healthcare professionals to conduct regular health camps in the village, offering screenings for diabetes, high blood pressure, and other common health issues. Provide information sessions on managing chronic health conditions and adopting healthier lifestyles.
- vi. **Tobacco Addiction Intervention:**  
Collaborate with local health organizations to provide counseling and support services for individuals struggling with tobacco addiction. Organize awareness campaigns highlighting the health risks associated with tobacco use and promoting smoking cessation resources.
- vii. **Affordable Healthcare Services:**  
Explore partnerships with government health schemes and NGOs to provide affordable or subsidized healthcare services to villagers. Set up mobile healthcare clinics to offer basic medical check-ups and consultations within the village.
- viii. **Community Engagement:**  
Establish a community hygiene committee comprising residents, local leaders, and health professionals to oversee hygiene initiatives and monitor progress. Encourage community members to take ownership of hygiene and well-being by actively participating in workshops, campaigns, and health programs.
- ix. **Monitoring and Evaluation:**  
Regularly assess the effectiveness of implemented hygiene programs and campaigns through surveys and feedback

from community members. Use the collected data to make informed adjustments and improvements to ongoing initiatives.

**x. Long-Term Sustainability:**

Incorporate hygiene practices and health awareness into the village's cultural events, fairs, and festivals to ensure a sustained focus on community well-being. Foster a sense of collective responsibility for maintaining hygiene standards among all residents.

By implementing these suggestions and recommendations, Mhawlewadi Village can work towards fostering a healthier and more hygienic environment, ultimately enhancing the overall well-being and quality of life for its residents.

## VIII. CONCLUSION

In conclusion, this study delved into the hygiene practices and their impact on community well-being within the rural setting of Mhawlewadi Village. Through a comprehensive analysis of various hygiene-related variables and their correlations, the study sheds light on the prevailing hygiene behaviors and their implications for the overall well-being of the village residents. The findings highlight both positive and areas for improvement in hygiene practices. The majority of the respondents demonstrate satisfactory practices, such as regular toilet use, handwashing, waste management, and safe drinking water sources. These practices contribute to maintaining a hygienic environment, which is fundamental for preventing disease transmission and promoting overall health.

However, certain aspects require attention. While a significant portion of the population washes hands before meals and washes fruits and vegetables before consumption, there is room to encourage these practices among all residents. Similarly, the adoption of separate towels and soap for personal use can be further promoted to prevent the spread of germs and enhance hygiene levels. The prevalence of diabetes and high blood pressure within families underscores the importance of health education and awareness campaigns addressing these conditions. Additionally, tackling tobacco addiction among family members is crucial for improved community health. The study's insights into healthcare-seeking behaviors, with a

preference for private doctors and significant annual healthcare expenditures, emphasize the importance of accessible and cost-effective healthcare services in rural areas.

In summary, this study underscores the crucial role of hygiene practices in shaping community well-being in rural settings. By promoting positive hygiene behaviors and addressing specific areas for improvement, such as handwashing and tobacco addiction, the community's overall health can be enhanced. Moreover, enhancing access to quality healthcare services remains vital for ensuring the continued well-being of the residents in Mhawlewadi Village. The findings of this study offer valuable guidance for local authorities, healthcare providers, and community leaders in their efforts to enhance hygiene practices and promote community health in similar rural contexts.

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