International Journal of Nursing and Medical Science 2024:13(2), 01-08

IJNMS ISSN: 2454-6674

INTERNATIONAL JOURNAL OF NURSING AND MEDICAL SCIENCE

Nursing Education Health Science Research

PANACEA INTERNATIONAL JOURNAL

PRL PUBLISHER

Original Research Article Volume 13 Issue 2 March-April 2024

A STUDY TO COMPARE THE KNOWLEDGE, ATTITUDE AND PRACTICE REGARDING PREVENTION OF WATER BORNE DISEASES AMONG WOMEN IN RURAL AND URBAN AREAS OF INDORE, MADHYA PRADESH

[1]Dr. Peter Jasper Youtham, [2]Mr. Mary Dasan

[1]Guide, Ph.D. Nursing, [2]Research Scholar

Introduction

World Health Organization (WHO) and United Nations International Children's Emergency Fund (UNICEF) found that 1.1 billion people lack access to improved water supplies and 2.6 billion people lack adequate sanitation. Thus, human beings all over the world have inadequate access to potable water and they use contaminated water containing disease agents as the water source.2Using such water resources leads to widespread occurrence of acute and chronic illnesses and is a major cause of death and misery in many countries.

Waterborne diseases are the most recent emerging and reemerging infections which have recently proven to be the biggest health threat worldwide. They contribute between70-80% of health problems and four-fifths of all the illnesses in developing countries with diarrhea being the leading cause of childhood mortality.

The problem has more significance to the developing and underdeveloped world,particularly in Africa, Asia and South America. Prevalence of waterborne diseases

is related to poor and unhealthy sanitary practices, as well as polluted environmental conditions.

The Sustainable Development Goal, 2017 aimed to ensure availability and sustainable management of water and sanitation for all by 2030. However globally 780 million people live without access to safe water and approximately 2.5 billion people in the developing world lived without access to adequate sanitation. Polluted water and poor sanitation practices expose individuals to health risks. Emerging water-borne pathogens constitute a significant health hazard in both developed and developing nations as they can spread rapidly and affect large sections of the population. Water-borne diseases are transmitted through contaminated drinking water with pathogen microorganisms such as protozoa, virus, bacteria, and intestinal parasites. According to the projection of Global Burden Disease report, the burden of water borne disease was the second highest reason for mortality in 1990 however, it was lower down in ninth most important reason for mortality in 2020. Around 829,000 people are estimated to die each year from diarrheal diseases majorly cholera, dysentery and typhoid fever due to unsafe drinking water and unhygienic sanitation practice. Further, the WHO (2015) reported that about 6.3 per cent of deaths occur due to unsafe water, inadequate sanitation, and poor hygiene. Adequate, safe, and accessible water supplies as well as satisfactory sanitation are most required to have secure health status. According to WHO (2015), nearly 4 percent of the global disease burden could be prevented by improving water supply, sanitation, and hygiene.

Each year, waterborne diseases afflict hundreds of millions of people, primarily those living without safe, accessible water in developing countries.

Of the seven most common waterborne diseases in the world, diarrhea is the central symptom. The latest research shows that diarrhea is the second leading cause of death for children under the age of five, causing more childhood deaths than malaria, AIDS, and measles combined.

That's hundreds of thousands of deaths, but there is hope for the future. Experts believe we can end the global water and sanitation crisis in our lifetime.

Waterborne diseases are illnesses caused by microscopic organisms, like viruses and bacteria, that are ingested through contaminated water or by coming in contact with feces.

If every person on the planet was able to practice safe sanitation and hygiene and have access to clean water, these diseases would not exist. Governments, NGOs, and communities themselves have made great strides in the past 20 years to end waterborne diseases. Still, there is much to be done.

Objective

- Assess the knowledge, attitude and practice regarding prevention of waterborne diseases among rural women.
- Assess the knowledge, attitude and practice regarding prevention of waterborne diseases among urban women.
- Compare the knowledge, attitude and practice regarding prevention of waterborne diseases between rural and urban women.
- Find out the association between knowledge, attitude, and practice regarding the prevention of waterborne diseases with selected socio-personal variables.

Hypothesis

- H_1: There is significant difference in the knowledge, attitude and practice scores between rural and urban women regarding prevention of waterborne diseases at 0.05 level of significant.
- H_2: There is significant association between KAP of rural women and selected socio personal variables at 0.05 level of significant.
- H_3:There is significant association between KAP of urban women and selected socio personal variables at 0.05 level of significant.

Method

A non experimental approach was chosen, as the study was to compare the knowledge, attitude and practice of women regarding prevention of water borne diseases. The design selected for the present study was Descriptive comparative survey design as it compares and contrasts the existence of a certain phenomenon in two or more groups. The study was conducted in selected areas under MCH Unit, chapra rural center, Chavani Urban center Indore. Convenient sampling technique was used for the study. The sample consisted of 300women selected as per the inclusion criteria for the study. 150 women from rural area and150 women from urban area were included. The tools prepared for data collection were tested for its content validity and reliability.

Results

Most of the women from rural (60.7%) and urban (63.3%) area belong to Muslim religion.

Half (54.7%) of the rural women belong to APL status while most of the (76.7 %) urban women belong to BPL status. Half of the rural (50%) and urban (56.7%) women studied up to high school. Majority of rural (84.7%) and urban (96.7%) women were house wives. More than half of the (54.7 %) rural women have good knowledge, while majority of the urban women (80.7%) have poor knowledge regarding prevention of waterborne diseases. All of the rural (100 %) and urban (100 %) women have favorable attitude towards prevention of waterborne diseases. Most of the rural (69.3%) and urban (66.7%) women have good practice regarding prevention of waterborne diseases. Rural women have more knowledge than urban women regarding prevention of waterborne diseases. Rural women have more favourable attitude than urban women regarding prevention of waterborne diseases. There is no significant difference exist between practice of rural and urban women regarding prevention of waterborne diseases. There is significant association exist between knowledge of rural women regarding prevention of waterborne diseases and selected socio personal variables. There is no significant association exist between knowledge of urban women regarding prevention of waterborne diseases and selected socio personal variables. There is significant association exist between attitude of rural women regarding prevention of waterborne diseases and selected socio personal variables. There is no significant association exist between attitude of urban women regarding prevention of waterborne diseases and selected socio personal variables. There is significant association exist between practice of rural women regarding prevention of waterborne disease and selected socio personal variables like religion, education, economic status and occupation. There is no significant association exist between practice of rural women regarding prevention of waterborne disease and age. There is significant association

exist between practice of urban women regarding prevention of waterborne disease and selected socio personal variables like religion, education and economic status. There is no significant association exist between practice of urban women regarding prevention of waterborne diseases and selected socio personal variable such as age and occupation.

Conclusion

The following conclusions were derived based on the findings of the study:

Knowledge level of rural women is more than that of urban women regarding prevention of waterborne disease. More than half of the rural and urban women have good practice to prevent waterborne diseases. Rural women have more favorable attitude than urban women regarding prevention of waterborne diseases. There is significant association exist between knowledge of rural women regarding prevention of waterborne diseases and selected socio personal variables. There is no significant association exist between knowledge of urban women regarding prevention of waterborne diseases and selected socio personal variables. There is significant association exist between attitude of rural women regarding prevention of waterborne diseases and selected socio personal variables. There is no significant association exist between attitude of urban women regarding prevention of waterborne diseases and selected socio personal variables. There is significant association exist between practice of rural women regarding prevention of waterborne disease and selected socio personal variables like religion, education, economic status and occupation. There is no significant association exist between practice of rural women regarding prevention of waterborne disease and age. There is significant association exist between practice of

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