



Knowledge and Practice on Water and Sanitation among Adolescents and Young people

Social Science

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ABSTRACT

It is essential for children, adolescents and young people to survive, grow and develop into healthy and fulfilled citizens of the country. Water, Sanitation and Hygiene (WASH) contribute to the achievement of the Millennium Development Goals. This study was conducted with an aim to assess the knowledge and practice on Water and Sanitation among Adolescents and Young people. The study was conducted in three districts of Tamil Nadu and was descriptive in nature. An interview schedule was used as tool of data collection. The total sample size was 628. Four Hundred young boys and girls (School students) in the age group of 11-18 years were selected from the schools by using Simple Random Lottery method. Then, 258 young boys and girls in the age group of 18-25 years were selected from out of schools by using Purposive sampling. 3 FGDs for men and 3 FGDs for women were conducted for qualitative phase. Major finding showed that a majority of the respondents did not do any treatment of water to make it safe to drink. A significant 53% of the respondents practice open defecation due to lack of water in the toilets. 49% of the respondents said that they wash hands after using/ going to toilets. Reason said by the respondents for not using the toilets in the schools were, lack of water, lack of privacy, toilet not maintained properly and they do not know how to use toilet (since they prefer open defecation). The main reason for water not being used in the toilets was unclean water. It was suggested that the school teachers and PHC staff, PRIs, ICDS, Anganwadis have crucial roles to play in creating awareness as well as providing water and sanitation services to young people both inside and outside schools. Then, 258 young boys and girls in the age group of 18-25 years were selected from out of schools by using Purposive sampling. 3 FGDs for men and 3 FGDs for women were conducted for qualitative phase. Major finding showed that a majority of the respondents did not do any treatment of water to make it safe to drink. A significant 53% of the respondents practice open defecation due to lack of water in the toilets. 49% of the respondents said that they wash hands after using/ going to toilets. Reason said by the respondents for not using the toilets in the schools were, lack of water, lack of privacy, toilet not maintained properly and they do not know how to use toilet (since they prefer open defecation). The main reason for water not being used in the toilets was unclean water. It was suggested that the school teachers and PHC staff, PRIs, ICDS, Anganwadis have crucial roles to play in creating awareness as well as providing water and sanitation services to young people both inside and outside schools.

KEYWORDS

WASH, Water, Sanitation, School Health, Menstrual hygiene

Introduction

Access to safe, resilient water supplies is essential to economic prosperity and environmental sustainability. With the adoption of the Sustainable Development Goals, water security was put under the international spotlight. But if these goals are to be achieved by 2030 we need robust data of the current landscape and what needs to change. Clean water, basic toilets and good hygiene practices are essential for the survival and development of children. Today, there are around 2.4 billion people who do not use improved sanitation, and 663 million who do not have access to improved water sources. (UNICEF 2015)

Without these basic needs, the lives of millions of children are at risk. For children under five, water- and sanitation-related diseases are one of the leading causes of death. Every day, over 800 children die from preventable diseases caused by poor water, and a lack of sanitation and hygiene. WASH is the collective term for Water, Sanitation and Hygiene. Due to their interdependent nature, these three core issues are grouped together to represent a growing sector. While each a separate field of work, each is dependent on the presence of the other. For example, without toilets, water sources become contaminated; without clean water, basic hygiene practices are not possible.

Objective of the study

To study the knowledge and practice on water and sanitation among young people

Specific Objectives

1. To assess knowledge on water and sanitation among young people
2. To assess practice on water and sanitation among young people

Field of Study

The study was carried out in three districts of Tamil Nadu, i.e. Kanchipuram, Thiruvallur and Vellore Districts of Tamil Nadu in the year 2017.

Research Design:

The study was done using Descriptive design and it described the knowledge and practice on water and sanitation among young people

Sampling Size and Sampling Technique

Simple random sampling technique using lottery method was used in

the schools to collect the respondents. Since out of school youth were floating in nature, purposive sampling technique was used to collect the respondents as per their availability and interest.

400 young boys and girls (School students) in the age group of 11-18 years were selected from the schools by using Simple Random Lottery method. Then, 258 young boys and girls in the age group of 18-25 years were selected from out of schools (62 each from Vellore 1, Vellore 2, Thiruvallur and Kanchipuram) by using Purposive sampling. So the total sample in this study was 658.

2 FGDs in each district was conducted. Each FGD has Young People in the age group of 18-28 yrs. Thus there were 3 FGDs for men and 3 FGDs for women.

Tool of Data collection

A comprehensive interview schedule prepared by the researcher was used as tool of data collection to assess the youth in school and out of school. A FGD topic guide (For boys and girls) was used in the qualitative study phase. An Observation checklist to assess the sanitation in the schools and communities was also used by the researcher.

Ethical Considerations in this study

1. Informed consent was taken from the respondents. They had the option to discontinue the interview at any point of time they felt not comfortable. No respondents were forced to participate in this study.
2. All the interviews with the school youths were done in a separate room (most often and wherever possible) to insure confidentiality.

Main Findings

A majority of the respondents did not do any treatment of water to make it safe to drink. However, 21% said the water is drinkable without treatment. Equally 50% of the respondents said they boil and do not boil the water to make it safe. A vast majority of 85% the respondents said that they do not add chlorine to treat the water safer to drink. A vast majority of 85% the respondents said that they do not use strain through the cloth to treat the water safer to drink. It is mainly because the respondents' source of drinking is piped water. A vast majority of 84% the respondents said that they do not use water filter

to treat the water safer to drink. A vast majority of 88% the respondents said that they do not use electronic purifier to treat the water safer to drink.

A significant 53% of the respondents practice open defecation. However, 11% of the respondents use flush / pour type toilets at home. 87% of the respondents said that they wash hand before meal. 49% of the respondents said that they wash hands after using/ going to toilets. 56% of the respondents washes hands before entering home, 34% said sometimes. Washing hands before preparing meal was found to be among 20% the respondents. Washing hands after touching garbage was found to be among 20% the respondents. Washing hands after washing dishes was found to be among 20% the respondents (Washing the dishes was specific to women respondents). With regard to wearing slippers while going outside home, 66 % of the respondents were wearing slippers while going outside home, 24 % said sometimes and 10 % said not at all. 66 % of the respondents were wearing slippers while going for toilets, 17% said sometimes and another 17 % said not at all. 64 % of the respondents were washing fruits/ vegetables before consuming them, 29 % said sometimes and another 7 % said not at all. 67 % of the respondents were having the habit of closing the tap water while brushing, 23 % said sometimes and another 10 % said not at all. 90 % of the respondents were having the habit of taking bath everyday, 8 % said sometimes and another 2 % said not at all. 23 % of the respondents take bath in open water resources, 48 % said sometimes and another 31 % said not at all. 75% of the respondents did not take initiatives to clean their neighborhood. 25% said they took initiatives. 33% took some physical effort to clean water and 13% said they did not. However, 54% felt that it was necessary 54% of the respondents were not aware that they should report to local authorities about their sanitation need. Only 9% of the respondents reported to the local authorities and 38% of respondents did not report to the local authorities about their sanitation needs. 54% of the respondents were not aware of this. 21% of the respondents said they somehow got the sanitation need by someone. 54% of the respondents were not aware of educating other people on cleanliness. Only 13 % of the respondents educated others on cleanliness. However it was very informal. A majority of 70% of the respondents said that they have a functional toilets in the schools. A majority of 74 % of the respondents said that they have separate toilet facilities for boys and girls in the schools. A majority of 70% of the respondents said that they have the access to the toilets in the school. Reason said by the respondents for not using the toilets in the schools were, lack of water, lack of privacy, toilet not maintained properly and they do not know how to use toilet (since they prefer open defecation). Availability of functional drinking water facility in the school was better present in the schools in Vellore districts compare to other districts. 69% of the respondents had access to drinking water facility at school. Reasons said by the respondents for not accessing the drinking water were, water being not clean and not maintained properly.

Findings from the observation checklists made from the schools Water

It has been observed that in all the schools water is safe from faecal contamination as the toilets and drinking water sources were distantly located. In all the schools water tanks and wells are closed as it is the mandatory from the Government. Water is purified for drinking purposes only in few schools. In most of the schools, the teachers use can water for drinking, but for the students it is mainly the piped water. Water is accessible at all times when the school is working, otherwise the access to water resources are closed after the school hours.

Sanitation

There is separate block of toilets each for girls, boys and teachers in all the schools. There is enough water supply either pipe connections are given or they have to carry water while using toilets / bath rooms. In general the toilets are clean and fairly well maintained and the teachers engage the community people to clean it. Most of the toilets are lockable. In the girls toilets, sanitary napkins are not provided, however, usually it is available with female teachers and used by women students when needed. The toilets are accessible at all times during the school hours.

Suggestions and recommendations

Knowledge and practice on water and sanitation among young people

Community based awareness should be given to educate the people on the importance of treating drinking water. There is some awareness on

boiling water to make it safe for drinking. However, majority of the population do not follow safe practices. PRIs and PHCs can be roped in for such endeavors.

Type of toilet facility

Awareness on ill effects of open defecation can be given in collaboration with the PRIs and PHCs and educate people on the schemes available to construct toilets in their homes. Use of public toilets can be promoted.

Water and Sanitation practices

It is suggested to create awareness among the community to follow safe practices such as washing fruits/ vegetables before eating, closing the tap while brushing and to take bath every day. The community members should be encouraged to take initiatives a cleanliness drive in their community to maintain proper sanitation. Visits to the communities where it is successfully practiced will be of much use. Hand washing day and Toilet day can be celebrated in the schools.

Schools having a functional toilet

Careful monitoring to ensure water supply, privacy and maintenance of the toilets can be done to promote the use of toilets in schools. Parents - Teachers association can be actively involved in it.

Functional drinking water facility in the school

Ensuring the quality of water and maintenance of the drinking water facility should be done in the schools. Teachers and community should join hand on this. It is suggested to create awareness among both male and female about treatment of water to make it safe to drink (at least boil and drink). It is suggested to create awareness among both male and female about the ill effects of open defecation and encourage them to share toilets with other households. Also emphasize on having a toilet for each house and link the respondents with the available toilet schemes such as Total Sanitation Campaign and Swachh Bharath to keep their environment clean.

It is suggested to create awareness on the importance of washing their hands before proceeding with activities such as eating, cooking and after going to toilet, disposing garbage, returning home from outside etc. The risk of infection that can be caused by not wearing slipper while going outside home and going to toilet should be educated by using appropriate IEC materials. Treatment of water to make it safe to drink should be encouraged more, because water serves as the cause for spread of water borne infections and sickness

Suggestions based on FGDs

Use of toilets, boiling the drinking water and cleaning their neighborhoods are mostly learned from the parents. For these purposes' parents can be approached for behavior medication, in turn it will influence the behavior of the youth.

ICE materials from the PRIs, PHCs and Schools can sensitize the youth on the awareness on constructing and using toilets. They also can use social media to disseminate the awareness.

Discussion

Water, sanitation, and hygiene (WASH) play a large role in the lives of adolescent girls and women, both biologically and culturally. Gender equity becomes an issue when women and girls lack access to WASH facilities and appropriate hygiene education, affecting a girl's education, sexual and reproductive health, and dignity. Lack of adequate water facilities and materials for menstrual hygiene has been linked to absenteeism of girls from school during their periods. Many may permanently drop out of school with the onset of puberty if the toilet facilities are not clean or do not provide privacy to girls while they are menstruating. Sarva Siksha Abhiyan and Integrated Child Development Services have to promote hygiene water and sanitation services in schools, along with Anganwadi centers with lasting outcomes.

Conclusion

Poor hygiene practices and inadequate sanitary conditions play major roles in the increased burden of communicable diseases within developing countries. This study evaluated the knowledge, attitudes, and practices (KAP) of water and sanitation among young people in three districts of Tamil Nadu and assessed the extent to which proper knowledge of hygiene was associated with personal hygiene characteristics. Schools, PRIs and PHCs play a major role in

imparting this knowledge and ensuring safe practices. Better health cannot be achieved without proper sanitation and water facilities.

REFERENCES

1. Hulton G World Health Organization. Geneva: World Health Organization; 2012. [Last accessed on 2014 Aug 25]. Global costs and benefits of drinking-water supply and sanitation interventions to reach the MDG target and universal coverage. Available from: <http://www.tinyurl.com/14asj6z>. Igras, Susan M., et al. 2014. "Investing in very young adolescents' sexual and reproductive health," *Global Public Health* 9(5): 555–569
2. Ray SK, Zaman FA, Laskar NB. Hand washing practices in two communities of two states of Eastern India: An intervention study. *Indian J Public Health*. 2010;54:126–30.
3. Sommer, M., & Mmari, K. (2015). Addressing structural and environmental factors for adolescent sexual and reproductive health in low-and middle-income countries. *American journal of public health*, 105(10), 1973-1981.
4. United Nations Children's Fund Water, Sanitation, and Hygiene Annual Report.[Accessed August 5, 2016]. Available at: www.unicef.org/wash.
5. United Nations, Fourth World Conference on Women, Action for Equity, Development and Peace, United Nations, Beijing, China, 1995
6. Water Aid, Unilever Domestos, Water Supply & Sanitation Collaborative Council; 2013. [Last accessed on 2014 Aug 25]. Water Aid, Unilever Domestos, Water Supply & Sanitation Collaborative Council. We Can't Wait: A Report on Sanitation and Hygiene for Women and Girls. Available from: <http://www.tinyurl.com/n2o4txo>. [Google Scholar]
7. UNICEF; 2012. [Last accessed on 2014 Aug 25]. UNICEF. Sanitation and Hygiene Advocacy and Communication Strategy Framework 2012-2017. Available from: <http://www.tinyurl.com/nr6ynxq>.