

A Study on Hygienic Practices of Fisherfolk in Kanyakumari District

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Abstract

A hygienic practice is a broader term that insists not only on cleanliness but also on hygienic culture in general. Hygienic culture arises from one's own practices and way of life. When these practices become habits, they automatically become character. Therefore this paper is an eye opener for the readers to maintain good hygienic practices in their day to day lives and thereby to experience good health and happiness. Results indicate that washing hands with soap after changing diapers for children, touching the pet animal, washing hands after touching the currencies and coins, habit of nail biting, not brushing teeth twice a day, scratching the heads, walking barefoot require the attention of the sample respondents through which they are easily susceptible to diseases arising out of unhygienic practices. Therefore this paper recommends a few suggestions like creating awareness among the fisherfolk regarding the impact of poor hygienic practices in the form of street plays, role plays,

advertisements and T.V. programmes through which the sample respondents learn the art of preventing or minimizing unhygienic related diseases like Dengue, Allergies, Chronic Diarrohea, Nausea, Hepatitis, Scabies etc. Thus the life of the fisherfolk who contribute 0.83 per cent to India's total GDP and 4.65 per cent to agricultural GDP of our country could be sustained.

Key words: Hygienic practices, personal and household hygiene, unhygienic related diseases.

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INTRODUCTION

Practice makes a person perfect. A human being learns hygiene through his/her own culture, habits and practices. When these practices become habits, they form the character of an individual and it becomes the way of life. As an outcome if the inhabitants as well as their surrounding are free from unhygienic aspects, they can minimise the unhygienic related diseases. Hygiene refers to the set of practices that keep oneself and one's living and working area clean in order to prevent illness and maintain freshness and sound health. Hygiene is an old concept related to medicine, as well as to personal and professional care practices. It is also related to most aspects of living, although it is most often wrongly associated with cleanliness. Hygiene is also the name of a branch of science that deals with the promotion and preservation of health. Hygiene practices vary widely, and what is considered acceptable in one culture might

not be acceptable in another. The ancient Greeks spent many hours in bathing, using fragrances and make-up in an effort to beautify themselves and be presentable to others. In fact, hygiene is actually a scientific study. Maintaining a high level of hygiene helps to increase self-esteem and confidence and also minimise the chances of developing imperfections. The word 'Hygiene' is derived from the Greek word 'Hygeia' meaning the goddess of health. Hygiene enables man to maintain good health and to improve that health for long living. Man makes a healthy relationship with the environment by practising hygiene. It is a key part for quality assurance to ensure perfect health and happiness of oneself and one's household. In general, hygienic practices keep away bacteria, virus and germs and prevent the spread of disease-causing organisms.

STATEMENT OF THE PROBLEM

India is recognized as a global power in the key economic sectors. Despite these economic advances, poor hygienic practices and inadequate sanitary conditions that are prevailing in our country hamper the growth of the nation. Sanitation and hygiene are still a major concern, especially in the rural areas. According to United Nations International Children's Emergency Fund (UNICEF) report, in India only 31 per cent of the population uses improved sanitation. According to the Public Health Association, only 53 per cent of the population washes hands with soap after defecation, 38 per cent washes hands with soap before eating and only 30 per cent washes hands with soap before preparing food. Wash Interventions significantly reduce diarrhoeal morbidity as it is well known that poor wash causes diarrhoea, which is the second biggest cause of death in children under five years. Unhygienic surrounding invites mosquitoes and flies. As a result, people are prone to both communicable and non communicable diseases. As per the statistics of the World Health Organization (WHO) diarrhoeal diseases remain a leading cause of illness and death in the developing world. Every

year, about 2.2 million people die of diarrhoea; 90 per cent of these deaths are among children, mostly in developing countries. A significant number of deaths are due to a single type of bacteria, Shigella, which causes dysentery or bloody diarrhoea. It is readily controlled by improving hygiene, water supply and sanitation. At this juncture a few questions arise in the minds of the researcher like what are the personal hygienic practices that are prevailing among the sample respondents in the study area. How do they take care of household cleanliness and is there any significant difference between personal and household hygiene. To find fitting answers to this problem the research study is undertaken.

OBJECTIVES OF THE STUDY

The general objective of this paper deals with the hygienic practices of the sample respondents in the study area. The following are the specific objectives of the study.

- To find out the demographic profile of the sample respondents in terms of personal and household hygienic practices in the study area
- To measure the extent of personal and household hygienic practices of the respondents

HYPOTHESES

Ho₁: Opinion regarding “personal hygienic practices” is equal to average level.

Ho₂: Opinion regarding “household hygienic practices” is equal to average level.

Ho₃: There is no significant difference in mean score of personal hygiene and household hygiene

METHODOLOGY

This study is based on both Primary and Secondary data. The primary data were collected from the three coastal taluks (i.e. Agaeesthwaram, Kalkulam, Vilavancode) in Kanyakumari District wherein the coastal belt is located. These belts consist of 47 villages and from each taluk two villages were selected for this study: one with the highest population while the other village with the lowest population. From each taluk, 75 sample respondents were selected. Out of which 50 sample respondents were from the village of highest population and 25 sample respondents from the village of lowest

population on the basis of multistage random sampling. The selected villages are Kanyakumari (H) and Siluvaiyanager (L) of Agaeesthwaram taluk. Colachel (H) and Chinnavalai (L) of Kalkulam taluk. Neerodi (H) and Helen Colony (L) of Vilavancode taluk. Further, from these six villages 225 samples are chosen on the basis of proportionate stratified random sampling. The collected data had been analyzed with the help of the statistical tools like percentage analysis, one way ANOVA, one sample t-test and paired sample t-test. The secondary data were collected from various books, journals and websites.

(H) Indicates the village with the highest population in the taluk and (L) indicates the village with the lowest population in the taluk

RESULTS AND DISCUSSION

Demographic profile is one of the important variables which decide about the practices and usage of the respondents. The following table clearly depicts the demographic profile of the respondents with hygienic practices in the study area.

TABLE-1
DEMOGRAPHIC PROFILE OF THE SAMPLE RESPONDENTS

Practices	Personal Hygiene					Household Hygiene			
	Variables	Mean	S.D	F-Value	p-value	Mean	S.D	F-Value	p-value
AGE	Below 25	50.14	5.958	9.470	0.001**	70.69	8.851	3.328	0.023*
	25-35	46.8	6.902			67.68	9.554		
	36-45	44.03	6.667			66.00	8.608		
	Above 45	43.19	7.065			65.09	7.852		
	Total	45.69	7.082			67.09	8.946		
Education	Illiterate	41.29	6.739	7.719	0.001**	62.57	8.536	6.355	0.001**
	Primary	43.30	7.379			62.60	8.373		
	Middle School	44.69	6.397			66.83	8.276		
	High School	45.56	7.427			69.76	8.352		
	Higher Secondary	47.85	6.605			68.68	9.334		
	Graduates	50.50	4.62			71.38	7.73		
	Total	45.69	7.082			67.09	8.946		
Family Size	Less than 3	48.66	7.787	2.753	0.043*	70.83	9.060	3.513	0.016*
	3-4	45.33	7.045			67.13	8.960		
	5-6	45.07	6.617			64.89	8.726		
	Above 6	43.42	5.143			64.08	5.807		
	Total	45.69	7.082			67.09	8.946		

Source: Computed data

Note: ** denotes significant at 1% level

*denotes significant at 5% level

Since p-value is less than 0.01, the null hypothesis was rejected at 1% level of significance in case of personal hygiene and 5% level of hygiene in case of households hygiene. Hence, it is concluded that there is

a significant difference between age group and hygienic practices. The younger generation that is below 25 are conscious and careful about hygienic practices through an awareness of social media and their

social gathering in public places. Hence they are clean and careful about the hygienic related diseases.

Since p-value is less than 0.01, the null hypothesis was rejected at 1 % level of significance in case of both personal and house hold hygiene. It is concluded that there is a significant difference in case of education and hygienic practices. Now- a-days a good number of fisherfolk are being educated in schools and colleges compared to yesteryears. Hence they are conscious about hygienic aspects and the impact of unhygienic practices.

Since p-value is less than 0.05, the null hypothesis was rejected at 5% level of significance. Hence, it is inferred that there is a significant difference between the sizes of the family with hygienic practices. It is understood that the hygienic practices depend upon the size of the family because

when members in the family are less in number, they are able to maintain both personal and household hygiene. So, family size determines the personal and household hygiene practices.

PERSONAL HYGIENE

Personal hygiene helps us to keep bacteria, viruses and fungal far away from our bodies. It is an aid to protect our mental health and activity. Good personal hygiene will help us to keep feeling good about ourselves. Since those who do not take care of their personal hygiene i.e., dirty clothes, body odour and bad breath will suffer from discrimination and this will mainly lead to mental problems. The following table clearly depicts the personal hygiene practices of the sample respondents in the study area.

Ho 1 : Opinion regarding “personal hygienic practices” is equal to average level.

**TABLE-2
PERSONAL HYGIENE PRACTICES OF THE RESPONDENTS**

Personal Hygiene	Mean	S.D	t-value	p-value
Washing hands before eating	4.23	1.205	15.265	<0.001**
Washing hands before cooking	4.04	1.224	12.800	<0.001**
Washing hands with soap after going to toilet	3.93	1.318	10.575	<0.001**
Washing hands with soap after changing diapers for children/touching the pet animal	2.51	1.524	4.812	<0.001**
Washing hair with soap/shampoo	3.84	1.068	11.859	<0.001**

at least every week				
Washing hands after touching the currency (money)	1.29	.868	29.504	<0.001**
Wearing clean clothes daily	4.04	1.101	14.104	<0.001**
Changing the inner garments daily	3.96	1.089	13.164	<0.001**
Cutting the nails and trimming hair at regular intervals	3.65	1.075	9.115	<0.001**
Habit of nail biting	2.32	1.477	6.952	<0.001**
Brushing teeth twice a day	2.22	1.554	7.508	<0.001**
Taking bath daily	4.20	1.012	17.721	<0.001**
Scratching the heads	2.74	1.345	2.875	<0.004**
Walking barefoot	2.72	1.654	2.499	<0.013*

Source: Computed data

Note: ** denotes significant at 1% level

*denotes significant at 5%level

Since, p value is less than 0.01, the null hypothesis is rejected at 1 per cent level of significance. Hence, it is concluded that the opinion regarding personal hygienic practices are not equal to average level. Based on the mean score, the first three highest score is given to washing hands before eating, taking bath daily and washing hands before cooking, are reaching the above average level with mean scores of 4.23, 4.20 and 4.04, respectively. It shows that washing hands help the respondents to avoid bacteria and keep them cleaner and healthier. It is the outcome of influence of media and the literacy rate of women in the houses.

The lowest mean score is given to the habit of nail biting, not brushing teeth twice a day and washing hands after touching the currency (money) with mean

score of 1.29, 2.32, 2.22, respectively. It shows that the respondents lack awareness regarding these variables. Studies show that brushing teeth twice a day for at least 3- 5 minutes help people to keep free from bacteria, viruses and illnesses. It reduces plaque by 70 per cent and gum problems by 36 per cent. (Sobiya Moghul:2012). Brushing the teeth at least twice a day ensures our breath stays fresh and clean smelling (Ruth Taylor: 2014). Hence it requires the attention of the policy makers as well as the well wishers of the fisher folk. Through these aforesaid practices the sample respondents are easily prone to get germs and bacteria which are susceptible to unhygienic related diseases.

HOUSEHOLD HYGIENE

Hygiene in home and everyday life settings plays an important part in preventing the spread of infectious diseases. The main sources of infection in the home are people (who are carriers or are infected), foods (particularly raw foods) and water.

Household water treatment and safe storage ensure that drinking water is safe for consumption. The following table clearly depicts the practices of household hygiene

Ho₂ : Opinion regarding “household hygienic practices” is equal to average level.

TABLE-3

HOUSEHOLD HYGIENE PRACTICES OF THE SAMPLE RESPONDENTS

Household factors	Mean	S.D	t-value	p-value
Keeping the house clean	4.16	1.034	16.761	<0.001**
Washing the sink and bathroom daily	4.17	.786	22.404	<0.001**
Keeping of the kitchen and Utensils clean	4.16	1.005	17.314	<0.001**
Cleaning the toilet every day	3.63	1.099	8.552	<0.001**
Sharing the towels/Using other’s dress	2.81	1.464	1.912	0.057
Changing the bed linen once-in a fortnight	3.38	1.212	4.677	<0.001**
House is free from flies and germs	2.96	1.075	0.558	0.577
Drinking purified water	3.82	1.453	8.488	0.001**
Mopping and sweeping daily	3.71	1.094	9.748	<0.001**
Removing the Co-web regularly	3.06	.980	0.952	0.342
Washing the veg/non veg thoroughly	4.47	.876	25.178	<0.001**
Throwing the garbage into dustbins	4.07	1.199	13.345	<0.001**
Keeping dust bins covered	3.16	1.686	1.463	0.145
Drying the clothes in the sun light	4.41	1.143	18.550	<0.001**
Cleaning the refrigerator	3.43	1.054	6.070	<0.001**
Keep food refrigerated	3.42	1.474	4.296	0.001**
Covering the food and keeping either outside or in refrigerator	4.00	1.387	10.862	<0.001**
Cleaning water tanks/pots regularly	2.88	1.151	1.622	0.106
Washing the vessels with hot water	1.39	0.900	26.895	<0.001

Source: Computed data

Note: ** denotes significant at 1% level

Since, p value is less than 0.01 the null hypothesis is rejected at 1 per cent level of

significance. Hence, it is concluded that the opinion regarding household hygienic

particles are not equal to average level. The highest score is given to the variables like Washing the vegetables /meat thoroughly, Drying the clothes in the sunlight, Washing the sink and the bath room daily with its mean score of 4.47,4.41 and 4.17 respectively. It is inferred that through their personal experiences and advice of medical people they follow the basic household practices. While the lowest mean score is given to Cleaning water tanks/pots regularly, Sharing the towels/Using other’s dress and Washing the vessels with hot water 2.88, 2,86 and 1.39 respectively. It is inferred that when one member in the family is affected by communicable diseases, it easily spreads to the others through sharing of towels or

clothes. It is concluded that through all these attributes, one is easily prone to health related problems and they are exposed to bacteria, germs and virus. Hence their immune system is very poor and weak. Moreover Cleanliness in the kitchen helps to prevent the spread of diseases (Dodi Tov:2014). Hence the vessels in the kitchen and plates should be rinsed in hot water which avoids food poisoning. The following clearly shows that whether there is a significant difference between personal and household hygiene of the sample respondents in the study area.

Ho 3: There is no significant difference in mean score of personal hygiene and household hygiene

TABLE-4

MEASURING THE EXTENT OF PERSONAL AND HOUSEHOLD HYGIENE

Measurement of Hygiene	Mean	S.D	t-value	p-value
Personal Hygiene	45.69	7.08	43.067	<0.001**
Household hygiene	67.09	8.95		

Note: ** denotes significant at 1 % level

Since, p value is less than 0.01, the null hypothesis is rejected at 1 per cent level of significance. Hence it is concluded that there is a significant difference between personal hygiene and household hygiene. Based on the mean score, the opinion on measurement of hygiene shows that

household hygiene (67.07) is higher than personal hygiene (45.69). From this, it is clear that people are giving more importance to household hygiene than personal hygiene. It is understood the proximity of houses of the sample respondents are very close to one another. Moreover there are no source of

outlet of drainage facilities and all these dirty waters run off in the street and fish being a perishable product bring bad smell to these households. Hence for household hygiene more priority is given in the study area than personal hygiene. It requires the attention of the policy makers.

FINDINGS

- Since p-value is less than 0.01, the null hypothesis was rejected at 1% level of significance in case of personal hygiene and 5% levels of hygiene in case of house hold hygiene. Hence, it is concluded that there is a significant difference between age group and hygienic practices
- Since p-value is less than 0.01 the null hypothesis was rejected at 1 % level of significance in case of both personal and household hygiene. It is inferred that there is a significant difference in case of education and hygienic practices
- Since p-value is less than 0.05 the null hypothesis was rejected at 5% level of significance. Hence, it is understood that there is a significant difference between size of the family and hygienic practices.
- For personal hygiene the highest score is given to washing hands before eating, washing hands before cooking, wearing clean clothes daily, taking bath

daily which reach the above average level with mean scores of 4.23, 4.04, 4.04 and 4.20 respectively

- The lowest mean score is given to washing hands with soap after changing diapers for children, touching the pet animal, washing hands after touching the currencies or coins habit of nail biting, not brushing teeth twice a day, scratching the heads, walking barefoot with mean score of 2.51, 1.29, 2.32, 2.22, 2.74 and 2.72 respectively.
- In case of household hygiene the lowest mean score is given to Cleaning water tanks/pots regularly, Sharing the towels/Using other's dress and Washing the vessels with hot water 2.88, 2.86 and 1.39 respectively. It is inferred that due to absence of these practices if one member in the family is susceptible to germs automatically the rest of the members in the family are prone to communicable diseases.
- The opinion on measurement of hygiene shows that household hygiene (67.07) is higher than personal hygiene (45.69). From this, it is clear that people are giving more importance to household hygiene than personal hygiene.

SUGGESTIONS

- The Primary Health Organisation can organise Health awareness camps to

maintain the personal and household hygienic practices among the coastal inhabitants

- The Social Welfare Department can conduct awareness programmes on poor hygienic practices and its outcome and how the germs and dirt enter from hands to mouth and create diseases, in the form of street plays or advertisement or T.V serial programmes .
- The schools and colleges can impart the knowledge of hygienic practices and teach how to enhance health and well being.
- The fisher folk can be motivated to brush twice a day to maintain oral health. As a result the general health of the fisherfolk can be improved.
- Once in 5 years the banks can collect the old currency notes from its customers and exchange with the new currency note which might prevent the bacteria, virus, germs and dirt that are sticking in the currencies.
- The Government can request the RBI to print currency notes in the form of eco friendly materials so that the

currency notes which pass from hands to hands could be hygienic.

- The fisherwomen can wash their household utilities after cooking or eating with the help of warm water which prevents the spread of diseases and avoid food poison.
- The local authorities or municipalities should construct drainage channel to dispose the household wastages which in turn reduces the mosquitoes, flies, germs and worms.

CONCLUSION

“With the onset of multi-resistant germs increasing, proper hand hygiene is one of the most effective measures to maintain good health.” According to the Center for Disease Control (CDC), some scientists estimate that up to 80% of all infections are transmitted by hands. So it is the sole responsibility of every citizen to keep oneself, household and public places clean and free from microorganisms and dirt by washing hands with soap regularly. Then automatically we can experience perfect health and happiness. The Government who is the guardian of the common people

should see that the hygienic practices are followed by the people at regular intervals with the help of primary health care services and NGOs. Then the life span of human index might rise and people could experience good health and happiness. Thus our nation would be the trend setter in adherence and maintaining the hygienic practices and proudly we can call our nation as ‘Clean India’.

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REFERENCE

[1] Archana Sharda, Jagat Sharda(2010) Factors influencing choice of oral hygiene products used among the population of Udaipur, India, International Journal of Dental Clinics 2010:2 (2):7-12, volume 2 edited from <http://intjdc.org/index.php/intjdc/article/viewfile/2.2.2/51>

[2] Bassam Abdul Rasool Hassan (2012), ‘Importance of Personal Hygiene’ Volume 3, Issue 8 • 1000e125, an open access journal, Pharmaceut Anal Acta 2012, 3:8

[3] http://www.ehow.com/way_5148373_health-hygiene-activities.html

[4] http://www.answers.com/Q/Why_is_hygiene_in_kitchens_important -

[5] <http://www.WHO World Water Day Report.html>

[6] http://www.cleanindiajournal.com/smart_washroom_hand_hygiene/

[7] <http://dx.doi.org/10.4172/2153-2435.1000e126>

[8] www.assignmentpoint.com/.../knowledge-attitude-and-practice-of-the-secondary-students-about-personal-hygiene-in-bogura.html

[9] www.healthissuesindia.com/

[10] Sahayaselvi (2015) Eradication of Unhygienic and Environmental Pollution of Coastal Villages in Kanayakumari district, Golden Research Thoughts , ISSN 2231-5063, Volume - 5 , Issue - 2 ,Aug – 2015

[11] Shini Mathew Pulickal (2015), ‘Nutritional Lifestyle in Children and Health’, Health Action, Vol 28.No.9 pg-36-37

[12] Sorna Raj.R and Kumaresan.V(2013) ‘Public Health and Hygiene’, Saras Publication, Nagercoil, pp-2

[13] Sobiya N. Moghul(2012), Personal hygiene: 20 tips for better personal care edited in <http://timesofindia.indiatimes.com/personal-hygiene-20-tips-for-better-personal-care/articleshow/17371587.cms>