

Original Research Article

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Perception Levels of the Anganwadi Workers on Domestic Water Sanitation Practices in Adilabad District, India

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ABSTRACT

A study was conducted on perception level of Anganwadi workers (Grass root level extension personnel) on domestic water sanitation practices. For the study, based upon the nature of the research problem and objectives of the present study, experimental research design was selected. A total of 30 Anganwadi workers (Grass root level extension personnel) of Adilabad district were randomly selected Tribal mandals selected for the study were Kerameri. Score card was developed for data collection. Rank order and Quartile deviation were used for data analysis. The results of the study were revealed that Rank order of the perception statements showed that anganwadi workers (Grass root level extension personnel) expressed their highly favorable perception towards the statements Speaking about the overall perception of the Anganwadi workers(Grass root level extension personnel), out of eleven given statements the statements “Boiling of water for 10 minutes”, “Diverting waste water to backyard garden” were rated highly favorable and were equally ranked 1 by the Anganwadi workers. The statements “washing hands with soap before handling water and food” and “Conducting the biological test once in 3 months” were ranked 2 and 3 respectively by the Anganwadi workers.

Keywords

Research problem, perception, experimental research, kerimeri, water sanitation

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Introduction

Water has direct impact on health and economic status and effective water sanitation is crucial in view of the depletion of world's safe water and increased health burden of unsafe water. In India, over a billion people lack safe water, 80 per cent of the infection diseases are water borne, killing 1.5 millions of children each year. Approximately 88 per cent of diarrheal diseases are attributed to

unsafe water supply, inadequate sanitation and hygiene (WHO, 2004). The proportion of population in rural areas with access to safe drinking water has a direct impact on the health of the masses. Water sources and sanitation facilities have an important influence on the health of household members, especially children. The intensity of the water related health problems is very high in tribal habitations compared to rural and urban. Poor sanitation, water and hygiene have many other

serious repercussions. Inadequate access to safe water and sanitation services, coupled with poor hygiene practices, kills and sickens thousands of children every day, and leads to impoverishment and diminished opportunities for thousands more. Poor farmers and wage earners are less productive due to illness, health systems are overwhelmed and national economies suffer.

Ashish and Amadi (2013) (web) conducted a study and assessed the school children's knowledge, attitudes, and practices included perceptions the study revealed that use of soap/sanitizer (46%), latrine coverage in household and community (60%), hand washing frequency (80%), sanitation practice (latrine use, 53%), household water treatment, water storage practices (20%), and prior knowledge of hygiene practices (20%) were the major findings.

Nath *et al.*, (2010) in their "Study on Perception and Practice of Hygiene and impact on health in India" the level of hygiene perception and practice were divided into two categories low and high.

Taking into consideration the seven issues, the perception level and practice pattern were plotted in the four quadrants based on the minimum, maximum and the mean values of perception and practice. The overall perceptions ranged from a minimum of 65% to a maximum of 93% yielding a mean awareness/perception level of 79%. The range for personal hygienic practice was 29% (minimum) through 83% (maximum), with a mean level of reported practice of 52%.

Materials and Methods

For the study, based upon the nature of the research problem and objectives of the present study, experimental research design was selected.

A total of 60 anganwadi workers (Grass root level extension personnel) from the mandal of Adilabad district were selected using random sampling technique.

The district of Adilabad was selected purposively as the tribes are densely populated when compared to the other districts of the state. Tribal mandal selected for the study were Kerameri.

Variables selected for the study to measure the perception level of respondents on domestic water sanitation practices, a list of eleven statements seeking different key messages were prepared. These listed items were administered to the respondents. The Score card was developed for the study.

The individual respondent was asked to state on a three point continuum highly favorable, favorable and unfavorable towards the statements, with a score of 3, 2 and 1 for the responses respectively. This was collected to measure the acceptance levels of anganwadi workers (Grass root level extension personnel) towards various information recommended practices related to effective domestic water sanitation.

Rank order was used to know the distribution pattern of the respondents according to the variables. Quartile deviation was used to identify the third and first quartile ranges in the data set of the perception of the respondents.

Results and Discussion

The Results revealed that

The statement "Collection of water from safe water sources only" majority (66.66%) of the Anganwadi workers who expressed highly favorable perception followed by favorable (33.33%) perception.

Regarding the statement “Boiling of water along with cloth filtration” a great majority (80.00%) of the Anganwadi workers expressed highly favorable perception followed by favorable (33.33%) perception.

For the statement “Drinking chlorinated water” more than half (56.66%) of the Anganwadi workers expressed highly favorable perception while 43.33 per cent of them had favorable perception. About the statement “Cleaning of water container regularly” 66.66 per cent of the Anganwadi workers expressed highly favorable perception followed by favorable (33.33%) perception.

With the statement “Use of handle jug or pot with tap for taking water” majority (63.33%) of the Anganwadi workers expressed highly favorable perception followed by 36.66% of them had favorable perception

The statement “Conducting the biological test once in 3 months” majority (70.00%) of the Anganwadi workers expressed highly favorable perception followed by favorable

perception (30.00%). Regarding the statement “Use of O.R.S as first aid for diarrhea patient” majority (60.00%) of the Anganwadi workers expressed highly favorable perception while 40.00 per cent of them had favorable perception.

With regards to the statement “washing Hands with soap before handling water and food” more than half (76.66%) of the Anganwadi workers expressed highly favorable perception followed by favorable perception (23.33%).

With respect to statement “Washing hands with soap after defecation” more than half (66.66%) of the Anganwadi workers expressed highly favorable perception followed by favorable perception (33.33%).

For the statement “Diverting waste water to backyard garden” it is clear that majority (80.00%) of the Anganwadi workers expressed highly favorable perception while 13.33 per cent of them had favorable perception followed by unfavorable perception (6.66%)

Fig.1 Quartile deviation in perception of Anganwadi workers

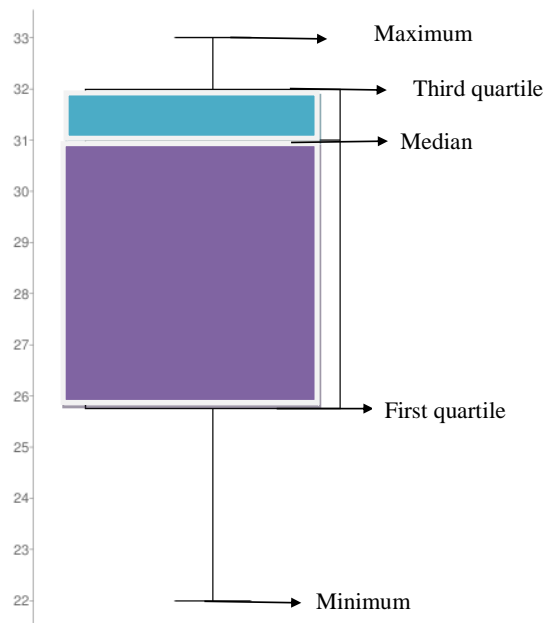


Table.1 Distribution of Anganwadi workers based on their perception on domestic water sanitation

N=30

S. No	Statement	Highly favorable	Rank	Favorable	Unfavorable
1.	Collection of water from safe water sources only	20 (66.66%)	4	10 (33.33%)	
2.	Boiling of water for 10 minutes	24 (80.00%)	1	6 (20.00%)	
3.	Drinking chlorinated water	17 (56.66%)	7	13 (43.33%)	
4.	Cleaning of water container regularly	20 (66.66%)	4	10 (33.33%)	
5.	Use of handle donga or pot with tap for taking out water	19 (63.33%)	5	11 (36.66%)	
6.	Conducting the biological test once in 3 months	21 (70.00%)	3	9 (30.00%)	
7.	Use of O.R.S as first aid for diarrhea patient	18 (60.00%)	6	12 (40.00%)	
8.	washing hands with soap before handling water and food	23 (76.66%)	2	7 (23.33%)	
9.	Washing hands with soap after defecation	20 (66.66%)	4	10 (33.33%)	
10.	Diverting waste water to backyard garden	24 (80.00%)	1	4 (13.33%)	2 (6.66%)
11.	Construction of soakage pit	20 (66.66%)	8	5 (16.66%)	5 (16.66%)

With regard to the statement “Construction of soakage pit” (33.33%) of the Anganwadi workers expressed highly favorable perception while 16.66per cent favorable perception followed by unfavorable perception (16.66%)

Speaking about the overall perception of the Anganwadi workers(Grass root level extension personnel), out of eleven given statements the statements “Boiling of water for 10 minutes”, “Diverting waste water to backyard garden” were rated highly favorable and were equally ranked 1 by the Anganwadi

workers. The statements “washing hands with soap before handling water and food” and “Conducting the biological test once in 3 months” were ranked 2 and 3 respectively by the Anganwadi workers.

The reason for ranking those statements might be due to the fact that, being the Anganwadi workers at village level they continuously communicate health and sanitation recommended practices and mobilize the tribal community towards adoption. It was also discussed during interview with the Anganwadi workers, they expressed that they

were involved in educating tribal women in health and sanitation issues as part of their job. They also felt that the key messages disseminated using multimedia modules were in their job chart but they are imparting through conventional methods of discussion which is not that much effective as multimedia module.

On the other hand the statements “Construction of soakage pit” and “Use of O.R.S as first aid for diarrhea patient” were ranked least by the tribal women and Anganwadi workers (Grass root level extension personnel). For this they expressed that they didn’t have any problem with disposable of waste water in the open drain because the amount of water they disposed is very less and they also expressed that the construction of soakage pit practice would be more recommendable near water sources like hand pumps and piped water at community level.

Quartile Range in perception of Anganwadi workers on domestic water sanitation practices

The quartile deviation of the Anganwadi worker’s (Grass root level extension personnel) perception towards the practices of domestic water sanitation revealed that the thirty Anganwadi workers (Grass root level extension personnel) rated their perception with favorable to highly favorable 33 as obtained maximum score and 22 as minimum score against the actual maximum score 33 and 11 score as minimum. It was very clear from the Figure (4.23). That 25 % of the tribal women fell under Q1 (first quartile) range with a score value of less than or equal to 26. The median value 31 is scored by 50% of the respondents. While 75 percent of the respondents fell under Q3 (third quartile) range with a score value of less than or equal to 32.

Most of the tribal women and Anganwadi workers (Grass root level extension personnel) stated their perception from highly favorable to favorable. They accepted the key messages after exposure to the multimedia module.

From the study, it was concluded that Rank order of the perception statements showed that tribal women expressed their highly favorable perception towards the statements. With regard to overall perception of Anganwadi workers (Grass root level extension personnel), out of eleven given statements the statements “Boiling of water for 10 minutes”, “Diverting waste water to backyard garden” were perceived highly favorable and were equally ranked as 1 by the Anganwadi workers (Grass root level extension personnel). The statements “washing hands with soap before handling water and food” and “Conducting the biological test once in 3 months” were ranked 2 and 3 respectively by the Anganwadi workers (Grass root level extension personnel). On the other hand the statement “Construction of soakage pit” was ranked least by the tribal women and Anganwadi workers (Grass root level extension personnel).

With regard to Anganwadi workers (Grass root level extension personnel), 25 % of them fell under Q1 (first quartile) range with a score value of less than or equal to 26. The median value 31 is scored by 50% of the respondents while 75 percent of the respondents fell under Q3 (third quartile) range with a score value of less than or equal to 32.

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