

**A RELATIVE STUDY OF HEALTH & HYGIENE IN URBAN AREA AND
RURAL AREA WITH SPECIAL EMPHASIS ON TINSUKIA DISTRICT
OF ASSAM (INDIA)**

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ABSTRACT

Health is a form of freedom from diseases and sickness. Without health we cannot improve in life. Health is a primary need for every-one of us. Hygiene is also an important thing on our daily life related with health. According to World Health Organization (WHO) “Hygiene is refers to the conditions and practices that help to prevent the spread of diseases”. The present study is done with the aim to find the relation between health and hygiene of people of urban area and rural area. In this study survey method is used and for data collection a questionnaire is prepared by the author which is used as a tool. After a careful application of the tools and observation of the result, it is found that in rural area illiterate or less educated people are poor in hygiene but good in health with respect to the well-educated people of that area while in urban area illiterate or less educated people are lagging in hygiene but in health they are equal to the well educated people.

Keywords: Environment, Health, Hygiene, Rural area, Urban area etc.

INTRODUCTION

Impact on disease burden due to inadequate and unsafe water, lack of sanitation and poor hygiene behaviour is a complex issue. The occurrence and severity of Hygiene related outbreaks in endemic areas is greatly enhanced by human behaviour with regards the practice of healthy hygiene. Poor hygiene behaviour is a major problem in developing countries. Hygiene and sanitation related Diseases are a huge burden in developing countries; causing many people to fall ill even to die. Improvements in hygiene behaviour are the most important barrier to many infectious diseases, because with safe behaviour and appropriate facilities, people reduce their

risk of becoming exposed to diseases. Attitudes, knowledge, and beliefs are some of the measures which are thought to be on the causal pathway to behaviour. Poor knowledge and practice of, and attitudes to personal hygiene has negative consequences for a child's long term overall development. A number of studies assessing the health impact of various water, sanitation and hygiene conditions had been conducted prior to the 1980s and the start of the IDWSSD. These included the impact of planned interventions as well as observational studies, describing the health of groups with different water and sanitation provision.

A lot of money is spent every year for the improvement of hygiene and health. There are many schemes and policies also for it. The present study is aimed to assess the present situation of hygiene and health in the Tinsukia district in Assam. It is also aimed to know the difference in situation of hygiene and health between the rural area and urban area.

OBJECTIVE

The main objectives of the study are as follows:

1. To study the relation between health & hygiene of the well educated people in urban area.
2. To study the relation between health & hygiene of illiterate or less educated people of urban area.
3. To study the relation between health & hygiene of the well educated people of rural area.
4. To study the relation between health & hygiene of illiterate or less educated people of rural area.
5. To compare the relation between health & hygiene of well-educated people of urban area and rural area.
6. To compare the relation between health & hygiene of illiterate or less educated people of urban area and rural area.

HYPOTHESIS

The null hypothesis is assumed of:

1. There is no relation between health & hygiene of the well-educated people in urban area.
2. There is no relation between health & hygiene of illiterate or less educated people of urban area.
3. There is no relation between health & hygiene of the well-educated people of rural area.
4. There is no relation between health & hygiene of illiterate or less educated people of rural area.

IMPORTANCE OF THE STUDY

Health & hygiene are intricately related to each other. Generally it is seen that developing countries have high rate of illness and mortality in comparison to the developed country because in the developing country hygiene condition is very poor with respect to the developed country. The present study is done for the investigation of present level of hygiene and health related to it in both urban area and rural area. After finding the exact cause of health problems related to hygiene, it is aimed to suggest proper solution in this study.

STATEMENT OF THE PROBLEM

The main problem stands as follows:

“A RELATIVE STUDY OF HEALTH & HYGIENE IN URBAN AREAS AND RURAL AREAS WITH SPECIAL EMPHASIS ON TINSUKIA DISTRICT OF ASSAM (INDIA)”

METHODOLOGY USED FOR THE STUDY

A. Method:

The present study has been done by descriptive survey method, which specifies the present status of the subjects used in the study in terms of conditions, practices, beliefs, attitudes, effects, trends etc.

B. Sampling:

It is very difficult rather impossible to conduct the investigation on a large population due to paucity of time, so we preferred a limited sample and a sample, if selected properly, is considered to be a representative of a large whole.

Keeping in view the time and financial constraints, the author have selected people from Digboi town (Urban area) and its neighboring area (rural area) like Pengaree, Bordumsa, Golai No. 1, Golai No. 2, Golai No. 3, Balijan and Borbil No. 2. A copy of selected number of people from both rural area and urban area is attached in appendix number 1.

C. Selection of Tools:

A self-created questionnaire is used for the collection of data. This questionnaire contains 20 questions out of which 10 question was for health and 10 questions for hygiene.

D. Administration of the Test:

The test is conducted on 120 people. Out of 120 people, 60 are from urban area (Digboi) and 60 from rural area (neighboring area of Digboi). Out of 60 from both areas, 30 are well educated and 30 illiterate or less educated.

E. Difficulties encountered in collection of data

- Many people of both rural and urban area not cooperated properly.
- Most of the people feared of leakage of their personal views so did not cooperate freely and frankly as needed.
- It was time consuming too and took much time in making people ready for the test.
- The presence of different language speaking people like Assamese, Bengali, Hindi, English etc. created some communication problems during the test.
- As felt by us, there was a great manipulation in the answer given by the responder.
- Out of all the great difficulty was weather. It was heavily raining during the collection of data.

RESULTS AND DISCUSSION

Rural area

Table 1. Illiterate or less educated and Well-educated people of rural area

	Illiterate or Less Educated		Well Educated	
	Hygiene	Health	Hygiene	Health
Mean	31.50	25.00	36.00	23.50
Median	30.00	25.00	35.00	25.00
Mode	30.00	25.00	40.00	20.00
Std. Dev.	7.78	5.72	7.81	5.28

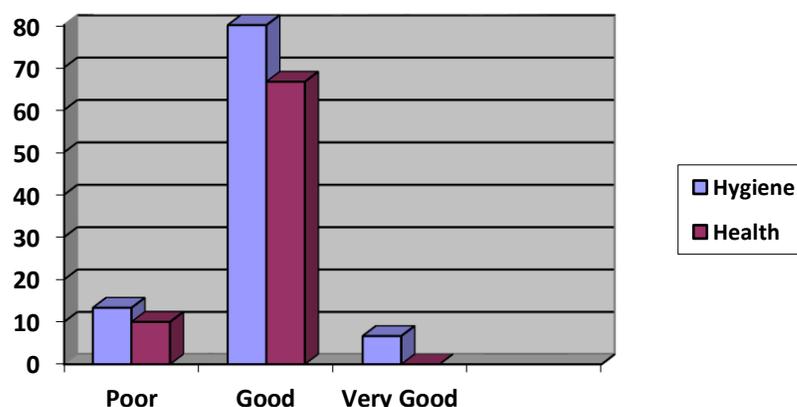


Fig. 1. Performance of Illiterate or less educated people of rural area

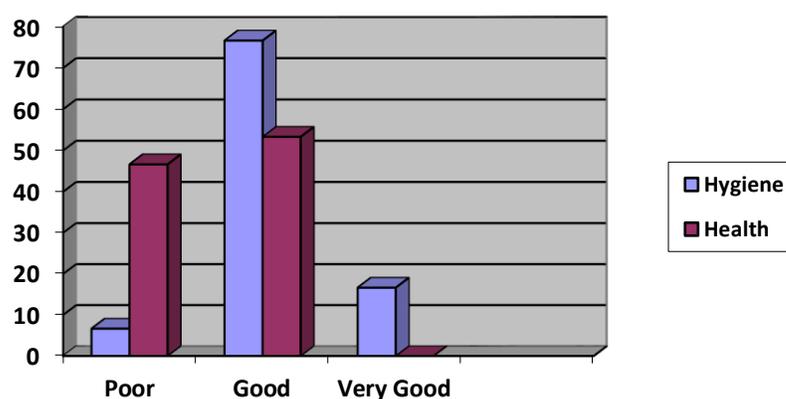


Fig. 2. Performance of well-educated people of rural area

On comparing the mean score in hygiene of illiterate or less educated people and well educated people of rural area (31.50 and 36.00 with S.D. ± 7.784 and ± 7.81) well educated people are good. But on comparing the mean score in health of illiterate or less educated people and well educated people (25.00 and 23.50 with S.D. ± 5.723 and ± 5.276), illiterate or less educated people are good.

On comparing percentage wise, 13.33 % illiterate or less educated people are poor in hygiene while in health 66.66 % people are good. But in the case of well-educated people, only 6.66% people are the poor in hygiene while 53.33 % people are good in health i.e. 3.33% less than the illiterate or less educated people.

Urban Area

Table 2. Performance of Illiterate or less educated and well educated people of urban area

Measurement of	Illiterate or Less Educated		Well Educated	
	Hygiene	Health	Hygiene	Health
Mean	33.33	26.66	37.33	26.66
Median	35.00	25.00	40.00	27.50
Mode	35.00	25.00	40.00	30.00
Std.Dev.	6.48	6.48	5.23	7.35

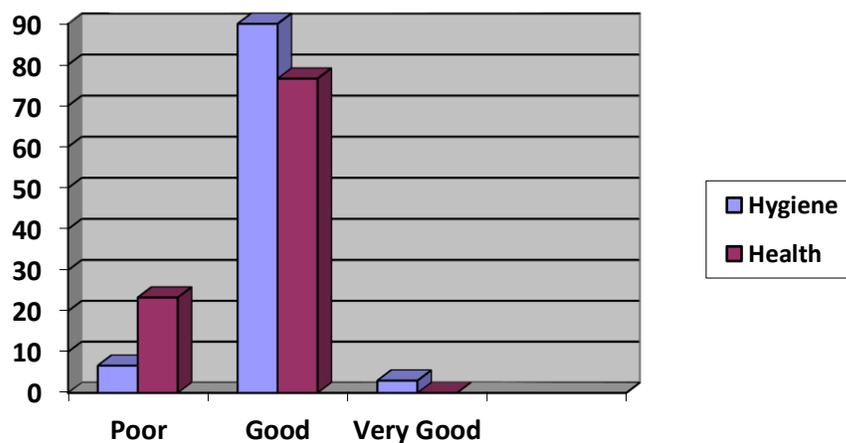


Fig. 3. Performance of Illiterate or less educated people of urban area

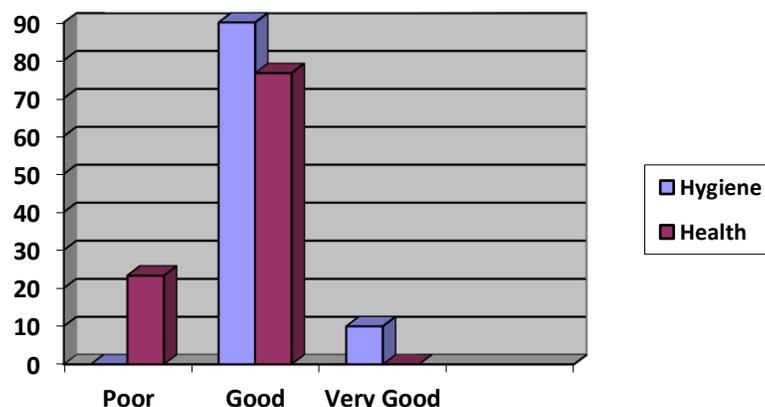


Fig. 4. Performance of well-educated people of urban area

The mean score of illiterate or less educated people and well educated people of urban area are 33.33 and 37.33 with S.D. ± 6.477 and ± 5.529 in urban area well educated people performed well but in the case of health both illiterate or less educated people and well educated people performed same. If we see percentage wise 6.66% illiterate or less educated people are poor in hygiene but 0% well educated people are poor in hygiene but in health both illiterate or less educated and well educated people are same i.e. 76.66% people are good in health.

Rural area and Urban area (Illiterate or less educated people)

Table 3. Performance of Illiterate or less educated people of rural area and urban area

Measurement of	Rural Area		Urban Area	
	Hygiene	Health	Hygiene	Health
Mean	31.50	25.00	35.33	26.66
Median	30.00	25.00	35.00	25.00
Mode	30.00	25.00	35.00	25.00
Std.Dev.	7.78	5.72	6.48	6.48

On comparing area wise illiterate or less educated people of rural area and that of urban area have mean score 31.50 and 33.33 with S.D. ± 7.84 and ± 6.477 in hygiene i.e. Urban people are good. In health, people of rural area and urban area have mean score 25.00 and 26.66 with S.D. ± 5.723 and ± 6.477 i.e. In health also people of urban area are good.

If we see percentage wise, 13.33 % illiterate or less educated people are poor in hygiene while only 6.66 % illiterate or less educated people are poor in hygiene. In health 66.66% illiterate or less educated people of rural area are good while 76.66% illiterate or less educated people of urban area are good.

Rural area and Urban area (Well Educated people)

Table 4. Performance of well-educated people of rural area and urban area

Measurement of	Rural Area		Urban Area	
	Hygiene	Health	Hygiene	Health
Mean	36.00	23.50	37.33	26.66
Median	35.00	25.00	40.00	27.50
Mode	40.00	20.00	40.00	30.00
Std.Dev.	7.81	5.28	5.53	7.35

In hygiene the mean score of well-educated people of rural areas and that of urban area are 36.00 and 37.33 with S.D. ± 7.81 and ± 5.53 i.e. People of urban area are good but in health the mean score of well-educated people of rural area and that of urban area are 23.50 and 26.66 with S.D. ± 5.276 and ± 7.350 respectively i.e. In health also well-educated people of urban area are good.

In percentage, 6.66 % well educated people of rural area are poor in hygiene while 0% well educated people of urban area are poor in hygiene i.e. Urban people are good in hygiene. In health only 53.33% well educated people of rural area are good while 76.66 % well educated people of urban area are good.

CONCLUSIONS

In case of people of rural area, illiterate or less educated people are lagging behind the well-educated people in hygiene but in health illiterate or less educated people are leading. This is not

the situation in case of urban area. In urban area well-educated people are leading but in health both are equal. On comparing area wise, urban people are good in both hygiene and health with respect to the people of rural area.

LIMITATION OF THE STUDY

- The study is limited only to some places because it is not possible to visit each and every place in limited time.
- As the study is done in Assam which is a multilingual state, the investigator faced a lot of communication problem with the responder.
- As the tool applied for data collection is questionnaire and study is conducted on both illiterate and educated people, so there is a great chance of manipulation by those who have marked on the response paper on behalf of the responder.
- Most of the data used is primary data so its authenticity depends upon the authenticity of responses of the responder.
- Most of responders were feared of leakage of their personal information so it is a great chance that they have manipulated their responses.

IMPORTANT RECOMMENDATION

- There should be a proper place of health and hygiene in the curriculum along with the environmental education at each level of the education i.e. Primary education, secondary education and higher education.
- Strict and hard legislation is required for the health and hygiene.
- Government official should pay proper attention on the implementation of the government schemes like Swachh Bharat Abhiyan, Jawaharlal Nehru Urban Renewable Mission etc. so that habitations can remain hygienic and hence people can remain healthy.
- Non-Government Organisation (NGO), educated group etc. should campaign for the awareness of the people about health and hygiene.
- The money kept aside for public social responsibility by PSU should be used for the maintaining of hygiene in the locality of PSUs.

SCOPE FOR FURTHER STUDIES

There are following scope for the further studies:

- A comprehensive study can be done on the consciousness of people about hygiene of both rural and urban area.
- A separate study of quality of air and water of industrial area and non-industrial area can be done.
- A comprehensive study is required for suggesting the proper measures for maintaining health and hygiene of the people
- As there are some local problems specific for a particular area, so separate study can be done for each area so that problems of that particular area can be solved.

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APPENDICES

Appendix No. 1. List of sample selected

Area	Place	Number of people selected
Urban area	Missionpara, Anandapara, Kalibari, Ramnagar and Stationpara	60 (30 + 30)
Rural area	Pengree, Bordumsa, Golai No. 1, Golai No. 2, Golai No. 3 and Balijan	60 (30 + 30)

Appendix No. 2. List of experts

1. Mr. Diganta Dutta
Subject Teacher (Physics)
Vivekananda Vidyalaya H.S. School,
Digboi
2. Mrs. Rita Das
Subject Teacher (Adv. Bengali)
Vivekananda Vidyalaya H.S. School,
Digboi

3. Mrs. Shrabanti Borah
Assistant Teacher
Vivekananda Vidyalaya H. S. School,
Digboi