

THE IMPACT OF WATER AND SANITATION PRACTICES ON HEALTH OF WOMEN IN RURAL VAIJAPUR

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'Sanitation is more important than political independence' Gandhiji.

Abstract:

In order to understand the special health status of rural women, the following conclusions have been reached by collecting information from 50 women from five villages of Vijapur taluka with the help of a survey questionnaire. A scientific approach is developing among rural women in rural Vijapur because they are getting aware about their sanitation. Rural women are seen to be conscious about their health as 100% women are do the regular bath. 68% of women are clean/wash their hair once a week and use a nail cutter to cut their nails. 62% of the female respondents eat three time meals a day while the rest eat two time. 82% household has toilets. Education level has shown a positive relation with sanitation and hygiene habits among respondents. 92% of respondents say they seek medical treatment after falling ill. 82% women use own toilet. 84% respondents are use sanitary pad. 56% of the respondents suffered from typhoid, anemia, jaundice and fever in the last six months. During menstruation, 50% of women suffer from back pain, back pain, while 22% women suffer from abdominal pain and irritability.

Keywords: Water, Sanitation, Hygiene, Health, Diet.

Introduction:

Health is important for a human being because the development of his personality depends on health. If health is not right, it becomes impossible for any person to live life. To stay healthy, a human being should get healthy food, proper amount of sleep, correct treatment at the right time.

Research Problem:

Health means a fit body. Also, a person who has no physical ailments, who can do normal hard

work without fatigue, can digest normal food, and whose senses and senses are in good order is a healthy person. Especially the rural women are the backbone of the family, keeping them healthy is mandatory not only for the women but for the entire family. The health of family members and children depends on the health of women. So how is the health status of rural women? How does the availability of health facilities affect their health? This topic is chosen to study what are the health problems they face

Review of literature:

1. The chronic non-communicable diseases (NCD) have emerged as the largest killers of women in India. The commonest causes of death in women - as in men - are now ischemic heart disease, stroke, chronic respiratory diseases, chronic kidney disease, and diabetes.¹
2. Arjun Kumar(2015)² have noted that, inadequate availability of drinking water and proper sanitation, especially in rural India, leads to innumerable deadly diseases, harms the environment, and also affects vulnerable populations, such as persons with disabilities and women, exposing them to sexual violence.
3. Wren Vogel and et al. (2022)³ explore that, Vulnerable groups, specifically women, are unequally affected by poor sanitation. Women must undergo additional obstacles when practicing proper sanitation and managing menstruation. Attitudes towards and perceptions of gender and menstruation have created a health and social discrepancy between women and men.
4. Saleem et al.(2019)⁴ have noted that, open defecation promotes poor health in women with long-term negative effects on their psychosocial well-being. Open defecation, increased risk of sexual exploitation, Threat

to women’s privacy and dignity and Psychosocial stressors linked to open defecation, which clearly present a serious situation of poor sanitation in rural communities of Lower-Middle Income Countries.

5. Nagesh Ramya et al. (2020) have opined that one in two women had good WaSH (water, sanitation and Hygiene) practices and more than 95% of them used sanitary latrine. Women belonging to nuclear family had higher odds of having good WaSH practice.
6. Aditya Singh et al.(2022) have noted that, there was a clear north-south divide in the exclusive use of hygienic methods among adolescent women in rural India like, 23% in Uttar Pradesh to 85% in Tamil Nadu. Further they noted that, in rural India, only 42% of adolescent women exclusively used hygienic methods.

Objective:

1. To study the health awareness of rural women.
2. To explore the factors influencing the health of rural women.

3. To understand the nature of rural women’s illness.

Literature and Method:

The study is based on quantitative approach, so we have use survey method. The present article tries to examine the impact of WASH Practices on Health of Women in Rural Vaijapur. For this purpose a case study of five villages in Vaijapur Tehsil (Aurangabad District) has been done. The respondents selected through purposive sampling method. The data has been collected from 50 female respondents of five villages with the help of a survey questionnaire. The other useful study material were downloaded from respective websites, news published in local newspaper and information booklets.

Study variables:

This study is based on the causal relationship between an independent variable and dependent variable. Here, education, source of income, marital status, is considered as independent variables, while health and health related disease of rural women are considered as dependent variables.

Results:

Table no.1 Sample Villages and Respondents

Sr. No.	Name of Village	Frequency	Percentage
1	Panav	10	20
2	Savandgaon	10	20
3	Janephal	10	20
4	Virgaon	10	20
5	Kanaksagaj	10	20
	Total	50	100.00

Source: field survey

Table no.2 Demographic Profile of Respondents

Sr. No.	Characteristics	Frequency	Percentage
	Age Group		
	18 to 23	22	44
	24 to 29	3	6
	30 to 34	6	12
	35 to 40	13	26
	45 to 50	6	12
	Education		
	Primary	12	24
	Secondary	9	18

	Hr. Secondary	4	08
	UG	17	34
	PG	8	16
	Income Source		
	Farming	40	80
	Occupation	2	1
	Service	5	10
	Wages	0	00
	House Keeping	07	14
	Category		
	OPEN	33	66
	OBC	09	18
	SC	08	16
	ST	00	00
	NT	00	00
	Religion		
	Hindu	44	88
	Islam	01	02
	Buddhist	05	10
	Christianity	00	00
	Shikh/ Other	00	00
	Marital Status		
	Married	26	52
	Unmarried	24	48
	Types of Family		
	Joint	27	54
	Nuclear	23	46
	Total	50	100.00
Source: field survey			

Table no. 2 shows the demographical profile of respondents. 44% of the respondents are in the age group of 18 to 20 years whereas 26% respondents are in the age group of 35 to 40 years. 34% respondents are graduates while 16% respondents are postgraduates. 24% respondents have completed primary education whereas 18% respondents have completed secondary level education. 80% of the respondents are engaged in agricultural activities. 14% do domestic work and take care

of the house while 10% of the respondents are service holders. 66% of the respondents belong to Open category. 18% belong to OBC category and 16% belong to ST category. 88% of the respondents belong to Hindu religion. 10% are Buddhists and two percent are Muslims. 52% respondents are married whereas 48% are unmarried. 54% respondents are lives joint family while 46% lives in a nuclear family.

Table no.3 Components included in daily diet

Types of Food Frequency	Daily %	Sometime %	Never%
Chapati	96 %	4%	
Bread	58	42	
Rice	22	78	
Vegetable	96	4	

Dal	50	50	
Fruit	64	36	
Pulses	62	38	
Chicken		22	78% never eat
Fish		14	
Egg		24	
Meat/Mutton		20	
Total			

Source: field survey

Table no.3 examining the components included in the daily diet of the respondent, it is found that 96% of the respondents consume chapati regularly in their diet, while the rest consume it occasionally. 58% of respondents say their diet includes bread every day, while 42% say their diet includes bread sometime. 22% respondents are eating rice regularly, while now 78% respondents are occasional rice eaters. 96% of

respondents mention that their daily diet includes vegetables. 50% respondents say pulses are included in their daily diet. 64% of respondents say their daily diet includes fruit. 62% of respondents include cereals in their diet. 22% respondents say they eat chicken sometime, 14% respondents are fish eaters, 24% respondents eat eggs sometime while 20% respondents eat mutton.

Table no.4 Status of respondents Individual Sanitation/Hygiene

Bath	One time 100%	Two time 00	Thrice 00	
Hand Wash	Soap 42%	Hand wash 54%	Water 4%	Other 00
Hair Clean	One time in a week 38%	Twice in a week 62%	After Fasting 10%	Fourth day MC. 06%
Sleeping	Five hours 12%	Six hours 38%	Seven hours 40%	Eight hours 10%
Nail Cutting	Nail Cutter 100%	Blade 00	Through Teeth 00	
Types of Food	Vegetarian 78%	No vegetarian	Mixed 22%	
Daily Eating Habit	One time 00	Two time 38%	Thrice 62%	Four time 00
Drinking water	Tab 14%	Well 66%	Bore-well 02%	RO+ 18%
Facilities available at home	Shoch pit 34%	Bore-well 28%	Bathroom 70%	Toilet 82%
Domestic animal	Cat 54%	Dog 36%	Cow-goat 64%	Ox 40%
Water supply	Pipe line 30%	Well 58%	Bore-well 10%	Hand pump 2%
Public toilet	Yes 60%	No 40%		
Availability of Hospital	PHC/Govt. 54%	Private 40%	Nothing	
To Use during MC	Sanitary Pad 84%	Napkin 2%	Cotton Cloth 08%	MC Cycle end 06%
Treatment after illness	homemade 08%	ASHA Worker	Hospital 92%	Other

Fasting	Ekadashi 44%	Chhaturthi 44% Days 26% (Mon-18% Thurs-08%)	Don't fasting 56%
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Source: field survey

100% respondents are bathers once a day. 42% respondents use soap for hand washing, while 54% respondents use hand wash for hand washing. While four percent of the respondents wash their hands with water. 68% respondents are wash/clean their hair once a week. 32% respondents say they wash their hair twice a week, while 10% respondents say on fasting days and 6% respondents say they wash their hair on the fourth day of their period. 12 percent of the respondents are five hours sleepers. 38% of respondents say they get six hours of sleep every day. 40% of the respondents are seven hours sleepers, while 10% respondents are getting eight hours of sleep every day. 100% percent of the respondents say that nail cutters or nail removal tools are used for exact removal. 78% respondents are vegetarians while 22% respondents are mixed eaters. 36% respondents eat twice a day while 62% respondents eat thrice a day. 14% respondents say they have tap water supply in their homes and 66% respondents say they drink well water, 2% respondents say they drink bore water while

18% respondents use filtered water for drinking at home. 34% of the respondents have a shoch pit in their house, 28% of the respondents have a bore, 70% of the respondents have a bathroom or a bathroom, while 82% of the respondents have a toilet. 54% respondents keep cats, 36% respondents keep dogs, 64% respondents own goats and cows while 40% respondents own pair of bulls. According to thirty percent of the respondents, water is supplied through pipelines in the villages. 58% say there is well water supply. Ten percent says bore, two percent says water is supplied with the help of hapsa. Three villages have public toilets which means 60 percent of villages have toilets. So 40 percent of the villages do not have toilets, which means two villages do not have public toilets. 84% respondents use sanitary pads during menstruation. 74% of the respondents observe fasting including fasting on Ekadashi Chaturthi Mondays and Thursdays etc, while 26% respondents do not observe any type of fasting.

Table no.5 Respondents Facing Health Problems in the Last Six Months

Characteristics	Frequency	Percentage
Typhoid	05	10
Cell declining	05	10
Hepatitis	10	20
Other	08	16
None of the above	22	44
Total	50	100.00

Source: field survey

56% of the respondents suffered from typhoid, anemia, jaundice and fever in the last six

months. While 44% women did not get any disease.

Table.no.6 Nature of health problems during Menstrual period

Characteristics	Frequency	Percentage
Abdominal pain	11	22
back pain	25	50
pain in limbs / leg pain	05	10
dizziness	05	10

rash on the face	02	04
excessive bleeding	02	04
get irritated	11	22
negative thinking	00	00
none of the above	04	08
Menstrual cycle closed	07	14
Total	50	100.00

Source: field survey

When asked about the health problems faced by the female respondents, it can be seen that 50% of the women suffer from back and waist pain during menstruation, 22% suffer from

abdominal pain and 22% suffer from irritable bowel syndrome. 10% respondents are facing problems of pain in limbs and dizziness. 8% have nothing any health problem.

Table no.7 Source of Health Information

Characteristics	Frequency	Percentage
Doctor	31	62
ASHA Worker	11	22
Mother/Family Member	25	50
Media	07	14
Nurse	02	4
Friends	02	04
Teacher	01	2
Total	50	100.00

Source: field survey

When asked where they get information about their health from, 62% of respondents say from doctors, followed by 50% of respondents who get information about their health from mothers and family members. Twenty-two percent of

the respondents say that Asha workers provide information about health. While 14 percent say they get information about health through social media.

Table no.8 Nature Watching Health Programs on TV

Characteristics	Frequency	Percentage
Hello-Doctor	09	18
Yoga	08	16
Hitaguj	1	02
Don't seeing	32	64
Total	50	100.00

Source: field survey

The fact that 64% of female respondents do not watch any health program on TV shows that women use TV as an entertainment medium.

Findings:

1. 44% of the respondents are in the age group of 18 to 20 years whereas 26% respondents are in the age group of 35 to 40 years.
2. 80% of the respondents are engaged in agricultural activities.
3. 66% of the respondents belong to open category.

4. 88% of the respondents belong to Hindu religion whereas 10% are Buddhists.
5. 52% respondents are married whereas 48% are unmarried.
6. 100% respondents are bathers once a day. 42% respondents use soap for hand washing, while 54% respondents use hand wash for hand washing
7. 68% respondents are wash/clean their hair once a week. 32% respondents say they wash their hair twice a week.

8. 38% of respondents say they get six hours of sleep every day. 40% of the respondents are seven hours sleepers.
9. 78% respondents are vegetarians while 22% respondents are non-vegetarians or mixed eaters.

Summary and Conclusions:

According to Mahatma Gandhi Says “Milk, meat, pulses and dry fruits are necessary for strengthening human muscles of human being. A non-vegetarian should include milk in his diet. After milk, grains like wheat, millet, sorghum, rice etc. are important for human body for its development. It is necessary to have dal in the diet of people who do manual labor and who do not have access to milk. Without it, his body is not nourished. Eating rotted bivalve grains is beneficial for health. Diet should include seasonal fruits and vegetables. A man's diet should include a small amount of fatty foods as well as jaggery and sugar.”³ Almost all the ingredients mentioned by Gandhiji as useful for human health are found to be included in the diet of rural women. A scientific approach is developing among rural women in rural Vaijapur because they are getting aware about their sanitation. Education level has shown a positive relation with sanitation and hygiene habits in respondents. All respondents are using separate soap bars for bathing and washing.

The daily diet of rural women mainly consists of food grains like wheat and millet while the consumption of sorghum and rice is less in comparison. The proportion of dal and pulses are 50 % and 62 % respectively. Rural women are seen to be conscious about their health as 100% women are do the regular bath. 68% of women are clean/wash their hair once a week and use a nail cutter to cut their nails. 62% of the female respondents eat three time meals a day while the rest eat two time. 70% of the women respondents have a bathroom at home while 82% women use own toilet. 84 percent of women use sanitary pads during their menstrual cycle. 92% of respondents say they seek medical treatment after falling ill. 44% female respondents fast on Ekadashi, Chaturthi, Monday and Thursday while remaining 56%

women do not fast at all. 78% of the respondents are vegetarians while the rest are non-vegetarian (mixed eaters). 56% of the respondents suffered from typhoid, anemia, jaundice and fever in the last six months. While 44% women did not get any disease. During menstruation, 50% of women suffer from back pain, back pain, while 22% women suffer from abdominal pain and irritability. When asked where they get information about their health from, 62% of respondents say from doctors, followed by 50% of respondents who get information about their health from mothers and family members. Twenty-two percent of the respondents say that Asha workers provide information about health. While 14 percent say they get information about health through social media. The fact that 64% of female respondents do not watch any health program on TV shows that women use TV as an entertainment medium.

Limitation:

1. Information is collected from literate respondents only.
2. The proportion of respondents belonging to open category and Hindu religion is more.
3. The study is limited to women in five villages.
4. It does not include illiterate women and women belonging to ST category and NT category

Reference:

1. The George Institute The Future of Women's Health: Using Data and Research to Shape Policy, A roundtable discussion held on August 10, 2017 at ICMR, Delhi, available at www.georgeinstitute.org.in
2. Arjun Kumar (2015) Discrepancies in Sanitation Statistics of Rural India, Economic & Political Weekly EPW January 10, 2015 vol. no 2
3. Wren Vogel, Christina D. Hwang and Sangchul Hwang(2022) Gender and Sanitation: Women's Experiences in Rural Regions and Urban Slums in India, Societies 2022, 12, 18. <https://doi.org/10.3390/soc12010018> available at

4. Mahrukh Saleem, Teresa Burdett and Vanessa Heaslip, (2019) Health and social impacts of open defecation on women: a systematic review, Saleem et al. BMC Public Health (2019) 19:158 <https://doi.org/10.1186/s12889-019-6423->
5. Nagesh Ramya, Mahendra M. Reddy, Prasanna B. T. Kamath (2020) Water, sanitation and hygiene practices among adult women in a rural area of Kolar district, South India: a community based survey, International Journal of Community Medicine and Public Health Ramya Netal. International Journal of Community Medicine and Public Health. 2020 Jun;7(6):2388-2392 <http://www.ijcmph.com>.
6. Aditya Singh, Mahashweta Chakrabarty, Shivani Singh, Rakesh Chandra, Sourav Chowdhury and Anshika Singh(2022) Menstrual hygiene practices among adolescent women in rural India: a cross-sectional study,Singh et al. BMC Public Health (2022) 22:2126 <https://doi.org/10.1186/s12889-022-14622-7>
7. M. K. Gandhi, The Key to Health, edition XII,2012 Paramdham Publication Pavnar, wardha, (Pp.1-14)