



Knowledge, Attitude, and Practice of Environmental Hygiene among Selected Urban Slum Women

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ABSTRACT

The environment includes not only the natural environs—the air, the water, the vegetation, and the animals used for sustenance — but also shelter, modes of transportation, and all other products of technology, including pollutants and waste materials, which all interact to affect health. Homes are constructed to provide protection from physical, biological, and chemical hazards. However, housing situations may be compromised in less developed nations due to destitution, a lack of resources, and severe living conditions. Numerous people in urban slum areas continue to reside in shelters or houses made of unstable materials that lack water, electricity, and sanitation. They are exposed to an unhealthy environment, external threats, and severe climatic conditions in succession. As people spend the majority of their time at home, housing sanitation is a top priority for public health initiatives, as it is essential for multiple dimensions of health and well-being. Personal hygiene and sanitation facilities are the top priorities of the community in an urban slum. Nevertheless, the aforementioned priorities need to be improved for the substantial promotion of each family's growth. This goal cannot be met without the full participation of women in the slum community. There remains a gap in the assessment of hygienic literacy, practices, and effectiveness in the implementation of hygienic environments in urban slum areas. The present study aimed to assess the level of awareness, attitude, and practice of environmental hygiene towards the achievement of good environmental hygiene. A total of 500 households in the selected urban slum area were assessed to identify the effectiveness of environmental hygiene through interview and observation methods. Various parameters, including demographic profile and relationship with hygienic knowledge, attitude, and practice, were also evaluated. Conclusively, people in the urban slum area lack environmental hygiene practices. The study concluded that the awareness programme and related education services towards proper and good sanitation practices are a pressing need to promote a hygienic environment in urban slum areas.

Keywords: Environment Hygiene, knowledge, Attitude, practice, urban slum

INTRODUCTION

The United Nations inaugurated 17 Sustainable Developmental Goals (SDGs) with the intention to globally improve the well-being, health, and living conditions of individuals before



2030 through targeting prevailing world issues. All SDGs have implications in holistically improving environmental health in rural areas, which will in turn alleviate poverty and associated issues such as gender equality, hunger, sustainability, and poor infrastructure. As environmental health is touched on by most SDGs, it demonstrates the ripple effect that it has on related issues. Thus, focusing on environmental health will holistically improve the condition of rural populations, and bring global issues to a halt. (<https://sdgs.un.org/goals,2020>)

Hygiene and sanitation are fundamental factors affecting the nutrition status of individuals. Poor sanitation and unhygienic living conditions perpetuate the problem of under nutrition. The World Health Organization posits around 50% of malnutrition related cases to be caused by intestinal infections and diarrhoea due to poor water and sanitation. This stimulates the continuation of a vicious cycle, as malnourishment leads to reduced immunity, enhancing an individual's chance of contracting diseases and infections that may often be fatal. Unsafe drinking water, poor washing facilities, and public defecation are main reasons for the poor hygiene in urban slums as there are increased chances of faecal to oral contact, furthering changes of bacterial transfer to the mouth. From this, hookworms, roundworms, and whipworms may enter into the small intestines. (<https://sdgs.un.org/goals,2020>)

Children and pregnant women are at a greater risk of health problems due to pollution. In society, women are strongly associated with being the primary caretakers of their household in terms of the health of their family, household chores, and cooking. With this fundamental role in the household comes the need for awareness regarding environmental health, sanitation, and hygiene to ensure that the daily practices of women are not compromising the health of their families. (Elsevier, 2017) In addition, the environmental health knowledge, awareness, and practices of women are inclined to be passed down to their children through teachings, enabling a coming generation of children equipped with a strong understanding of healthy sanitation and hygiene practices. However, in the urban slum areas, limited primary care facilities account for poor awareness among women regarding environmentally caused diseases (Selvam et al., 2019). Also, women and girl children experience menstruation, which if not given the medical and sanitary attention it needs, may be handled in an unhygienic manner that increases chances of infections.

As most of India lives in a state of poverty concentrated in the urban slum areas, environmental health safety is of utmost importance and urgency to ensure that there is a reduction in the prevalence of NCDs. However, research regarding the awareness of environmental health in urban slums in India is highly limited, due to which the present study seeks to bridge this gap and create awareness among the slum population on the importance of environmental hygiene. A lack of studies also report on the effects of environmental health interventions on the knowledge,



attitudes, and practices of women residing in urban slums in Tamil Nadu. There also remains a dire need for interventions, training, and initiatives such as the Water, Sanitation, and Hygiene (WASH) by UNICEF focused on the environmental health issues to inculcate awareness among the rural population. Past research has illustrated that community sanitation programs have gained positive feedback from the participants (Jena, 2018), as well as the need for experts to disseminate knowledge regarding health care.

Improvement in environmental sanitation is inevitable and an immediate necessity, especially for the rural and urban slums. The pressure of a growing number of slums in urban areas due to migration from villages has resulted in environmental degradation. A slum is a highly populated urban residential area consisting of densely packed housing units of poor build quality and often associated with poverty. The infrastructure in slums is often deteriorated or incomplete, and they are primarily inhabited by impoverished people..Therefore, the present study on **Knowledge, Attitude, and Practice of Environmental Hygiene among Selected Urban Slum Women**

was undertaken in Eazhu Nagar Kudiiruppu, an urban slum; Kandanchavadi; and Perungudi panchayat in Chengalpattu District with the aim of understanding the existing status of urban slum households on environmental hygiene with the following objectives:

OBJECTIVES

1. To understand the existing environmental conditions in the chosen area
2. To assess the awareness of selected women on the concept of environmental hygiene in terms of knowledge, attitude and practice

HYPOTHESIS

1. There is no significant relationship between age, education, occupation, monthly income and prevailing environmental conditions.
2. There is no significant difference on knowledge, attitude and practice among women on environmental hygiene

METHODOLOGY



A total of 1822 households with a population of 6571, out of which 1999 were men, 2010 were women, and 2562 were children in the selected area. The observations made by the investigator in her preliminary visit to the area indicated that the sanitary conditions in the selected slum were unsatisfactory and needed attention. The panchayat leader was approached for the basic information requested by the investigator and to take up some action-oriented programs to improve the prevailing conditions in the selected urban slum. Based on the attention required, nearness, a transport facility, the cooperation of the people, an earlier rapport established with the slum people, and the need for educating the people were the other attributes for considering this area. Women are considered effective change agents for better houses, better environments, and a better economy for the nation. If women are educated properly, they can protect their homes and the nearby environment from degradation. Hence, women residing in the chosen areas were considered and selected as respondents for this study. an interview-cum -observation method was chosen as methods for collection of data. A structured schedule as a tool for data collection .

STATISTICAL ANALYSIS

A knowledge, attitude, and practice rating inventor scale was framed with valid statements on environmental hygiene concepts to assess the awareness of the selected women and their attitude toward the environment and hygiene. The items were graded or ranked based on the nature of the problem on a three-point scale.. For knowledge assessment the value ranges as follows: Good- >5; Fair- 3 to 5; Poor- <3. The good, fair, and poor criteria for the attitude scale as >32, 28-32, and <2, respectively. In the practice assessment, the scale values fall as follows: Good- >16; Fair- 12 to 16; Poor- <12. Inferential statistics such as the one-way analysis of variance, independent t-test, and correlation were executed. The means, standard deviations, and percentages were represented as descriptive.

Major findings:



The major findings include the relationship between demographic profile and the prevailing environmental hygiene of the selected urban area and . the level of knowledge, attitude and practice among slum women on environmental hygiene .

A. Relationship between demographic profiles and the prevailing environmental hygienic practices

It includes Socio demographic profile of the selected households, Prevailing Environmental Condition and Relationship between Socio demographic profile and Prevailing Environmental Conditions.

1. Socio demographic profile of the selected households

Under the socio-demographic profile of the selected households, The age, educational qualification, and occupational status are presented in Table-1

Table 1

Age, Educational Qualification and Occupational Status of Selected Rural Households

N= 500

S.No	Category	Classification	Frequency	%
1.	Age (in years)	21-25	4	1
		26-30	67	13
		31 and above	429	86
2.	Education	Illiterate	189	38
		Primary	30	6
		Secondary	181	36
		High secondary	23	5
		Graduate	40	8
		Post graduate	31	6
3.	Occupational Status	Diploma	5	1
		Agriculture	49	10



		Daily laborer	344	59
		Maid /Cook	32	6
		Self-employed	75	15
4.	Monthly Income	Rs. \leq 5,000	103	21
		Rs. 5,001-10,000	283	57
		Rs. 10,001 – Rs.15,000	56	11
		Rs. 15,001 – Rs. 20,000	27	5
		Rs. > 20,001	31	6

*N- Number of Respondents

Among the selected households, the majority of 86 per cent of the respondents, belonged to the age group of 31 and above. Educational backgrounds have had an impact on economic status and the lifestyle of an individual. Lifestyle changes have effects on health (Mirowsky, 2017). The analysis of the educational status of the respondent's shows that the majority of 38 per cent of respondents, were illiterate and 36 per cent have completed their secondary education. It was clearly stated that only eight per cent of respondent's were graduates and six per cent of respondent's were postgraduate. Regarding occupation, the majority of, 69 per cent of the respondents were working as daily labor.

Regarding family income, 57 per cent of the respondent's family income was between Rs. 5,000 and Rs. 10,000/-. 21 per cent of respondents had a family income less than or equal to Rs.5,000, 11 per cent had a family income in the range of Rs. 10,001 to Rs. 15,000, and only six per cent had a family income above Rs.20,001.

2. Prevailing Environmental Condition

A good environment is, thus, the most relevant for human well-being. However, especially in rural communities, environmental health conditions are not satisfactorily. Both the natural and the built environment are not free from undue hazards. In many cases, essential environmental services, such as adequate sanitation facilities, water supply and solid waste management, are not



provided to households and communities (kaur et.al 2018). Table 2 describes the prevailing environmental hygienic practices as expressed by the selected respondents

Table 2

Environmental Hygienic Practices by the Selected Households

N=500

Environmental Hygienic Practices	Never		Sometimes		Most of the times		All the time	
	N	%	N	%	N	%	N	%
Burn waste in an open area	108	22	140	28	82	16	170	34
Dispose of the waste in an open area.	215	43	170	34	75	15	40	8
Dispose of the waste in a community dustbin.	180	36	100	20	100	20	120	24
Separates waste into recyclable and non-recyclable waste	320	64	80	16	60	12	40	8
Difficulties in procuring clean water access	120	24	80	16	135	27	165	33
Access to clean drinking water	160	32	120	24	100	20	120	24
Washing hands before eating	250	50	140	28	50	10	60	12
Access to a toilet at home	80	16	40	8	160	32	220	44
The toilets are clean in the house.	190	38	100	20	160	32	50	10
Access to water in the toilets	190	38	100	20	160	32	50	10
Defecate or urinate in public spaces	80	16	40	8	160	32	220	44
Washing hands after using the toilet	180	36	100	20	100	20	120	24
Washing hands after coming back home	250	50	140	28	50	10	60	12
Lack of effective infrastructure facilities leads to crowded living conditions	26	5	47	9	164	33	263	53
Disease prevalence increases due to unclean environments	72	14	96	19	149	30	183	37

*N- Number of Respondents



Out of 500 households, 34 per cent of the respondents burned the waste all the time in the open area and eight per cent of the selected households disposed of the waste in an open area. Interestingly, 24 per cent of the selected households disposed of the waste only in a community dustbin. Even after many government programmes and training, 64 per cent of the respondents never separated waste from recyclable and non-recyclable products, 33 per cent of the selected households faced difficulties procuring clean water, and 24 per cent of households were not getting clean drinking water. These findings are in a bar with the findings of the study conducted by Bundhoo et.,al (2018) in Nepal.

Regarding hand washing before eating, only 12 per cent wash their hands regularly, and it is hearting to note that 50 per cent of the respondents reported that they do not wash their hands before eating. Regarding access to toilets at home, 44 per cent have the facility, and only 10 per cent of the households keeps the toilet clean and neat. Defecation or urination in public spaces all the time was reported by 44 per cent of the respondent. Washing hands after using toilets all the time was followed by 24 per cent, and only 12 per cent said that they wash their hands after coming back home all the times. The findings are in coherence with the study conducted by Agarwal et., al (2017) in Jhansi, Uttar Pradesh.

Crowded living conditions due to a lack of infrastructure facilities and increases in disease prevalence due to unclean environments all the times were reported by 53 per cent and 37 per cent. Usmani and Ahmad (2018) studied the health status of the slum and non-slum populations. The results also show that the disease prevalence among the slum population was higher than the non-slum population.

3. Relationship between Socio demographic profile and prevailing environmental conditions

The independent variables, age, education and dependent variables, occupation, monthly income and prevailing environmental condition, are related using Karl Pearson's Correlation analysis. The obtained Pearson Correlation value helps to know the strength and direction of the relationship between the variables. Correlation coefficients are the indicators of



the strength of the linear relationship between two different variables. The correlation coefficient is measured on a scale that varies from +1 to -1. The interrelationship between age, education, occupation, monthly income and prevailing environmental conditions is presented in Table 3.

Table 3

Relationship between Age, Education, Occupation, Monthly income and Prevailing Environmental Conditions

	Age	Education	Occupation	Monthly Income	Prevailing environmental conditions
Age	1	.010 (.626)	.012 (.548)	.015 (.461)	.003 (.899)
Education		1	.309** (.000)	.265** (.000)	.266** (.000)
Occupation			1	.428** (.000)	.008 (.684)
Monthly Income				1	.015 (.461)
Prevailing environmental condition					1

** Significance @ 0.01 level

Hypothesis I There is no significant relationship between age, education, occupation, monthly income and prevailing environmental conditions

Among various socio demographic profile only education has been found to have a positive and significant relationship with prevailing environmental conditions ($r = .266, p < 0.05$). This indicates that environmental conditions will improve when education is better. **Hence, the null hypothesis framed is rejected and there is a significant relationship between education and prevailing environmental condition.** Furthermore, the prevailing environmental conditions do not have a significant relationship with age ($r = .003, p > 0.05$), occupation ($r = .008, p > 0.05$) and monthly income ($r = .015, p > 0.05$). This states that age, occupation and monthly income are



not related to the prevailing environmental conditions. **Henceforth, the null hypothesis, there is no significant relationship between age, occupation, monthly income and prevailing environmental condition is accepted.** Rashmi Kumari (2022) also concluded that slum dwellers' socioeconomic background influences social and behavioural aspects and environmental quality.

B. Knowledge , attitude and practice of Environmental Hygiene by the Selected Women

Health, in humans, the extent of an individual's continuing physical, emotional, mental, and social ability to cope with his or her environment. Access to sufficient amounts of safe and nutritious food is key to sustaining life and promoting good health. Unsafe food containing harmful bacteria, viruses, parasites or chemical substances causes more than 200 diseases, ranging from diarrhoea to cancers. It also creates a vicious cycle of disease and malnutrition, particularly affecting infants, young children, elderly and the sick. Good collaboration between governments, producers and consumers is needed to help ensure food safety and stronger food system

Sanitation and hygiene are critical to health, survival, and development. Many countries face challenges in providing adequate sanitation for their entire populations, leaving people at risk for diseases related to water, sanitation, and hygiene. Hence it is essential to understand the knowledge on the connectivity of health , food and sanitation among selected women. Tables 4 and 5 highlights the Knowledge of Environmental Hygiene and health issues among Selected Women

1. Knowledge of Environmental Hygiene by the Selected Women

Knowledge of environmental hygiene as pressed by the selected women is given in table 4

TABLE 4

Knowledge of Environmental Hygiene by the Selected Women



N=500

Knowledge on Environmental Hygiene	Yes		No	
	N	%	N	%
Harmful effects of incorrectly disposing of the waste on the environment and health.	155	31	345	69
Burning garbage has harmful effects on the environment.	485	97	15	3
It is not a good practice to bury waste such as plastic, glass, and paper outside.	454	91	46	9
There are natural ways of promoting food waste decomposition.	500	100	-	-
Waste materials should be segregated into wet waste (food items) and dry waste (plastic, metal, and paper materials).	484	97	16	3
Quality of you water affects your health	484	97	16	3
The importance of washing your hands	152	30	348	70
Washing hands without soap after using the toilet is not good.	155	31	345	70
It is not good to let water stagnate in areas around and outside the house.	333	67	167	33
It is important to store drinking water in covered containers.	151	30	349	70
Public defecation and urination have negative effects on those living in and around the area.	151	30	349	70
Animal dung results in diseases.	426	85	74	15

N=Number; %= Percentage

Table 5 displays the respondents' understanding of health, food, and sanitation. Thirty-one per cent stated that they were aware of the negative impacts of improper garbage disposal on the environment and health, while the remaining 69 per cent expressed that they were not aware of the negative impacts of improper garbage disposal. The majority of respondents (97 per cent) believe that burning waste is damaging to the environment, whereas 15 per cent believe that they are unaware of the harmful impacts of burning garbage. Burying waste such as plastic, glass, and paper outside was not a good practise, according to 91 per cent of respondents, while nine per cent



said they were not aware of it. Hundred per cent of the respondents agreed that they were aware of natural methods of improving food waste decomposition.

The waste materials should be segregated into wet waste such as food waste and dry trash such as plastics, metals, and paper materials, according to 97 per cent of respondents. However, three per cent of respondents admit that they were unaware of the segregation. Ninety-seven per cent of respondents claim they were aware that water quality affects health, Although 30 per cent of respondents were aware of the relevance of hand washing, 70 per cent of the respondents were unaware of its significance. Thirty-one per cent of respondents accepted that washing hands without soap after using the toilet was not recommended, while 69% say no.

Sixty-seven per cent of respondents understand that water stagnation around the house creates health problems, while 33 per cent of respondents do not accept the fact. Thirty-two percent of respondents understand the need to store drinking water in covered containers, and public faeces and urination negatively affect individuals living in and around the area. Eighty-five per cent of respondents agreed that animal faeces cause diseases.

2. Knowledge of health issues by the selected women

Globally, 2.3 billion people still do not have basic sanitary facilities such as toilet or latrines. Of these 892 million still defecate in the open, in street gutters, behind bushes, or into open water bodies (UNICEF & WHO, 2017). Poor sanitation is linked to transmission of diseases such as cholera, diarrhoea, dysentery, hepatitis A, typhoid and poliomyelitis. UNICEF and WHO (2017) reiterated that inadequate sanitation is estimated to cause 280 000 diarrhoeal deaths annually and is a major factor in several neglected tropical diseases including intestinal worms, schistosomiasis, and trachoma. TABLE 6 explains the opinion of selected women regarding health issues in connection with environmental hygiene

TABLE 6

Knowledge of health issues by the selected women

N=500



Knowledge's of health issues	Number	Percentage
Health issues caused by poor water quality		
Dysentery	325	65
Cholera	175	35
Health issues caused by faecal to oral and soil to oral contact		
Hepatitis A/E	459	92
Typhoid	41	8

The table above indicates the respondents' understanding of the health risks caused by poor water quality, faecal-to-oral and soil-to-mouth contact, and the source of information about sanitation and hygiene. Sixty-five per cent of respondents believed that poor water quality causes dysentery, whereas 35 per cent believed that poor water quality causes cholera. Ninety-two per cent of the respondents expressed that hepatitis is caused by faecal-to-oral and soil-to-oral contact, whereas eight point two per cent opined that typhoid is caused by faecal-to-oral and soil-to-oral contact

E **Attitudes of environmental hygiene by the selected women**

Healthier environments could prevent almost one quarter of the global burden of disease. The COVID-19 pandemic is a further reminder of the delicate relationship between people and our planet. Clean air, stable climate, adequate water, sanitation and hygiene, safe use of chemicals, protection from radiation, healthy and safe workplaces, sound agricultural practices, health-supportive cities and built environments, and a preserved nature are all prerequisites for good health. Therefore it is essential to understand the attitudes of women on environmental hygiene before crating awareness. Table 7 emphasis the attitude on women on evvironmental hygiene.

TABLE 7



Attitudes of Environmental Hygiene by the Selected Women

N=500

Attitudes towards environmental hygiene	Agree		Somewhat agree		Disagree	
	N	%	N	%	N	%
It is each individual's responsibility to dispose of waste in trash cans.	158	32	326	65	16	3
Defecating or urinating in public is very convenient.	-	-	321	64	179	36
Not cleaning utensils for several days is unhygienic.	14	3	175	35	311	62
Washing hands before and after eating is a waste of time.	456	91	27	5	17	4
Washing hands after using the toilet is not effective in preventing diseases.	274	55	205	41	21	4
The actions of one person in environmental sanitation are not sufficient.	-	-	227	45	273	55
Proper sanitation practices are expensive.	340	68	159	31.8	1	0.2
It is important to practice good sanitation and hygiene and be a role model for our children	-	-	167	33	333	67
Wastewater should be disposed of in an appropriate manner.	217	43	237	48	46	9
Bathing is essential for hygiene purposes, not only beauty purposes.	95	19	235	47	170	34
The hands of family members will not cause a problem, even if they are unhygienic.	142	28	202	41	156	31
It is not proper to share drinking cups with others.	95	19	235	47	170	34
Proper sanitary practices are the way to prevent many infections.	30	6	362	72	108	22
Individual toilets are only important for privacy, not hygiene purposes.	142	29	202	40	156	31
It is not necessary that hands be washed with soap.	140	28	204	41	156	31

N=Number; %= Percentage

Table 7 depicts the respondents' attitudes towards environmental hygiene. Out of 500 respondents, 32 per cent agreed, 65 per cent somewhat agreed, and three per cent disagreed that it



is each individual's responsibility to dispose of waste in dustbins. In terms of whether defecating in public is convenient, 64 per cent of respondents agree and 36 per cent disagree.

Not cleaning utensils for many days is unhygienic, which was disagreed with by 62 per cent of the selected respondents. Ninety-one per cent of respondents agreed that washing hands before and after eating is a waste of time. Fifty-five per cent and 41 per cent of the respondents agreed and somewhat agreed, respectively, that washing hands after using the toilet is not effective in preventing diseases.

Forty-five per cent somewhat agreed and 55 per cent disagreed that the action of one person in environmental sanitation is not sufficient. Sixty-eight per cent of respondents agreed, while 32 per cent agreed somewhat that proper sanitation practices are costly. Thirty-three per cent somewhat agreed and 67 per cent disagreed that it is important to practice good sanitation and hygiene and be a role model to our children.

Wastewater should be disposed of in an appropriate manner, which was agreed upon by 43 per cent of the selected respondents. Forty-seven per cent of the respondents somewhat agreed that bathing is essential for hygiene purposes and not only for beauty purposes. It is noted that 31 per cent of the selected respondents disagreed that the hands of family members would not cause a problem even if they were unhygienic.

Nineteen per cent agreed that no hams share drinking cups with others. Regarding sanitary practices, 72 per cent somewhat agreed that proper sanitary practices are the way to prevent many infections. 31 per cent of respondents disagree that individual toilets are only important for privacy and not hygiene purposes. , Forty-one per of respondents somewhat agreed that it is not necessary to wash hands with soap

E Practices of environmental hygiene by the selected women

To effectively achieve sustainable behaviour change it is necessary to understand how the people value and perceive environmental change. It is for this reason that practices and knowledge assessment is particularly useful for this research. Knowledge and practice research



approaches are used to understand what people know, believe and do in relation to specific topics (WHO, 2008). Baseline data on current practices and knowledge about environmental hygiene is presented in Table 8

Table 8

Practices of environmental hygiene by the selected women

N=500

Practices about health, food and sanitation	Never		Sometimes		Most of the times		All the time	
	N	%	N	%	N	%	N	%
Burn waste in an open area to dispose of it.	108	22	140	28	82	16	170	34
Dispose of the waste in an open area.	215	43	170	34	75	15	40	8
Dispose of the waste in a community dustbin.	180	36	100	20	100	20	120	24
separates waste into recyclable and non-recyclable products.	320	64	80	16	60	12	40	8
Difficulties in procuring clean water access	120	24	80	16	135	27	165	33
Access to clean drinking water and washing	160	32	120	24	100	20	120	24
Washing hands before and after eating	250	50	140	28	50	10	60	12
Access to a toilet at home	80	16	40	8	160	32	220	44
Access to public toilets in the area	0	-	0	-	0	-	0	-
The toilets are clean in the house.	190	38	100	20	160	32	50	10
Toilets are clean in public restrooms.	0	-	0	-	0	-	0	-
Access to water in the toilets	190	38	100	20	160	32	50	10
Defecate or urinate in public spaces	80	16	40	8	160	32	220	44
Washing hands after using the toilet	180	36	100	20	100	20	120	24



Practices about health, food and sanitation	Never		Sometimes		Most of the times		All the time	
	N	%	N	%	N	%	N	%
Washing hands after coming back home	250	50	140	28	50	10	60	12

N=Number; %= Percentage

Table 8 describes the respondents’ practices on environmental hygiene. Out of 500 34 per cent of the respondents burned the waste all the time in the open area. And eight per cent of the selected households disposed the waste in an open area.. it is interesting to note that 24 per cent of the selected households disposed the waste only in a community dustbin..

After many government programmes and training still 64 per cent of the respondents never separate waste by recyclable and non-recyclable products. After many government programmes related to settlement of water scarcity still 33 per cent of the selected households facing difficulties in procuring clean water. Even out of 500 hundred households 24 per cent of households were not getting pure drinking water.

Regarding handwash before before eating only 12 per cent are regular.it is hearing to note that 50 per cent of the respondents reported not washing the hand before eating. Regarding access to toilets at home 44 per cent have this facility all the time. And cleliness of the toilet only 10 per cent of the selected households keeps the toilet clean and neat. Since this is because of water availability.

44 per cent of the respondent says all the time they defecate or urinate in public spaces. 24 per cent says all the time they wash hands after using the toilet. And only ,12 per cent says all the time they wash hands after coming back home.

F. Relationship of knowledge scores with attitudes and practices on environmental hygiene is presented in Table 9

Table 9

Relationship of knowledge scores with attitude and practices on environmental hygiene



Variables	Knowledge	Attitude	Practice
Knowledge	1	.183**	-.002
Attitude	.183**	1	-.045
Practice	-.002	-.045	1

** . Correlation is significant at the 0.01 level

Hypothesis 2 There is no significant difference on knowledge, attitude and practice among women on environmental hygiene

. Regarding relationship between knowledge and attitude **the null hypothesis framed is rejected, because there is a significant positive correlation between knowledge and attitude (.183)**, whereas there is no significant correlation between knowledge and practice or attitude . **Therefore the relationship between attitude and practice the null hypothesis framed is accepted.**

SUMMARY AND CONCLUSION :

A nation's development is not solely dependent on its economic growth. It needs to get better on all levels in a steady and lasting way. That also entails a development in the field of health and wellness. If the nation's human resources fall short and find it challenging to accomplish their obligations owing to a lack of resources and health difficulties, there can be no hope for economic development. Given the information acquired, it is possible to say that a lack of facilities and resources has led to a number of ailments that are negatively impacting the people' physical and emotional well-being. It is also obvious that those who reside in sub-urban areas are those who are most impacted. Therefore, it is essential that those who use the facilities take steps to contribute to the advancement of healthcare and appropriate facilities. Only if the country's urban areas are developing steadily as a whole. The study concluded that the awareness programme and related education services towards proper and good sanitation practices are a pressing need to promote a hygienic environment in urban slum areas.