

Hygiene Practice and Health Seeking Behavior of Aged Garo Ethnic People

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Abstract:

An observational cross-sectional study was conducted at Mymensingh district to explore hygiene practice and health seeking behavior of aged Garo ethnic people. Face to face interview was carried out and convenient sampling technique was used to collect data and verbal consent was taken from community leader prior to interview. About 60% respondents were from 60-69 years age group. Male and female distribution was nearly same. Illiteracy was highest (38%) followed by primary (34%) and SSC (20%). About half of the respondents were housewife followed by day labor (18%), farmer (14%), service (10%) and business (8%). Two third of respondents came from low income family. All of them washed hand before taking food and after toileting. More than two third of them used only water before taking food and 80% used after toileting. Most of them (88%) did not cut nail regularly. More than half of the respondents had musculoskeletal problem. Seeking consultation from Govt hospital as well as rural medical practitioner/traditional healer/pharmacy man were nearly same. Hygiene practice and health seeking behavior was not satisfactory. Accessibility to Govt hospital need to be increased.

Key words: Hygiene Practice, Health Seeking Behavior, Garo Ethnic Community, Aged people

INTRODUCTION

Ageing is an ongoing physiological process. As mortality declining and improved public health interventions which result population ageing a worldwide phenomenon. During 2000-2030, the population of persons aged 60 years and above of the world has been projected to increase by about 550 million to 930 million, increasing from 6.9 to 12% worldwide and 6 to 12% in Asia [1]. Between the years 2000 and 2050, the world wide proportion of persons over 60 years of age is expected to become more than double, from the current 6.9% to 16.4% [2]. The Garos have a different socio-cultural tradition in comparison with that of mainstream society of Bangladesh. Their family pattern, marriage, inheritance laws, norms and values, food habits, dressing, housing structure, language, cultural and religious festivals etc are different from any other tribal community, and of course not consistent with the tradition of mainstream Bangladeshi common people [3]. Proper hand hygiene, the simplest infection prevention measure, can reduce outbreaks of pathogen transmission and food borne illness and also increase antibiotic resistance [4-5]. Therefore, the study was undertaken for the assessment of hygiene practice as well as health seeking behavior among ethnic communities which are primary and important steps for the formulation of any public health strategy of any community.

METHODOLOGY

This was a cross-sectional survey conducted among conveniently selected 100 Garo ethnic aged people by door to door visit. First of all we took permission from local community leader by making him understand about objective of the study and then he guided us to search garo people. After introducing us we collected socioeconomic information by face to face interview. Questionnaires were checked each day after

interviewing and again these were carefully checked after completion of all data collection and coded before entering into the computer. To minimize the errors, after entering the data set into the computer, these are checked and resolved by correction. This was a self-funding study and no external fund was provided to carry out this study.

RESULT

About 60% respondents were from 60-69 years age group followed by 38% from 70-79 years and 2% from ≥ 80 years. (Table 1) Male and female distribution was nearly same. (Figure 1) Illiteracy was highest (38%) followed by primary (34%) and SSC (20%). (Table 2) About half of the respondents were housewife followed by day labor (18%), farmer (14%), service (10%) and business (8%). (Table 3) Two third of respondents came from low income family. (Table 4) All of them washed hand before taking food and after toileting. More than two third of them used only water before taking food. About 80% used water only after toileting. Most of them (88%) did not cut nail regularly. (Table 5) More than half of the respondents had musculoskeletal problem. Seeking consultation from govt hospital as well as rural medical practitioner/traditional healer/pharmacy man were nearly same. (Table 6)

Table1. Age group of respondents

Age group	Frequency	Percentage
60-69	60	60
70-79	38	38
≥ 80	2	2
Total	100	100

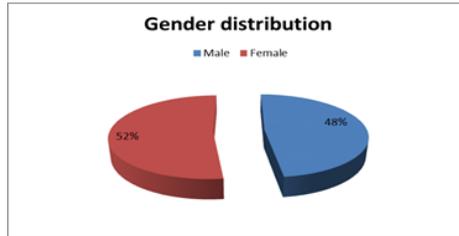


Figure1. Gender distribution

Table 2. Educational status

Education	Frequency	Percentage
Illiteracy	38	38
Primary	34	34
SSC	20	20
HSC	4	4
Graduate	4	4
Total	100	100

Table 3. Occupational status

Occupation	Frequency	Percentage
Housewife	50	50
Service	10	10
Business	8	8
Farmer	14	14
Day labor	18	18
Total	100	100

Table 4. Monthly income

Monthly income	Frequency	Percentage
Low	64	64
Middle	26	26
High	10	10
Total	100	100

Table 5. Hygiene Practice

Hygiene practice	Frequency	Percentage
Hand wash before taking food		
Yes	100	100
No	0	0
Means of hand wash		
Soap	23	23
Water only	77	77
Hand wash after toilet	100	100
Means of wash		

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Soap	17	17
Water only	80	80
Others	3	3
Regular nail cutting		
Yes	12	12
No	88	88
Total	100	100

Table 6. Health Seeking Behavior

Health Seeking Behavior	Frequency	Percentage
Musculoskeletal problem		
Yes	54	54
No	46	46
Headache		
Yes	17	17
No	83	83
Hypertension		
Yes	9	9
No	91	91
Seeking consultation		
Govt. hospital	52	52
RMP/Traditional healer/Boiddya/Pharmacy	48	48
Total	100	100

DISCUSSION

There are as many as 30 tribal communities living at the different parts of Bangladesh [6]. The Garos are one of them. They mostly live in Mymensingh, Netrokona, Tangail, Sylhet and Sunamgonj districts of our country. It is also come to light that a large proportion of respondents (52%) normally get their health facility from Government hospital which was very much similar to another study conducted by Mullah S MA; Parveen N, Ahshanullah M [7]. The present study found all of respondents washed hand before taking food and after toileting. More than two third of them used only water before taking food. About 80% used water only after toileting. Most of them (88%) did not cut nail regularly. These findings showed similarity with Haque MM et al. in 2013 [8]. Actually availability, low cost, traditional belief, illiteracy force them to go traditional

healer. Effective and targeted health and hygiene education program among tribal population in our country could be undertaken for their better health status. Educational campaigns may promote better health compliance by improving awareness among the tribal community who are lagging behind.

CONCLUSION

Hygiene practice and health seeking behavior was not satisfactory especially nail cutting and wash hand by means of water only. Accessibility to govt hospital needs to be increased.

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