

**MANAGEMENT OF SANITARY FACILITIES IN JANAJATI
COMMUNITY IN ALAM DEVI VDC, SYANGJA**

By

Bishweshwor Pandey

Symbol No. 280841/2066

T.U. Regd. No. 9-2-308-10-2004

A Thesis Proposal

Submitted to Health, Physical and Population Education Department

in Partial Fulfillment of the Requirements for the Master Degree in Health Education

**UNIVERSITY CAMPUS
FACULTY OF EDUCATION
TRIBHUVAN UNIVERSITY
KIRTIPUR, KATHMANDU
AUGUST, 2011**

TABLE OF CONTENTS

	Page No.
CHAPTER – I : INTRODUCTION	1-6
1.1 Background of the Study	4
1.2 Statement of the Problem	6
1.3 Objectives of the Study	7
1.4 Significance of the Study	8
1.5 Delimitation of the Study	8
1.6 Definition of the Terms Used	9
CHAPTER – II : REVIEW OF RELATED LITERATURE	10-10
2.1 Theoretical Literature	10
2.2 Empirical Literature	11
CHAPTER III : RESEARCH METHODOLOGY	14-12
3.1 Research Design	14
3.2 Population of the Study	14
3.3 Sampling Procedure and Sampling Size	14
3.4 Data Collection Tools	14
3.5 Standardization of the Tools	14
3.6 Data Collection Procedures	15
3.7 Methods of Analysis and Interpretation of Data	15
REFERENCES	16
APPENDICES	14-18

ABBREVIATIONS

CBS	Center Bureau of Statistics
FOE	Faculty of Education
GOs	Governmental Organizations
HPPE	Health, Physical and Population Education
INGO	International Non-government Organization
NGO	Non-government Organization
NHRC	National Health Research Council
TU	Tribhuvan University
UNESCO	United Nation Education Scientific and Cultural Organization
UNICEF	United Nation's International Children's Emergency Fund
USA	United States of America
VDC	Village Development Committee
WB	World Bank
WHO	World Health Organization

CHAPTER – I

INTRODUCTION

1.1 Background of the Study

Sanitation is the basic need of human health. It is also called foundation of Healthful living which shows the status and living standard of human being. The world sanitation is derived from the Latin word “Sanites” which means a state of health. The dictionary meaning of sanitation is the science of safe guarding health. According to the National sanitation foundation of the USA, sanitation is the quality of living that is expressed in the clean home, the clean form, the clean neighbourhoods and the clean community. Being a way of life it must come from within the people, it is nourished by knowledge and grows as obligation and an ideal in human relations (Park 1986)”.

In fact the term ‘sanitation’ covers the whole field which promotes health. Nepal is a land locked and one of the least developed countries in the world. Health education plays an important role for the improvement of human health but the Nepalese people are uneducated and living below the absolute poverty line. Therefore people have faced many problem such as malnutrition, high birth rate, high mortality and morbidity rate lack of immunization, lack of immunization, lack of pure drinking water, environment degradation and so on. Environmental sanitation also plays a significant role in the human health but Nepal has a serious problem of polluted environment especially in urban area. The environmental pollution depends on human behaviour which directly affects the health status of the people. As a result different kinds of communicable and non-communicable disease are found to exist.

A healthy and self-reliant person can play a vital role in overall development of the country. The living standard of the people in Nepal with regard to health and economy is very poor a compared to the people of other developed countries in the world. Despite the continuous efforts of governmental and non-governmental organization in improving and sustaining status of people millions of rural and urban population has been dying of several epidemics and communicable disease. In order to overcome such challenges and to rasiie the sanitation status of people, the ninth five year plan of Nepal had set high goals for drinking water and sanitation like water for all by the end of 2002 A.D. good sanitation status for 40 percent in rural areas and for

60 percent in urban areas. National sanitation policy (NSP) has also given high priority to sanitation and emphasizing the role of NGOS user group and private sectors in execution of the sanitation project activities.

As food is essential for all human beings, excrete disposal is common to all of us. In our villages and towns too, people use to go to the field for jellification and leave it uncovered. People also defecate on the street corners, parks, river banks, water sources, garden and near by the house which creates nuisance and pollutes environment Breeding of flies convey germs and ova of worms from faces to food. Food is contaminated by inadequate hand washing after defecation and water is contaminated by infected faeces. People use compost manure added with excreta, which may have one of worm for the vegetable plantation and at it without properly washing and cooking. Cattle and pigs may swallow taps worm ova passed through the human faces and if people eat such meat without cooking welt, the worm and transfer to them wounds in the skin may get infected with tetanus form the feces in soil. These are the way of improper disposal of human excreta which leads to the spread diseases and caused different communicable diseases such as typhoid, dysentery, diarrhea, worm and so on.

In the context of developing countries, one of the main reasons for the low health standards of the people is the lack of public awareness of health matters like Nepal, illiteracy is 46.26%, GNP per capita income is 315 and 31% pf population is below the absolute poverty line (Nepal in figures 2006). Proper sanitation is 16% of total population in country (UNICEF 2000:27). Only 46.7% of households had toilet facilities (CBS, 2001).

The region (South Asia) is home to 40% of worlds poor, with some half a billion people living on less a dollar a day. Key indicators signals the scope of challenge. “South Asia the world’s highest adult illiteracy rate (59% if women are unable to read and write) a third of world’s maternal deaths malnutrition that affect more than half of region’s children under 5 year of age” (World Bank, 2000: 25). Every year between 5 and 6 million people die in developing countries water born diseases and air pollution. (World Bank, 2000: 26). Nearly 3 billion people, half of the world’s population lacks access toa decent latrine or sanitary means a waste disposal a problem contributing to 2.2 million child deaths lack year form diarrhea” (UNICEF, 1999: 26). Sanitation

condition of Nepal is very poor (i.e. second poor condition after Afghanistan in south Asia. Only 16% of population (14% in Rural) rural with access to adequate sanitation” (UNICEF, 2000: 27).

Sanitation constitutes important and critical dimensions of the living environment. Its ignorance leads to major costs of human suffering and economic losses. Sanitation is increasingly recognized as a wider concept that includes practice of hygiene at personal and household levels, system of human waste disposal, management of solid and liquid wastes, cleanliness in public spaces, pollution creates due to the inadequate conventional treatment of the disposal of human, animal and other wastes.

Education is that process, which plays an important role in maintaining environment sanitation. Environment sanitation has become a world wide concern and people have thought about adopting an acceptable measures. Our surrounding plays a vital role in making us healthy or sick, for instance, carelessly managed sanitary facilities can cause harm in different ways. The polluted environment creates serious health hazards by providing ample opportunities to develop various diseases.

This site selection of present research in Alam Devi VDC in Syangja district is situated about at an altitude of nine hundred meters form the sea level. Syangja is not a well developed district in Nepal. It is totally hillside district and the Alam devi VDC lies exactly at west pole of the Headquarter of district. It takes 6 to 8 hour time to reach Alam Devi VDC from the district headquarter. There is a health center and a higher secondary school in this village.

1.2 Statement of the Problem

The sanitation status of any country is interlinked with the social, economic, education and cultural development of country. But sanitation is both a determinant and the product of any such development sanitation should therefore, given a priority. The sanitation sector is Nepal needs to have more active need oriented, demanding and problem salving approach to attract more investment in economic social and political terms.

Nepal is facing a remarkable environment sanitation problem Most of the people are poor uneducated and unaware in sanitation. People are following the same traditional

practices for keeping the environment clean which are non safe. Most of the people have no knowledge about sanitation system.

The present study area lies in specific world of Alam Devi VDC in Syangja district where almost people living are Mager, Newar, Rai, Dalit and Brahmin. Most of the people who live in the community are compelled to live under the line of poverty. Due to the lack of proper education, they don't have sufficient knowledge about the environmental sanitation as result their health condition is miserable.

Some people earn money but they can't use it for their good health. Most of the people spend their money in smoking, drinking alcohol and gambling. They do not have knowledge to use pure drinking water and nutritious food. They mainly households have not toilet. They use jungle and open field for defecation they are unknown to personal hygiene sanitation. They throw the wastage things everywhere. There is no systematic management of collection, storage and disposal of wastage products. The people of this VDC are not having access to adequate sanitation facilities and sanitation education. Due to the lack of sanitation awareness, management and facilities, they are also suffering from different communicable and non-communicable diseases. Therefore it is essential to find out the actual condition of the sanitary condition of people of Alam Devi VDC. Then, the problem is stated as "management of sanitary facility in Janjati community in Alam Devi VDC, Syangja."

1.3 Objectives of Study

The general objective of this study is to find out management of sanitary facilities in Janajati community in Alam Devi VDC of Syangja. the specific objectives are as follows :

- a. To identify present status of water supply, latrain and household waste disposal in the community.
- b. To find out management of sanitary facilities in the community.
- c. To find out the existing and possible health problems of poor sanitation among the community people.

1.4 Significance of the Study

At present Nepal is suffering from different kinds of problems. Health and sanitation are mutually inclusive. Better sanitation and sanitary facility is sign of good health. Sanitary status is directly affected by poverty also low investment in sanitary facilities and management is major challenges for Nepal by virtue of which millions of people are affected the sanitary facilities in poor people like community uneducated people and most of Janjati is more severe comparatively. regarding this fact the topic is selected for study specifically following points will support for this topic for further justification.

- a. It will be help to use and management concept of sanitary facilities among Janajati community in Alam Devi VDC.
- b. It will be helpful to conduct sanitary awareness program in Alan Devi VDC.
- c. It will be helpful for the planner and policy maker of sanitary field.
- d. It will be helpful to find out the major sanitary problems of Alam Devi VDC.
- e. The study would be helpful for governmental and non-governmental organization and other to lunching health and management to sanitary program in Alam Devi VDC.

1.5 Delimitation of the Study

Delimitation of the study is being concern to time, financial resource and material. To make the study more valuable and reliable, the delimitation of the study can be stated as follows:

- a. The study will be delimited in Alam Devi VDC Syangja District.
- b. Only one chief member will be taken from selected households.
- c. This study will be focused only water supply, latrine, household waste disposal human excreta disposal system and food sanitation.
- d. The study will be based on analytical and quantitative method.

1.6 Definition of the Terms Used

Awareness: It can be defined quality or state of being aware of an object with out active attention to it.

Community: Community is social group within the same degree of social coherence and living in given area.

Environment: The physical condition that affect the behavior and development of something.

Excreta: Excreta are defined as useless harmful materials eliminated from the body.

Health: Health is the state of complete physical mental and social well being not merely on absence of disease or infirmity (WHO. 1947)

Household: The household is defined as one of the people related to blood of adoption who is lived together and join Kitchen (Devekota Bimsen, research Methodology, 2057)

Management: Knowledge exactly what you want men to do and then seeing tht they do it in the best and cheapest way (F.W. Taylor)

Safe water: Safe water is one which when taken doesn't harm the consumer.

Sanitary facilities: It includes such facilities in this reference provided by people who may be helpful in their health in the control of VDC physical environment like as a adequate lance, proper internal road drainage dustbin grading planting houses as ventilation lighting house cleanliness, toilet and water supply.

Sanitation: the equipment and system and keep place clean, especially by removing human waste.

Waste Disposal: It is a technique of collecting and removing of dust ash foliage, paper and packing of all kinds of rags other fabric, glass etc.

CHAPTER – II

REVIEW OF RELATED LITERATURE

This chapter deals with some theoretical as well as empirical researches that are done previously from both home and abroad. This findings and recommendation are certainly helpful to improve and promote the sanitary management facility. Some of such related literature is briefly described here with respect to their findings and conclusion.

2.1 Theoretical Literature

WHO-Geneva (1986), water supply and sanitation decade international action for health "An adequate supply of clean water is fundamental to individual family and community health statistics shows that about 1/2 of the world's population are without reasonable access to an adequate supply of water and that even more people are without proper means of sanitation. These two factors poor personal hygienic and household are directly responsible for innumerable castes of preventable diseases. the most seriously affected are people living in rural areas and in poverty stricken parts of urban area. "This study gives information about worldwide sanitation problems to the researcher. International year of sanitation (2008). Around the world 2.6 billion people do not have a clean and safe place of the use performing their bodily functions they tack that basic necessity a toilet. This hidden global scandal constitutes an afferent to human dignity on a massive scale (<http://esa.un.org/lives> retrived on 31 July 2008) as cited by Baral (1986:24:)" in our country environmental sanitation is not given high priority. In a sanitation programme priority must be given to a safe drinking water supply and hygienic excreta disposal. The public health risk of poor waste supplies and limited sanitations reflected by morbidity and mortality sanitation for water born diseases. This study will support to the researcher to study sanitation pure drinking water proper excreta disposal which are most essential aspects of the country.

Park (1991 : 22), in this "text book of preventive and social medicine". That socio-economic condition has long been known to influence human health foro the majority of the world's people. Health status is determined primarily by their level of socio-

economic status, nutrition status, employment and per capital income etc. they also write the per capital GNP as the most widely accepted measure of general economic performance. there is no doubt that in many developing countries it is economic progress that has been major factor is reducing mortality, increasing life expectancy and improving the quality of life. The economic status determines the purchasing power standard living. Quality of life size, sanitation practice in the community. Health and cogitation contestation it is a also important. It identifies about social, economical nutritional employment and per capital income which are included in determining health condition.

CBS (2002), distribution of household by toilet facilities accessibility to toilet services show the public health status and prosperity of the society proportion of households using different kinds of toilet facilitated is an indicator to gauge basic sanitation status in the country. The information on use of toilet was collected for the first time from the sample households in the population census 2001 of Nepal. the information on type of toilet facilities like modern with flush toilet, ordinary toilet and not having toilet were collected in the census. Modern with flush system includes the system of flushing either with the use of machine or flushing through bucket or any other means and having link to the sewerage. System or septic tank ordinary toilet do not have the flushing system.

CBS 2001 revealed that 41,17,077 households had reported the type of toilet facilities they had used and 57,380 household did not report the type of toilet facilities that they used. In overall, 23 percent of household had the access to modern flush system toilet facilities, 23.8 percent ordinary facilities. Hence in total only 46.8% of households had toilet facilities on the other had majority of households is the country that is 53.2% of household no toilet facility.

2.2 Empirical Literature

A community survey reported by Shyam Krishna Maharjan et al express the idea that much of ill health in Nepal is due to poor environmental sanitation, which results from unsafe water polluted soil, unhygienic disposal of human excreta and refuse poor housing, poor ventilation insects and rodents (Maharjan et al., 2045). The study reflects that poor environmental sanitation is responsible for the poor health.

Bishwokarma (2002) had carried out a study on "Sanitation condition and its effect on health in Dalit community of Kirtipur. Municipality Kathmandu in this study researcher found that most of the people were illiterate and also landless 29 percent used toilet, 42.5 percent respondents had not drain facilities so they were thrown waste in the open fields and streets. All the respondents were used tap water for drinking 95.8 percent were cleaned house daily and 4.2 percent did not clean 15 percent respondents used alcohol daily and they also sokek daily. Sanitation facilities of the community have been poor.

Baruwal (1992) in this study on "The attitude and practice of sanitation is Kirtipur, Kathmandu". Stated that the household who had their toilets were found positive in their attitude about toilets and using them regularly by most of the family members only the things that they want more help on the technical side of toilet to control pit and filling problems with bad smell.

Dhakal (2052:14) found different types of social waste such as straw, garden wastage and house waste 50 percent vegetable kitchen waste and market waste 8% glass 2% plastic 20% metal rubber 2% stone and ash 10% in Bhaktpur municipality for proper management of this waste products the administrative bodies seemed on unaware even through some incomplete efforts for the same even those incomplete efforts were found insufficient.

Mahato (2006) studied on "Sanitary practice and their management in university campus. T.U. Kirtipur." The population comprises chief to the center Department of Education. T.U, Kirtipur Random sampling procedure had applied for data collection of the study. 100 students, chairman of HPE Department and chairman of the Central Department of Education were selected as respondents, questionnaire and observation chart were main tools applied for collecting the necessary information. In this study he found that the cleanness condition of class room was found very poor. Ventilation and lighting of classroom was satisfactory. The campus had very poor water supply facilities. Latrine facilities were not properly managed. The condition of the building was found satisfactory. Campus had practiced waste removal, classroom cleaning, toilet cleaning keeping water clean etc for sanitary management. But due to lack of budget, campus had not been able to provide better sanitary management.

Shrestha (2004) on "A comparative study of knowledge and practices of personal hygiene, environmental sanitation between neo-literate and illiterate women, found that the total of 86% literate respondents have habit of using toilet, lack of a poverty and landless people do not construct toilet where as 63.2 % of the illiterate respondents do not have the habit of excretion and urination as they feel that toilet gives bad smell and constructing a toilet near the house in unhygienic.

By viewing above mentioned literatures, the researchers have got various ideas and knowledge to write theorist. It helps the researcher to select the present access to sanitary facilities in Janjati community in Alam Devi VDC. It helps the researcher to find out the objectives of the stud and gap between different research papers. It gave the researcher knowledge about which on is the proper research methodology of thesis and different reasonable materials selected to research.

CHAPTER – III

RESEARCH METHODOLOGY

3.1 Research Design

The study will be based on descriptive type as well as qualitative and quantitative in nature. It will be applied to assess the management of sanitary facilities in Janajati community in Alam Devi VDC Syangha.

3.2 Population of the Study

The population of the study will be the total households of Janajati community in Alam Devi VDC of Syangja district and the source of data will be all the chief member of each household. There are 782 households in total (VDC Report, 2064).

3.3 Sampling Procedure and Sampling Size

Out of nine wards of Alam Devi CDC, three wards will be selected by stay Janajati Community using random sampling method. One hundred fifty-five household will be selected from total households of three wards. In community by using random sampling method because of short period of time, lack of enough resources and instruments out of entire population.

3.4 Data Collection Tools

In this study interview schedule and observation sheet will be used for the data collection and required information and facts about understanding of use and management sanitary facilities of Janajati community in the VDC.

3.5 Standardization of the Tools

To collect the factual information of the study tool must be more reliable valid. Before finalizing the interview schedule and observation form these will be administered for pilot study in 20 house Bandipokhara VDC Palpa to make reliable and practical. Then they will be modified and finalized according to result of pilot study and suggestion of various personnel (i.e. supervisor and other resources person) for the better outputs.

3.6 Data Collection Procedures

During course of Data collection the researcher will first consult secretary of the VDC office by him request letter from the HPPE department T.U. Kirtipur. Then the researcher will meet the respondents. Generally the required information will be collected by the researcher in the study area. Before filling up the interview schedule the investigator will make the respondents assured about the purpose of the study will request them to give information regarding the study.

3.7 Method of Analysis and Interpretation of Data

After the collection of data and information the researcher will present the data in different tables will be classified into several heading bar diagram, pie chart, table and percentage will be to analysis the data and interpret the result. Finally, the findings and conclusion will be drawn and the recommendations will be made.

REFERENCES

- Baral, G. (2001). *A Study on Sanitary Facilities and Their Management in Public Primary School of Ilam Municipality*, Unpublished Master's Thesis Submitted to HPE T.U Kirtipur.
- Baruwal, H. B (1992). *The attitude and practice of sanitation in Kirtipur Kathmandu*. An unpublished Master Degree. Thesis submitted to the Health Physical and Population Education Department T.U. Kirtipur.
- Bishwakarma, T. B. (2002). *Sanitation condition and its effect on Health in Dalit Community of Kirtipur Municipality, Kathmandu*. An unpublished Master Degree Thesis submitted to the HPE Department T.U. Kirtipur.
- CBS (2001). *Census Report: Population Monograph*, Vol. 1 Central Bureau of Statistics, Kathmandu, Nepal.
- (2002) *Census Report population monograph* Vol.1 Central Bureau of Statistics Kathmandu, Nepal.
- Ghimire K.P. (2000). *Sanitation and its Relation to the Education and Economic status of Tharu Community of Kapilvastu VDC*. Unpublished Master's Thesis submitted to HPE Department T.U. Kirtipur.
- <http://esu.on.org.lives>. retrieved on 21 July, 2008
- <http://www.wb.org>. retrieved on 27, May 2002
- NHRC (2002). *Situation analysis environment health in Nepal*. Kathmandu: Center for Economic and Technical Studies creative consultants.
- Park (1986). *Textbook of preventive and social medicine* Prem Nagar Jabalpur: M/S Bhanursidas, Bhanot.
- Poudel, L. (1999). *A study of women participation in Decision Making and practitioners on sanitary program in Gajedi VDC Rupendehi District*. Unpublished Master's Thesis submitted to HPE Department T.U. Kirtipur.
- Ranabhat. R. K. (2005). *Sanitation Practice and Its Relation to the education and Economic Status of Tharu Community of Kalika VDC, Vardiya District*. An Unpublished Master Degree Thesis submitted to the Health, Physical and Population Education Department , T.U., Kirtipur.
- UNICEF (2002). *Atlas of SouthAsian Children and Women*, Kathmandu: Regional Office for South Asia.
- W.H.O. Geneva (1980). *The international drinking water supply and sanitation Decade. Review of national Baseline Data*, WHO off set publication.
- World Bank (2000). *World Development Report*. Kathmandu World Bank.
- www.unesco.org. retrieved on 29, Jun 2002.

APPENDIX A

Interview Schedule

General information of Respondents

Date:

Name:

Age:

Ward No.:

Religion:

Total Family member ()

Gender: Male () Female ()

A. Socio-Economic Questions

1. Occupation

- a. Agriculture b. Service b. Business d. Other

2. Education

- a. Illiterate b. SLC c. PCL
d. Bachelor c. Master

3. What is your monthly income?

- a. Less than 1000 b. Less than 5000 c. Less than 1000 d. More than 10,000

4. How much land do you have?

- a. Less than 3 Ropani b. Less than 6 Ropani c. More than 6 Ropani

B. Drinking Water Facility

1. What is your main source of drinking water?

- a. River b. Dug well c. Piped Water d. Tap e. Others

2. How do you store the drinking water in your house?

- a. Metal vessel/Gagri b. Plastic jerkin c. Earthen vessel/jar
d. Taulo/with flat shape

3. Do you clean pot before storage of water?

- a. Yes b. No

4. What types of water do you use for drinking purpose?

- a. Direct by source b. Boil c. Use of chemical d. Filter

5. What diseases are caused due to contaminated drinking water?

- a. Diarrhoea b. Dyesentry c. Cholera d. Others e.

I don't know

C. Latrine Facility

1. Do you have your own latrine?

- a. Yes b. No

2. If yes what type of toilet?

- a. Pakki b. Kachchi

3. If not where do you go for toilet?

- a. Near road side b. Forest c. River side d. Other latrine

4. Where do you throw babies excreta?

- a. In latrine b. Around house c. Near the road d. Others

5. What are the detergents you use to wash hands?

- a. Mud b. Ash c. Soap d. Only water

D. Household Waste Disposal

1. How many time do you sweep your house in a day?

- a. Once a day b. Twice a day c. More than twice

2. Did you distinguish separate waste materials from your house?

- a. Yes b. No

3. If you distinguish, how do you manage plastic materials?

- a. Dumping b. Incineration

4. How do you dispose the decomposable waste products?

- a. Throwing haphazardly b. For form the house c. Dumping
d. Incineration e. Others

E. Others

1. What is the main problem of health in your family?

.....

2. What types of disease occur in your family?

.....

3. Where do you go for treatment?

- a. Dhami/Lama/Jhakri b. Hospital c. Health post d. No where

4. If you go to Dhami, Why?

- a. To care disease b. Black of money to go to hospital c. Lack of time
d. Unknown

5. Have you treated any disease by Dhami?

- a. Yes b. No

6. Do you go to hospital for treatment?

- a. Yes b. No

7. Why don't you go to hospital?

- a. Far from home b. Lack of money c. Lack of time d. Lack of awareness

8. What is the reason not going for treatment?

- a. Lack of money b. Lack of knowledge c. Careless d. Others

9. Did any family member die due to sanitary problem.

- a. Yes b. No

10. If yes what was the causes of death?

.....

11. If there any Gos NGO INGO conducting any program and sanitation?

- a. Yes b. No

12. If yes what types of program have they conducted?

- a. Water supply b. toilet c. Awareness program

13. Who is responsible for giving sanitation facilities?

- a. Gos b. VDC c. Community own self d. Others

14. Do you smoke?

- a. Yes b. No

15. Do you drink alcohol?

- a. No b. Sometimes c. Daily d. Occasionally

16. Did you ever suffer from following diseases?

- a. TB b. Asthma c. Cancer d. Respiratory infection

17. What types of communicable disease are appeared is your family?

- a. Diarrhea and Dyesentry b. Chaleza and typhoid c. Jandice and common-cold

APPENDIX II

Observation from:

Observation name:

Date:.....

S.N	Observation Items	Good	Satisfactory	Poor	Remark
1	Cleanliness of surrounding				
2	Waste Disposal system				
3	Sanitation of Toilet				
4	Cleanliness of House				
5	Kitchen condition				
6	Source of Drinking Water				
7	Personal Hygiene of Respondent				
8	Food Facility and Management				
9	Assess to Hospital				
10	Live stock and distance wit here				