CHAPTER: I

INTRODUCTION

1.1 Background of the Study

Nepal is Landlocked country with different geographical structure. Nepal is bordered with People's Republic of china in the north and India in the east, south and west the total land area of the country is 147181 square kilometre which is 0.03 percent of total land of the world. Nepal divided into their geographical regions namely, Mountain, Hill and Tarai. Politically It is divided into different division and sub-divisions Such as five development regions, 14 zones, 75 districts . Further village development committees and municipalities are the lower administrative unit in a district

Generally the whole world is unique. Diverse and complex. In its various character such as social, culture, economics, politics, region, national and so on . From the history of human civilization and the whole world has passed many stages from the simple to complex. This can be a process of development. There are more than 190 countries in the world having diversity. Population is an invariable to any country which is composed of different caste. Specially12.9 present dalit are inhabitant in different part of the country. (HDR). To create the modern word, dalit have done a great contribution. But this reality is in shadow due to our culture. As a result of this the dalit are being discriminated and devaluated in various activities. Now they are also back in education on Health, Employment and so on.

Nepal is one of the least develop country in the world. About 38 percent people are living below poverty line. On the other-hand Nepal is a land –locked country situated between China and India . There are many ethnic groups, though Nepal is the national language each group has it's own language, culture, tradition and religion.

Nepal is a multi-ethnic society with a complex caste structure sustained by age-long traditional and a civil code(Muluki Ain) . The Caste originally represented the occupation of the group of people, but superstition and hereditary traditions in the Hindu Society have led to a rigid vertical Caste structure with the Brahmins on top followed by Chhetri, Vaishya and shudras, Brahmins were supposed to perform priestly function, the Chhetries were rulers with a propensity to fight, the Vaishyas were craftsmen, tradesmen and cultivators and the shudras were to serve the people

higher caste. (Sharma 1994) But in the course of perverse traditions the Shrdras have been severely mistreated and sighted as untouchable by the higher castes. Cox has also explained in his article about Hindu Caste systemthat there are four Varnas including Brahaman, Chhetris, Baishya and shudra. In the Nepali Cast system, however, there are only three categories. Tagadhari (twice born), Matwli (liquor drinking), andpain nachalne (untouchable) caste Nepali are considered to be ritually polluting, Accordung to the rules of orthodox Nepali Hinduism, Brahaman, Chhetris and Thankuris cannot accept cooked rice or water from an untouchablre (cox, 1994) he has divided there castes of Nepal into three different categories:

Living primarily in the southern plains of Nepal (Terai) including Dum, Mushar and Dusadh.

Castes that are predominantly found in the middle hills. These include Kami, Damai and Sarki.

Newar untouchable castes known as an ethnic group. These include Kasai, Pode, Chyame, Kapali, Kusle.

Personal hygiene may be descrived as the principle of maintaining cleanliness and grooming of the external body. Maintaining a high level of personal hygiene will help increase self –esteem and confidence, while minimizing the chances of developing imperfections.

Personal hygiene reefers to the comprehensive cleaning of and caring for our body. Maintain good personal hygiene includes bathing, washing our hands, brushing our teeth and wearing clean clothing. It also includes making safe and healthy decisions when interaction with other. Implementation good personal hygiene practice has both health and social benefits keeping our body clean is vital in combating and preventing illness both our self and those around us washing our hands can prevent the spread of grams from one person to another or from one part of your body to another flossing and brushing your teeth can reduce the like hood of oral and other disease. The world ‘‘Hygiene is derived from Greek word Hygiene meaning the goddess of health’’. Health is general defined as the quality of life that enables the individuals to life most and physical activities of the environment. It can be imperialized either dough or by neglecting to be certain thing, in accordance with the natural laws, pertaining the

body. Fresh air, sunlight, exercise, rest, relaxation, right attitude of min, sleep, cleanliness, illumination, good habits (park 2015)

Among these caste, mushar is the indigenous people dwelling found in the terai belt of Nepal from very beginning asan indigenous group. In the traditional Hindu Caste hierarchy they belong to Shudar class and they are treated as untouchables. They eat rats; speak Maithali, Bhojouri, Abadhi, Hindi and Nepali. Some Mushar take maithali as their native language and do not ever know Nepal (cox, 1994).

Mushar is so called back ward indigenous caste group. The socio-economic as well as the health status of this group is very low. They are unable to come in the mainstream of development. This community is not aware of their own health and hygienic conditions. Personal hygiene is miserable in this community in the comparision with other community.

Inaruwa municipality is the headquarters of sunsari distrist in Nepal. It lies on the Mahendra Highway , Near Koshi baridge. Inaruwa is a small town situated on the eastern bank of the holy sunsari river and almost in the South- east of Nepal. This town is a municipality. Some of the popular place are Mahendra chok, Shakhuwagachhi chok, Balaha, Purba tole or Sriramanuja tole , Magar tole , Tharu tole mini market area etc. There are 1o sub division in Inaruwa. The research design has been made following the generally accepted research method and quantative techniques. If the purpose of the study is fuldiled, it will be a preliminary information to policy makers, planners, politician, beurocrates, development practionar to formulate policy and programmes for upliftment of Mushar Community to find out the total population of mushar1373 in election of Inaruwa .Mushar tole near the mahendra chook ward no:3 Inaruwa Sunsari ,the 296 People information were recorded. Among them 154 male and 142 femals. In order to find out the personal hygiene status of mushar community Inaruwa municipality city different age groups of the community has been select.

1.2Statement of the Problem

The practical of personal hygiene is as old as the origin of mankind. Personal hygiene as indicated by the two words like ‘Personal and Hygiene’ refers to the principal of health to be practiced by individuals at a personal level. In vadas the practice of

personal hygiene has been stressed in daily peayers. In Indian , the concept of personal hygiene is intermixed with rituals, ideas and traditions. However it needs to be practiced properly by individuals alone who assume personal responsibility. Health and Personal hygiene practice is important aspect of human life. It refers the individuals health practice which promotes his/her health status. Lack of personal hygiene the morbidity/ mortality rates may not be reduced. Personal hygiene has become a great problem in the different communities. The various communicable and non- communicable disease are occurred due to lack of personal hygiene like skin disease gastrointestinal disease and so on . The common behavioural problem among Mushar Community are smoking and chewing tobacco, drinking alcohol, poor hygienic preparation of food, personal hygiene taking meal without washing hands before and they do not wash their hands after toilets. This shows that health status of ethnic group of study area is affected by the level of their knowledge and practice on health behaviour In different multi-religious, multi-ethnic, multi-linguistic and multi-cultural groups their level of education and health behaviour are different. It is essential to knowledge and practice of Mushar community of the study area. So the problem is stated as ‘’A study on Personal Hygiene of Mushar Community’’.

1.3Object of the Study

The objectives of the study were as follows:

a. To find out the situation of personal hygiene behaviour of mushar community,
b. To find out the socio-economic condition of mushar, community,
c. To find out the impact the lack of personal hygiene of mushar community,

1.4Research Question or Hypothesis

Research question or hypothesis of the study was as follows:-

1. What is the demographic structure of mushar?
2. What is the present situation of personal hygiene of mushar community?
3. What is the impact of personal hygiene of mushar community?

1.5Significance of the Study

Today health is a complex and changing phenomenon process. It is not static condition but it is dynamic process. Health behaviour is self actualization.

Limited researchers have bought out related to health bought out related to health behaviour in Nepal. Health behaviour will influence all members of the community in right thinking. Proper health behaviour is responsible for determining one's quality of life. The main points of significance of the study are giving below:

a. The result of study is useful for further research to the related filed.
b. It helps to policy maker programme conductor about nutrition for policy making and programme in conducting.
c. It make to motivate the concerning agency to conduct health and health education programme in particular area:

1.6Delimitation of the Study

The following are the delimitation of the study:

a. The study has been based on information collected from a very small ethnic group in Inaruwa municipality ward no. 3,
b. Health behaviour will be concerned with personal hygiene only,
c. This study will be limited on mushar community of selected population,
d. This study will be conducted to the 399 peoples of this study area only the296 people information will be selected on the basic of simple random sampling method,
e. This study will be based on the basic of descriptive method,

1.7Operational Definitions of the Key Terms

a. **Community:** A community is a group of people living together in a particular area who have organized themselves to meet common interest and problems jointly.
b. **Disease** :- ‘’ Disease is a abnormal state of the body which some of the body are not function, process and injurious substance ‘’
c. **Economic status**:- The status of related to the economic condition of a man/ woman.
d. **Family**:- Family is the original social instruction from which at therein situation develop.
e. **Health Problem**:- Those problems relating to health as mental, physical, social and culture.

f. **Health status**:- Health status is to be considered about the existing health problems of the people.

g. **Health:-** More the absence or defect disable pain,ordecay, it income passes the presence of vitality, social well-being and the best for living the kind of the life and striving towards the goals that he/ she self for life''

h. **Personal hygiene**:- Personal hygiene may be defined as that branch of hygiene which concerns itself with the adjustment which the individual must make to pressure and improve the health of his mind and body this it deals with matters which are the personal responsibility to every person .

i. **Sample:-** A sample is the part of population study.

j. **Social status**:- The status of social members in the community.

CHAPTER:-II

REVIEW OF RELATED THE LITERATURE AND CONCERTUAL FRAMEWORK

This chapter attempts to present some review of literature related to the hygienic practice being in Nepal. Which were done in both researchers as well none researchers' areas of books journals, articles and reports. These studies helped in formulating the frame of reference for the present study for designing research and developing tools. The related literature was organized presented under the appropriate headings. Some of the facts, opinions, and principle and study report directly and indirectly related to this study area reviewed and presented here.

2.1 Review of Theoretical Literature

Personal Hygiene may be described as the teacher of maintaining cleanliness and grooming of the external body. It is in general looking after your. Personal hygiene can be controlled by sustaining high standards of personal care and human were aware of the importance of hygiene for thousands of year. The ancient Greeks spent many hours in the bath, using fragrances and make-up in an effort to beautify themselves and be presentable to others. Children should be education from a very early age about the importance of personal hygiene and food preparation.

General Advice

Hand washing is extremely important when working with food. A suitable flow of water, cleansing agent and separate towel should be readily available.

Hands should be washed at least following these actions, before and after food preparation, before and after using kitchen utensils, after using the toilet, after sneezing, coughing, blowing the nose, smoking, touching the hair or face and emptying bins.

Never use food that has fallen to the floor even if the floor looks clean, the soles of shoes can carry millions of harmful bacteria including those from dog fasces.

Do not cook if unwell, have a known infection or have an open and uncovered wound.

The use of a clean and washable apron will help to prevent the cress contamination of bacteria form clothing to food stuff and vice versa,

Best practices include cleaning and tidying as you cook to prevent not just contamination of food items but to avoid accidents, clean cupboards, fridges etc. Frequently using a suitable cleansing agent, Surfaces should be wiped done before and after contact with food.

Thoroughly cook meat and never share the surface or utensils used for raw meat or poultry with any other items until it has been thoroughly cleaned and dried

Jewelers should be removed, especially that with intricate design as these items can be a haven for bacteria which can transfer easily to food or utensils.

Wounds should be covered with a waterproof plaster after being cleaned, preferably a blur colour, as there are no natural food products that are blue, so is the easiest to spot if it becomes loose and falls off.

Check expiry dates of products before using.

Do not share cutlery with others unless washing in between, and never taste from a utensil that is going to be placed back into the food source before it is served.

Personal hygiene is very important for preventing poisoning and illness. Hand washing, maintaining general cleanliness and being aware of the dangers of cross contamination between raw and cooked meant are the most important factors to remember when preparing food.

2.2 Review of Empirical Literature

Nepal Health Research Council (NHRC) was established on 12th April, 1991 under Ministry Of Health (MOH) with objective of making an effort to provide the basic health care To the masses specially to the deprived and underprivileged groups after realizing that the health goal can be achieved only the education, income generation, environment etc, Therefore, the NHRC at present has started various programmes in order to improve the basic health care in the field of education, agriculture, income, generation and environment. As per 2001 census in Nepal Mushar is 172434 which is 0.73 per of total population of the country.

Ghimire,Bandana.(2010); ''Personal Hygiene of Mushar Community of Biratnagar'' The respondent belongs to the very backward community with very low socio-economic profile and suppressed community in the name of caste. Illiteracy is the major problem of the community and somewhat literate respondents were also not

satisfactory .There were 40 household and the population of mushar was 180. Among them 89 were female and 91 male. Most of the people belong to the 5-15 years of age group. The literacy rate of the community was embracing as compared to the national level literacy rate. Only 19.44 % male and 12.22 % female were literate. The occupational status of the Mushar community is much coagulated on the daily wage labour. The data says 7% are dependent on the daily wages, 5 %on Business and 2.5% on Services. The data reflects that the community deserves the under –poverty line. The washing of the clothes also plays great role on the personal hygiene. Among the total respondents the washing clothes practices were found to be satisfactory but have to improve on materials used during washing of the clothes. If sanitation of the nail and its trimming is not done regularly then health may be degraded. Among the total respondents most of them 55% cut in every 15 days, the brushing practices of the respondents were daily 57% occasionally 42% and the materials used during the brushing of the respondents were on up to the mark. Only 5% used tooth paste, most of them used datiun 47.5%.The respondents of 67.5% clean their eye very morning, 15% clean only sometimes, 7.5% clean when they get redness and only 10 % clean their eyes when it gets daily.

Shrestha, (2013) steadied on ‘A Comparative Study of Knowledge and Practice of Personal Hygiene and Environmental Sanitation Between Neo literate and Illiterate Woman in Kathmandu’ The main objective of the study were to analyze and compare the knowledge and practice of personal hygiene and environmental sanitation between neo – literate and illiterate woman of two VDCs . The Studies has compared the knowledge and practice of personal hygiene and environmental sanitation between neo- literate and illiterate woman of two VDCs. From this study it is revealed that the level of knowledge and practice of personal hygiene and sanitary in literate respondents was satisfactory where as in illiterate respondents are not satisfactory. In villages people still follow the same old tradition and follow the old practice like using charcold for brushing teeth, mud for washing clothes, hair and hands. The illiterate people do not change where as the literate people understand the things batter and adopt and practice the change in behaviour. If a mother is literate. She can make aware the whole family, her high knowledge, on how to keep environment clean

and healthy but in illiterate woman it is low. In this Study, only 61.4 percent cut nail regularly out of total illiterate respondents, among them 36.8 percent use blade and 14.1 percent use sickle for cutting nail which are the unhygienic method of nail cutting practice and higher change of injuries and tetanus. 82.5 percent of respondents use soap to wash hand which is the only hygienic practice to keep away germs.

Dulal, Radha.(2016);''Personal Hygiene and Sanitary Practice of School children''. The study entitled Personal Hygiene and Sanitary practice of school children '' was conducted in sundarpur dulari Municipality of morang. The main objectives of the study were to find out the condition of personal hygiene identify the sanitary practice and the impact the lack of personal hygiene and sanitary practice of school. All together 300 student between 1- 10 class only one government school .According to the study result , 63 percent cut their nails only once a week. Among them, all students brushed their teeth by the tooth brush and tooth paste and powder but only 50 percent students brushed once a day 8 percent student cleaned their eyes during the time of their face wash. Around 60 percent students washed their hair only occasionally and 68.3percent students combed their hair daily. All of the student had bathing practice, but 15 percent student bathed only once a week Similarly, at the students washed their clothes by the people of their parents. All of them were aware of washing their hands before and after taking eating and after using toilet too. Form theestudy; It was found that the effect of poor personal hygiene 56.7 percent students said diarrhoea. Similarly 63.3 percent students said the person habit of people involve was the cause of personal hygiene and sanitary likewise 76.7percent students were visit health post when they had problem of poor personal hygiene.

2.3 Implications of the Review for the Study

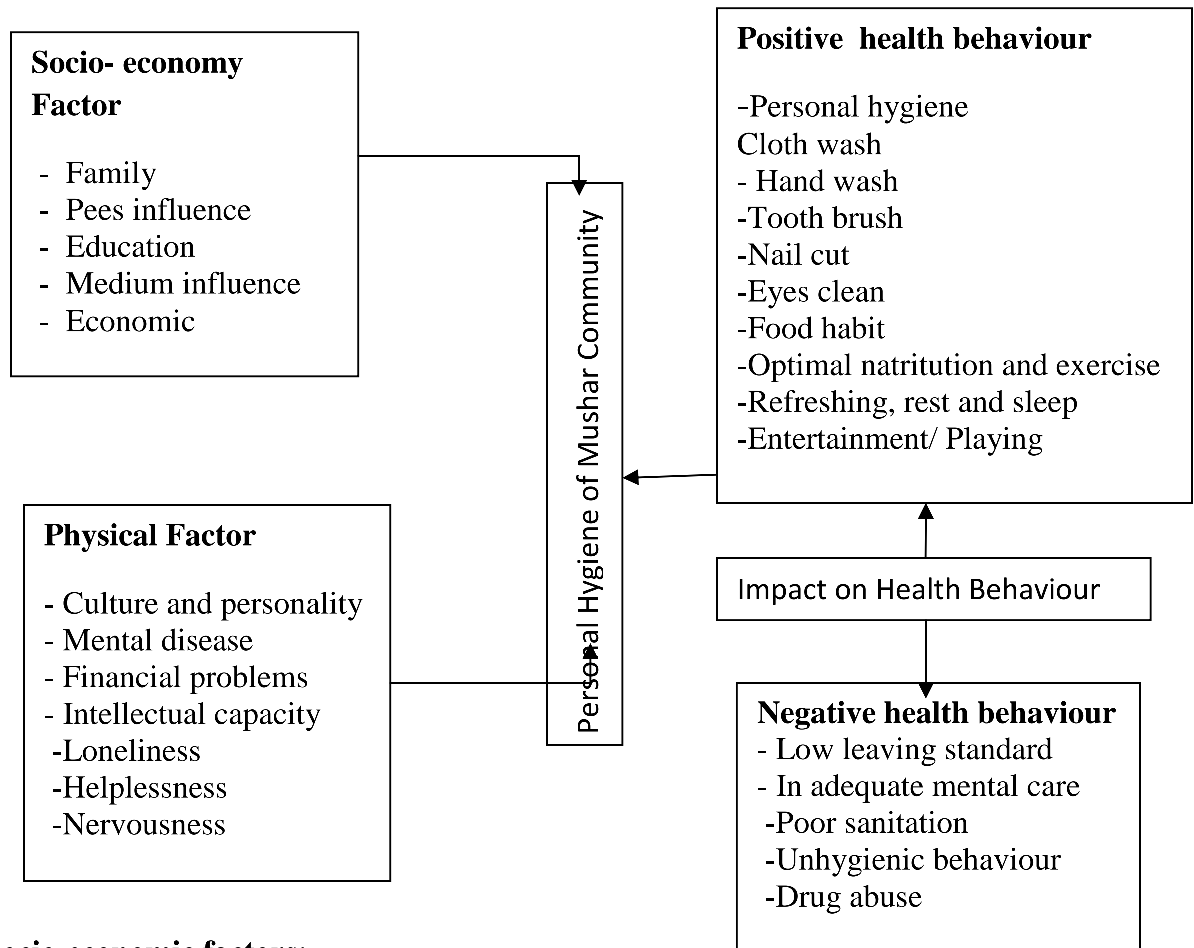
The literature review was helped in my study in following ways:

1. To determine the topic of the study,
2. To implement various programs to the concerned field,
3. To identify the related field for the study,
4. To gain additional knowledge about research method,
5. To compare the old finding of the study with the present one,
6. To evaluate the recent research,

7. To give reference to the further studies related to the topic,

2.4 Review of Conceptual Framework

The Musahar Community of the region were backward on the good practice of personal hygiene due to the various factors. These factors are disused hear in this part of the research



Socio-economic factors:

The structure and the culture of the family and the education of the guardians or parents do affection the personal hygiene of the community. This could be reduced through the various informative and education medias. Those people who have not taken the formal education they could be educated on the basics of the personal hygiene by the audio, visual Medias on their native language.

Psychological Factor:

The community is mainly backward in the society so that they get nervousness and get stressed though different other elite people of the community. Due to which they

get loneliness and have the chances of getting the mental disease. So the psychological factor also plays a vital role the personal hygiene of the community.

Health behaviour:

If these variables play the positive role in communities' member's knowledge and practice of personal hygiene will be good. If those variables do not play positive role in the communities' members' personal hygiene practice will be negative.

CHAPTER-III

METHOD AND PROCEDURE OF THE STUDY

Method is way of doing something especially a systematic way, implies an orderly logical arrangement, where procedure is a particular course of action intended to achieve a research. Both of them helped in lunching a study the method and procedure of study hasbeen presented below.

3.1 Research Design

These section discussions a set of methods, which were employed, to accomplish the research objective. More specifically it contains selection of the study design, or area sample size and selection of sample, questionnaire design and methods of data collection the following methodology was applied to undertake the designed study. The study, explanatory and descriptive research design were applied to describe the findings. It is exploratory, in the sense that this study is an endeavour to explore the relationship of personal hygiene of the Musahar community; it is description in the sense that all the variables used for the study will be elaborately described.

3.2 Population ,Sampling Procedure and Sampling size

The study was based on both primary and secondary sources of data. Both quantitative as well qualitative data were used in this study.

- **Primary Source**

  Direct interviewing with the people from the Mushar Community of research site.

- **Secondary Source**

  Documents, registers, files and relevant papers from Government agencies were consulted to take the secondary data.

Related books, articles and other publication from library. NGOs, INGOs and CBS Offices have been consulted. To find out the personal hygiene and socio-economic condition of Mushar, at first the 296 peoples information were recorded. On the basis of simple random sampling method were founded. In Oder to find out the personal hygiene status of Mushar community of Inaruwa municipality city ward no.3 of Mushar tole near the Mahendra chook

3.3 Study Area and Field

Inaruwa municipality is the headquarters of Sunsari district in Nepal. The Mushar Community of ward no. 3 Mushar tole near the mahendra chook of Inaruwa were the population of the study. To bring this existence the 296 people were the study population

3.4 Data Collection Tools

The study will be based on primary and secondary sources of data. Primary data has collected through observation, questionnaires schedule and direct interview and secondary source of data has collected research Documents, register files, related book, articles and other publication from library.

3.5 Data Collection Procedure

In the field, household census was taken initially to find out their population composition and socio-economic status as tools of data collection. To take the household census, the researcher had gone door to door of every household. Structured questions has been interviewed the household heads to find out their socio-economic factors such as education, occupation, land holding, family income and expenditure family size, personal hygiene and sanitation. Structure questions were used to interview the selected age groups about the personal hygiene. To obtain essential information from respondents structure. Unstructured, crossed and mixed question were used.

3.6 Data Analysis and Interpretation Procedure

The presentation and analysis of information and data collected through interview, household census and field survey was done in both description and analytical ways. The data sheet like population structure, Age- Sex composition, Land occupant income and expenditure deficit etc. Transformed orderly and then necessary tabulation were done. A characteristic of the respondents has been analyzed though the uses of frequency, percentage mean etc. Mainly bar diagram, pie chart and table would be used to process and the data was analyzed descriptively.

CHAPTER-IV

DATA ANALYSIS AND INTERPRATATION

This chapter of the research mainly deals with the presentation and analysis of the collected data of the research population sample. The data was primarily collected from the field and grouped. Arranged and tabulated in order to facilitate the analysis of the trends of the pattern related to the personal hygiene .The data collected from the direct interview of the Musahar people of the selected area are then presented in tables, charts, and graphs and necessary steps were taken for analysis and interpretation. The data were basically collected on two dimensions. One on the demographic and socio- economic status of the respondents and second on the pattern of the personal hygiene of the related people of the population sample for research.

4.1 Demographic and socio-economic condition of the study area

Socio- economic condition of study area presents the population. Education condition, occupation etc. of the individuals and the peoples in general.

4.1.1 Demographic characteristics

The total population of the study area is 296. Male and female population is 154 and 142 respectively. The population in this study site belongs to different age groups. The levels of fertility, mortality and migration determine it. The following table will give a picture of demographic characteristics of the study area.

Table No. 1: Demographic Characteristics of the study area.

S. N	Age group	Male	Percentage	Female	Percentage	Total	Percentage
1	5-14 yrs	57	37.01	50	35.21	107	36.14
2	15-24 Yrs	20	12.98	26	18.30	46	15.54
3	25-34 Yrs	27	17.53	18	12.67	45	15.20
4	35-44 Yrs	18	11.68	24	16.90	42	14.18
5	45-54Yrs	20	12.98	15	10.56	35	11.82
6	55-64Yrs	10	6.49	7	4.92	14	5.74
7	65+	2	1.29	2	1.40	4	1.35
Total		154	100	142	100	296	100

The table below shows that male population is high then female population. Most of the population 36.14% of the study area was between 5-14 years of age group similarly 15.54% between 15-24 years, 15.20% between 25-34 years, 14.18% between 35-44 years, 11.82% between 45-54 years, 5.74% between 55-64 years and 1.35% between 65 above. This shows the mortality rate is so high in the study area. Because of illiteracy, poor nutrition practices, lack of health knowledge, communicable and non communicable diseases, birth rate and mortality rate both were found higher in the study area

4.1.2 Literacy Status of Respondents

Really, Education is the critical age of change and it is also backbone for the properly of human life. Education has positive relationship with socio- economic status. Without education, it would be hardly possible to modernize to agriculture, social change, industrial and rural life. Educational status of society reflects the level of awareness of people. The education situation and number of students of the study area is presented in the table given below. Data includes herewith respectively.

Table No.2: Literacy Statusof Respondents

S. N.	Education status	Male		Female		Total	
		number	Percentage %	number	Percentage %	number	Percentage %
1	Literate	66	42.85	45	31.69	111	37.5
2	Illiterate	88	57.14	97	68.30	185	62.5
Total		154	100	142	100	296	100

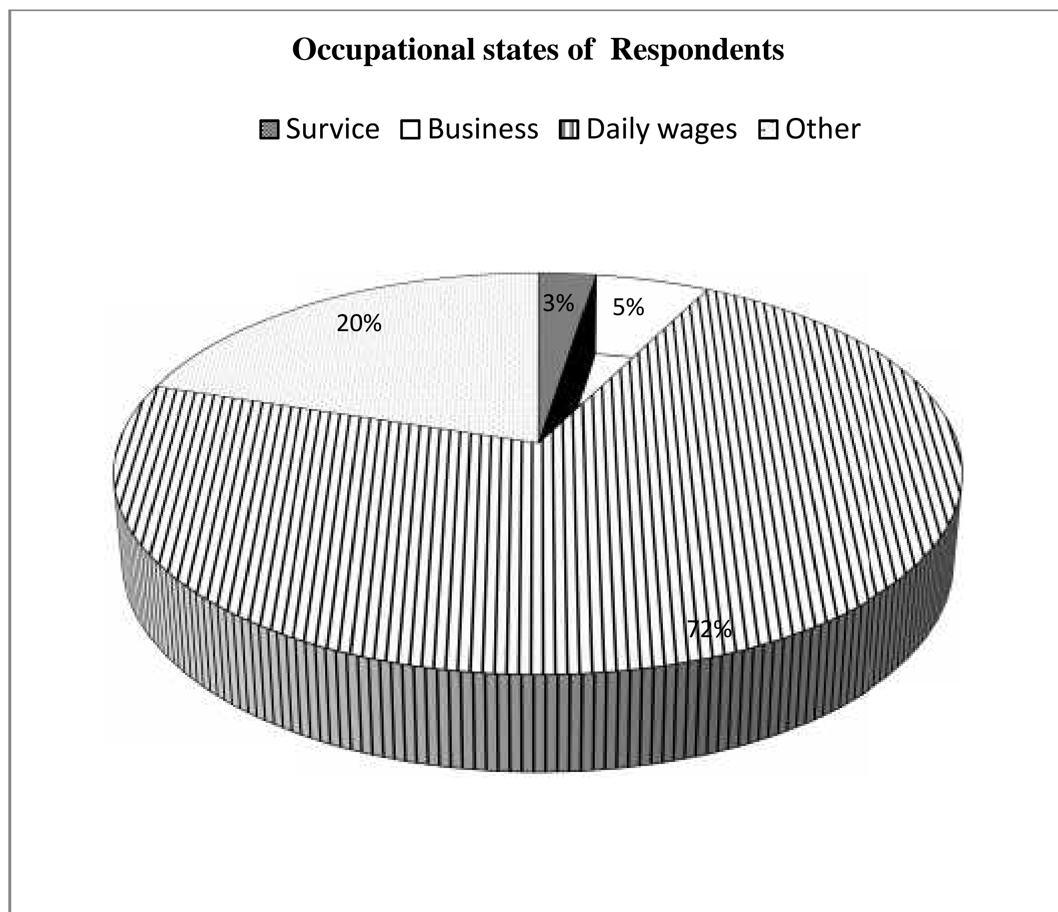
In the above table the literacy rate of the research area is measured taking direct interview at the musahar community. In total of sample population 42%of male, 31.69% female and total 37.5%are literate where as 57.14 male, 68.30% female and

total 62.5%are illiterate. These shoes the literacy rate is very low in the community compared to the total literacy rate of the country. Also, the female population is less literate then the male population

4.1.3 Occupational Status of Respondents

Occupation is an important factor to improve the quality of life and prolong. Only economically active persons are counted on the basis of age groups 15-59. Directly or indirectly occupation also affects our health and socio- economic status. The majority of elderly people in Nepal are living in rural area depending upon their agriculture profession. Hence, in this study occupation of respondents is analyzed and they are shown in table below:

Figure No : 1



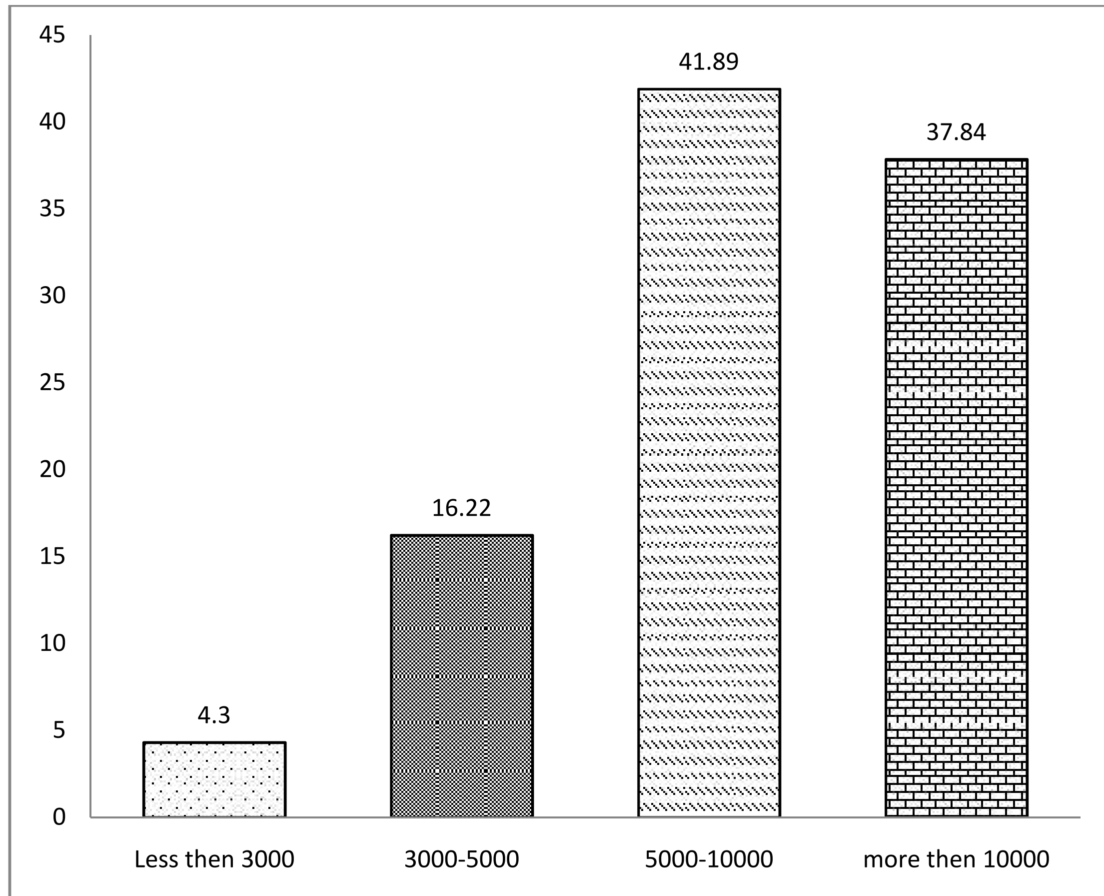
The above table shows that the people from this community almost dependent on the daily wages job/ work. The data says 72.5% people are occupationally labours depending on the daily wages, similarly 5% on business, and 2.5% on service and 20% on the other types of job / work. The table reflects that the community is tends to below poverty line .If the Mushar people are given intensive job oriented trainings

and funds for running the traditional and modern type of business then it would help them for uplifting their livelihood.

4.1.4 Monthly Average Income of Respondents

Actually income plays vital role in human being. It is true that people who have good income obviously they have quality of life and they gives few number of children for their prestige as well. The monthly income of respondents is show in table.

Figure No. 2: Monthly Average Income



In this column no 2 shows that out of 4.3% peoples less than 3,000 monthly average Income, 16.22% peoples 3,000-5,000 , 41.89% peoples 5,000-10,000 and 37.84% more than10,000 monthly average Income . Maximum of the people's was more than 5,000-10,000 monthly average income.

4.1.5 Knowledge of Respondents on Personal Hygiene

Knowledge is the primary level of understanding the things, objects, events, people's situation and surrounding and everything happening in the universe. It is the strong of information. Gathering of information, new ideas, technology and storing in blind and

storming it develops the level of knowledge and one's capacity of understanding. To be Hygiene knowledge personal hygiene, attending awareness
Programmes, though poster and pamphlets, street dramas and media .It can also be form others, if a mother is Hygiene conscious, the daughter will be the same. These are also called as the acquired behaviour.

4.1.6 Nail cutting practice of Respondents

The frequency of cutting nail varies to person to person depending upon the growth of nails fast and slow. Depending on the growth people should cut their nails for making healthy life. The table below shows the nail cutting frequencies of the respondents of the sample population in the study area. If nail is not cut in time then the dust particles and bacteria get inside out body during eating of food so that out health may degrade. The mushers should be educated about the advantage of cutting this nail so that, they could be the practice of good personal hygiene.

Table No: 3: Nail cutting practice of responding

S.N.	Time Interval	No. of people	Percent%
1	Once in a week	116	39.18
2	Twice in a week	77	26.01
3	Whenever it is long	103	34.79
Total		296	100

The above figure shows the nail cutting frequencies of the respondents of the Mushar Community. Among the total of the respondents 39.18% cut their nail once in a week, 26.01% cut their nail twice in a week, and 34.79% cut their nail whenever it is long. It seems that the knowledge of cutting the nails in the respondents is low due to illiteracy.

4.1.7 Brushing Practice of Respondents

Teeth are important part of our digestive system. They grind food for digestion .Oral hygiene is important part in personal hygiene. The frequency of brushing teeth depends on the dental knowledge of a person. Many people brush their teeth in the morning and some people do after taking food in evening. The following table shows the brushing practice of the respondents in the sample population.

Table No 4: Brushing Practice of Respondents

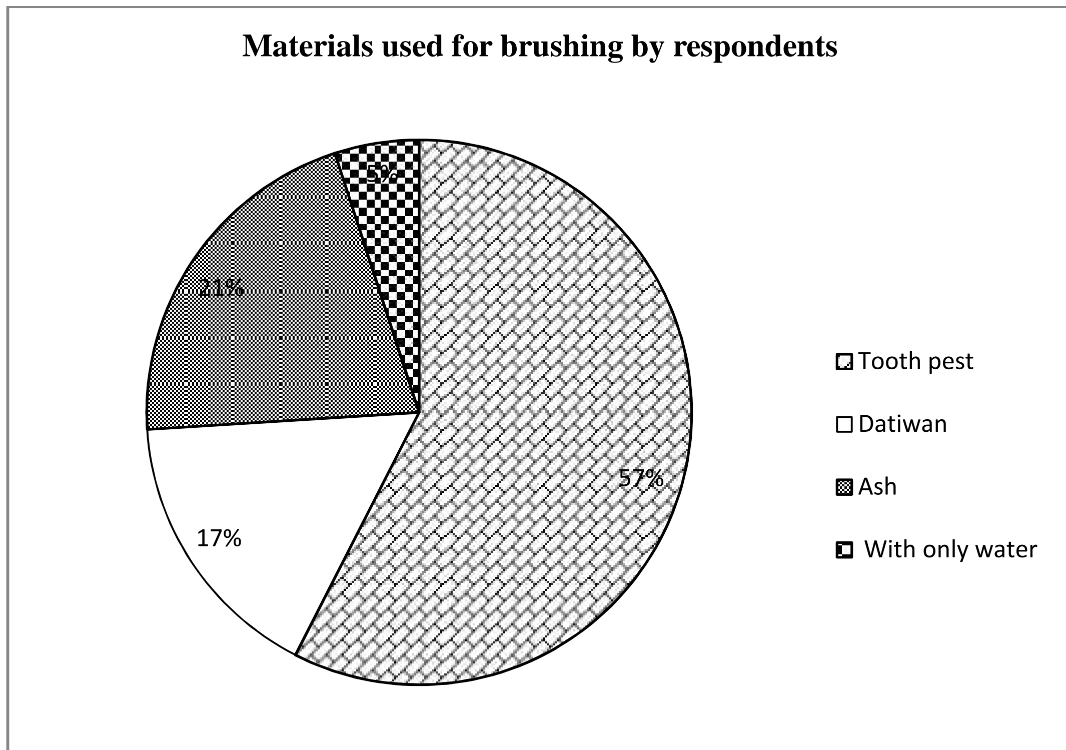
S.N	Time Interval	No. of people	Percentage%
1	Every Morning	275	92.90
2	After taking food in Evening	10	3.37
3	After taking food in Morning and Evening	-	-
4	When dirty	11	3.71
	Total	296	100

The above table shows the frequency of brushing teeth of the respondents in the research area. Where 92.92% of people brush their teeth every morning, 3.37% brush after taking food in evening and 3.71% brush when dirty

4.1.8 Materials used for brushing by Respondents

The above figure shoes the materials used for brushing by respondents in the research are

Figure No .3



Only 5% use water, 16.5% use datiwan, 21% use ash, and 57.5%use tooth pest materials for brushing the teeth.

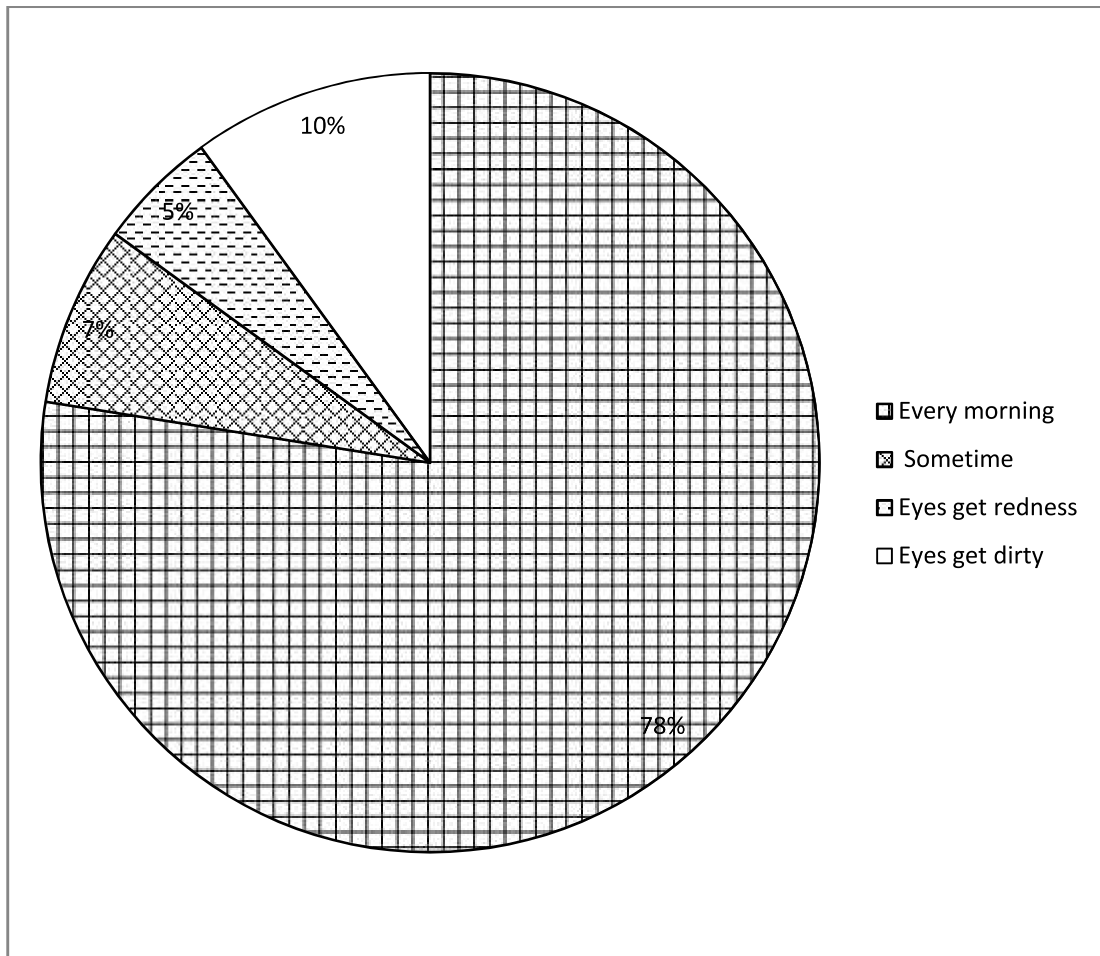
The Mushar community should be educated on the harms of brushing their teeth with required materials so that, they are influence for the good Personal Hygiene practice.

4.1.9 Eye care practice of respondents

We should be very careful for our eyes. Cleaning of eyes is very sensitive work. For a healthy eye it should be cleaned and saved from the various things like dust, smoke, high radiations and lights etc.

The above figure shows the reasons of respondents and corresponding frequencies for eye Care in the research study area population sample.

Figure No. 4 : Eye cleaning practices



The respondents of 77.5% clean their eye every morning, 7.5% clean only sometime, 5% clean it gets redness and only 10% clean their eye when it gets dirty. The Mushar Community should be educated on the harms of not cleaning their eyes properly so that, they are influence for the good Personal Hygiene practice.

4.1.10 Hair Combing Practice of Respondents

Hair should be properly washed with water and soap foe a healthy life. After a hair wash it should be oiled and combed. In our communities the women do not cut hair, so that it gets prominently longer. That's why it is better to comb hair daily for a proper care or hair. Some people comb hair regularly whereas so people only on the days of hair wash or in other patterns.

Table No: -5Hair Combing Practice of Respondents

Time Interval	**No. of people**	**Percentage %**
Daily	146	49.5
After hair wash	34	11.4
Once in a week	52	17.5
Twice in a week	64	21.6
Total	296	100

The figure below be shows the hair combing frequencies of the respondents of the research population sample. Only 49.5% of people comb their hair daily. 11.5% of people after hair wash, 17.5% people once in a week, and 21,5% twice in a week comb their hairs. Many respondents comb their hair daily means that the respondents are conscious about Hygiene of Hair.

The Musahar community should be educated on the harms of not washing their hair and not combing their hair so that, they are influence for the good personal hygiene practice.

4.1.11 Bathing Practice of Respondents

The cleanliness of our body is must essential for the maintenance of health or people have various reasons for taking bath. For example some people take regular bath which is a cultural habit during menstruation period a female must take bath daily. It is also a cultural habit but the basic reason for taking bath is to be clean and to avoid bad smell. The following table shows bathing practice:-

Table No.6: Bathing Practice of Respondents

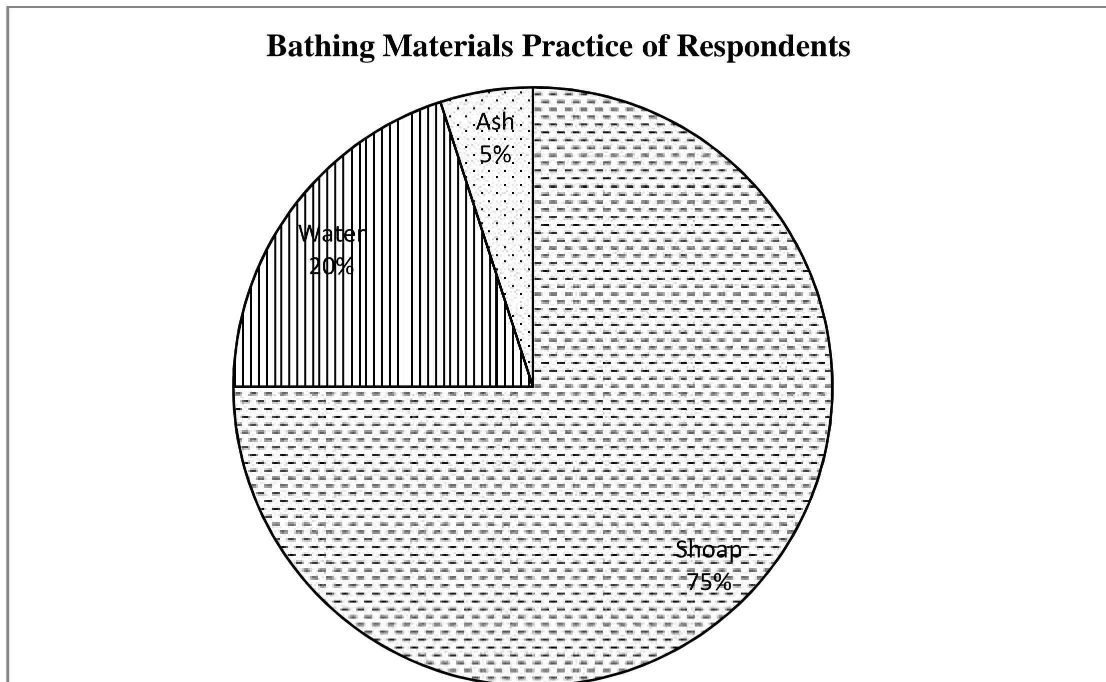
S.N	Bathing Interval	Number	Percentage%
1	Daily	135	45.60
2	Twice a day	50	16.89
3	Once in a week	63	21.28
4	Twice in a week	48	16.21
	Total	296	100

The above data shows that the bathing habit of the people of Mushar Community is quiet satisfactory. About 45.60 % of population take bath daily, 16.89% in twice a day, 21.28% take bath once a week, and 16.21% take bath twice a week. This indicates that the people are quiet conscious towards the one aspect of personal hygiene. To keep good personal hygiene practice on this community the people should be educated for bathing and the effects of not bathing regularly.

4.1.12 Bathing Materials Practice of Respondents

Te above figure shows the materials used for bathing by respondents in the research area

Figure No. 5



The above figure shows that 75%o of the population take bath water soap, 20% of take bath only with plain water, and 5% with Ash. To keep good personal hygiene practice on this community the people should be educated for bathing and the effects of not bathing regularly.

4.1.13 Washing Clothes Practice of Respondents

Washing clothed directly depends upon the frequency of changing clothes. The frequency of changing clothes depends from one person to the other. Some people change and wash daily, some twice in a week and so on. This also depends upon the livelihood, income and habitat, the table below shows the changing or washing of clothes by the respondents of the research area.

Table No. 7 : Washing Clothes Practice of Respondents

S.N	Time Interval	Number	Percentage%
1	Daily	125	42.22
2	Alternative day	65	21.95
3	Once in a week	40	13.51
4	Twice in a week	66	22.29
	Total	296	100

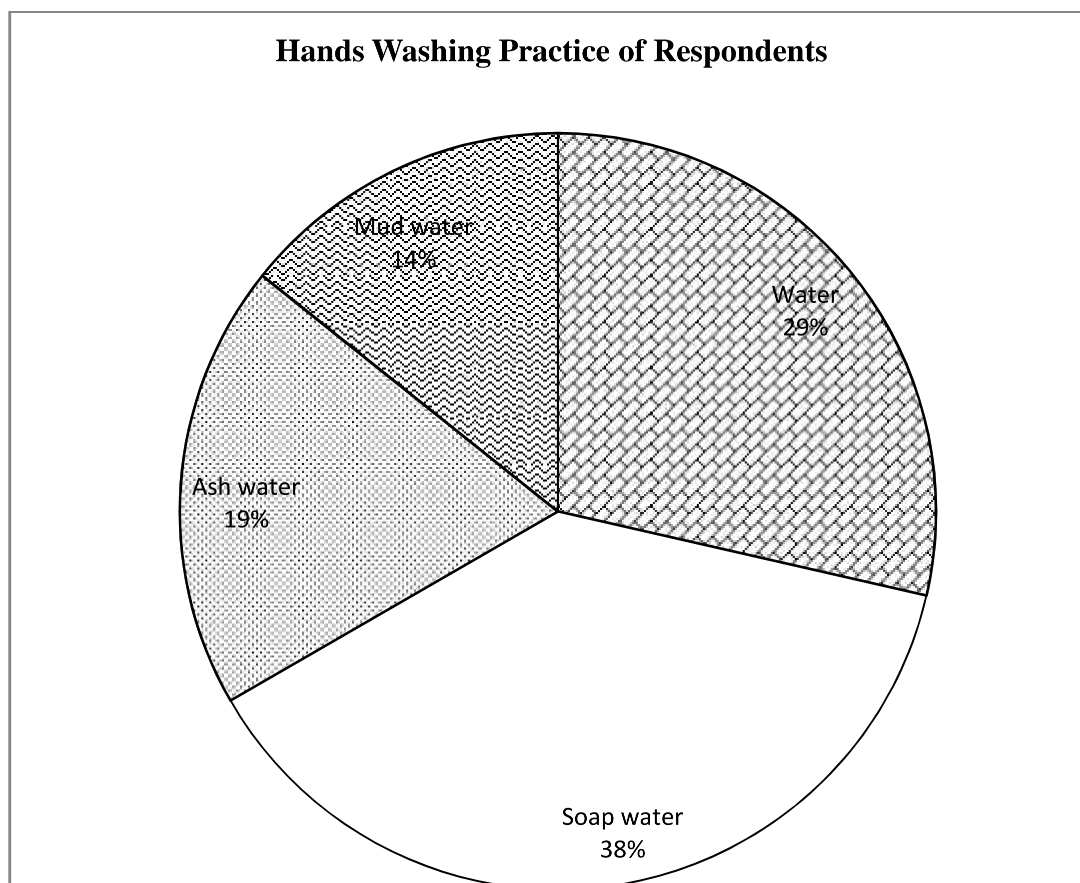
The wearing of clean cloths also plays a great role good health. The mushers should be well educated about the cleaning/ washing of the clothes before their use so that they could maintain the good personal hygiene.

4.1.14 Hands washing practice of the Respondents

Hand should be washed with soap and water before taking food and after defection. It is necessary to prevent diarrhoea, dysentery and worm. The study has discovered that the respondents of study area are not conscious on washing their hands before food and after going toilet. The following table shows the situation of hands washing practice:-

If they are given the proper knowledge about the effects of not washing hands they would have good healthy avoiding epidemic diseases (diarrhoea/ dysentery).

Figure No. 6



Among the total respondents the maximum number of people washes their hands by water only after going toilet 29%, 38%, with soap water, 19%with Ash water and 14% Mud water. The data clearly indicates that there is a great chance of having epidemic diseases like diarrhoea, dysentery etc. due to not washing hand properly.

4.1.15 Problem of Major Personal Hygiene

Unhygienic practice is concerned to transmit much communicable disease such as Diarrhoea, Dysentery, warms problem, and other etc. In this study I asked them with are the major problem of poor personal hygiene and their answer was shows in this table.

Table No:-8: Problem of Major Personal Hygiene

S.N	Problem of Major Personal Hygiene	No. of people	percentage
1	Dysentery	64	21.62
2	Warm problem	76	25.67
3	Diarrhoea	109	36.82
4	Other	47	15.87
	Total	296	100

The table no 6 shows that 21.62% peoples told dysentery , 25.67%Warm problem, 36.82%Diarrhoea and 15.87% people told other due to poor personal hygiene most of peoples told that the major problems of poor personal hygiene diarrhoea.

4.1.16 The Health effect of poor personal hygiene

Good personal hygiene works a lot more then just providing us with a presentable appeaeance being ignorant about good hygiene practices may lead to certain consequences. These consequences may vitiate health issues to social and perfessional effect. Health effects of Personal hygiene was shows as below:-

Table No. 9 :Health Effect of Poor Personal Hygiene

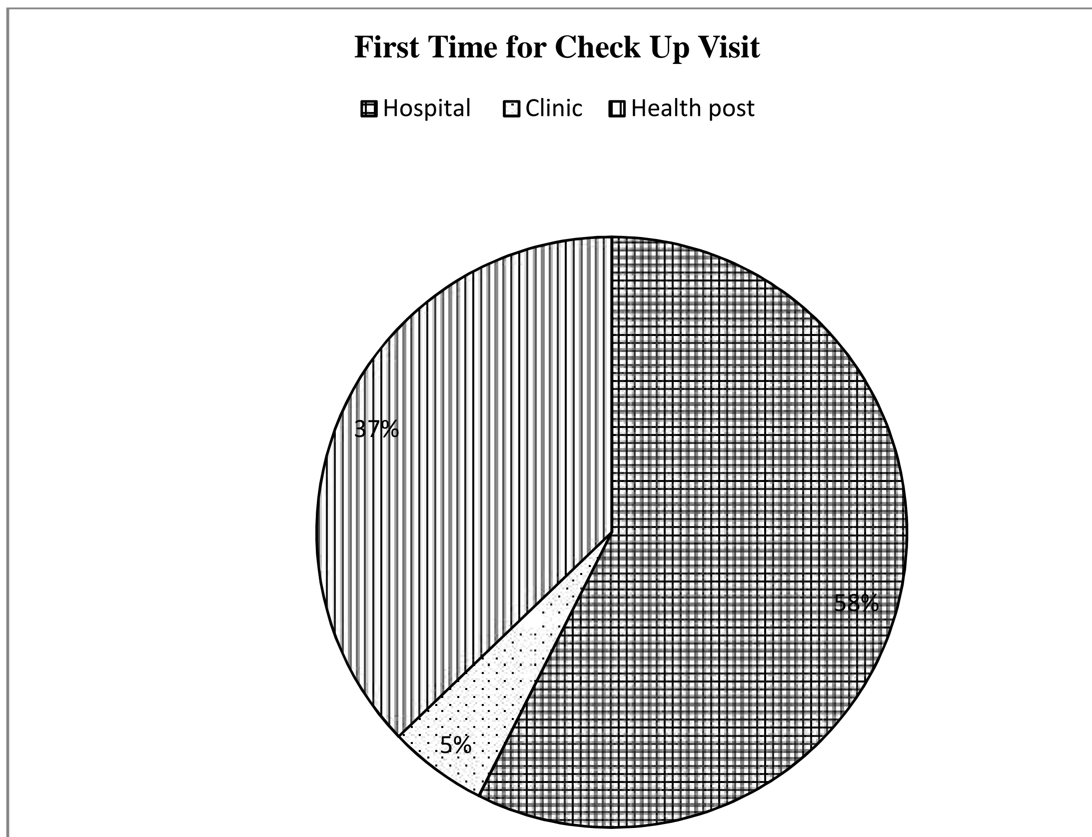
S.N	**Health Effects of personal Hygiene**	**No. of People**	**Percentage**
1	Bad breath	66	22.29
2	General illness	85	28.71
3	Infuenza	75	25.33
4	Dental disease	70	23.64
Total		296	100

This columan no 4 shows that out of 22.29% bad breath, 28.71% General illness, 25.33% Influenza , and 23.64% Dental disease wear the health effect of poor personal hygienemost of people told that the health effect of poor personal hygiene is general illness.

4.1.17 First Time for Cheek Up Visit

In this study time I asked them if you this problem wath will you go to for first cheek up. The response to the problem by the people in the study is presented in thisfigure

Figure No:7



According to the data presented in the figure no 9 nearly to percent respondents were found visit to Hospital first timr checking for treatment after the problem was appeared. 57.43% peoples visiting to the hospital was 5.40%, clinic and 37.16 % Health post. Most of peoples were visiting Hospital while they lad such problem.

4.1.18 Causes of Poor socio- economic condition

Without asserting knowledge and practice of people the outcome of socio-economic condition is impossible cause of poor socio economic condition.was shows in this table.

Table No. 7:Causes of poor Socio-economic condition of Respondents

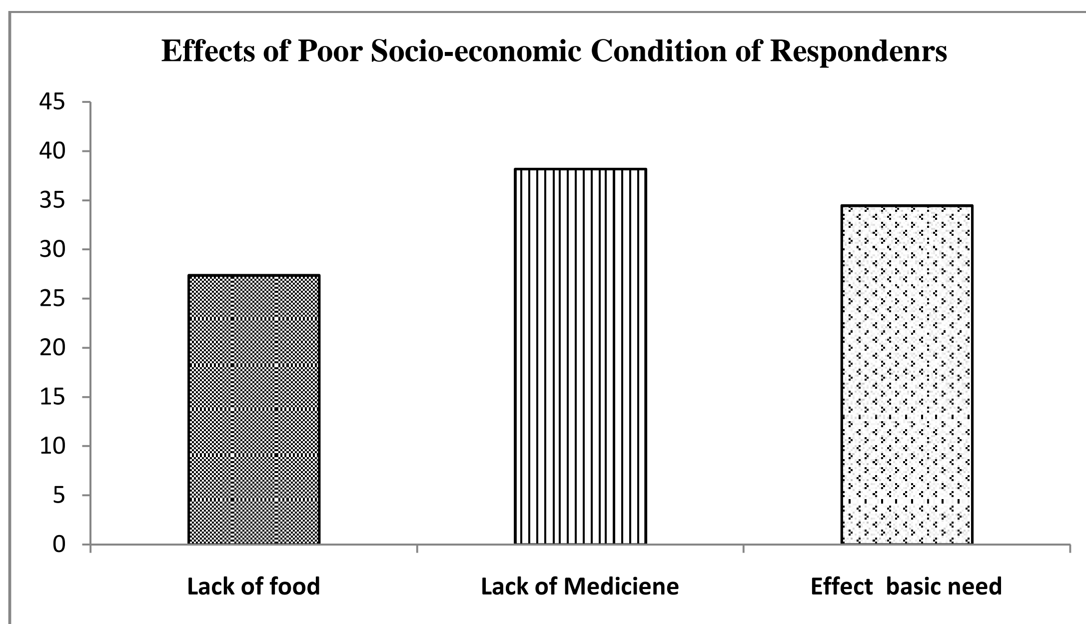
S.N	Causes of Poor Socio-economic Condition.	No of People	Percentage%
1	Unemployment	96	32.43
2	Poor Education	110	37.16
3	Poor Government plan	86	29.05
4	Other	4	1.35
	Total	296	100

This table no 7 shows that 32.43% people told Unemployment, 37.16% poor Education, 29.05% Poor Government plan, and 1.35% other due to poor socio-economic condition , maximum of peoples told that the causes of socio-economic condition was poor Education.

4.1.19 Effect of Poor Socio- economic Condition

In this study I research them to know the Effect of poor socio-economic condition their answered was shows in this column

Figure No. 8



This column no 6 shows that 27.36% people said that lack of food, 38.17% people said lack of medicine, and 34.45% peoples said effect of basic need were the effects of poor socio-economic condition maximum of the people that the effect of poor socio-economic condition is lack of medicine.

4.2 Summary and Findings

4.2.1 Summary

In Nepal low literacy rate, low economic status, low Employment outside their people, ignorance about health and health care services are the major factors affecting the personal hygiene of musahar community is one of the ward no 3 inaruwa municipality city in sunsari district of Eastern Development region in Nepal. Very few health facilities are availed within this area. Due to lack of knowledge and unaware about health and health care practice, low education and socio-economic status, socio cultural belief and lack of knowledge about personal hygiene maximum of the Mushar are unaware about primary health care services. The study was based on primary and secondary data. Stratified random sampling was done for collecting socio-economic data of the Musahar purposive random sampling was applied to select the in the different age groups to find out about their personal hygiene practices. The study was limited to only 296 people of Mushar community of different age group of the peoples of the research area. Interview was the major tool for obtaining necessary information on factors affecting the personal hygiene of practice of Mushar

community. Health status was assessed in relation to personal hygiene which is affected by socio-economic variables such as education, occupation, age at marriage etc

After collecting the necessary information, the data was tabulated in charts figures and columns later it was analyzed and interpreted with the help of tables, figures, and charts.

However, the object of this study is to explore the contractive devices. To fulfil the study some selected Individual variables and socio cultural variables. This study is descriptive in nature. The questionnaire was the only used foir the collection of primary data .One the process of collecting data and information, researcher was visit door to door of respondent's house. Necessary information was collected from 296 resopndents from Mushar Community.

4.2.2 Findings

After analysis and interpretation of the data from the research the fallowing major findings have been recorded and practiced below:-

i. The respondent belongs to the very backward community with very low socio economic profile and suppressed community in the name of cast.

ii. The population was Mushar was 296 peoples among them 154were male and 142 were female. Most of the people below to the 5-15 years of age group.

iii. Illiteracy is the major problem of the community and somewhat literate respondents were also not satisfactory.

iv. The literacy rate of the community was embracing as compared to the national level literacy rate. Only 42.85% male and 31.69% females was Literate And 57.14% male and 68.30% female were Illiterate.

v. The occupational status of the Musahar community was much coagulated on the daily wage labour. The data says 72% were dependent on the daily wages, 20% others work /job, 5% on Business and 2.5 % on services. The data reflects that the community deserved the under-poverty line. Maximum peoples were more than Rs 5,000-10,000 monthly average income.

vi. If sanitation of the nail and its trimming is not done regularly then health may be degraded. Among the total respondents most of them 38.79%cut in whenever it is long, this is not the good practice.

vii. The brushing practices of the respondents were every morning 92.92% and materials used during the brushing of the respondents were on up to the mark. Only 5% used water, most of them used tooth pest 57.5%

viii. The respondents of 77.5% clear their eye every morning, 7.5% clean only sometimes. 5% clean when they get redness and only 10% clean their eye when it gets dirty.

ix. The cleanliness of the body is essential parts of the good and healthy person. The bathing practices of the respondents were satisfactory but the materials used by the respondents were not satisfactory. The respondents were 20% used water only for bathing, 5% used Ash and 75 % used the soap and water during bathing.

x. The washing of the clothes also plays great role on the personal hygiene. Among the total respondents the washing clothes practices were found to be satisfactory but have to improve on materials used during washing of the clothes.

xi. The washing of hands before taking food and after going toilet plays major role on sanitation and personal hygiene. The materials used during the sanitation of hands remarks on cleanliness. The hand washing practice among the community was also satisfactory. Maximum of the respondents wash their hand with water only i.e.29%.

xii. The respondents of 22.29% bad breath, 28.71% general illness, 25.33% influence and 23.68% dental disease were the health effect of poor personal hygiene most of people total that the health effect of poor personal hygiene is general illness.

xiii. Most of the respondents visit hospital while 58 percents of the Respondents

xiv. There were 110 peoples 37.16% told that the causes of social-economic condition were poor education.

xv. 38.17 percent peoples that the effect of poor socio-condition was lack of medicine.

CHAPTER-V

CONCLUATION AND RECOMMENDENTS

5.1 CONCULATION

Based on finding of this the study following conclusion were drown.

Inaruwa municipality is the Headquarter of Sunsari District in Nepal. There are 10 sub – division in Inaruwa. The Mushar community of ward No.3 of Inaruwa Mushar Tole near the Mahendra chook were the Population of 399 Mushar Peoples to bring this existence the 296 peoples were the research population. The study was based on primary and secondary data. Stralified Random Sampling was done for collecting and Socio-economic data of the Mushar Purposive random sampling was applied to select the in the different age groups to find out about their personal hygiene practices.

The male population of the study area is little high then female and the occupation is labour. The education status is not satisfactory there education saturation is very low monthly income also is not sufficient according to condition of now. Very few health facilities are available within this area. Due to lack of knowledge and unaware about health and health care practice , low education and socio-economic status, socio-cultural belief and lack of knowledge about personal hygiene most of the Mushar are unaware about primary health care services. The respondent belongs to the very backward community with very low socio-economic profile and suppressed community in the name of cast. Illiteracy is the major population of the community and somewhat literate respondents were also not satisfactory.

5.2 Recommendation

On the basic of conclusion of the study, to reduce the poverty making bamboo basket, bamboo broom, straw mat, hay rope etc. Should be conducted as basic income generating activities in this area, education and personal hygiene are strongly associated both with the individual as well as the societal level, the education and literacy of the Mushar should be improved immediately. For this training programme should be launched on the importance of education, effect and impacts of education on daily life.

5.2.1Practice Related Recommendation

The practices related are mentioned of the study as follows:

a. Employments which help to be conscious on personal hygiene and there by improve Mushar community health condition,

b. Programme should be conducted to improve Mushar as well as untouchables traditional and business management skill,
c. Mushar including other untouchable should also be encouraged to from themselves into co- operative saving group to finance their individual income generating activities,
d. Poster, Pamphlets, Magazine, Drama, Films, Cultural programs and other public awareness programs about personal hygiene should be conducted to motivation then common people of the area,
e. Low income group, Labours group and Illiterate group. So these group be target the program to improve their own skills and ability for upgrade of their status

5.2.2 Policy Related Recommendation:

a. Joint programme of the governmental organizations and the NGO's, INGO's should be launched to provide health and sanitation assistance to the Musahar Community,
b. The Community should be provided the training and the technical assistance for socio-economic up liftman's.
c. The government should generate the programmes which increase them to adjust by skilful work.
d. Health education, awareness, personal hygiene, sanitation and public health primary school should be opened in, each settlement site of the Mushar community to get primary education in their mother language so that it would be easy for them,
e. The higher secondary and University level education should also be made free for the children of Mushar.

5.2.3. Recommendation for Further Research:

a. Assessment of School level Curriculum of health education must be there.
b. The Coming researcher can do research based on this knowledge, attitude and practice of personal hygiene Mushar Community.
c. Personal Hygiene Should be avoided by providing health education counselling program as so on.
d. A study on personal Hygiene and socio-economic condition should be there in future.

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TRIBHUVAN UNIVERSITY

FACULTY OF EDUCATION

JANATA MULTIPAL CAMPUS

ITAHARI, SUNSARI (2018)

Interview Schedule of the Study

A. Personal Specification of Respondent

- Name :-……………………………………..
- Age/ Sex:-………………………………….
- Address:-……………………………………
- Occupation:-………………………………
- Religion:-…………………………………...
- Marital Status:-…………………………..

B. Demographic, Socio-Economic and Educational Information:

1. Age Structure of family :

Age Group	5-14	15-24	25-34	35-44	45-54	55-64	65-
Male Number							
Female Number							

2. Occupation:

   a. Agriculture
   b. Service
   c. Business
   d. Daily wages

3. Educational Status of Family:

   a. Respondent:

   Illiterate ☐ literate ☐ Primary Level☐

Middle School Level ☐ Higher School Leve ☐

Higher level ☐

b. Mail:

Illiterate ☐ literate ☐ Primary Level ☐

Middle School Level ☐ Higher School Lev ☐

Higher level ☐

c. Female.

Illiterate ☐ literate ☐ Primary Level ☐

Middle School Level ☐ Higher School Le ☐

Higher level ☐

4. What are the major sources of income in year family?

   a. Agriculture

   b. Trade

   c. Labour

   d. Service

5. What is your monthly income?

   a. Less than Rs.3000

   b. Rs.3000-5000

   c. Rs.5000-10000

   d. More than 10000

C. Question on Personal Hygiene :

Nail - cutting

1. Do you cut your nail?

   a. Yes b. No

2. If yes how often do you cut your nail?

   a. Once in a week

   b. Twice a week

   c. Once a month

   d. whenever it is long

3. Why do you cut your nail?
    a. Protect from harming
    b. Keep nail clean
    c. For beauty
    d. Protect from disease
    e. Other
4. What do you cut your nail?
    a. Blade
    b. Nail cutter
    c. Sickle
    d. knife

Tooth Brushing

5. Do you clean your teeth/
    a. Yes b. No
6. If yes when do you do?
    a. Every morning b.
    b. After taking food in Evening
    c. After taking food both in the morning and evening
    d. When dirty
7. What do you use to clean your teeth?
    a. Tooth brush and tooth paste/powder
    b. Charcoals
    c. Datiwn
    d. Water only
8. Why do you clean your teeth?
    a. Prevent from bad small
    b. Keep teeth white
    c. Prevent from dental decay
    d. Habit from child hood

9. If no, why do you not clean your teeth?
   a. No need to clean
   b. No time to clean
   c. No money to buy brush/paste/ power
   d. No datiwn/ charchoal available
10. What happen if you do not clean teeth?
   a. Bad smell
   b. Looking dirty
   c. Gum swelling
   d. Dental decay

Eyes cleaning

1. Do you clean your eyes?
   a. Yes b. No
2. If yes, when do you clean your eyes?
   a. When dirty
   b. Every morning
   c. Sometimes
   d. Other
3. What do you use to clean your eyes?
   a. Clean water c. Wet colthes
   b. Sope water d. Salt water
4. Why do you clean your eyes?
   a. To keep healthy eyes
   b. Prevention from eyes diseases
   c. To have better eyes sight
   d. Other………
5. What happens if you do not clean years eyes?
   a. Become blind
   b. Loose eyes sight
   c. Get infected
   d. Other………..

Hair wash

1. Do you clean wash your hair?
   a. Yes b. No
2. How often do you wash your hair?
   a. Daily
   b. Alternate day
   c. Once in a week
   d. Twice a week
3. What do you use for cleaning your hair?
   a. Soap b. Soil c. Ash d. Rittha
4. Do you comb your hair?
   a. Yes b. No
5. If yes, why do you comb your hair?
   a. For good looking
   b. Keep clean and tidy
   c. Prevent from lice
   d. Keep good quality hair
6. How often do you comb your hair?
   a. Daily
   b. twice a day
   c. alternate day
   d. After hair wash
7. Do you have lice problem in your hair?
   a. Yes b. No
8. If yes, what do you do for treating lice?
   a. Daily hair wash
   b. Use medicine
   c. Cut hair
   d. Comb hair

Taking bath

9. Do you take bath?

   a. Yes b. No

10. How often do you take bath?

    a. Daily
    b. Twice a day
    c. Once in a week
    d. Twice a week

11. What do you use to take bath?

    a. Soap
    b. Only water
    c. soil
    d. Ash
    e. other..

12. Why do you bath?

    a. Habit
    b. For cleanliness
    c. Stop bad smell
    d. Keep cool

Clothes wash

13. Do you clean /wash your clothes?

    a. Yes b. No

14. If yes, how often do you wash your clothes?

    a. Alternate day
    b. Once a week
    c. Twice a week
    d. After it is daily

15. How often do you change your clothes?

    a. Daily
    b. Once a week
    c. Twice a week
    d. After its dirty

16. What do you use to wash clothes?

    a. Soap b. Mud c. Only water d. Ash e. other

17. What happens if you don't wash your clothes?

    a. Looking dirty
    b. Lice problems
    c. Skin diseases
    d. Bad smell

Hand washing

1. Do you was h your hands?

    a. Yes b. No

2. If yes when do you wash your hands?

    a. Before eating
    b. After eating
    c. Before feeding child
    d. After toilet

3. What do you use to wash your hands?

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

4. What happens if you don't wash your hand?

    a. Unhealthy
    b. Dysentery
    c. Worms infection
    d. Look dirty

D. Impact of personal hygiene and Socio-economic condition

5. Do you know the impact that occur the lack of personal hygiene?

    a. Yes b. No

6. If you what are the problem of poor personal hygiene?

    a. Allergy in skin
    b. Bad smell
    c. Lice problem
    d. Other

7. What are the major problem of poor personal hygiene?
    a. Diarrhoea
    b. Discentry
    c. Worm problem
    d. Other
8. What are the causes of poor personal hygiene?
    a. Situation
    b. Place
    c. Facilities available
    d. Personal habit of people involve
9. What are the health effects of poor personal hygiene?
    a. Bad breath
    b. Dental disease
    c. General illness
    d. Influenza

10. How can personal hygiene effect your physical health?
    a. Skin infection
    b. Scabies infection
    c. Trachoma
    d. Pediculosis
11. If you had this problem what will you go to for first cheek up?
    a. Hospital
    b. Clinic
    c. Health post
    d. Other
12. What is the problem of poor socio economic condition?
    a. Social problem
    b. Psychological problem
    c. Financial problem
    d. Other

13. What is the causes of poor socio economic condition?

    a. Unemployment
    b. Poor education
    c. Poor Government plan
    d. Other

14. How can poor socio economic effect your physical health?

    a. Lack of food
    b. Lack of medicine
    c. Effects basic need
    d. Other