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Farm Households' Sanitary Practices in Moro Local Government Area of Kwara State, Nigeria

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Abstract

Performance of agricultural sector is dependent on wellbeing of the farmers who constitute a major part in crop and livestock production since good sanitary practices can enhance wellness and productivity of individuals. This study therefore assessed farm households' sanitary practices in Moro Local Government Area of Kwara State, Nigeria. Using both simple random and proportionate sampling techniques, one hundred and twenty (120) farmers were selected for the study. Data were collected on socio-economic characteristics of the farm households, available sources of information on sanitary practices, attitude towards the practices and the constraints militating against sanitary practices. The data collected using structured interview schedule was presented and analyzed using frequency counts, percentage, and mean for the descriptive statistics and linear regression to test the hypothesis. The mean ages of the respondent was 39 years, mostly females and were married with an average household size of 6 persons and 12 years of farming experience. Radio was the most available source of information and the farmers indicated positive attitude towards sanitary practices. Linear regression analysis shows that age and education were positively significant with attitude towards sanitary practices. The study concludes that in spite of the low literacy level, the respondents possessed basic knowledge of sanitary practices. However, some of the facilities needed for effective sanitary practices among the households are not affordable. The study therefore recommends that there should be more advocacy campaigns on public health issues, its preventions and the need to subsidize sanitary facilities for the rural households.

Keyword: *Farm Household, Sanitary Practices, Hygiene and Attitude*

Introduction

Agriculture is identified as a major contributor to Nigerian economy. It has served as a source of employment to most people in the rural areas who directly or indirectly depend on the sector for their livelihoods. Performance of this sector is dependent on the wellbeing of the farmers who constitutes a major part in crop and livestock production.

Good heath essentially affects the production of farmers in the agricultural sector. Health enhances work effectiveness and the productivity of an individual by increasing the physical and mental capacity of people (Ulimwengu, 2009). Healthier and better nourished people are more likely to be more productive than unhealthy people (Appleton, 2002). According to Corinna and Ruel (2006), agriculture and health affect each other. It is reasonable to think that health and nutrition have proportionate effect on productivity of farmers. The environment is the entire matrix in which man and all things exist. A healthy

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environment has the capacity to translate to a healthy life. The consequence of poor sanitation virtually affects every aspect of human life. Sanitation is one of the basic determinants of quality of life and human development index (Sheethal and Shashikantha, 2016). It is a fundamental requirement to ensure safe health, environment and the overall wellbeing of the society.

Studies revealed that, three key hygiene practices i.e. safe disposal of faeces, hand washing with soap at critical times along with safe treatment and storage of drinking water are the most effective ways in reducing prevalence of diseases. Unless proper, functional sanitation facilities are in use, complemented with the right types of hygiene behaviours, communities will be vulnerable to recurrent incidences of water and sanitation related diseases (Dwivedi and Sharma, 2007). Many communicable diseases can be effectively managed by improving the sanitation, hygiene and water usage practices (WHO, 2013). However, infrastructure development and policies alone are adequate to fill the existing gap of knowledge and practice of drinking water and sanitation. Nevertheless for effective reduction of effects from poor water and sanitation practices there is a need for understanding the present scenario and the constraints to proper sanitation in the rural settings.

Sanitation and hygiene practices are heavily influenced by people's knowledge and attitudes towards it. Baseline data to reflect current sanitation practices in Kwara State is very scarce. The lack of appropriate information on knowledge and practices of sanitation and hygiene is an impediment to identify priority needs. Studying farmers' knowledge of sanitary practices is considered a viable way of obtaining updated information on hygiene behaviour and practices in the community. Thus, this present study was conducted to assess information on farm households' sanitary practices in Moro Local Government Area of Kwara State with the objectives of determining the available sources of information on sanitary practices to respondents in the study area, investigate the respondents' attitude towards sanitary practices and identify the constraints to sanitary practices in the study area. The hypothesis tested was whether there is significant relationship between some selected socio-economic characteristics and the respondents' knowledge level on sanitary practices among households in the study area.

Methodology

Study Area: The study was carried out in Moro Local Government area of Kwara State. It was created in 1976 with its headquarters at Bode Sa'adu. It is made up of five districts- Lanwa, Ejidongari, Olooru, Malete and Ipaye. The local government has a total land mass of about 3,272 kilometres square and a population of 108,792 at the 2006 national census. The vegetation of the area is between guinea savannah and rainforest making its climate favourable for crop and livestock production. The inhabitants of the area are predominantly Yoruba and Hausa speaking people who engage in farming and other small businesses like tailoring, mechanic, Driving, trading etc. The major crops cultivated in the area are millet, maize, cassava sorghum and others.

Sampling Procedures and sample Size: The population for the study comprise of farm households in Moro Local

Government Area of Kwara State. Two stage sampling technique was adopted for the study. The first stage was the random selection of 3 communities namely: Olooru, Kanbi and Malete within the Local government area. In the second stage, a proportionate sampling technique was used to select 42 respondents in Olooru, 33 in Kanbi and 45 in Malete to make a sample size of one hundred and twenty (120) respondents for the study. The household members responsible for sanitation decisions were interviewed. Data were elicited on the available sources of information on sanitary practices, level of knowledge and constraints to the practices. Descriptive statistics such as precisions counts, frequency, and percentage were used to describe the data collected, while linear regression was used to test the formulated hypothesis. The available source of information was measured using four point likert scale of regularly (3), fairly (2), rarely (1) and never (0). The attitude towards sanitary practices was elicited using a five Likert type scale of strongly agreed (5), agreed (4), undecided (3), disagreed (2) and strongly disagreed (1) with a cut-off point of 3.0 The constraints to sanitary practices were measured using a four point Likert scale of very severe (3), moderately severe (2), severe (1) and not severe (0).

Results and Discussion

Socio-Economic Characteristics of the Respondents: Table 1 shows that the average age the respondent was 39 years. This reveals that most of the farmers in the study area are young, which may be due to the increasing involvement of youths in farming activities. These findings corroborate the report of Oladeji and Thomas (2010) who had reported that the populations within the age group 31-40 years are productive, energetic and constitutes active work force. Also, 56.7% of the respondents were females and 43.3% males. This is appropriate for the study because women are known with the responsibilities of taking care of the house and wellbeing of the family.

Furthermore, the result shows majority (84.2%) of the farmers were married while 8.3%, 6.7%, and 0.8% were single, widowed and divorced respectively. By this it is obvious that most of the farmers have responsibilities to discharge in their homes (Matanmi et al., 2015). The finding agrees with that of Fabiyi and Akande (2015) carried out in Gombe state, where they observed about 50% of the sampled women were married while 15% and 17% were divorced and widowed respectively. About 35.9% of the respondents have no formal education while a notable proportion 64.1 % are formally educated (26.7% had secondary school education, 21.7% had primary education, and 5.8% had tertiary education). This implies that the farmers have the ability to acquire knowledge when information is made available. Based on the years of experience, majority of the respondents (54.2%) had between 1-10years of experience in farming activities and a mean of 12 years. Averagely each household has an average of 6 persons, implying that they have sizeable man power to execute various tasks.

Table 1 Distribution of respondents based on Socio-economic characteristics

Variables	Frequency	Percentage (%)	Mean
Age-group			
18-25years	8	6.7	39 years
25-31 years	25	20.8	
32-38years	24	20.0	
39-45years	25	20.8	
46-52years	21	17.5	
>53years	17	14.2	
Gender			
Female	52	43.3	
Male	68	56.7	
Marital Status			
Single	10	8.3	
Married	101	84.2	
Divorce	1	0.8	
Widowed	8	6.7	
Educational Status			
Non-formal education	43	35.9	
Primary	28	23.3	
Secondary	27	22.5	
Tertiary	22	18.3	
Religion			
Islam	76	63.3	
Christianity	44	36.7	
Household Size			
1-5	35	29.2	6 persons
6-10	69	57.5	
11-15	16	13.3	
Farming Experience			
1-10 years	65	54.2	12 years
11-20 years	38	31.7	
21-30 years	13	10.8	
>30 years	4	3.3	

Source: Field Survey, 2018

Available Sources of Information: Table 2 shows a list of information sources and how accessible they have been to the respondents. Radio was the most accessible source of information with a weighted mean score of 2.48. This was followed by the Television (1.95). Other relatively accessible information sources include rural water and sanitary agency (1.93), community health extension workers (1.83), neighbourhood (1.68), clinics (1.59), and newspapers (1.55). This corroborates the findings of Matanmi and Olabanji (2013) who observed that radio and television are all time assessable sources of information owing to the affordability and preference as asset by most households.

Table 2 Distribution of Respondents based on accessibility to Information Sources

Sources of information	Regularly	Fairly	Rarely	Never	Mean score	Rank
Radio	82 (72.6)	4 (3.5)	27 (23.9)	0 (0)	2.48	1st
Television	2 (3.5)	51 (89.5)	3 (5.3)	1 (1.8)	1.95	2nd
Extension agents	0(0)	55(90.2)	2(3.3)	4(6.6)	1.83	4th
Health Practitioner	4 (7.1)	34 (60.7)	10 (17.9)	8 (14.3)	1.59	6th
Neighbourhood	7 (13.7)	26 (51.0)	13 (25.5)	5 (9.8)	1.68	5th
RUWASA	1 (1.9)	47 (90.4)	3(5.8)	1 (1.9)	1.93	3rd
Newspaper	1 (1.9)	28 (52.8)	23 (43.4)	1 (1.9)	1.55	7th

Source: Field Survey, 2018

Attitude of respondents towards Sanitary Practices: The results of the responses regarding attitude towards sanitary practices are shown in Table 3. Respondent's agreement with the favourable stated items in the attitude scale indicated positive attitude towards the practices, while agreement with unfavourable items indicated negative attitude. It is evident from the Table that the respondents had positive attitude towards sanitary practices in most of the statements. Most of the respondents agreed to the fact that regular hand washing with soap must be done after using the toilet as seen in the weighted mean score of 3.73. They also supported the view that the location of toilet should be far away from the kitchen. (3.75) and that graveyard should be located far away from water sources. (3.25). They also opined that open defecation could lead to disease outbreak with weighted mean score of 3.28 and that where there is no toilet, faeces should be buried far away from homes and water points. (3.71). The respondents also believed that proper drainage system should be built in the locality for better hygiene (3.40) and that containers for carrying water in the kitchen must be kept clean and covered (3.18) and that drinking water should be boiled and treated with aqua tabs (3.16). They also agreed that sweeping and mopping of the house is essential (3.15) and rodents in the house can cause Lassa fever (3.12). According to Matanmi and Olabanji (2013) right attitude usually precedes practice of any phenomenon.

Constraints to Sanitary Practices: Table 4 shows that the most prominent of the constraints to sanitary practices was poor sanitary inspection from government agencies ranking first among the listed constraints (M=3.36). The reality in many locations in Africa according to Tearfund (2007) is that there is limited choice of sanitation and hygiene providers, whether agencies of local government, community associations, NGOs or private suppliers. This was followed by high cost of sanitary facilities (M=3.28, 2nd), and poor access to sustainable water supply (M=2.88, 3rd). This affirms the assertion of Evans (2005), who asserted that diseases emanating from poor sanitary practices are attributed to unsafe water supply, the lack of safe hygiene practices and basic sanitation infrastructure. Other constraints indicated include poor access to information on sanitary practices (M=2.78, 4th), distance from home to sanitary facilities. (M=2.69, 5th), poor sensitization on good sanitary practices (M=2.49, 6th), Cultural belief (M=2.15, 7th), and lastly poor maintenance of existing sanitary facilities (M=1.74, 8th).

Table 3 Distribution of the respondents based on their attitude towards sanitary practices

SN	Sanitary Practices	Mean score	Remarks
1.	Toilets facilities should be built in schools, working areas and farming areas.	3.05	Positive
2.	Where there is no toilet, faeces should be buried far away from homes and water points.	3.71	Positive
3.	The location of toilet should be far away from the kitchen.	3.75	Positive
4.	Graveyards should be located far away from water sources.	3.25	Positive
5.	Regular hand washing with soap must be done after using the toilet.	3.73	Positive
6.	Open defecation could lead to disease outbreak.	3.28	Positive
7.	Containers for carrying water in the kitchen must be kept clean and covered.	3.18	Positive
8.	Drinking water should be boiled and treated with aqua tabs.	3.16	Positive
9.	Regular washing of used dishes immediately after every meal is essential.	3.01	Positive
10.	Sweeping and mopping of the house is essential	3.15	Positive
11.	Every household must have waste bins.	2.79	Positive
12.	Avoid keeping stagnant water in the compound to prevent mosquitoes or microorganisms.	3.36	Positive
13.	Regular cutting and burning of grasses is essential to prevent hideout for rodents.	3.45	Positive
14.	Rodents in the house can cause Lassa fever.	3.12	Positive
15.	Commercial rearing of livestock within the household can cause pollution.	2.66	Negative
16.	Proper drainage system should be built in the locality.	3.40	Positive
17.	General environmental sanitation of the locality should be done at least once in a month.	3.24	Positive
18.	Personal hygiene on one self must be maintained.	3.40	High
19.	Sanitary pads or towels should be used instead of clothes.	2.41	Low
20.	Used sanitary pads or towels should be disposed properly.	2.34	Low

Source: Field Survey, 2018

Table 4 Distribution of respondents based on constraints to sanitary practices

S/N	Constraint	Mean score	Rank
1.	High cost of sanitary facilities.	3.28	2nd
2.	Poor access to information on sanitary practices.	2.78	4th
3.	Cultural belief.	2.15	7th
4.	Poor sanitary inspection from government agencies.	3.36	1st
5.	Distance from home to sanitary facilities.	2.69	5th
6.	Poor access to sustainable water supply.	2.88	3rd
7.	Poor sensitization on good sanitary practices.	2.49	6th
8.	Poor maintenance of existing sanitary facilities.	1.74	8th

Source: Field Survey, 2018

Test of Hypothesis: The study revealed a significant relationship between Age of the respondents (r=0.432, p=0.005) and Educational status (r=0.256, p= 0.031) (Table 5). Meaning that the older the individual the better the attitude towards sanitary practices. And the more educated an individual is the more positive the attitude will be towards sanitary practices. However, household size shows a negatively significant relationship with attitude towards the practices (r= -3.551). This implies that as the household size increases, their attitude towards sanitary practice tends to decrease. Like the adage goes "every man's duty is no man's duty", people tend to transfer responsibility to others in household settings with large numbers. Jenkins and Sugden (2006) pointed out that promoting behaviour change at household level in regards to sanitation is an area where most countries have few skills.

Table 5 Linear Regression analysis of the relationship between socio-economic characteristics and attitude towards sanitary practices

Variable	Coefficients	Standard error	P-value	Significant status
Age	0.432*	0.148	0.005	Significant
Sex	-0.236	0.250	0.348	Not Significant
Marital Status	-0.449	0.307	0.148	Not Significant
Educational Status	0.256*	0.116	0.031	Significant
Religion	0.189	0.261	0.471	Not Significant
Household Size	-3.551*	0.912	0.000	Significant
Working Experience	-0.352	0.220	0.112	Not Significant

*Significant at p0.05

Conclusion

The respondents have some basic knowledge of sanitary practices. However, the literacy level of the respondents in the study area being very low has an effect on their sanitary practices. The result of the hypothesis confirms that as the age and educational status increases their sanitary practices increases as well. The research also shows that it is difficult for them to afford some sanitary facilities like building of modern toilets and sewage system in the household due to their high cost. Respondents are not frequently counselled by the health practitioners on the consequences of neglect on good sanitary practices. It is observed that only few sanitary facilities are available for use in the study area.

The study therefore recommended that advocacy campaigns should not be left till an outbreak occurs, there should be a synergy among the Ministry of Environment, Ministry of Health and the extension arm of the State Ministry of Agriculture to organize joint advocacy campaigns on public health issues, its preventions and ensure that sustainability of environmental laws are maintained.

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