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RESEARCH ARTICLE
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SURVEY TO ASSESS THE ENVIORNMENTAL SANITATION STATUS &HEALTH RELATED BEHAVIOUR

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Abstract:
Introduction: Environmental sanitation By creating a healthy environment and halting the spread of disease, environmental sanitation aims to improve community health.
Objective: The aim of the research was to assess to improve community health.
Methodology: The impact of Environmental sanitation and Health related behavior was evaluated using Quantitative approach research method. Using a survey research design &Check list technique, 150 community people who met the inclusion criteria were gathered.
Conclusion: The following conclusion are drawn from the study the knowledge of environmental sanitation and health related behavior could be useful for people to improve their health .The expected survey result supported the knowledge environmental sanitation status and health related behavior one of the best method to promote the overall health of people.

Key words: Survey, Assess, Environmental sanitation, Health, Community

Introduction:

Environmental sanitation By creating a healthy environment and halting the spread of disease, environmental sanitation aims to improve community health. It depends on a number of factors, including people's hygiene levels, the types of resources available, cutting-edge technologies that meet community needs, socioeconomic development of the nation, cultural aspects of environmental sanitation, social factors, such as community behavior patterns, and others.[1]

In India, environmental sanitation is a significant issue for public health. In terms of environmental sanitation, India is still far behind many other nations. The majority of Indian cities and towns are characterized by overcrowding, a lack of adequate water supply, and insufficient facilities for disposing of solid, liquid, and human waste. The majority of issues in the nation are caused by a poor environment, which in turn deprives people of their health, destroys their livelihoods, and limits the country's potential for general development. With the current rate of development, India will only reach the sanitation MDGs by 2054, according to reports from the WHO and UNICEF's

United Nations International Children's Emergency Fund Joint Monitoring Program for Water Supply and Sanitation, which tracks the progress on drinking water and sanitation. [2]In order to maintain the ecosystem that supports people, animals, and plants, water is a crucial resource. A significant factor in human illness and mortality is contaminated water. Around the world, contaminated water poses a threat to human health due to a variety of circumstances, including growing urbanization. Chemicals released by industry, population growth, and factors brought on by climate change. According to a 2012 survey, 82% of the world's population lived in rural areas without access to safe water, while 89% of people worldwide did not live in areas with improved drinking water.[3]In general, hygiene refers to a group of behaviors related to maintaining health and leading a healthy lifestyle. Personal hygiene, including the cleanliness of the hair, body, hands, fingers, feet, and clothing, as well as menstrual hygiene, is the main area of concentration.[4]Improvements are things I know personally. The goal of hygiene promotion is to change people's behavior toward healthy habits through skills and practices. Additionally, it promotes health by preventing human exposure to the dangers associated with consuming nutritious food, drinking clean water, living in a healthy home, controlling vectors, and maintaining a clean environment. It concentrates on managing garbage generated by human activity. [5]

Water, sanitation and waste management are important factors in the health of the Indian community. A clean environment, open migration, personal hygiene practices of people, proper handling of solid and liquid waste, and the availability of a sufficient amount of clean drinking water determine the health of a person and a community. Approximately 88% of child deaths are estimated to be related to diarrheal diseases (PFC - PROGRESS FOR CHILDREN-5) and according to the 2005 World Health Report, this is the CHERG reference group. 17% of child mortality was due to diarrhea. Unsafe drinking water and poor sanitation also cause serious public health problems such as diarrhea, cholera, malaria and dengue, polio and other diseases.[6]

Methodology:

The impact of Environmental sanitation and Health related behavior was evaluated using Quantitative approach research method. Using a survey research design &Check list technique, 150 community people who met the inclusion criteria were gathered. They were picked at random following verbal research information and their consent. Demographic data, including age, Gender, Head of Family, occupation, Marital Status.

Results:

"The analysis is defined as the method of organizing data in such way that the research question can be answered Interpretation is the process of making sense of result and examining in simplification the findings with in a broader context.

SECTION A

Table 1: Frequency and percentage distribution of sample characteristics according to socio demographic variable.

SR NO.	DEMOGRAPHIC DATA	CATEGORY	FREQUENCY	PERCENTAGE
1	**Age**	Under 18 year	20	13.33%
		18 to 50 year	92	61.33%
		Above 50 year	38	25.33%
2	**Gender**	Male	65	43.33%
		Female	85	56.66%
3	**Head of family**	Self	63	42%
		Other family member	87	58%
4	occupation	Government employee	16	10.66%
		Self employee	22	14.66%
		Private employee	62	41.33%
		None	50	33.33%
5	Marital status	Married	89	59.33%
		Un married	61	40.66%

This **Table 1**The percentage distribution of age. (13.33%) people are under 18year, (61.33%) people are in age group of 18 to 50 and (25.33%) people are above 50year. gender,(56.66%)people are female and (43.33%) people are male. head of family,(58%)people have another family member as a head and (42%)people are the head of the family. Occupation (10.66%) Government employee, (14.66%) Self employee, Private employee (41.33%) None (33.33%) Marital status(59.33%) Un married(40.66%).

Table 2: Analysis and interpretation of environmental sanitation

Sr. No	QUESTION	CATEGORY	FREQUENCY	PERCENTAGE
1	Clean water availability	YES	120	80%
		NO	30	20%
2	Garbage around house	YES	108	72%
		NO	42	28%
3	Savage facility	YES	120	80%
		NO	30	20%
4	Proper waste disposal	YES	111	74%
		NO	39	26%
5	House cleaning	YES	125	83.33%
		NO	25	16.66%
6	Factory smoke around house	YES	40	26.66%
		NO	110	73.33%
7	Factory waste around house	YES	50	33.33%
		NO	100	66.66%

Table 2 the percentage of clean water availability yes (80%) No(20%) Garbage around house yes (72%) No (28%), Savage facility yes (80%) No (20%) Proper waste disposal yes (74%) No (26%) House cleaning (83.33%) No (16%) Factory smoke around house Yes (33.33%)No (66.66%)

Table 3.Analysis and interpretation of health related behavior

Sr. No	HEALTH RELATED BEHAVIOR	CATEGORY	FREQUENCY	PERCENTAGE
1.	**Brush**	Regularly	142	94.66%
		Irregularly	8	5.33%
2.	**Bath**	Regularly	130	86.66%
		Irregularly	20	30.33%
3.	**Face wash**	Regularly	122	81.33%
		Irregularly	38	25.33%
4.	**`Hair wash**	Once a week	85	56.66%
		Twice a week	20	30.33%
		Daily	45	30%
5.	**Nail care**	Once a week	100	66.66%
		Twice a week	42	28%
		Daily	8	5.33%
6.	**Eat breakfast**	Regular	108	72%
		Irregularly	42	28%
7.	**Clean clothes**	Yes	145	96.66%
		No	5	3.33%
8.	**Wear shoes**	Regular	132	88%
		Irregularly	18	12%
9.	**exercise**	Never	99	66%
		Once a week	22	14.66%
		daily	29	19.33%

Table 3 (94.66%) people are doing regular brush and (5.33%) people are not doing regular brush. (86.66%) people take regular bath and (13.33%) people are not taking regular bath. (81.33%) people are doing regular face wash and (25.33%) are not doing regular face wash. (30%) people are doing daily hair wash and (13.33%) people are doing hair wash twice a weekend (56**.66%)** nail care, (66.66%)people are performing nail care once a week , (28%)people are performing twice a week

and 5.33%)people are performing nail care on daily basis. people taking breakfast, (28%)people are taking irregularly breakfast and (72%)people are taking regular breakfast , clean clothes, (96.66%) people are wearing clean clothes regularly and (3.33%) people are not wearing clean clothes regularly, wearing shoes, (88%) people are wearing shoes regularly and (12%) people are not wearing shoes regularly. exercise, (66%) people are never doing exercise,(14.66%)people doing once a week and (19.33%) people daily doing an exercise.

Discussion:
This chapter discusses the debate that was based on the statistical analysis's results and how they relate to the study's goals, theoretical framework, and literature review.

A study to evaluate the health-related behaviors and environmental sanitation in the district of Mehsana chosen village. 150 samples in total were chosen for the investigation. Based on the availability of facilities for environmental cleanliness and health-related behavior, the outcome is determined.

The results are discussed based on the objective of the study.

Conclusion:
The following conclusionare drawn from the study of environmental sanitation and health related behavior. The expected survey result supported that the environmental health sanitation is necessary and the proper health related behavior leads to healthy lifestyle.

Future work and challenges:
- The study can be conducted by using large population to generalize the findings.
- A Survey study can be conducted to assess the effectiveness of environmental sanitation and health related behavior. This study can be done in multiple settings.
- A follow up study can be done to find out whether the People are improving environmental sanitation and health related behavior.

Author's contribution statement:
Jinal Patel & Sanjana Patel conceptualized, designed , gathers, analyzed these data and inputs were given by Riya Patel, Saloni Patel, Sakshi Patel, Unnati Patel, Akash Rathod discussed the methodology, results and contributed to the final manuscript.

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Conflict of interest:
Conflict of interest declared none.

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