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PREDICTORS OF POOR HYGIENE IN IBADAN NORTH LOCAL GOVERNMENT AREA OF OYO STATE

By

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Abstract

Poor hygiene has always been a bane and discomfort to the existence of man, the partial origin of diseases, sicknesses and health trauma. The presence of it is so common and usual leaving pathogens in the atmosphere harmful to man. Thus, the need for maintaining good hygiene. This investigated the predictors of poor hygiene in Ibadan North Local Government Area of Oyo State. The descriptive survey research design was used for this study. The questionnaire tagged "predictors of poor hygiene in Ibadan North Local Government Area of Oyo State" was administered to the total sample population of a hundred people which included market men, women, artisans and civil servants who were all residents of Ibadan North Local Government Area of Oyo State. Descriptive and inferential statistics were used to analyse the data collected and the results are as follows: it was discovered that the level of hygiene awareness among residents of Ibadan North Local Government Area of Oyo State was low (Mean=2.32). In addition, it was revealed that the level of hygiene practices among residents of Ibadan was very low. It was also found that there was a significant relationship between illiteracy and poor hygiene ($r = 0.770, p < 0.05$). It was further discovered that there was a significant relationship between socio-cultural demographic factor and poor hygiene ($r = 0.693, p < 0.05$). In addition, it was found that there was a significant relationship between family background and poor hygiene ($r = 0.558, p < 0.05$). Moreover, it was found that there was a significant relationship between socio-economic status and poor hygiene ($r = 0.709, p < 0.05$). On this basis, it was recommended that information should be given in schools, public education and community health centres in order to promote positive hygiene behaviour.

Keywords: Hygiene, Poverty, Illiteracy, Socio-Economic status, Ignorance.

Introduction

Hygiene can be defined as a series or set of practices that is done to keep things healthy and clean or in its proper state. According to the World Health Organization (2020), Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. Hygienic practices vary widely, and what is considered acceptable in one culture might not be acceptable in another. Hygiene in home and everyday life setting play an important part in preventing spread of infections. A pleasant environment that promotes healthful living and is hazard free is a fundamental right of every human being. In a hygienic community not only, the human beings benefit but also animals live a healthy life. To ensure health and fitness it is the responsibility of the community to maintain good hygiene. Research has also shown that illiteracy limits knowledge and practices necessary for self-care, particularly among women. This has a negative impact on household health, hygiene and nutrition (UNICEF, 2017). The effects of illiteracy on health can be divided into the

following categories: consequences in the home, consequences in the workplace and consequences in sexual and reproductive behaviour. There has been records of certain factors leading to poor hygiene in Ibadan North LG. Studies have shown that the residents of Ibadan North may be faced with some factors that leads to the practice of poor hygiene which include Sociocultural demographic factor, Illiteracy, Family Background, Ignorance and Socio-Economic status. To buttress this point, efforts have been made by the by government, universities, stakeholders, students themselves and schools but still the predictors persist. The National Bureau of Statistics (2017) in Ajibola (2017) reported Nigeria's literacy index as of 2017. According to this report, "the states where majority of people can neither read nor write are those in the Northeast, Northwest, and Northcentral" (National Bureau of Statistics, 2017; in Ajibola, 2017)

It has been recorded that Humans, to a large extent, build their own cultural and social environment. Customs, practices and traditions for continued existence and growth are transferred from one generation to another. In such a manner, the constituents of an individual society become accustomed to believe certain "truths" about life around them. Sociocultural demographic factors have been recognized by the WHO (2007) as determinants that greatly influence collective and personal well-being Ekong (2015). Cultural issues play active part in hygiene and sanitation behaviour especially among members of rural communities. Studies have proven that Illiteracy has been linked to poor hygiene outcomes, literacy is the mainstay of any nation's development hence, any nation that fails to prioritize literacy is doomed to fail. "Literacy affects labour quality and flexibility, employment, training opportunities, income from work and wider participation in civic society" (Musingafi and Chiwanza, 2012). Illiteracy poses a serious threat to the overall development of any society, hence is considered a predictor of poor hygiene. Illiteracy constitutes a big mishap to an individual and a society at large. This is why Bakare (2015) stated that "people who are illiterate are far more likely to live in poor hygiene, facing a lifetime marred by poor health and social vulnerability." This means good hygiene and sanitation must start at the grass roots level.

Family is the fundamental institution of organization in society. Families provide the milieu where individuals are born, nurtured, learn to socialize and where an individual's behaviour and views take shape. Socio-cultural traditions and economic influences including those that affect health are extended through families to individuals and impact health behaviour. Interventions designed to modulate education and empowerment of individuals through families are an opportunity for contributing to health development of societies. According to Daramola, (2015), the case of urban environmental sanitation practices in Nigeria, promotion of environmental sanitation quality depends on how households and community see themselves in relation to their environment. It is the ways people perceive the environment that they will treat it. And it is the way the environment is treated that it will in turn support life. He believes that ignorance is one of the major contributions of environmental degradation because each influence people's behaviour and attitudes towards the environment. A community that is ignorant of their action on the environment will likely have wrong perception about the effect of that on their health.

Environmental sanitation is the control of all those factors in man's physical environment which exercise preventing diseases and promoting health and survival. According to experts, environmental sanitation is a set of actions geared towards improving the quality of the environment and reducing the number of diseases (WHO). By doing so, the hope is that living conditions will improve and health problems will decrease. Health is important so much so that it has been declared a fundamental human right in most of the UN member states. Socio-

economic status is the perception of an individual's standing in his social environment such as family, village, community or the larger society (American Psychological Association, 2017). It is most often determined by analysing family income and physical assets. It is a combination of the economic and sociological measures of a person's work experience and of an individual's or family's economic and social position in relation to others, based on income, education, and occupation (Ayinde and Oyesola, 2015).

It is of great importance in assessing the welfare and health of the individuals, families and communities. Socio-economic status can be categorized into high, middle and low, and these describe the three strata which a family or an individual could be grouped (Adegboye, 2016). Families with high socio-economic status often have more success in practicing good hygiene because they typically have more access to resources which enables them to develop such habits. The families with low socio-economic status on the other hand lack the financial, social and educational support that characterizes those with high status. This makes it very difficult for such families to move up to the high socio-economic status, hence, they remain trapped under the vicious circle of poor hygiene. In view of this, a lot of reasons can be given to the practices of poor hygiene and this has necessitated the research work to bring to light the predictors of poor hygiene in Ibadan North Local Government Area.

The studies in Nigeria are not broad-scoped because they seemed to be narrow on either maternal or children health. But this study takes the tasks of examining the general determinants of health status in Nigeria. The following are the cross-countries studies. A panel study using system GMM for 141 developing countries in Asia was carried out by Kamiya, (2011). The results uncovered that GDP per capita and access to improved sanitation were the strong determinants of children- health status. Education and health resources have positive impact on life expectancy while risky lifestyle (tobacco and alcohol use) was harmful to health. While education, socio-economic level, and urban residence are consistently strong predictors of all the maternal health services considered in their study, other determinants of service utilization generally vary in magnitude and level of significance by the type of maternal service - ante-natal care, skilled attendant at birth, and postnatal care.

Imoghele, Ighata, and Obasanmi, (2014) realized that income, consumer price index and female literacy affected infant mortality in Nigeria. Casanova and Bori, (2013) examined the links between unemployment, economic growth, inequality, and health using random effect panel technique and for 32 countries for the 1980-2010 period with five years interval. Their results indicated high economic growth and high levels of inequalities explained the observed health inequality. Ogunleye, (2012) unearthed that alcohol consumption, urbanization, and carbon emission determined child mortality while all these variables and food availability determined life expectancy in the SSA. Akangbe, Asiyebi, Nantami, Adesiji, and Oladipo, (2012) ascertained that level of education, space of family members and safety environment were the major factors responsible for the farmers' health in Kwara state of Nigeria. It is quite clear from the above literatures that there existed a series of studies on the determinants of health status

Statement of the problem

Hygiene deficiency diseases have been found to continue to be a serious public health problem in Ibadan North and people often affected are the residents. Several studies have shown that poor hygiene contributes to cross transmission of microorganisms, gum infections, increased rate of infectious illnesses, incidence of food borne outbreaks and

reproductive tract infections. These have been attributed to inadequate knowledge of good hygiene and its practices. However, there is a gap on the predictors of poor hygiene. Hence the need for this study, the predictors of poor hygiene among the residents of Ibadan North Local Government.

Purpose of the Study

The main objective of the study was to examine the predictors of poor hygiene in Ibadan North Local Government Area, while the specific objectives were as follows:

- a. identify the predictors of poor hygiene in Ibadan North Local Government.
- b. find out the effects of poor hygiene on residents in Ibadan North Local Government.
- c. discover the level of hygiene awareness among residents in Ibadan North.
- d. find out the level of hygiene practices among residents in Ibadan North.
- e. aim at providing solutions to the practice of poor hygiene.

Research Questions

1. What is the level of hygiene awareness among residents in Ibadan North Local Government Area of Oyo State?
2. What is the level of hygiene practices among residents in Ibadan North Local Government Area of Oyo State?

Hypotheses

1. There is no significant relationship between illiteracy and poor hygiene in Ibadan North Local Government Area of Oyo State.
2. There is no significant relationship between socio-cultural demographic factor and poor hygiene in Ibadan North Local Government Area of Oyo State.
3. There is no significant relationship between family background and poor hygiene in Ibadan North Local Government Area of Oyo State.
4. There is no significant relationship between socio-economic status and poor hygiene in Ibadan North Local Government Area of Oyo State.

Methodology

The descriptive survey research design was adopted for this study. The total population of the study comprised all the residents in Ibadan North Local Government Area of Oyo State. Through a purposive sampling technique, 100 residents were selected to constitute the sample out of which 65 were market men and women, 29 were artisans and 6 were civil servants. A self-designed questionnaire tagged "Predictors of Poor Hygiene (POPH)" was used for data collection. The instrument was face and content validated. The instrument was subjected to pilot test and the reliability coefficient of 0.91 was obtained. Data collected were analysed using descriptive statistics such as frequency count, mean, percentage and standard deviation to answer the two research questions while Pearson Product Moment Correlation (PPMC) was used to test the four null hypotheses at 0.05 level of significance.

Findings and Discussion

Research Question 1:

What is the level of respondent hygiene awareness?

Table 1: Level of Respondents Hygiene Awareness

S/N	ITEM	A	S	O	N	Mean	Std. Dev.
1	I listen to radio programmes		80 (80%)	7 (7%)	13 (13%)	1.94	0.44
2	I listen to health-related programmes on radio		69 (69%)	18 (18%)	13 (13%)	2.05	0.55
3	I understand methods of maintaining good hygiene aired on radio	4 (4%)	21 (21%)	12 (12%)	63 (63%)	2.72	0.45
4	I get distracted when listening to hygiene related programmes on radio	49 (49%)	37 (37%)	11 (11%)	3 (3%)	1.13	0.83
5	I use the social media		39 (39%)	5 (5%)	56 (56%)	1.59	0.58
6	I get distracted when viewing hygiene related posts on social media	86 (86%)	14 (14%)			3.86	0.34
7	I understand methods of maintaining good hygiene viewed on social media	14 (14%)	5 (5%)	79 (79%)	2 (2%)	3.70	0.65
8	I prefer viewing hygiene related post to every other post on social media		1 (1%)	15 (14%)	85 (85%)	1.29	0.70
9	I get into hygiene related discussion with friends and family	14 (14%)	39 (39%)	43 (43%)	4 (4%)	2.67	0.76
		STANDARD MEAN= 2.5 WEIGHTED MEAN= 2.32					

*Key: A=Always; S=Sometimes; O=Occasionally; and N=Never

Table 1 shows the level of respondents' hygiene knowledge. The result indicates that majorly 80% of the respondents occasionally listen to radio programmes, 69% of the respondents occasionally listen to health related programmes on radio, 63% of the respondents never understood methods of maintaining good hygiene aired on radio, 49% of the respondents always get distracted when listening to hygiene related programmes on radio, 56% of the respondents never used the social media, 86% of the respondents always get distracted when viewing hygiene related posts on social media, 79% sometimes understand methods of maintaining good hygiene viewed on social media, 85% never prefer viewing hygiene related post to every other post on social media, 82% sometimes or occasionally get into hygiene related discussion with friends and family. In conclusion, the weighted mean of 2.32 against the threshold of 2.50 implies that the respondents had low access to information.

Therefore, the table revealed the level of respondent hygiene awareness was low. This implies that majority of the respondents were ignorant of proper hygiene practices. As evident during the research, majority of the respondents lack proper information, this may be due to their tight schedule as a result of their way of life. This corroborates with Kumwenda's (2019) findings that stated that such lack of information on hygiene leads to poor hygiene practices. Without proper information, implementation of hygiene becomes rather difficult. Black,

Davies, Iskander and Chambers (2018) says that the promotion of good practices in hygiene, accompanied by awareness activities relayed locally and in the long term, allow a real change in behavior which further stressed that the lack of hygiene awareness contributes greatly to poor hygiene practice and if the knowledge exist, the behaviour changes. It has also been identified that some people access hygiene information in parts, thus they are not fully aware of the hygiene benefits therefore making implementation a challenge.

Research Question 2:

What is the level of respondent hygiene practices?

Table 2: Level of Respondent Hygiene Practices

S/N	ITEM	A	S	O	N	Mean	Std. Dev.
1	I clear the bushes in my surroundings	16 (16%)	25 (25%)	59 (59%)		2.91	0.63
2	I dump my refuse in the nearby river	63 (63%)	17 (17%)	12 (12%)	8 (8%)	1.65	0.97
3	I burn my refuse at the backyard of my house	62 (%)	21 (21%)	11 (11%)	5 (5%)	1.57	0.85
4	I dump my refuse in the gutter when raining	49 (49%)	37 (37%)	11 (11%)	3 (3%)	1.68	0.78
5	I wash my water container	11 (11%)	33 (33%)	56 (56%)		2.55	0.68
6	I wash my gutter	9 (9%)	59 (59%)	25 (25%)	7 (7%)	2.54	2.01
STANDARD MEAN= 2.5 WEIGHTED MEAN= 2.15							

*Key: A=Always; S=Sometimes; O=Occasionally; and N=Never

Table 2 shows the level of respondents' hygiene practice as revealed by the descriptive analysis of the responses of the respondents to the set items. The result indicates that majorly 59% of the respondents sometimes clear the bushes in their surroundings, 63% always dump their refuse in the nearby river, 62% always I burn my refuse at the backyard of my house, 49% always dump their refuse in the gutter when raining, 56% sometimes wash their water container, 59% occasionally wash their gutter. In conclusion, the weighted mean of 2.15 against the threshold of 2.50 implies that the respondents had poor hygiene practice. The findings showed that the level of respondent hygiene practices was very low. This is due to the fact that most of the sample population struggle to meet their daily needs and cannot hereby afford to care about hygiene, or that they haven't learnt differently that poor hygiene is an improper practice or rather they are negligent about it. In turn all these have negative effects on the health of the residents. According to Barometer of Water, Hygiene and Sanitation (2016) 2.6 million people die each year from lack of access to drinking water and

sanitation, every 5 minutes. Azupogo, Abdul-Rahaman, Gyanteh (2019) also stated that poor hygiene and sanitation practices are characterised by the manifestation of disease and infections further confirming that poor hygiene practices has a great impact on the health of the residents.

Hypothesis One

There is no significant relationship between illiteracy and poor hygiene in Ibadan North Local Government Area of Oyo State.

The result of the PPMC analysis is presented in the table below

Table 3: Significant relationship between illiteracy and poor hygiene

Variables	N	\bar{X}	SD	r	P	Remarks
Illiteracy	100	16.700	2.916	.770	.020	Sig
Poor Hygiene	100	18.708	3.155			

S – Significant at 0.05

The result on table 3 showed that there was a significant relationship between illiteracy and poor hygiene in Ibadan North Local Government Area of Oyo State ($r = 0.770$, $p < 0.05$). Hence, the null hypothesis was rejected. This is not surprising as it corroborates the finding of Martínez, Rodrigo, Fernández, Andrés under UNESCO (2010) that illiteracy not only limits the full development of individuals and their participation in society, but also has repercussions throughout life, affecting a person's family environment, restricting access to the benefits of development, and hindering the enjoyment of other human rights. Evidence from the participants' demographic data, the larger percentage of the respondents were not educated, thus showing the level of literacy among residents. Illiteracy has been revealed to be one of the factors responsible for poor hygiene in the study. This relates with Burchfield's team (2002) findings, who in Bolivia found out that literacy programmes have a significant impact on the acquisition of health-related habits and knowledge.

Hypothesis Two

There is no significant relationship between socio-cultural demographic factor and poor hygiene in Ibadan North Local Government Area of Oyo State.

The result of the PPMC analysis is presented in the table below

Table 4: Significant relationship between socio-cultural demographic factor and poor hygiene

Variables	N	\bar{X}	SD	r	P	Remarks
Socio-cultural demographic factor	100	13.193	1.852	.693	.000	Sig
Poor Hygiene	100	18.708	3.155			

S – Significant at 0.05

The result on table 4 showed that there was a significant relationship between socio-cultural demographic factor and poor hygiene in Ibadan North Local Government Area of Oyo State ($r = 0.693$, $p < 0.05$). Hence, the null hypothesis was rejected. This implies that Socio-cultural demographic factor influenced poor hygiene in the respondents. It could be deduced from our study that socio-cultural factor is a significant factor contributing to and influencing the poor hygiene practices of people of Ibadan North Local Government. According to Wasonga, Okowa, Kioli (2016), sociocultural factors have been found to play a major role in the adoption of different attitudes or perception to water and sanitation use as well as hygiene practices. This relates to the study of Simóe, Crespo, Moreira, and Varum, (2012) which disclosed that gender, age, education, region of residence, and ethnicity were the critical determinants of hygiene practices.

Hypothesis Three

There is no significant relationship between family background and poor hygiene in Ibadan North Local Government Area of Oyo State.

The result of the PPMC analysis is presented in the table below

Table 5: Significant relationship between family background and poor hygiene

Variables	N	\bar{X}	SD	r	P	Remarks
Family background	100	15.361	2.204	.558	.001	Sig
Poor Hygiene	100	18.708	3.155			

S – Significant at 0.05

The result on table 5 showed that there was a significant relationship between family background and poor hygiene in Ibadan North Local Government Area of Oyo State ($r = 0.558$, $p < 0.05$). Hence, the null hypothesis was rejected. This implies that family background influenced poor hygiene in the respondents. In line with this, Open University (2017) stated that hygiene is that which is widely practised at the individual level and at home therefore if one exhibits poor hygiene practices it may be due to the unbalanced upbringing they had or the kind of home they came out from. This goes in line with Sahin and Erkal (2014) findings in their study on relationship of family background and hygiene, of which they claimed “income levels of the family increase, life styles of the individuals will be better, they will live in better conditions, they will obtain the conditions necessary for hygiene easier, and therefore, this will affect their hygiene behaviours in a positive way”.

Hypothesis Four

There is no significant relationship between socio-economic status and poor hygiene in Ibadan North Local Government Area of Oyo State.

The result of the PPMC analysis is presented in the table below

Table 6: Significant relationship between socio-economic status and poor hygiene

Variables	N	\bar{X}	SD	r	P	Remarks
Socio-economic status	100	14.580	1.873	.709	.000	Sig
Poor Hygiene	100	18.708	3.155			

S – Significant at 0.05

The result on table 6 showed that there was a significant relationship between socio-economic status and poor hygiene in Ibadan North Local Government Area of Oyo State ($r = 0.709$, $p < 0.05$). Hence, the null hypothesis was rejected. It can be deduced from the study that socio-economic factor is a significant factor contributing to and influencing the poor hygiene practices of the people of Ibadan North Local Government. This corroborates the findings of Lordan, Soto, Brown and Coreavalez, (2011) that income has positive effect on hygiene practice and health outcome. Furthermore, in light of practicing sound hygiene, items like soap, sanitizer, insecticide amongst others are needed to be purchased and the procurement of these hygiene enhancer is tied to the socio-economic status of such individual. The finding was also supported by the findings of Hatcher (2004) that there is significant relationship between socio-economic status and poor hygiene.

Conclusion

Based on the finding of the study, it could be concluded that majority of the respondents were ignorant of proper hygiene practices. The level of hygiene practices displayed by the respondents were very low thus revealing them as people with poor hygiene. Socio-cultural factor is a significant factor contributing to and influencing the poor hygiene practices. More so, family background, illiteracy and socio-economic factor are factors that contributes and influences the poor hygiene practices of the people.

Recommendations

Based on the findings, the following recommendations are made:

1. It is recommended that the government orientates the masses on proper hygiene from time to time, the publicity should be done by all means of communication, most importantly, physical and home to home publicity should be employed to reach those who do not have access to internet and social media.
2. Information on hygiene should be given in schools, public education centers, community health centers through media in order to promote positive hygiene behaviour.
3. Awareness should also be made that irrespective of socio-economic status or socio-cultural norms, proper hygiene should be taken as a personal effort which will in turn lead to a collective result.
4. Each family should be keen to practicing positive hygiene behaviour as charity begins at home. Parent should also strive to inculcate in their children the habits of practicing good and proper hygiene, driving in the consciousness the ills and omen of poor hygiene practices and its effect on the society at large.
5. Religious institutions should strive to educate each and every of their member to take responsibility in ensuring positive hygiene behaviour drawing emphasis on how good hygiene contributes to the relationship one has with deity therefore inculcating the values of practicing proper hygiene and instilling the knowledge that otherwise the implication is costly and dangerous.

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