

Focus Group Discussion on Hand Hygiene of General Population

¹Dr. Maitri Chaudhuri, ²Dr. Debanjit Das.

PGT, G.R. Medical College, M.P. India.

Email ID: debanjitzd@gmail.com.

Abstract:

Proper hand hygiene also acts as important role in Infection Prevention and Control (IPC). To raise awareness of the value of hand hygiene in healthcare among the general population and to unite people in favour of better hand hygiene. To explore the behavioural determinants of hand hygiene among the general population. Focus group discussions were transcribed verbatim based on the WHO questionnaires. Thematic analysis was independently conducted by the 2 (two)investigators. Focus group Discussions revealed gaps in knowledge among participants; most Participants reported self-protection as the primary reason and Limited access to hand hygiene barrier for regular practice. Study result Confirmed that, hand hygiene is practiced for personal protection, limited access to get the things is a barrier specially for rural habitant.

Key Words: Focus group, hand hygiene, thematic analysis, general population.

Introduction: “Quality care is Clean Care: it’s on your Hand” (WHO,2019). One of the main strategies for halting the spread of respiratory illnesses is hand hygiene (HH), which is the practice of washing hands to lower the microbial load¹.

Proper hand hygiene also acts as important role in Infection Prevention and Control (IPC)².

Background of the study: The practice of washing one's hands with soap and water both before and after consuming meals is known as "good hand washing." The first essential step in self-defence, according to the WHO, is to regularly wash your hands with soap and water or cleanse them with an alcohol-based hand rub.⁴.

One out of ten impacted patients will, on average, pass away as a result of their Health care Associated Infection⁵.

Newborns and those in critical care are especially vulnerable.

Aim of the study: To raise awareness of the value of hand hygiene in healthcare among the general population and to unite people in favour of better hand hygiene. **Objective:** To explore the behavioural determinants of hand hygiene among the general population. **Study**

Design: Qualitative study based on 9(nine) focus groups. **Setting:** Urban and Rural Health Sub-Centre under 2(two) District of Tripura.

Sample and Sampling: 94(ninety-four) adults both male and female study participants attending Rural Health Care Centre were included in the study purposively.

Methodology: **9 (nine) Focus group discussions** in 2 Districts has been conducted among the study participants using semi-structured questionnaire based on the WHO guideline to identify the knowledge and practice among participants. One group composed of 10 participants. Participants in the study were informed about the research and anonymity was guaranteed.

To make it easier for all field workers to be available, the FGD was held separately throughout the working day in each district at the chosen Sub-centers. The entire FGD session was conducted using a voice recorder.

The talks were moderated by a field worker who had received training from the researcher and one of the multi-purpose supervisors in each district. Functioning as a field note-taker, the researcher also controlled the audio recorder and recorded participant interactions, including nonverbal cues. Each FGD lasted anything from 30 to 50 minutes.



Source: WHO guideline (2019).

Result:

Table 1: Socio- economic variables of the study participants**N=94**

Sl. No.	Socio-economic variables	Categories	Frequency	
			Values	Percentage
1	Age	18-28	42	44.7
		29-38	35	37.2
		39-48	17	18.1
2	Sex	Male	37	39.4
		Female	57	60.6
3	Religion	Hindu	70	74.5
		Muslim	18	19.1
		Christian	6	6.4
		others	0	
4	Education	Illiterate	12	12.8
		Primary	18	19.1
		High School	42	44.7
		Graduate	22	23.4
5	Occupation	Cultivation	56	59.6
		Government job	8	8.5
		Private job	30	31.9
6	Place of living	Urban	34	36.2
		Rural	60	63.8
7	Monthly income	<5000	14	14.9
		5000 to 10000	33	35.1
		>10000	47	50

Thematic Analysis:**Theme 1: A definite obligation with some leeway**

Core elements have been combined under this theme includes knowledge, responsibilities, and intentions.

The majority of study participants were aware of and at ease with the WHO guidelines.

"I wash my hands thoroughly just like that. To turn off the faucet, I typically use my hand".

The participants acknowledged that it was their duty to make an effort to practice good hand hygiene:

"It is the duty of every individual to practice proper handwashing in order to prevent the spread of germs."

The majority of study participants stated that it was simple for them to do so. Even though, a number of participants acknowledged that they didn't conform to those same recommendations.

"I think I wouldn't want to, but I could do it."

Some of the study participants express their satisfaction after washing hands, the positive feeling, and the conviction behind the behaviour.

"I seemed to have concern for another human being. Because I value his and my own health, I don't want to give him or receive infections from him".

Some participants explored regarding Negligence and laziness, busy lives (Control beliefs).

Theme 2: The significance of location and time in handwashing

Constructs were prevalent: Categorized under this theme: memory, attention, and decision-making processes; resources and environmental context. Time restraints, geographic location, and a lack of resources all found it challenging to fully follow handwashing guidelines.

"The surroundings and activities around me seem less hygienic and more crowded."

Many participants recorded both internal and external signals to action, such as when they needed to wash their hands or as a reminder.

More reminders might be needed, according to some, but a small percentage questioned the signs' efficacy:

"I wash my hands in the restroom, before eating, after coming in from the outdoors, and after coming into contact with something 'dirty.'"

Theme 3: An accepted social norm that everyone supports

This theme was categorized as social influences; and government credibility and health messaging. Although many respondents expressed gratitude for the government's handwashing initiatives, some issues were brought up as well:

"I definitely feel obligated by society to practice good hand hygiene, and government officials' and public health professionals' instructions represent as a useful reminder of the significance of good hand hygiene."

The government must make sure that everyone has access to clean water and understands the significance of hand washing; simply by advertising is insufficient.

We watch instructional videos / Television show on infection prevention and control strategies including handwashing.

The general consensus among young adults was that their culture and community highly influenced the advancement of proper hand hygiene.

Theme 4: lifestyle and standard of living

This theme includes individual affiliation, social cognition and perception.

Those who engage in agriculture, producing living things for food or raw materials, cultivating vineyards, field crops, orchards, poultry, or other livestock, and so on, explained that:

"I frequently work in cultivation because it is our duty as farmers to ensure that fresh fruits and vegetables are available. Farmers are essential to human civilization's survival".

Farm life may appear to be a very demanding and time-consuming way of life. However, these participants were ultimately content and joyful.

An Indian farmer puts in a lot of effort. He rises early, grabs his plough, and heads to his field with his cattle before the sun has even come up.

A few participants exhibited irritable conduct.

"I thought that even if I followed all of these hand washing instructions, my hands would never be clean."

"At the end of the day, I thoroughly wash my hands with soap and or detergent while taking a bath."

Focus group discussions exposed knowledge gaps among research participants; the majority cited self-defense as the main justification, and limited access to hand hygiene resources prevented frequent practice. Participants also reported that hygiene practices influenced their own attitudes and practices.

Discussion: Numerous studies assessed how well hand hygiene practices can prevent or manage childhood illnesses. Explored barrier and limited resources [7].

Conclusion: The study revealed hand hygiene is practiced for personal protection, that limited access to supplies is a barrier. Clean, safe hands are the result of a dedication to the water supply, soap, clean towels, and alcohol-based hand rub.

Acknowledgement: Both the author was great full towards study participant and health worker who have been cooperated to conduct this study.

Conflict of Interest: No conflict among the authors.

Financial Support: No kind of financial support accepted by the researchers from any source.

Reference:

1. **World Health Organisation.** "World Hand Hygiene Day 2023." *Www.who.int*, 2023, www.who.int/campaigns/world-hand-hygiene-day/2023.
2. **WHO.** "Key Facts and Figures." *Www.who.int*, 2023, www.who.int/campaigns/world-hand-hygiene-day/2023/key-facts-and-figures.
3. **World Health Organization.** "First-Ever WHO Research Agenda on Hand Hygiene in Health Care to Improve Quality and Safety of Care." *Www.who.int*, 12 May 2023, www.who.int/news/item/12-05-2023-first-ever-who-research-agenda-on-hand-hygiene-in-health-care-to-improve-quality-and-safety-of-care.
4. **Gozdzielewska, Lucyna, et al.** "The Effectiveness of Hand Hygiene Interventions for Preventing Community Transmission or Acquisition of Novel Coronavirus or Influenza Infections: A Systematic Review." *BMC Public Health*, vol. 22, no. 1, 2 July 2022,

www.ncbi.nlm.nih.gov/pmc/articles/PMC9250256/, <https://doi.org/10.1186/s12889-022-13667-y>.

5. **Tartari, E., Garlasco, J., Mezerville, M.Hd. et al.** Ten years of hand hygiene excellence: a summary of outcomes, and a comparison of indicators, from award-winning hospitals worldwide. *Antimicrob Resist Infect Control* **13**, 45 (2024). <https://doi.org/10.1186/s13756-024-01399-0>.
6. **Suen LKP, So ZYY, Yeung SKW, Lo KYK, Lam SC.** Epidemiological investigation on hand hygiene knowledge and behaviour: a cross-sectional study on gender disparity. *BMC Public Health*. 2019 Apr 11;19(1):401. doi: 10.1186/s12889-019-6705-5. PMID: 30975130; PMCID: PMC6460727.
7. **Thaivalappil A, Young I, Pearl DL, McWhirter JE, Papadopoulos A.** “I Can Sense When My Hands Need Washing”: A Qualitative Study and Thematic Analysis of Factors Affecting Young Adults’ Hand Hygiene. *Environmental Health Insights*. 2022;16. doi:10.1177/11786302221129955.
8. **Braun, V. and Clarke, V. (2006)** Using thematic analysis in psychology. *Qualitative Research in Psychology*, 3 (2). pp. 77-101. ISSN 1478-0887 Available from: <http://eprints.uwe.ac.uk/11735>

