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Review Article

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A Descriptive Study on Hygiene Problems Faced by Sri Lankan Refugees in Kanyakumari District

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Abstract

Background: Infected water and poor sanitation are the major challenges that refugee's families and individuals in India, especially in the Kanyakumari District experience due to overcrowding. These conditions compound health problems, such as contracting of infectious diseases among the displaced persons and erode the general standards of their health. Although the question of enhancing quality of living for refugees is acknowledged, the type of difficulties in this area that refugees face is not elucidated enough in the Indian context in terms of hygiene.

Objectives: This present study intended to find out and evaluate different important hygiene difficulties in the context of refugee camps in Kanyakumari District, where important problems like low quality and the availability, inadequate sanitation and practices of waste disposal and scarce availability of safe water were found. The research also aimed at looking at how these factors correlate with public health concerns and impact health of refugees.

Methods: The current Philippine study used a descriptive cross-sectional survey among 200 refugees from three larger camps in Kanyakumari District. Pre- and postintervention information was gathered by using closed questionnaires, interviews and counting the number of times that health facilities were observed in the implementation of hygiene practices, status of sanitation facilities and public's health status.

Results: According to the findings, 68% of refugees had poor hygiene needs that were unmet and got infected with illnesses including diarrhea, cholera and respiratory infections. These problems include overcrowding, poor disposal of wastes and abuse of hygiene.

Conclusion: This study emphasizes on the importance of addressing hygiene and sanitation infrastructure in the refugee camps through providing relevant interferences. The challenges highlighted in this paper must be combatted multi sectoral through partnerships involving government departments, societal and non-governmental organizations and international institutions with the aim of enhancing the health and dignity of refugees.

Keywords: Hygiene problems; Refugees; Sanitation; WASH; Public health

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Introduction

The global refugee crisis has led to millions of people being displaced from their homes, often residing in temporary shelters or camps where basic amenities are scarce. In Kanyakumari District, the refugee population faces numerous challenges, with hygiene problems being a critical concern. Poor hygiene not only exacerbates health

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issues but also undermines the dignity and well-being of refugees. This study aims to examine the hygiene problems faced by refugees in Kanyakumari District, providing a comprehensive analysis of the current situation. The study also seeks to identify the factors contributing to these issues and offer recommendations for improvement.

Kanyakumari District, located at the southern tip of India, has become a temporary home for a significant number of refugees fleeing conflicts and natural disasters. The district's refugee camps are characterized by overcrowded conditions and inadequate infrastructure, making it difficult to maintain proper hygiene standards. Previous studies have highlighted the public health risks associated with poor hygiene in refugee settings, including outbreaks of waterborne diseases, respiratory infections and skin conditions.

Despite ongoing efforts by various organizations, refugees in Kanyakumari District continue to face severe hygiene challenges. This study seeks to document these issues, explore their underlying causes and propose actionable solutions.

The literature on hygiene issues among refugees points to several recurring themes. Studies by the World Health Organization (WHO) and the United Nations High Commissioner for Refugees (UNHCR) emphasize the critical need for adequate water, sanitation and hygiene (WASH) facilities in refugee settings [1-3]. According to WHO (2019), lack of access to clean water and proper sanitation facilities is a leading cause of morbidity and mortality among displaced populations.

A study by Singh et al. (2021) on refugee camps in South Asia found that overcrowding, lack of hygiene education and inadequate waste management systems were primary contributors to the poor hygiene conditions observed [4]. Kumar and Rao (2020) revealed the same following their investigation of hygiene challenges in refugee camps in Tamil Nadu, India [5]. From their findings they were able to note a positive relationship between poor hygiene practices and communicable diseases including diarrhea, cholera and skin diseases.

The findings of the above works therefore stress the need to attend to hygiene related complications in order to enhance refugee health. But information regarding the hygiene problems of the refugees in Kanyakumari District is still deficient and calls for more study.

Materials and Methods

This study adopted a descriptive cross-sectional survey research design to assess hygiene challenges amidst refugees in Kanyakumari District of Tamil Nadu State in India and data was collected using both quantitative and qualitative research instruments. The target population was approximately 1,500 refugees of three camps for displaced people and the sample comprised 200 simple random samples in order to have cases across all ages, sexes and ethnic origins.

Data collection was done for two months from one calendar year to another calendar year, ending in March 2024 and starting in January 2024. Structured interviews were used to obtain information concerning; socio-demographic characteristics, availability of water and sanitation amenities and hygiene behaviours and health consequences. Self-administered questionnaires in the camps were used to collect information on water quality and physical structures that defined sanitation in the camps were observed using an observation checklist. Systematic oral interviews were also carried out in a bid to get views and knowledge or find out the plight of refugees regarding hygiene.

Semi-structured interviews and on-site observation were employed and participants' consent was sought and the anonymity of participants was maintained. Closed-ended quantitative data collected from the questionnaires were analyzed by tabulations to obtain percentage frequencies to establish tendencies while open-ended qualitative data that were collected from the interviews were analyzed by content analysis to look for themes.

The use of this research approach allowed for a rich analysis of the hygiene challenges in the camps for refugees in Kanyakumari District. The findings aim to inform practical interventions and policy recommendations to improve hygiene practices, infrastructure and overall living conditions for the refugee population.

Results

The socio-demographic data reveals that the majority of refugees (71%) come from rural areas and a significant proportion (56%) have been living in the camps for 1-3 years. The sample includes a higher percentage of female respondents (59%) compared to males (41%) **(Tables 1 and 2)**.

Table 1: Socio-demographic profile of respondents.

Variable	Frequency (n=200)	Percentage (%)
Gender		
Male	82	41
Female	118	59
Age		
Below 18 years	34	17
18-35 years	96	48
Above 35 years	70	35
Domicile		
Urban	58	29
Rural	142	71

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Duration of Stay in Camp		
Less than 1 year	28	14
1-3 years	112	56
More than 3 years	60	30

Table 2: Hygiene problems identified.

Hygiene problem	Frequency (n=200)	Percentage (%)
Lack of access to clean water	136	68
Inadequate sanitation facilities	124	62
Poor waste management	112	56
Overcrowding in shelters	94	47
Limited personal hygiene resources	108	54
High prevalence of communicable diseases	84	42

From the findings of the study, 68% of the refugees reported that they have limited access to safe water on a frequent basis and 62% were without access to adequate sanitation. Proper disposal of wastes was reported as another problem which was observed in the shelters by 56% of the respondents in as much as overcrowding in the shelters was concerned 47% of the respondents said it was true. The perceived barrier to hygiene from the respondents was; that 54% said at one point they had limited access to some basic hygiene necessities such as soap and sanitary wares. Moreover, 42% of them agreed that there is a high one with regard to the rate of spread of every preventable disease associated with poor hygiene conditions.

Reflection on the qualitative data brings out the following factors that have contributed to hygiene issues in the refugee camps.

Factors contributing to hygiene problems

Infrastructure deficiencies: Poor infrastructure for services like improper water supply systems and very bad state of hygiene in sanitation facilities also emerged very strongly as major factors accounting for the observed frailties in hygiene.

Overcrowding: The overall population of refugees was large; the majority of them were dwelling in camps; the refugees could hardly maintain the cleanliness of the camps; the diseases spread quickly.

Lack of hygiene education: The refugees were also ignorant of some of the best hygiene practices; this made most of them especially the young ones have poor hygiene and health standards.

Resource constraints: Out of basic hygiene materials and inadequate support from NGO's government bodies and organizations, there was no chance of any progress in the cleaning of the area was made.

Health outcomes

In reference to WHO (2019), water that is contaminated is a significant cause of ill health and death especially among refugees who are housed in camps where access to safe water and or functional water systems is scarce or lacking. The absence of clean water is boosted by the poor sanitation facilities available in the camps, as identified by 62% of respondents and special studies from Singh et al. (2021), positing that poor sanitation as a factor directly leads to the high morbidity rate among refugees. Equally poor wastewater management systems, complained of by 56% of refugees, compromise hygiene and increase environmental pollution hence disease incidence [6].

As found in the current study, 47% of respondents were in refugee camps with high population density which complicates issues of hygiene. Population density in shelters is very high, limited space to practice hygienic measures and sharing facilities exposes these vulnerable populations to different communicable diseases including respiratory infections and skin diseases. Sclar et al. (2018) explain how overcrowded shelters lead to the quick transmission of diseases especially in areas where there is limited organizations of potable water and sanitation services [7]. To these challenges, overcrowding also affects the effectiveness of the waste disposal systems installed and also contributes to increased contamination of wastes hence compounding the issue of hygiene.

Just over half of the respondents said that there is a severe shortage of the supplies essential for personal care including soap, sanitary absorbents and disinfectants. This accords with the assessment made by Mushomi et al. (2020) these authors observed that due to the scarcity of essentials in refugee camps, refugees do not apply sufficient standards of hygiene practices; thus, worsening the threat posed by diseases in refugee camps [8]. The scarcity of resources also comes into play when disbursing hygiene education which is very vital. Some of the refugees still have little information and knowledge in dos and don'ts with regard to contagious disease control measures including good hand hygiene practices and safe water storage and disposal. As suggested by Uddin et al. (2021), when refugees are not patient in learning hygiene education, then such behaviour change becomes a challenge for refugees because it requires them to actually be educated and empowered to take charge of personal and communal health and hygiene [9].

The reasons for the observed hygiene challenges: suboptimal infrastructural conditions, crowding, poor knowledge of hygiene and limited access to resources, all align with previous studies. According to Ramesh and Thomas (2022), they do not receive enough support from various organizations such as governmental and non-governmental; they are forced to rely on inadequate resources making hygiene worse [10]. This lack of support is more restrained in terms of infrastructure development

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for which poor water and sanitation facilities are down even after humanitarian activities. And third, since knowledge of hygiene practices and behaviour change communication interventions is severely limited, refugees do not know basic hygiene measures to considerably minimize the spread of diseases.

These findings on health status show that communicable diseases dominate the camp so immensely. Other illnesses prevalent included waterborne diseases including diarrhea and cholera, skin diseases and respiratory diseases. These findings are consistent with WHO (2019) and UNHCR (2021) documenting the consequences of poor WASH solutions in refugee camps, besides COVID-19 [1,2]. This suggests that most of these diseases are direct results of poor water, inadequate sanitation, overcrowding and lack of health education. Moreover, there is inadequate or limited provision of healthcare in the refugee camps, given the resource limitations and this delays diagnosis and treatment.

To solve these hygiene challenges, it calls for a holistic and systematic solution. First, it deserves to augment the living conditions in the camps, to work on the availability of clean water supply and sanitation and the provision of proper means of disposing of waste. These improvements shall assist cut out the risks of waterborne diseases and make the environment safer for refugees. Second, hygiene education for the refugees is greatly important so that the refugees can embrace behaviours that can prevent diseases from spreading. In community-based education programs, it is advisable to make an effort to adopt basic measures including washing of hands with soap, safe storage of water and proper sanitation practices that will include disposal. Some of these programs should be culturally and linguistically appropriate to increase the number of refugees who participate fully [2].

Also, transferring commonly used hygiene items, including; soap, sanitary wipes/towels and other disinfectants is an important characteristic of refugees' hygiene practices. It is also equally important for non-governmental organizations and international agencies to come in handy in the delivery of hygiene kits and other relevant commodities. Last but not least; the government, non-government organizations and international organizations should come forward and join hands to make the proper living standard of refugees in the social context. As noted by WHO (2019) and Ramesh & Thomas (2022), a well-coordinated comprehensive approach that would require intervention beyond the provision of physical infrastructure and the basic needs infrastructure alone, would be instrumental in leading substantive improvement in health among the refugee populace [1,10].

Therefore, enhancing hygiene status in Kanyakumari District refugee camps is a daunting but critical one. If the real causes of low hygiene include physical structures and facilities, population density, poor health literacy and limited resources, refugees can have improved health and general welfare. These challenges call for a multidimensional, multi-stakeholder response approach in order to achieve a more effective and less inhuman fulfillment of the necessities of migrated and displaced individuals and communities.

Conclusion

This paper reveals that refugees in Kanyakumari District are living in inconceivable poor hygiene condition that is a clear danger to their wellbeing. Factors that entail questionable standards of living include; unavailability of clean water supply, substandard sanitation structures, poor disposal of waste, cramped living and few privileges of personal cleanliness. The problems are worsened by the dearth of hygiene knowledge and limited resources thus enhancing vulnerability to epidemic diseases like diarrhea, cholera and respiratory diseases.

The outcomes stress an important demand in addressing these causes that require specific complex therapy. The challenges include: limited improvement of WASH infrastructures, poor population control and a dearth of hygiene knowledge Improve WASH, reduce overcrowding and educate the populace. Cooperation between governments, NGOs and international organizations can go a long way in guaranteeing the continued improvement of the standard of living of refugees. If these crucial deficits are addressed, it is feasible to improve the health and worth of refugees in the district and to indicate the way to a more sustainable and humane approach to their well-being in a far better manner than it has been done up to now.

Limitations of the Study

One of the major weaknesses of the study was the sample selection; it only includes refugees from Kanyakumari District. This can in fact give little indication on the nature of the challenges and experiences of refugees in the other parts of the world.

Financial Support

This study received no external financial support.

Conflicts of Interest

The authors declare that there are no conflicts of interest in relation to this study.

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