

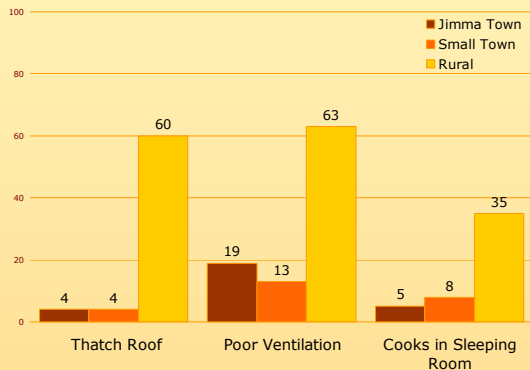
Hygiene in Jimma Zone

This Policy Brief documents non-hygienic practices of Ethiopian households by place of residence and identifies factors that increase hygienic practices.

Based on data from Round 1 (September 2005-March 2006) of the Jimma Longitudinal Family Survey of Youth

Family homes are the primary locations for individuals' activities and livelihoods. Unsafe health conditions in households can expose families to germ vectors that increase illness and the likelihood of death. Increased exposure to disease is associated with the use of materials that support high levels of bacteria, lack of adequate ventilation, and close contact with farm animals that may be diseased or carry germs.

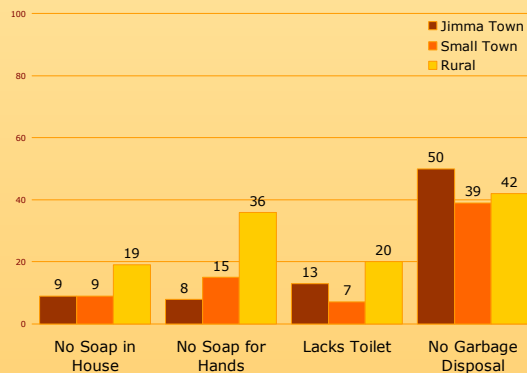
Personal hygiene depends on the availability and use of soap, sanitary toilets, and safe garbage disposal. Access to clean water is essential for the health of family members, particularly for children.



Hygiene in the Home

Rural residents far more often live in houses that are unhygienic. Nearly two-thirds of rural houses have thatch roofs and poor ventilation. One-third of rural households cook in the same room they use for sleeping.

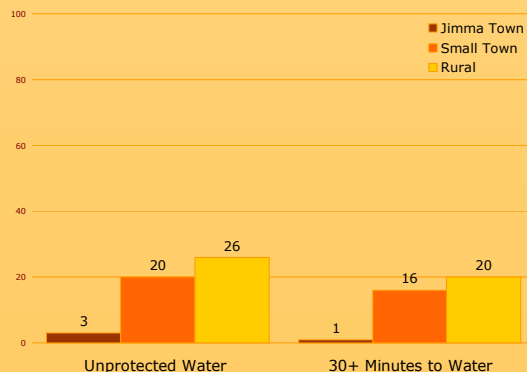
Fewer than one-fifth of the houses in urban areas are unhygienic.



Bacterial Exposure

Most households have soap in the home, although many rural households use their soap only for washing clothes and not for washing hands. More than four-fifths of households have toilets or latrines. This is true of rural residents as well as city residents.

Forty percent or more of households do not incinerate their garbage or dump it in a garbage site. Garbage disposal is particularly a problem in Jimma Town, where one-half of all households lack sanitary garbage disposal.



Water Safety

Safe and accessible water is available to nearly all Jimma Town households. Between 20% and 26% of households in small towns and rural areas lack safe and accessible water.

It is important for policy makers to be aware of factors that can improve hygienic environments. Does place of residence determine hygienic environments? Are families that are better off able to afford more hygienic environments?

We use multiple regression models to identify factors that promote hygienic housing, sanitation, and water use. In these models, urban assets include a functioning television, clock, stove, sofa, and spring or sponge mattress. Rural assets include a functioning radio, tape recorder, table, and a chair or stool. Business assets include number of oxen, cows, goats and sheep, and horses and mules and one or more cart (*gari*).

	Housing	Sanitation	Water
	(regression coefficients)		
Urban Household Assets	0.01	0.16	0.02
Rural Household Assets	0.30	0.26	0.08
Production Assets	0.04	0.02	-0.01
Small Town vs. Jimma Town	0.03	0.10	-0.60
Rural vs. Jimma Town	-1.02	-0.17	-0.72

Rural residents have less hygienic housing than residents of towns. Small town and rural residents are disadvantaged relative to residents of Jimma Town in their access to sanitation facilities and protected water.

Rural residents with higher socioeconomic status have better housing hygiene, sanitation facilities and practices, and safe water access, somewhat buffering them from the negative effects of living in rural areas. Urban residents of higher socioeconomic status buy better access to sewage and garbage disposal and are more likely to use soap for washing hands.

Policy Recommendations

While further improvements are possible, most households in Jimma Zone have adequate housing structures and access to protected water supplies. The major environmental problem creating health risks for all persons in Jimma Zone is the lack of adequate facilities for the safe disposal of sewage and garbage.

Policies to improve sanitary facilities would greatly improve the health of Jimma Zone residents. This requires major public works projects. For rural households, policies to encourage the use of non-organic roofing and large openings for ventilation in houses could substantially reduce exposure to disease in the home. This is particularly critical for the poorest rural households. A community-based campaign to encourage the use of soap for washing hands is necessary.

Public health and development interventions in the Jimma Zone of Ethiopia have the potential to greatly improve the hygiene of its residents.

The Jimma Longitudinal Family Survey of Youth

The Jimma Longitudinal Family Survey of Youth (JLFSY) began in 2005. It is representative of Jimma Town, the small towns of Yebu, Serbo, and Sheki, and nearby rural areas. The stratified sample includes 3500 households and 2100 boys and girls ages 13 to 17, yielding about 700 adolescents each for Jimma Town, the small towns, and the rural areas. Household data were collected from the household head or the spouse of the head. Adolescents were directly interviewed. Questionnaire data were collected by trained interviewers in the Amharic and Oromifa languages.



Jimma Zone in Ethiopia

The JLFSY is an interdisciplinary effort by specialists in epidemiology, community health, biostatistics, demography, sociology, and economics. The study examines critical challenges that youth face such as health, education and training, employment and earnings, forming families, and becoming productive citizens. A special focus of the study is on key sources of support for youth as they meet these challenges including parent and kin investments, household resources, parent and kin guidance, local community infrastructure, and informal support networks.

Funding for this research is generously provided by grants from the David and Lucile Packard Foundation, the Compton Foundation, and the Andrew W. Mellon Foundation.

This research is being conducted by faculty and students affiliated with the **Partnership in Improving Reproductive Health**



Jimma University
DPFH · Department of Population and Family Health
Jimma · Ethiopia



Brown University
PSTC · Population Studies and Training Center
Box 1836 · Providence · RI · 02912 · United States · <http://www.pstc.brown.edu>