

**HOUSEHOLD HYGIENE AND SANITATION IN BUGIRI DISTRICT:  
PRACTICES AND CHALLENGES**

**BY**

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**REG NO: 2004/HD14/2652U**

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**A RESEARCH REPORT SUBMITTED IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF A MASTERS DEGREE IN SOCIAL  
SECTOR PLANNING AND MANAGEMENT OF  
MAKERERE UNIVERSITY**

**DECEMBER 2010**

## **ABSTRACT**

The study examined the practices and challenges faced in the promotion of household hygiene in Bugiri district. It was guided by the following objectives:

1. Establish the status of household hygiene and sanitation in Bugiri district.
2. Examine the existing community best practices that promote hygiene and sanitation at household level.
3. Assess the existing mechanisms that foster community involvement in the promotion of household hygiene and sanitation.

It was a descriptive cross sectional study design that used both qualitative and quantitative methods of data collection and analysis. A total of 103 selected household heads/spouses were interviewed plus other key informant respondents that were selected from HUMCs, PDCs, VHTs, LCI executives, health personnel and local politicians. The respondents of the individual questionnaires were selected by use of random sampling while the key informants were purposively selected due their positions and role in the promotion of household hygiene and sanitation. The researcher used semi structured interviews along with observation, key informant interviews, focus group discussions and documentary review as methods of data collection. All the quantitative data was analyzed by use of SPSS software while the qualitative data was analyzed by identifying the major themes of the study according to the study objectives and relating them with the participants' responses.

It was found out that the status of household hygiene and sanitation had improved to 81.6% compared to the 72 % during the 2002 Uganda Housing census Bugiri district Report. The common practices in the promotion of household hygiene and sanitation included construction and use of pit latrines, keeping water containers clean and washing hands before and after meals. It was also revealed that key mechanisms that fostered community involvement in the promotion of household hygiene and sanitation included radio programmes, LCs visits, water user committees' activities and health workers' visits. Other community structures like PDCs, HUMCs and VHTs were not effective as they

lacked knowledge of their roles and responsibilities in the promotion of household hygiene and sanitation. The study findings further established that households whose household head had attained some level of education, was married, had a stable income/employed and had access to an improved water source had better hygiene and sanitation levels. It was therefore evident that water and sanitation sector had a stake in the promotion of household hygiene and sanitation and poverty too had a negative correlation to household hygiene and sanitation.

In general terms, it was concluded that the framework and structures for improvement of household hygiene and sanitation were in place however, gaps existed in capacity building of these structures, limited budgets, logistical bottlenecks and weak leadership due to biases among the local politicians. The observed low coverage could also be attributed to other factors that were outside the scope of this study. Having reached the above conclusion, it was thus important that the relevant ministries and the local governments should reorganise and redirect their efforts towards strengthening the existing structures and addressing the prevailing financial, logistical and leadership limitations in the entire system so as to realise an improved and sustainable hygiene and sanitation status at household level.