



The Role of Hygiene and Sanitation to the *Escherichia coli* Contamination in Drinking Water in Depok City, Indonesia

Bambang Wispriyono*¹, Lia Arsyina, Iqbal Ardiansyah, Laura D. Pratiwi², Ririn Arminsih³, Budi Hartono, Nurmallasari Nurmallasari, Randy Novirsa

Department of Environmental Health, Faculty of Public Health, Universitas Indonesia, West Java, Indonesia

Abstract

Edited by: Sasho Stoileski
Citation: Wispriyono B, Arsyina L, Ardiansyah I, Pratiwi LD, Arminsih R, Hartono B, Nurmallasari N, Novirsa R. The Role of Hygiene and Sanitation to the *Escherichia coli* Contamination in Drinking Water in Depok City, Indonesia. Open Access Maced J Med Sci. 2021 Aug 20; 9(E):641-644.
<https://doi.org/10.3889/oamjms.2021.6152>
Keywords: Drinking water; *Escherichia coli*; Hygiene; Sanitation

***Correspondence:** Bambang Wispriyono, FKMUJ, Kampus UI, Depok 16424, INDONESIA. Phone: +6221-7863479. Email: bwispri@ui.ac.id
Received: 07-Apr-2021
Revised: 06-Aug-2021
Accepted: 10-Aug-2021

Copyright: © 2021 Bambang Wispriyono, Lia Arsyina, Iqbal Ardiansyah, Laura Dwi Pratiwi, Ririn Arminsih, Budi Hartono, Nurmallasari Nurmallasari, Randy Novirsa
Funding: This study was supported by Directorate of Research and Community Service, Directorate General of Research and Development, Ministry of Research, Technology and Higher Education, Republic of Indonesia, with contract number NKB-1767/UN2.R3.1/HKP.05.00/2019.

Competing Interest: The authors have declared that no competing interest exists

Open Access: This is an open-access article distributed under the terms of the Creative Commons Attribution-NonCommercial 4.0 International License (CC BY-NC 4.0)

BACKGROUND: Drinking water is a vital aspect in human life. The quality of drinking water should be monitored to ensure public from any health effects caused by contaminated water. *Escherichia coli* (*E. coli*) is one of the indicators of fecal contamination should not be present in drinking water (0 cfu/100 ml). However, poor hygiene and sanitation contributes to *E. coli* contamination in drinking water, particularly in developing countries.

AIM: We investigated the household hygiene and sanitation factors and the relationship with *E. coli* detection in the household drinking water.

METHODS: A cross-sectional study design was conducted to collect the data from three districts in the Depok city, that is, Sawangan, Bojongsari, and Cipayung. A total of 300 houses and the corresponding drinking water samples were collected during August–September 2019. *E. coli* was determined as microbiological indicator using total plate count method.

RESULTS: The results showed that *E. coli* was detected in 174 (58%) of household water samples. The water container condition (OR = 2,60; CI 95%: 1.18–5.71) and the hand washing practice with soap (OR = 1,65; CI 95%: 1.04–2.62) were significantly correlated with the presence of *E. coli* in the water samples.

CONCLUSIONS: The condition of the water container was the most dominant factors which contributed to *E. coli* content in the household drinking water.

Introduction

The water quality, especially drinking water, can directly affect human health. The importance of maintaining the water quality has been globally recognized as one of the goals of the United Nations' (UN) Sustainable Development Goals (SDGs) (number 6) which related to the clean water and sanitation aspect. The goal is to achieve 100% proper, safe, and affordable drinking water available for all people [1].

The quality of drinking water is determined by its physical, biological, and chemical indicators. The biological indicators, especially the presence of *Escherichia coli* (*E. coli*) bacteria, are considered as the essential criteria of drinking water quality. *E. coli* is commonly found in the lower intestine of humans and animals. The presence of *E. coli* in drinking water can be affected by several factors, one of them is the poor sanitation hygiene condition, for example, fecal disposal facility, clean water facility, and the hand washing practice with soap [2].

To date, the UN and the World Health Organization (WHO) estimated that there are more than 844 million people in the world who has limited access to safe drinking water. Globally, 2.3 billion people are living without any access to proper sanitation. Besides that, there are around 892 million people around the world without a proper way to dispose a fecal matter [3]. The lack of clean water and sanitation hygiene contributed to 600,000 children's death caused by diarrhea [3]. Furthermore, 70% of children are sick with diarrhea which caused by the contamination of water container during the rainy season [4].

The Depok city has been stated as an open defecation non-free. This condition may have been contributed to the risk of *E. coli* contamination in the water sources. Meanwhile, diarrhea is the third major cause of children death in Depok city [5].

Up to our knowledge, this is the first study in Depok city investigating the relationship between personal sanitation and hygiene with the household drinking water quality. We expect that the results of this study can contribute to new insight and valuable

data to support policy-making on drinking water quality in Depok city. Besides that, the information gathered in this study will help to determine the proper effort to achieve the goals of the SDG in the year 2030.

Materials and Methods

This study was conducted using a cross-sectional design in three districts of Depok city, that is, Sawangan, Bojongsari, and Cipayung (Figure 1). Questionnaire data and water samples were collected from August 2019 to September 2019 with a total of 300 households samples from 15 subdistricts. Household samples were selected randomly. The personal hygiene and sanitation data were collected through interviews and observations with the questionnaires. The water samples were collected using clean cup at around 200 ml and stored in sterilized PP bottle container in each household (a total of 300 samples). Water samples were then kept in refrigerator under 4°C before analysis. The sampling procedure in this study was done with clean practice to prevent any cross-contamination from the tools and the officer. *E. coli* in drinking water was determined using the total plate count method [2]. This study has been approved by the ethics committee in fulfilling research protocols. Ethical clearance was obtained from the Universitas Indonesia [1].

Table 1: The presence of *E. coli* in the household drinking water from the three districts of Depok city

The presence of <i>E. coli</i> in the drinking water	District name					
	Sawangan		Bojongsari		Cipayung	
	n	%	n	%	n	%
Positive	50	62.5	71	64.5	53	48.2
Negative	30	37.5	39	35.5	57	51.8

E. coli: *Escherichia coli*.

Results and Discussion

E. coli content in the household drinking water

E. coli detection in drinking water was found higher in Sawangan (62.5%) and Bojongsari (64.5%) and lower in the district of Cipayung (48.2%) (Table 1).

Based on the rules and regulations established by the WHO, proper drinking water should not contain any *E. coli*. However, in this study, we found that there were 174 (58%) of water samples that did not meet this criterion and contained *E. coli* with a mean value of 35 cfu/100 mL. Several studies reported a similar result, for instance, *E. coli* was also found in the drinking water refills (i.e. drinking water treated by local vendors) in the city of Kupang and Sleman, Indonesia [6], [7]. There were also *E. coli* found in 37% of bottled water (i.e. drinking water treated by a legitimate company) samples in Sierra Leone [8].

The presence of *E. coli* in drinking water can be caused by many factors including environmental contamination of the water source such as river and flood, and cross-contamination from human with improper hygiene and sanitation during water handling [9].

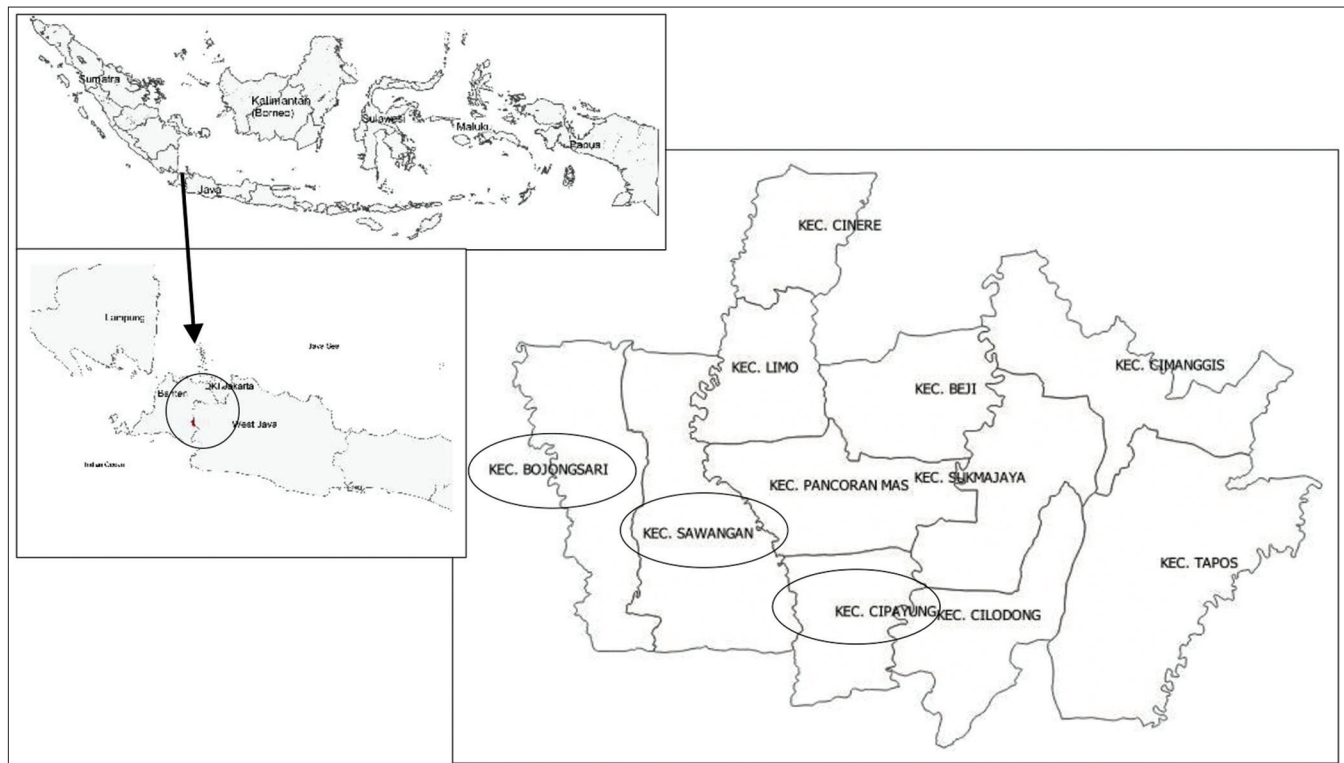


Figure 1: The map of the study location. The three studied districts were marked with circles

The description of the household sanitation hygiene

The percentage of the household sanitation hygiene factors, that is, fecal disposal facility, clean water source, condition of the clean water source, drinking water container, and hand washing practice with soap is presented in Table 2.

Table 2: The household sanitation hygiene factors of the three districts in Depok city

Variable(s)	Frequency (n)	Percentage
Fecal disposal facility		
Unimproved	11	3.7
Improved	289	96.3
Clean water source		
Unimproved	229	76.3
Improved	71	23.7
Clean water source condition		
Unprotected	15	5.0
Protected	285	95.0
Drinking water container		
Without lid/not clean	38	12.7
With lid and clean	262	87.3
Hand washing practice with soap		
No	143	47.7
Yes	157	52.3

The results showed that hygiene and sanitation facility have achieved proper condition for fecal disposal facility (96.3%), condition of the clean water source (95%), drinking water container (87.3%), and hand washing practice with soap (52.3%). However, clean water source was still very low at 23.7% of the total samples. Our investigation found that almost all of household has a properly structured and protected dug or drilled well for their clean water source needs. However, most of these wells were not able to provide the households with clean water due to its close proximity (<10 ml) to the septic tank in other study, *E. coli* was detected in 30 different water sources ranging from <30 to 4.35×10^7 cfu/100 ml. The contamination was caused by fecal contamination from drinking water source with inadequate protection and latrine proximity to sources of water [4]. This condition may directly contribute to the contamination of *E. coli* to the water source. Most of household also has a proper drinking water container, that is, equipped with a lid and clean. The hygiene habit of washing hands with soap has also been done by most of the household.

The relation between hygiene and sanitation with E. coli content in the household drinking water

The result on the relation between *E. coli* content in the household drinking water with several sanitation hygiene factors is presented in Table 3.

Our statistical analysis found that the clean water source condition was not significantly correlated with *E. coli* content, but had a high-risk factor (OR >1). Another study in Uganda showed similar results that all water samples from unprotected sources were contaminated with *E. coli* [10]. It was found that 43% of water samples from unprotected well in Uganda contained *E. coli* more than 100 MPN/100 ml [11].

Table 3: The relation of sanitation hygiene factors with E. coli content in the household drinking water

Variable(s)	<i>E. coli</i> content in the drinking water				Total	OR (CI 95%)	p-value	
	TMS		MS					
	n	%	n	%				
Fecal disposal facility								
Unimproved	4	36.4	7	63.6	11	100	0.40 (0.12–1.39)	0.212
Improved	170	58.8	119	41.2	289	100		
Clean water source								
Unimproved	132	57.6	97	42.4	229	100	0.94 (0.55–1.61)	0.930
Improved	42	59.2	29	40.8	71	100		
Clean water source condition								
Unprotected	11	73.3	4	26.7	15	100	2.06 (0.64–6.62)	0.334
Protected	163	57.2	122	42.8	285	100		
Drinking water container								
Without lid/not clean	29	76.3	9	23.7	38	100	2.60 (1.18–5.71)	0.023*
With lid and clean	145	55.3	117	44.7	262	100		
Hand washing practice with soap								
No	92	64.3	51	35.7	143	100	1.65 (1.04–2.62)	0.045*
Yes	82	52.2	75	47.8	157	100		

(*) Significant in bivariate and multivariate analysis, *E. coli*: *Escherichia coli*.

In this study, we found that there were two variables that significantly correlated with *E. coli* content in the drinking water, that is, the drinking water container and the hand washing practice with a soap. Other studies also showed the importance of having a proper drinking water container, that is, clean and covered with a lid. A study in Laos and Thailand showed that a lidless drinking water container increased the risk of *E. coli* contamination [12]. A properly covered container with small openings has successfully decreased *E. coli* contamination in drinking water [13].

The hand washing practice with soap also showed a significant correlation with *E. coli* content in drinking water in several studies. A study in Uganda showed that lack of hand washing practice after toilet use was correlated with the coliform bacterial contamination in drinking water [14]. It was also suggested that washing hands before and after doing activities can reduce the incidence of diarrhea, meanwhile, pet ownership also increases *E. coli* contamination in the soil and correlated with contamination of hands before washing [9]. Human hands act as a media where *E. coli* can be transferred and contaminated the drinking water. A study in India showing that there was a correlation between *E. coli* in hands of household mothers and the presence of *E. coli* in the drinking water [10]. Indeed, washing hands with soap proved to reduce the amount of *E. coli* in the hands effectively and the effect increased as the increase of washing duration [15], [16].

Our multivariate analysis showed that the most dominant factor influencing *E. coli* content in drinking water was the water container condition. This was probably caused by the existing contamination in the water container before refilling the drinking water. Other study showed similar results that the water container was a significant factor influencing the water quality [17]. Even though the drinking water was obtained from an improved water source, the quality will be determined by the storage since contamination mostly happened when using an unsafe and improper container. The

previous studies have shown that storage with metal containers/pots/vessels was the safest choice to keep the drinking water. Metal container could control *E. coli* contamination and reduction of tested organism within 0–5 h of holding time [18], [19], [20].

Conclusions

Almost all of household drinking water samples were contaminated with *E. coli*. The condition of the drinking water container and the hand washing practice with a soap showed significant correlation with the presence of *E. coli* in the drinking water samples. The most dominant sanitation hygiene factors contributed to *E. coli* content in the household drinking water was the condition of the water container.

References

1. UNDP. Report of the Inter-agency and Expert Group on Sustainable Development Goal Indicators. United Nation Annex IV; 2016. Available from: <https://www.sustainabledevelopment.un.org/content/documents/11803Official-List-of-Proposed-SDG-Indicators.pdf>. [Last accessed on 2019 Feb].
2. World Health Organization. Guidelines for Drinking Water Quality. Geneva: World Health Organization; 2017.
3. World Health Organization, UNICEF. Progress on Drinking Water, Sanitation and Hygiene Update and SDG Baselines. Geneva: World Health Organization, UNICEF; 2017.
4. Gwimbi P, George M, Ramphalile M. Bacterial contamination of drinking water sources in rural villages of Mohale Basin, Lesotho: Exposures through neighbourhood sanitation and hygiene practices. *Environ Health Prev Med*. 2019;24(1):33. <https://doi.org/10.1186/s12199-019-0790-z> PMID:31092211
5. Dinas Kesehatan Kota Depok. Profil Kesehatan Kota Depok Tahun 2018. Indonesia: Dinas Kesehatan Kota Depok; 2018. <https://doi.org/10.22236/arkesmas.v4i2.3750>
6. Pakpahan RS, Picauly I, Mahayasa IN. Cemaran mikroba escherichia coli dan total bakteri koliform pada air minum isi ulang. *Kesmas J Kesehatan Masyarakat Nasional*. 2015;9(4):733. <https://doi.org/10.21109/kesmas.v9i4.733>
7. Wati NS, Subagiyono S, Wulandari H. Analisis kandungan bakteri total coliform dalam air bersih dan escherichia coli dalam air minum pada depot air minum isi ulang di wilayah kerja puskesmas kalasan sleman. *KESMA J Fakultas Kesehatan Masyarakat Univ Ahmad Daular*. 2016;10(2):1-12. <https://doi.org/10.25077/jka.v4i2.257>
8. Fisher MB, Williams AR, Jalloh MF, Saquee G, Bain RE, Bartram JK. Microbiological and chemical quality of packaged sachet water and household stored drinking water in freetown, Sierra Leone. *PLoS One*. 2015;10(7):1-17. <https://doi.org/10.1371/journal.pone.0131772> PMID:26162082
9. Navab-Daneshmand T, Friedrich MN, Gächter M, Montealegre MC, Mlambo LS, Nhwatiwa T, et al. *Escherichia coli* contamination across multiple environmental compartments (soil, hands, drinking water, and handwashing water) in urban harare: Correlations and risk factors. *Am J Trop Med Hyg*. 2018;98(3):803-13. <https://doi.org/10.4269/ajtmh.17-0521> PMID:29363444
10. Murphy JL, Kahler AM, Nansubuga I, Nanyunja EM, Kaplan B, Jothikumar N, et al. Environmental survey of drinking water sources in Kampala, Uganda, during a typhoid fever outbreak. *Appl Environ Microbiol*. 2017;83(23):e01706-17. <https://doi.org/10.1128/aem.01706-17> PMID:28970225
11. Apecu RO, Ampaire L, Mulogo EM, Bagenda FN, Traore A, Potgieter N. Quality of water sources in southwestern Uganda using the compartment bag test (CBT): A cross-sectional descriptive study. *J Water Sanit Hyg Dev*. 2019;9(4):1-11. <https://doi.org/10.2166/washdev.2019.270>
12. Vannavong N, Overgaard HJ, Chareonviriyaphap T, Dada N, Rangsin R, Sibounhom A, et al. Assessing factors of *E. Coli* contamination of household drinking water in suburban and rural Laos and Thailand. *Water Sci Technol*. 2017;18(3):886-900. <https://doi.org/10.2166/ws.2017.133>
13. Ercumen A, Naser AM, Unicomb L, Arnold BF, Colford JM, Luby SP. Effects of source-versus household contamination of tubewell water on child diarrhea in rural Bangladesh: A randomized controlled trial. *PLoS One*. 2015;10(3):1-22. <https://doi.org/10.1371/journal.pone.0121907> PMID:25816342
14. Agensi A, Tibyangye J, Tamale A, Agwu E, Amongi C. Contamination potentials of household water handling and storage practices in Kirundo subcounty, Kisoro district, Uganda. *J Environ Public Health*. 2019;2019:7932193. <https://doi.org/10.1155/2019/7932193>
15. Kampf G, Kramer A. Epidemiologic background of hand hygiene and evaluation of the most important agents for scrubs and rubs. *Clin Microbiol Rev*. 2004;17(4):863-93. <https://doi.org/10.1128/cmr.17.4.863-893.2004> PMID:15489352
16. Burton M, Cobb E, Donachie P, Judah G, Curtis V, Schmidt WP. The effect of handwashing with water or soap on bacterial contamination of hands. *Int J Environ Res Public Health*. 2011;8(1):97-104. <https://doi.org/10.3390/ijerph8010097> PMID:21318017
17. Shaheed A, Orgill J, Montgomery MA, Jeuland A, Brown J. Why "Improved" water sources are not always safe. *Bull World Health Organ*. 2014;92(4):283-9. <https://doi.org/10.2471/blt.13.119594> PMID:24700996
18. Packiyam R, Kananan S, Pachaiyappan S, Narayanan U. Effect of storage containers on coliforms in household drinking water. *Int J Curr Microbiol Appl Sci*. 2016;5:461-77. <https://doi.org/10.20546/ijcmas.2016.501.047>
19. Kundu A, Smith WA, Harvey D, Wuertz S. Drinking water safety: Role of hand hygiene, sanitation facility, and water system in semi-Urban areas of India. *Am J Trop Med Hyg*. 2018;99(4):889-98. <https://doi.org/10.4269/ajtmh.16-0819> PMID:30062991
20. CDC. Diarrhea: Common Illness, Global Killer. United States: CDC; 2015.