



A STUDY TO ASSESS THE KNOWLEDGE AND PRACTICE ON PERSONAL HYGIENE AWARENESS AMONG SELECTED PRIMARY CHILDREN IN BIJNOR CITY

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Abstract-

Poor hygiene practice and inadequate sanitary condition play major roles in the increased burden of communicable diseases with in developing countries. This study evaluated the knowledge, attitude and practice of personal hygiene among primary school children in Bijnor city. In this study the main focus was on the healthy hygiene practice habit among primary school children. The study was conducted on 50 students. The personal hygiene of the school children was assessed by keen observation and examination of associated conditions of clothing, hair, nails, ear, nose and teeth etc. Likewise health practices of children were also assessed by the same individual questions scoring technique. The questions regarding bathing, washing of hands, brushing of teeth, foot care, physical exercise etc., were also assessed. Analysed data showed that out of 50(100%) subjects the clothes of 54% students and the hair condition of 22% students were dirty and lice is seen in 68% of students, unhygienic condition of nails in seen in 48% of students, wax were found among 48% students and 84% students have clean nose. Regarding healthy practices 56% students eat food without washing their hands, after attending the toilet about 46% of students does not wash their hands regarding bathing practice only 24% of students bath every day, brushing of teeth twice a day was found among 10% students, foot caring practice was found only 16% of students and 22% of students never indulge in physical activity.

Key Words: Personal hygiene, hand washing, primary school children, knowledge, attitude

- 1. Introduction-** India is one of the largest developing countries in the world; it contributes 15% of the school going children. A child is a precious gift which has lots of potential within, which can be the best resource for nation if raised and moulded in good manner. Healthy children are also successful learners. Hygiene (which comes from the name of the Greek goddess of health, Hygeia), is a set of practices performed for the preservation of health. Hygiene in the science of health and its maintenance it is highly personal determined by individual values and practices. Hygiene status of children is an index of national investment in the development of its man power. It is influenced by social, family as well as the children's knowledge of health regarding personal hygiene, comfort and basic needs. Personal hygiene involves those practice performed by an individual to care for one's bodily health and well-being, through cleanliness. Motivations for personal hygiene practice include reduction of personal illness, healing from personal illness, optimal health and sense of wellbeing, social acceptance and prevention of spread of illness to others. Personal hygiene practices therefore plays an important role in preventing spread of respiratory infections, skin infections, eye infections, food borne diseases, spread of new pathogens as in epidemics. Various studies have highlighted that

the simple act of hand-washing and basic hygiene behaviour could prevent diarrhoea, acute respiratory infections and skin infections. Children between the age group of 5-14 years spend their times in school the school is an ideal, place for learning and growing up in the schools are to become a power houses of health educations, and need to change in the curriculum. Health education, health services and healthy environment are components of schools. Promotion of personal hygiene and sanitation in schools therefore help the students to adopt good hygiene and habit their childhood. Children learn in school they can and often do pass on in their families and communities.

1.1. Aims and Objectives-

- To assess the awareness regarding daily hygiene among children.
- To assess the awareness among children about health and sanitation practice.
- To find out the diseases related to personal hygiene among children.

2. Materials and Methods-

2.1 Study design- Descriptive study

2.2 Sampling Methods- Purposive convenience sampling

2.3 Study Group- The target population included students of both sexes in 6-12 years age group.

2.4 Inclusion Criteria- Students of both sexes between 6-12 years studying primary school that were available at the selected school in Bijnor, UP.

2.5 Exclusion Criteria- Students who were sick or absent during the time of data collection.

2.6 Study Setting- The present study was conducted in the government primary school (R K B Primary School) in Chashari b-24 area Bijnor (UP).

2.7 Study Duration- The study was conducted between in the month November 2014- April 2015.

2.8 Sample Unit- 1 student

2.9 Sample Size- 50 primary school children's

2.10 Ethical Permission- Before started the study ethical permission was obtained from the school authority.

2.11 Instrument and Procedure of Data Collection- The data was collected with the help of a structured interview schedule. It consists of two sections-

- **Section A-** It contains demographic characteristics like age, sex, class, income, religion, parent's education and food habit, attendance records were taken from the school records and from register of class teacher.
- **Section B-** It consists of questions regarding personal hygiene and associated condition of clothing, hair, nails, ear, nose and teeth.

2.12 Selection of Variables- Considering the ability of the variable in accordance with the objectives of the study, a series of independent and dependent variables were included in the present investigations.

- **Independent Variables-** Age, Sex, Food habit, Religion
- **Dependent variables-** Health, Knowledge related to personal hygiene

2.13 Statistical Tools to Analyses the Data- to study the difference two variables percentage (%) method applied.

3. Result and Discussion-

Table-3.1 Socio Demographic Details of the Participants.

Characteristics	Category	Frequency	Percentage (%)
Age	7-8 Years	10	20
	9-10 Years	27	54
	11-12 Years	13	26
Sex	Boys	17	34
	Girls	33	66
Religion	Hindu	25	50
	Muslim	25	50
Parents Occupation	Mother		
	House Wife's	20	40
	Skilled Work	8	16
	Unskilled	12	24
	Partly Skilled	10	20
	Father		
	Skilled Work	20	40
	Unskilled	8	16
	Partly Skilled	22	44
Class Attendance	Boys		
	Regular	9	18
	Irregular	8	16
	Girls		
	Regular	11	22
	Irregular	22	44
Food Habit	Vegetarian	28	56
	Non Vegetarian	22	44
Class Standard	1 st	10	20
	2 nd	14	28
	3 rd	12	24
	4 th	9	18
	5 th	5	10

In the present study total 50 students were included this table reveals that out of total subjects 54% belonged to 9-10 years of age groups, 26% belonged to 11-12 years of age groups and 20% belonged to 7-8 years of age group. Out of 50 students 66% were girls and 34% were boys. Out of 50 students 50% were Hindu and 50% were Muslim. Out of 50 students 40% mothers were housewives, 24% were unskilled. 20% were partly skilled and 16% mothers of children belonged to occupation skilled work. Similarly 44% fathers of children were partly skilled, 40% were skilled work and 16% were unskilled workers. Out of total subject 60% students were irregular and 40% were regular. Out of total subjects 56% were vegetarian and 44% were non vegetarian. 28% of students were belonged 2nd standard, 24% of students were belonged 3rd standard, 20% of students were belonged 1st standard, 18% and 10% were belonged 4th and 5th standard.

Table-3.2 Personal Hygiene Conditions of the Participants-

Practice	Category	Boys		Girls	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Clothing Condition	Clean & Well Dressed	4	8	5	10
	Clean	4	8	10	20
	Dirty	9	18	18	36
Condition of Hair	Clean & Dry	1	2	4	8
	Dirty with Lice	13	26	21	42
	Dirty	3	6	8	16
Condition of Nails	Clean & Trimmed	4	8	8	16
	Dirty & Trimmed	4	8	10	20
	Long & Dirty	9	18	15	30
Condition of Teeth	Clean & White	3	6	6	12
	Scaly/ Mottled	7	14	16	32
	Dental Carries	7	14	11	22
Condition of Ears	Clean & Dry	1	2	4	8
	Oily & Dust	9	18	12	24
	Wax	7	14	17	34
Condition of Nose	Clean	14	28	28	56
	Running	2	4	2	4
	Crust	1	2	3	6

In our study about 36% of girls were dirty, 20% of girls were clean but not well dressed and 10% of girls were clean and well dressed. 18% of boys were dirty, 8% of boys were clean and well dressed, and dresses of 8% of boys were clean but not well dressed. The hair condition of about 68% students was dirty with lice, 22% students were dirty and the hair condition about 10% students was clean and dry. 48% students were found long & dirty condition of nails, 28% of students were found dirty & trimmed nail and 24% of students satisfactory practiced healthy practice of nails trimming habits. 46% students were scaly mottled teeth, 36% of students were having dental carries and 18% of students were healthy brushing practice, about 2% boys and 8% girls were clean and dry the condition of ear about 18% boys and 24% girls were found with oily and dust and wax was found in ears of 14% boys and 34% girls. 84% students healthy practiced of nose cleaning and 8% of students were having running nose, 8% students were crust.

Table-3.3 Healthy Hygiene Practice of the Participants-

Practice	Category	Boys		Girls	
		Frequency	Percentage (%)	Frequency	Percentage (%)
Hand washing Practice before Food	Yes with Soap	2	4	5	10
	Without Soap	5	10	10	20
	No	10	20	18	36
Hand Washing Practice after Attending Toilet	Yes with Soap	6	12	7	14
	Without Soap	3	6	11	22
	No	8	16	15	30
Bathing Habit	Daily	4	8	8	16
	Twice Thrice a Week	3	6	14	28
	Once a Week	10	20	11	22
Teeth Brushing Habits	Twice a Day	2	4	3	6
	Once a Day	5	10	6	12
	Occasionally	10	20	24	48
Foot Caring Habit	Wearing Daily	12	24	21	42
	Occasionally	2	4	7	14
	No Wearing Habit	3	6	5	19
Physical Activity	Daily Expose to Physical Activities	11	22	16	22
	2 to 3 Days per Week	4	8	8	16
	Once a While	2	4	9	18

As observed in our study about 56% of students were eating food without washing their hands, 30% of students wash their hands with water and 14% of students wash their hands with soap. 46% of students does not wash their hands after defecation, about 28% of students wash their hand with only water and about 26% wash their hands with soap, 20% of boys and 22% of girls takes bath weekly and 8% of boys and 16% of girls takes bath daily and 6% of boys and 28% of girls takes bath thrice a week. About 68% of students brushing their teeth occasionally, about 22% of students brushing their teeth once a day and about 10% of students brushing their teeth twice a day ,66% students has the habit of caring foot daily and occasional habit of foot caring were seen in 18% students and 16% have no foot caring habits. Out of total subjects 54% of students practice daily physical activity, 24% of students has the habit of exposing themselves to the physical activity only, 22% of students never indulge in physical activity.

Table- 3.4 Prevalence of Digestive System Disease of the Participants-

Diseases	Frequency	Percentage (%)
Dental Carries	18	36
Mottled Teeth	23	46
Gastroenteritis	7	14
No	2	4

The prevalence of dental carries were found in 36% students, mottled teeth were found in 46% students, gastroenteritis were found in 14% students and 14% students were not found any type of disease.

Table-3.5 Prevalence of Skin Disease of the Participants-

Disease	Frequency	Percentage (%)
Dermatitis	21	42
No Skin Disease	29	58

As observed in our study 42% children were suffering from dermatitis and 58% were not found any skin disease.

Table-3.6 Prevalence of Ill-defined Condition of the Participants-

Condition	Frequency	Percentage (%)
Pain in abdomen	18	36
Headache	19	38
Generalized weakness	6	12
Watering/pain in eyes	5	10
No	2	4

As observed in our study 38% children complain of headache, 36% children complain of pain in abdomen, 12% children complained of weakness and 10% children were complained water from the eyes when they see the black board and some were complaint eye pain.

4. Conclusion Recommendation- It can be concluded from the present study that knowledge and practice of personal hygiene among the primary school children in Bijnor city, up is not satisfactory. Although, female students appear to be more knowledgeable than the male students. Therefore, there is an immediate need for enhancement of knowledge among the primary school children, where teachers and parents can play a pivotal role. School based health education program may be a useful effort in this regard. This research also provides a baseline data for future research. Since the present study was conducted on a small sample, a more extensive study on a wider sample is desired to be conducted.

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