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Intervention To Promote Personal Hygiene Among Private School Children: A School Based Survey

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ABSTRACT

Personal hygiene now part of primary health prevention, this has been found to be effective by reducing morbidity and mortality in children. Increase burden of communicable diseases among school children because of poor personal hygiene practices and inadequate sanitary conditions remains a concern on the public health agenda. School children are vulnerable to neglect of basic personal hygiene due to lack of knowledge. Poor knowledge practices on of an attitude to personal hygiene such as hand washing play major role in high incidence of communicable disease and therefore has negative consequence for a children long term overall development. Aim of study: To promote personal hygiene among private school children. Research approach in this study quantitative research approach was applied. Research design: In the present study was pre-experimental design was used. Sample size: The sample size was 60 students (6-10thclass) of private school students. Result: The overall post-test knowledge score among private school students revealed that majority of excellent knowledge (23%), were in good knowledge (50%) and (27%)were average.

Key words: Private school children, personal hygiene, level of knowledge

INTRODUCTION

Personal hygiene is a health tool which is used for prevention and health promotion in individuals, families and communities. Cleanliness in individuals in can reduce threats especially by communicable diseases, improving the overall health of a community-based population health.[1]

The focus of good personal hygiene is to prevent diseases and other health conditions through surveillance and the promotion of healthy behavior relevant to human health. It may prevent health problems from happening or re-occurring by implementing educational programs, developing policies, administering services, and conducting research[2].

Personal hygiene now part of primary health prevention, this has been found to be effective by reducing morbidity and mortality in children [3].

Increase burden of communicable diseases among school children because of poor personal hygiene practices and inadequate sanitary conditions remains a concern on the public health agenda. School children are vulnerable to neglect of basic personal hygiene due to lack of knowledge. Poor knowledge practices on of an attitude to personal hygiene such as hand washing play major role in high incidence of communicable disease and therefore has negative consequence for a children long term overall development. Improved awareness and hygiene practices especially among children have effectively reduce gastrointestinal and respiratory tract infection by up to 50% to the leading cause of childhood morbidity and mortality around the world. (4-6%) studies have also shown that school children better knowledge and personal hygiene have fewer absenteeism in school and achieve higher grades. School is the place where health education is the important aspects of hygiene environment and sanitation as well as social custom is being important. Health is a key fact in school entry as well as continues participation and attachment in school. A teacher is the guardian of the school child in school and place a pivotal role in the whole process of primordial prevention. Bearing in mind that school children have been consistently implicated in the spread of communicable disease and that the school has been recognize as a vital setting for health promotion[4.] J. Adolesc, (2014) assessed hand-washing behaviours and intentions among school children in Bogotá, Colombia, to help identify and overcome barriers to proper hygiene practices. Only 33.6% of the sample reported very often washing hands with soap and clean water before eating and after using the toilet. About 7% of students reported regular access to soap and clean water at school. A high level of perceived control was the strongest predictor of positive hand-washing intentions (adjusted odds ratio [AOR] = 6.0; 95% confidence interval [CI] = 4.8, 7.5). Students with proper hand-washing behaviour were less likely to report previous-month gastrointestinal symptoms (OR = 0.8; 95% CI = 0.6, 0.9) or previous-year school absenteeism (OR = 0.7; 95% CI = 0.6, 0.9). It shows that hand washing practices reduces the gastrointestinal symptoms[5].

NEED OF STUDY

Personal hygiene is the cleaning and grooming of the body. In addition to improving appearance personal hygiene is an important form of protection against diseases and infections of all kinds. The purpose of personal hygiene is to prevent illness and improve appearance but hygiene also plays an important role in

social acceptance and can either improve or hinder a person is reputation in social situation. Bad breath, body odor and an unkempt appearance, for example are often consider undesirable and can give a bad first impression to peers' acquaintance and potential mater[6]. According to India facts and statistics there are about 6.3 million Children under the age of five died Illnesses like -malaria, diarrheal disease, and acute respiratory infection account for most of childhood morbidity and mortality. Diarrhoea and respiratory infection cause 80 percent to 90 percent of all deaths from communicable diseases in children under age 5worldwide. In 1920 Winslow observed personal hygiene can be improved by educating communities on basic tips of achieving personal cleanliness through their organized efforts. Health education taught to primary school children may improve personal hygiene and overall wellbeing of these children. In turn would ensure punctuality to school resulting in better academic performance. This work identified personal cleanliness of primary school children in Banka using parameters as bathing, state of uniforms, hair, nails and oral hygiene. Limited data exist on this subject in developing countries like and no such study has been done before in Borne state.[7]

Personal hygiene, refer to personal care, includes the following: bathing, hair, nail, foot, genital and dental cares, and washing of cloths. Grooming is caring for fingernails and hair, examples of these activities would be barbing of hairs and trimming of fingernails.[8]

Generally, around two to ten million bacteria can be found between fingertip and elbows. After a person uses a toilet, the number of germs that are present in fingertips. Research shows that there is a reduction in 6 diarrhoeal diseases by nearly 50% by washing hands with soap and water. There are over 10 million episodes of food-related infection in a year but most of these are related to lack of improper hand washing. By teaching them proper hand washing techniques, school-aged children can keep their own hands clean and also teach other children how to stop the spread of germs[9].

PROBLEM STATEMENT

A pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding basic personal hygiene among private school students (6-10th class) of Himachal Pradesh.

OBJECTIVES

1. To assess the pre-test knowledge scores regarding basic personal hygiene among private school students
2. To prepare and implement structured teaching programme regarding basic personal hygiene among private school students.
3. To assess the post-test knowledge scores regarding basic personal hygiene among private school students.
4. To compare the pre-test and post-test knowledge scores regarding basic personal hygiene among private school students.

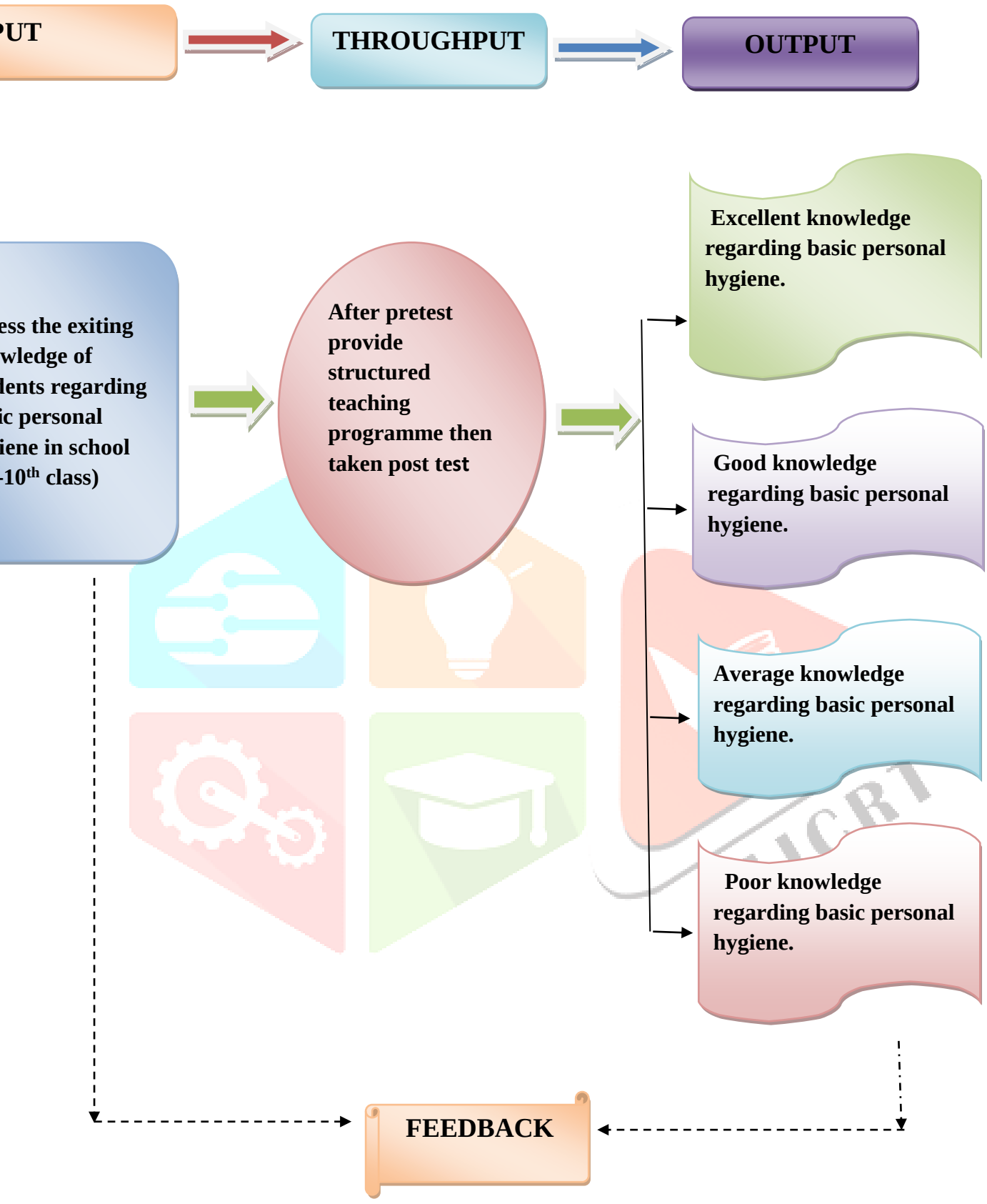

FIGURE NO 1: MODIFIED COCEPTUAL FRAMEWORK OF LUDWING VON BERTALANFFY IN (1998)

RESEARCH METHODOLOGY

RESEARCH APPROACH

In this study quantitative research approach was applied.

RESEARCH DESIGN

In the present study was pre-experimental design was used.

GROUP	PRE-TEST	IMPLEMNTATION	POST- TEST
1	O_1	X	O_2

VARIABLES

The research variables in the present study were

- **Independent variable**: Knowledge
- **Dependent variable**: Structured teaching programme.
-

RESEARCH SETTING

This study was conducted in private school

TARGET POPULATION

Population comprises of private school students (6-10th) class

ACCESSIBLE POPULATION

Private school students (6-10th) class present at the time of data collection

SAMPLE

A sample of the study was students of private school (6-10th) class.

SAMPLE TECHNIQUE

Sampling is the process of selecting a representative segment of the population under study. Probability simple random is used for the present study.

SAMPLE SIZE

The sample size was 60 students **(6-10thclass)** of private school students.

CRITERIA FOR SELECTION OF SAMPLE

Inclusion criteria-

1. Students between the age group of (9-14years).
2. Students who were available at the time of data collection.
3. Students who were willing to participate in research study.
4. Those who gave consent for study.
5. Students who were able to read and write English.

Exclusion criteria-

1. Student having age group below 9 and above 14 years.
2. Students who were not able to read and write English language.

3. Students who were not willing to participate in the study

STATISTICS

Data analysis and interpretation

Table no 1: Frequency and percentage distribution of sociodemographic variables

N=60

SR.NO	DEMOGRAPHIC VARIABLES	FREQUENCY (f)	PERCENTAGE (%)
1	**GENDER**		
	Male	**33**	**55%**
	Female	27	45%
2	**AGE**		
	9-10	2	3.33%
	11-12	20	33.34%
	13-14	**27**	**45%**
	Upton 14	11	18.33%
3	**EDUCATIONAL STATUS**		
	6^{TH}	12	20%
	7^{TH}	12	20%
	8^{TH}	12	20%
	9^{TH}	12	20%
	10^{TH}	12	20%
4	**EDUCATIONAL STATUSOF MOTHER**		
	Uneducated	3	5%
	Senior secondary	**31**	**51.66%**
	Private	11	18.34%
	Graduate	15	25%
5	**EDUCATIONAL STATUS OF FATHER**		
	Uneducated	1	1.66%
	Senior secondary	**35**	**58.34%**
	Private	5	8.34%
	Graduate	19	31.66%
6	**OCCUPATION OF FATHER**		
	Government	**21**	**35%**
	Private	18	30%
	Self- employed	12	20%
	Any other	9	15%

7	**OCCUPATION OF MOTHER**		
	Government	6	10%
	Private	5	8.34%
	Self- employed	13	21.66%
	Any other	**36**	**60%**

8	**LOCALITY**		
	Urban	13	21.66%
	Rural	20	33.34%
	City	**21**	**35%**
	Other	6	10%
9	**RELIGION**		
	Hindu	**55**	**91.68%**
	Muslim	3	5%
	Sikh	1	1.66%
	Christian	1	1.66%
10	**TYPE OF DIET**		
	Non-vegetarian	4	6.66%
	Vegetarian	**38**	**63.34%**
	Eggetarian	3	5%
	All of the above	15	25%
11	**NUMBER OFFAMILY MEMBER**		
	2-3	2	3.33%
	4-5	**27**	**45%**
	6-7	11	18.34%
	up to 8	20	33.33%
12	**TYPE OFFAMILY**		
	Nuclear	16	26.66%
	Extended	0	0%
	Joint	**38**	**63.34%**
	Single parent	6	10%
13	**FAMILY INCOME**		
	<10,000	13	21.66%
	12,000-14,000	8	13.34%
	15,000-17,000	12	20%

	>20,000	**27**	**45%**
14	**TYPE OF HOUSE**		
	Pucca house	**52**	**86.68%**
	Kacha house	1	1.66%
	Wooden house	4	6.66%
	Other	3	5%
15	**SOURCES OFINFORMATION**		
	Mass media	**32**	**53.34%**
	Family and friends	22	36.66%
	Health education Programme	3	5%
	Other	3	5%

Table 2: Frequency and Percentage distribution of knowledge on hair hygiene

Q.1	**What is basic personal hygiene**	a) Using soap to clean yourself	8	14%
		b) Dental checkup	4	6%
		c) Taking care of your body	12	20%
		d) All of the above	**36**	**60%**
Q.2	**Basic personal hygiene is a part of**	a) Science	12	20%
		b) Routine	6	10%
		c) Health	**42**	**70%**
		d) Conditioning	0	0%
Q.3	**Example of basic personal hygiene**	a) Getting dental checkup	10	16.6%
		b) Taking care of your body	20	33.3%
		c) Taking shower	0	0%
		d) All of the above	**30**	**50%**
Q.4	**Benefit of basic personal hygiene**	a) Improve self-esteem	5	8.3%
		b) Better health	**30**	**50%**
		c) Other will have a better perception	2	3.3%
		d) All of the above	23	38%
Q.5	**Harmful effect for not maintaining the basic personal hygiene**	a) Infection	12	20%
		b) Sweating	7	11.6%
		c) Serious diseases condition	12	20%
		d) All of the above	**29**	**48.3%**

Q.6	**Important thing to do with your hair every day**	a) Comb or brush it b) Braid it c) Get it wet d) Wear a cap over it	**53** 4 2 1	**88%** 6.6% 3.3% 1.6%
Q.7	**How often you should wash your hair**	a) Once a week b) Alternate day c) Twice a week d) Twice a month	16 **25** 16 3	26.6% **41.6%** 26.6% 5%
Q.8	**Lyses of your Hair can be Prevented by Using**	a) Mustard oil b) Medicare shampoo c) Dettol soap d) Only water	10 **39** 7 4	16.6% **65%** 11.6% 6.6%
Q.9	**Excessive hair fall is the indication of**	a) Poor hair hygiene b) Lysis in the hair c) Poor body odour d) None of the above	**28** 18 1 13	**46.6%** 30% 1.6% 21.6%
Q.10	**Dandruff of the hair can be prevented by using**	a) Good shampoo b) Conditioner c) Oil d) Soap	**29** 6 18 7	**48.3%** 10% 30% 11.6%

QUE NO	VARIABLES	CATEGORIES	F	P
Q.11	**What is the right time to trim/cut your nails**	a) Once in a week b) Once in a month c) Once in a year d) All of the above	**41** 11 3 5	**68.3%** 18.3% 5% 8.3%
Q.12	**How can biting your nails can be harmful to your health**	**a**) It makes your nail brittles b) It makes the nails to short c) Transfer bacteria d) Prevent bacteria	6 7 16 **31**	10% 11.6% 26.6% **51.6%**

Q.13	**What are the signs of nail infection**	a) Redness, swelling, hot to touch b) Pale skin, swelling, pain c) Pus accumulation d) All of the above	7 11 5 **37**	11.6% 18.3% 8.3% **61.6%**
Q.14	**When clean the nails during a manicure brush strokes should be directed**	a) Upward b) Downward c) Circular d) Sideways	12 14 **20** 14	20% 23.3% **33.3%** 23.3%
Q.15	**The best time to apply lotion for maintaining the moisture of nails is**	a) Immediately after hand washing b) After taking the bath c) When the nails are dry d) All of the above	11 **19** 12 18	18.3% **31.6%** 20% 30%

QUE NO	VARIABLES	CATEGORIES	F	P
Q.16	**How often you should take shower**	a) Once a day b) Once a week c) Two times in a week d) Once in a month	**53** 4 2 1	**88%** 6.6% 3.3% 1.6%
Q.17	**Keeping your body clean helps to prevent the spread of diseases**	a) Yes b) No c) May be d) Never	**37** 11 7 5	**61.6%** 18.3% 11.6% 8.3%
Q.18	**Which of the following is not a way to prevent body odor**	a) Spray perfume b) Bathing c) Wear clean clothes d) Oiling of the body	**20** 9 11 **20**	**33.3%** 15% 18.5% **33.3%**
Q.19	**How often you should wash your bathing towel**	a) Every day b) Three times a week c) Once a week d) Never	**37** 8 11 4	**61.6%** 13.3% 18.3% 6.6%

Q.20	**What are the benefit of daily bathing**	a) Prevent body odor	13	21.6%
		b) Prevent from infection	6	10%
		c) Make energetic	1	1.6%
		d) All of the above	**40**	**66.6%**

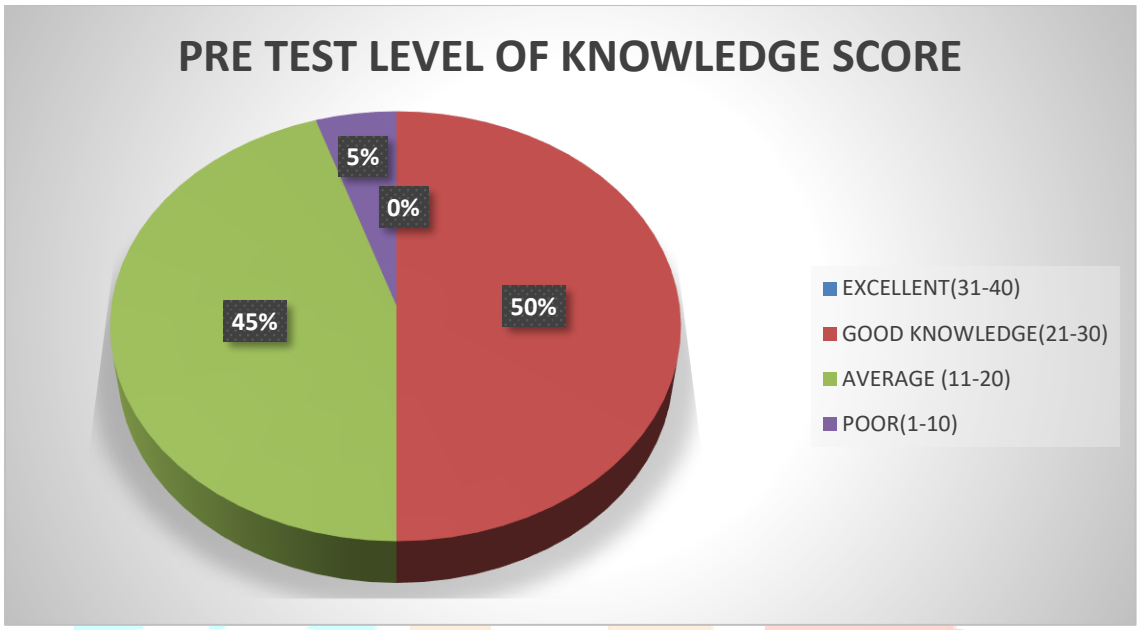

Figure 2: Frequency and percentage distribution of pre – test level of knowledge among the private school student

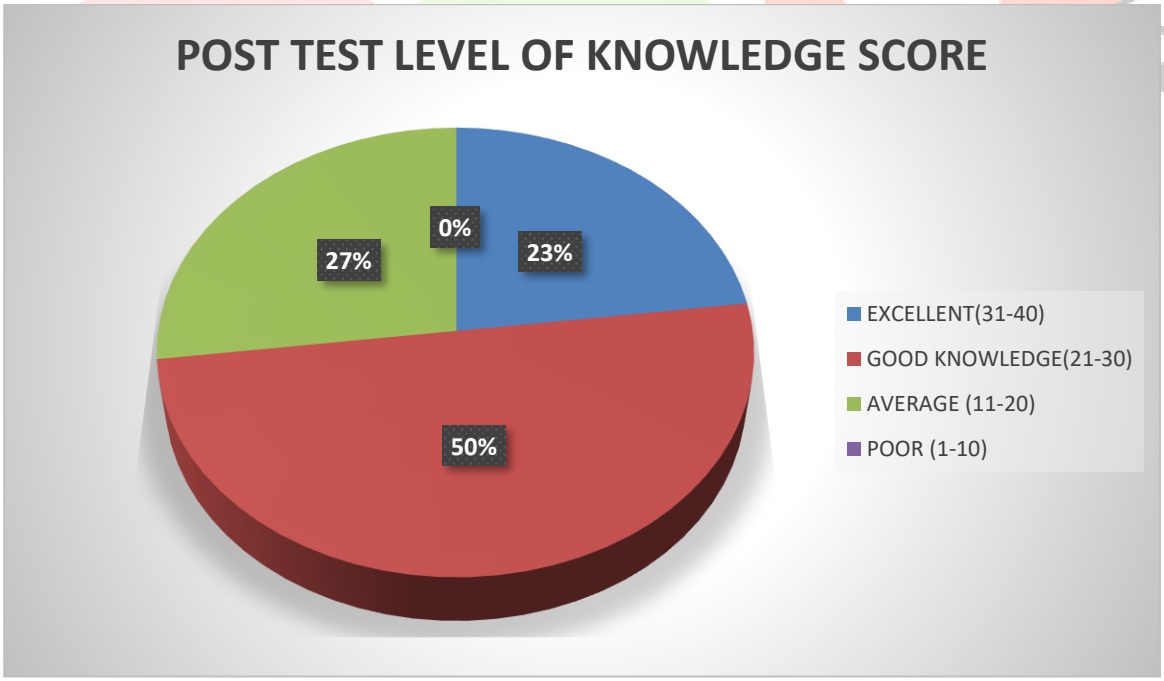

Figure 3: Frequency and percentage distribution of post – test level of knowledge among the private school students.

TABLE NO 6: Mean and Standard Deviation of Pre-Test and Post Test Knowledge Score

Variables	Mean	Standard Deviation	't' Test Value	Table Value
PRE- TEST	20.51	5.19	31.2	2.00
POST-TEST	24.9	6.07		

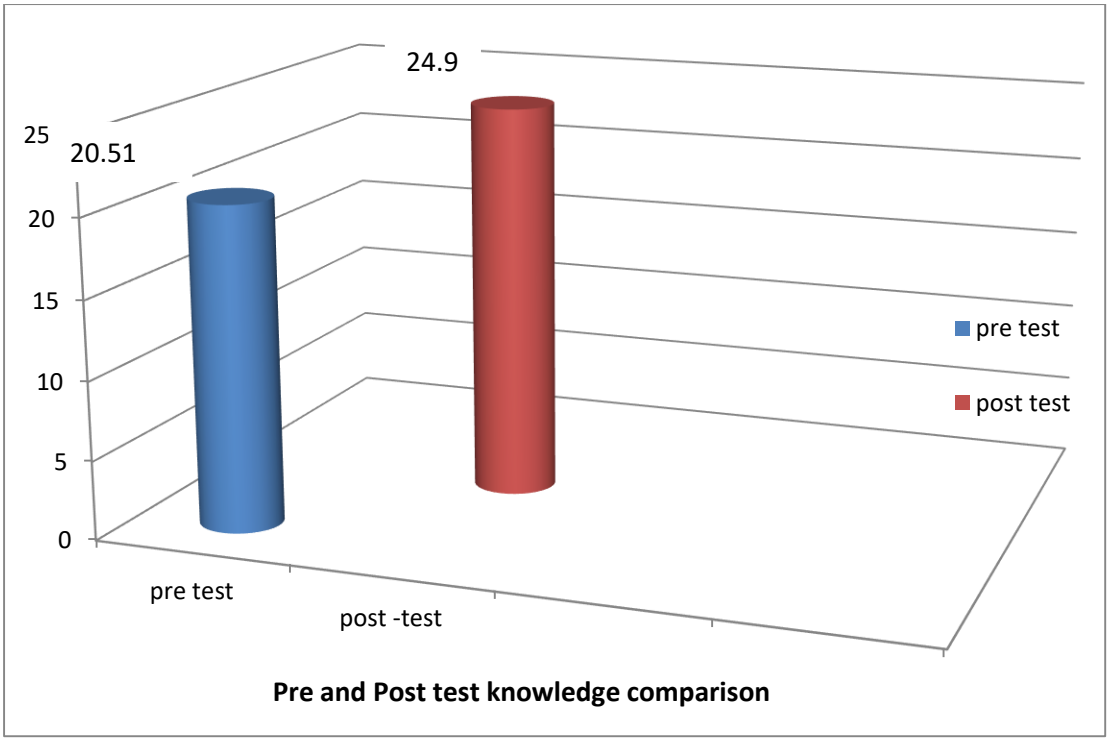

Figure 4: Comparison between pre and post – test level of knowledge among the private school students.

DISCUSSION

The finding of the study has been discussed in accordance with the objectives of the study and previously reviewed literature**.**

Objective 1: To assess the pre-test knowledge scores regarding basic personal hygiene among private school students

In the overall pre-test knowledge score among private school students revealed that majority of good knowledge (50%), were in average (45%) and (5%)were poor.

Objective 2: To prepare and implement structured teaching programme regarding basic personal hygiene among private school students

Structured teaching programme was given to private school students regarding basic personal hygiene with charts, flash Cards, power point presentation as A.V aids.

Objective 3: To assess the post-test knowledge scores regarding basic personal hygiene among private school students

The overall post-test knowledge score among private school students revealed that majority of excellent knowledge (23%), were in good knowledge (50%) and (27%)were average.

Objective 4: To compare the pre-test and post-test knowledge scores regarding basic personal hygiene among private school students

Based on objective, the effectiveness of "structured teaching programme" was assessed by comparing pre and posttest level of knowledge score.

Mean is (20.51) and standard deviation is (5.19) of pretest. This showed that there was statistically significant difference in level of knowledge. Mean is (24.9) and (6.07) is the standard deviation of posttest. This showed that there was statistically significant difference in level of knowledge.

RECOMMENDATIONS

- In the light of the above findings and personal experience of the investigator the following recommendations are offered:
- The study can be replicated on samples with different demographic variables; thereby finding can be generalized for a larger population.
- A similar study may be conducted to assess the knowledge of basic personal hygiene on large sample.
- A planned teaching programmes can be conducted for students regarding knowledge of basic personal hygiene.
- A similar study can be conducted to compare the knowledge of students regarding basic personal hygiene among under 6-10 school going children.
- A comparative study can be conducted to find the knowledge of basic personal hygiene under 6-10 class school going children.

CONCLUSION

The present study was to assess the knowledge on basic personal hygiene among under (6-10th) class school going children. Main study revealed that, knowledge of basic personal hygiene was high. The students had poor knowledge regarding basic personal hygiene. Study can be done at large sample. Structure teaching programme will increase the student knowledge and can also help to decrease the level of poor knowledge regarding basic personal hygiene.

CONFLICT OF INTEREST: Author declare no conflict of interest.

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