



ORIGINAL RESEARCH PAPER

Community Medicine

TO STUDY THE IMPACT OF SCHOOL HEALTH EDUCATION PROGRAM ON PERSONAL HYGIENE AMONG SCHOOL CHILDREN OF PATNA

KEY WORDS: Hand wash, health, personal hygiene

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ABSTRACT

Background: Personal hygiene plays a major role to promote healthy life. This study was performed to assess the current level of knowledge and practice in regard to hand washing, bathing, tooth brushing, and taking care of nail and hair.

Materials and Methods: A cross-sectional descriptive study was conducted on 400 students of Patna district. All the students were interviewed with a semi-structured questionnaire (pretest). Again, after briefing the same questionnaire was given (post test).

Results: Most of the students belonged to the 10–12 years age group. The knowledge of the students regarding general body cleanliness was 87% in post test as compared to 52% in pretest. Keeping the hair well-trimmed was considered as a part of personal hygiene by 90% after post test by the students. Practice regarding taking bath daily was 13%, whereas on alternate day, it was 65%. Most of the students were brushing their teeth Daily (90%) and 70% students were washing hands before meal.

Conclusion: Overall trend of knowledge and practice about personal hygiene was in poor condition among students at the time of pretest. Post test results were highly satisfactory.

INTRODUCTION

The word hygiene is derived from the name of the ancient Greek goddess of healthful living-Hygieia. Hygiene refers to the practices associated with the protection of health and healthy living.[1] Poor health hygiene practices can lead to communicable diseases basically within developing countries. In Africa and Southeast Asia, 62% and 31% of all deaths are caused by infectious disease.[2] In developing countries, primary causes of morbidity and mortality among young children are acute respiratory and intestinal infections.[3] School is place which not only provides education to children but also learning environment. The foundations of lifelong responsibility for the maintenance of personal hygiene are laid down in childhood, which is important for a healthy childhood, for a healthy adulthood, and for the development of positive values about health and the use of health services. Diarrheal diseases, skin diseases, worm infestations, and dental diseases are most commonly associated with poor personal hygiene.

With the above background, this study was undertaken with the following objectives:

1. To find out the current knowledge and practices regarding personal hygiene among primary school children
2. To identify any misconception among them regarding the maintenance of personal hygiene
3. To educate and promote good personal hygiene behaviour among them.

MATERIALS AND METHODS

A school-based cross-sectional study was done on school children of 6–12 years age group studying in schools of urban and rural areas of Patna district, for 6 months (October 2015 till March 2016), purposive sampling technique was used. Total sample of the study consisted of 400 school children.

Inclusion criteria
Method of data collection

We communicated the objectives of the study to the students and teachers, and participation was completely voluntary. Study participants provided oral consent before participating. Each student was interviewed using a semi-structured questionnaire in a room specifically dedicated for

this study. Study staff consisted of doctors, people for the display of posters and projectors, photographers, and helpers to distribute the questionnaire. Briefing was done regarding the questionnaire provided to the students and they were asked to mark the responses. Questionnaire was given to assess the current level of knowledge (pretest). A brief health education session regarding personal hygiene was conducted for the class teachers and students after completion of the pretest. Again, new set of similar questionnaire was given (post test session). School teachers were asked to help the students in understanding the questions in pretest and post test.

Data analysis: Data were analyzed using the statistical software SPSS version 16.0

RESULTS

Out of 400 students, majority of the students were in age group of 10–12 years (63%) followed by 8–10 years age group (25%). Male and female students were 69.3% and 30.7%, respectively. Maximum students were Hindu (62%) and rest were Muslim (38%) [Table 1]. Knowledge that personal hygiene is about general body cleanliness was found in 52% of children in pretest while 87% agreed this in post test. Only 30% of children knew that keeping hair well trimmed is a part of personal hygiene. 51% of students agreed that biting the nail with the teeth is not healthy for our teeth. In pretest, 74% of students agreed that we do not need to wash our hands when there is no visible dirt [Table 2]. 65% of students were taking bath alternate day and only 13% of students were taking daily. 70% students were washing hands before meal [Table 3].

Table -1 Socio demographic Profile

variables	n(%)
Age Group(years)	
6-8	48(12%)
8-10	100(25%)
10-12	252(63%)
Sex	
Male	277(69.3%)
Female	123(30.7%)
Religion	
Hindu	248(62%)
Muslim	152(38%)

Table -2 Knowledge about Personal Hygiene

Variables	Pretest n(%)	Posttest n(%)
Personal Hygiene is about general body cleanliness	208(52%)	348(87%)
Keeping your fingernails trimmed shows good hygiene	240(60%)	372(93%)
Keeping the hair well trimmed is part of personal hygiene	120(30%)	360(90%)
Washing hair regularly is part of personal hygiene	188(47%)	368(92%)
Biting your nail with your teeth is not a good habit	204(51%)	380(95%)
Rinsing your mouth with water after meal is a good habit	212(53%)	368(92%)
Cleaning your teeth with toothpaste and brush prevents tooth decay	272(68%)	388(97%)
We donot need to wash our hands when there is no visible dust	296(74%)	12(3%)

Table -3 Hygiene Practices

Variable	n(%)
Taking bath	
Daily	52(13%)
Alternate day	260(65%)
Occasionally	88(22%)
Washing Hands	
Before meal	280(70%)
After defecation	356(89%)
Both times	272(68%)
Brushing teeth	
Daily	360(90%)
Twice daily	20(5%)
Occasionaly	20(5%)

DISCUSSION

The children are the most important segment of our population and intend to receive attention from family, school, society, and government. Children are truly the foundation of a society because healthy children grow to become healthy and strong adults who can actively participate in the developmental activities of a nation.[4] National health policy appealed that promotion of child health in voluntary basis found that the children access to hygienic practices widely differ between regions Overall 60% of children in developing countries had changed to good hygienic practices and self-care measures by best health education by teachers and health-care professional.[5] In our study, it was found that in pretest, 52% had knowledge about general body cleanliness and 60% had knowledge that keeps fingernails trimmed and clean shows good hygiene. Oyibo[6] in their study reported that this knowledge was 97.4%. In our study, it was found that only 13% students were taking bath daily while Ansari and Warbhe[7] in their study observed that almost 81% students used to take bath regularly. The present study, 90% students were brushing their teeth daily and only 5% twice daily. Ansari and Warbhe[7] found that 31% of the students used to brush twice a day, which is regarded as a standard practice. Three percent students used to brush their teeth every alternate day. Only 1% students used to brush their teeth daily. Manjunath and Kumar[8] conducted study on school children. The study shows 68% brush teeth before going to bed followed by 31.8% in the morning. In our study, it was found that 70% students were washing hands before meal and 89% were washing after defecation. In a study conducted by Vivas *et al.*,[9] in Angolela, Ethiopia, the majority of students reported washing hands before meals. The percentages of children who reported the importance of and the preference for hand washing before eating were 99.7% and 98.8%,

respectively. These high proportions are consistent with the high proportion of children who reported actually washing their hands before meals (99.0%). Although the children possessed good knowledge on few indicators of personal hygiene, their practice was inadequate.

CONCLUSION

School-based hygiene education is vital to decrease the rates of transmissible diseases. Children are more receptive to learning and are very likely to adopt healthy behaviors at a younger age. They can also be agents of change by spreading what they have learned in school to their family and community members. Unhygienic condition is one of the major causes of diseases.

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