

A Study to Assess the Knowledge Regarding Maintenance of Personal Hygiene among the School Going Children

Pravin Ramesh Gholap

Associate Professor, Ganpatrao Adke college of Nursing , Nashik, Maharashtra, India

Abstract

For children, maintenance of personal hygiene helps to improve the quality of life and longevity. Majority of the health problems affecting school children are preventable by promotion of hygienic practices through proper health education by the teachers This study was undertaken to find out the knowledge regarding maintenance of personal hygiene among the primary school children

METHODS:

A exploratory study was conducted among 60 primary school children of a primary school located at Wadivare dist.Nashik, Maharashtra, India with the help of a predesigned, pre-tested and structured questionnaire. Data were analyzed statistically by simple proportions and tests of significance.

RESULTS:

Study found that the 5th standard students have more knowledgeable than the 3rd standard students regarding the maintenance of personal hygiene. There was a wide gap between practice and knowledge of personal hygiene among the primary school children studying in wadiware. Even, misconceptions do exist on certain indicators of personal hygiene among the students. Statistically knowledge regarding maintenance of personal hygiene among the school children is the literacy status their parents and misconception regarding hygiene.

INTRODUCTION

Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. Medical hygiene therefore includes a specific set of practices associated with this preservation of health, for example environmental cleaning, sterilization of equipment, hand hygiene, water and sanitation and safe disposal of medical waste.^[1] Personal hygiene is the first step to good grooming and good health. Elementary cleanliness is common knowledge. Neglect causes problems that you may not even be aware of. Many people with bad breath are blissfully unaware of it. Some problems may not be your fault at all, but improving standards of hygiene will control these conditions. Dandruff is a case in point. More often than you know, good looks are the result of careful and continuous grooming.^[2]

Hygiene is the science of health and its preservation. The term also refers to practices that are conducive to good health. Thus the aim of hygiene is not only to preserve the health but also to improve good personal hygiene usually means those measures a person takes to keep his skin and its appendages.^[3] Personal hygiene should be observed throughout the life for healthy living. Recognizing hygiene for prevention of disease is important for children in a child to child program. Child can be excellent health messenger and health volunteer in their own community school children can learn easily

to cultivate good habit and to mould themselves. Expert advice that health education should be a part in school curriculum. All health issues irrespective of their sensitivity can be inculcated in educational programs in methodological and scientific way.^[4]

School health is an important intervention as a great deal of research tells us that schools can have a major effect on children's health, by teaching them about health and promoting healthy behaviors. The aim of this study is to determine common health problems and assess personal hygiene status among primary school children. A total of 450 students were assessed for health problems and composite score of personal hygiene status was calculated ranging from 0 to 5 by examination of hairs, nails, skin and clothes. Out of 450 students examined, 56.2% were boys and 43.8% were girls with age ranging from 5 to 10 years. The major morbidities observed were dental caries (65.1%), upper respiratory tract infections (38.2%), ear wax (29.9%) and myopia (10.0%). Mean hygiene score was significantly higher in girls (4.32) than boys (3.95) and poor hygiene observed in older boys.^[5] The study was undertaken to find out the status of nutrition and personal hygiene among primary school children and their association with their varied morbidity profiles in large slum of Kolkata. The participants included 103 boys and 81 girls, with a mean age of 6.2 years. Most of the boys (54.37%) and girls (74.07%) were normally nourished as per the CDC growth chart. Over 70% of the children were suffering from one or more morbidities, the most common morbidity in both the sexes being pallor, followed by worm infestation^[6]

The study examines the effect of moderate to high worm burdens of *Trichuris trichiura* infection on the cognitive functions of 159 school children (age 9-12 years) in Jamaica, using a double-blind placebo-controlled protocol. Results were evaluated by using a forward-stepwise multiple linear regression. Removal of worms led to a significant improvement in tests of auditory short-term memory (p less than 0.017; p less than 0.013), and scanning and retrieval of long-term memory (p less than 0.001). Nine weeks after treatment, there were no longer significant differences between the treated children and an uninfected Control group in these three tests of cognitive function. It is concluded that whipworm infection has an adverse effect on certain cognitive functions which is reversible by therapy.^[7] The School health services in India dates back to 1909, when for the first time medical examination of school children was carried out in Baroda city. During 5 year plans, many state government, have provided for school health and school feeding programs. World Health Organization also announced for global school health initiative in 1995.^[8]

A study evaluate the prevalence, severity, and associated factors on dental erosion in 11-16-years old. Study was conducted among 2000 school children who were randomly selected. A questionnaire was given to the children that included personal demographic details and habit of consuming acidic foods and drinks. The values were subjected to chi-square test and multivariate logistic regression analysis. The prevalence of dental erosion was found to be 1.4%. Females (1.6%) were slightly more affected than males (1.3%). Public school children (2.1%) were found to be affected a little more than private children (0.7%). Chi square test showed significant association between type of school and erosion prevalence ($p = 0.015$). Most commonly affected teeth were lateral incisor (59.72%).^[9]

The study was conducted on 1287 children in 10 residential Ashram schools of rural Wardha, Maharashtra.. The haemoglobin level of all children was estimated using the

hemoglobin colour scale. Body mass index and physical activity score for each child were calculated. There was significant improvement in personal hygiene and reduction in hygiene-related morbidity among the children. The haemoglobin level of the children increased from 10.7 g/dl to 11.4 g/dl. There was also a significant increase in the proportion of children with body mass index that was normal for age (5th-85th percentile) from 32.2% to 38.5%.^[10]

METHOD OF DATA COLLECTION

The sample was collected by non probability convenience sampling technique. Sample were given instruction about how to fill questionnaire. Sample were selected 8 to 12 years of age studying in wadiware, Nashik school. Data collection was done on 60 children.

ANALYSIS AND INTERPRETATION OF DATA

DISTRIBUTION OF SAMPLE, FREQUENCY AND PERCENTAGE OF DEMOGRAPHIC VARIABLES

Sr No	Demographic variable	Frequency	Percentage
1.	Age of child		
a.	8 year	28	46.66%
b.	9 year	26	43.33%
c.	10 year	06	10.00%
d.	11 to 12 year	00	00%
2.	Standard of child		
a.	3 rd standard	25	41.66%
b.	4 th standard	20	33.33%
c.	5 th standard	15	25.00%
3.	Number of child in family		
a.	One	06	10.00%
b.	Two	18	30.00%
c.	Three	16	26.66%
d.	More than Three	20	33.33%
4.	Type of family		
a.	Nuclear family	22	36.66%
b.	Joint family	30	50.00%
c.	Single family	00	00.00%
d.	Other guardians	08	13.33%
5.	Education status of parent		
a.	Primary education	22	36.66%
b.	Secondary education	18	30.00%
c.	Graduation	12	20.00%
d.	Post- Graduation	08	13.33%
6.	Occupation of Parent		
a.	Government	12	20.00%

b.	Businessman	16	26.66%
c.	Non Government	12	20.00%
d.	Labor	20	33.33%

The study was conducted among the 60 children studying in wadiware school. Standard 3rd to 5th standard students were participated, 25 students from 3rd standard, 20 student from 4th standard, 15 students from 5th standard. According to age 28 students 46.66% are from 8 years age group 26 students 43.66% are from 9 years, 06 students 10.00% are from 10 years. No any student are from 11 years and above. In 33.33% family having more than 3 children , 26.66% family having three children, 30% family having two children and 10% family having one children. According to the type of family 36% are from nuclear family, 50% are belongs to joint family, and 13.33% are from other guardians no any student from single family. Education statues of parent 36.66% students parent having primary education, 30.00% are having secondary education, 20.00%and 13.33% parents completed graduation and post graduation study. Maximum student parent are working as labor, some parent are having own business, family business, few parent are working in government and non government organization.

REFERENCE

1. World health organization(WHO), www.who.int
2. www.webhealthcenter.com
3. Kasturi sundar Rao, Text book of community health nursing ,4th Edition. Page no. 247-261.
4. K Park, Essential of community health nursing Banarsidas Bhanot, 4th ,page no 30-36.
5. Mhaske MS, Khismatrao DS, Kevin F, Pandve HT, Kundap RP, Morbidity pattern and personal hygiene in children among private primary school in urban area: are the trends changing?, Journal of family medicine and primary care, Jul-Sep 2013, page no 266-269.
6. Soumya Deb, Sinjita Dutta, Aparajita Dasgupta, and Raghunath Misra, Relationship of personal hygiene with nutrition and morbidity profile: A study among primary school children in south Kolkata, Indian journal of community medicine, April-2010, page no 280-284.
7. Nokes C, Grantham-McGregor SM, Sawyer AW, Cooper ES, Bundy DA. Parasitic helminthes infection and cognitive function in schoolchildren. Proceeding Biological Sciences, 1992;247:77-81.
8. Park K. 19th ed. Jabalpur: Bhanot Publications; 2006. Textbook of Preventive and Social Medicine; pp. 235-7.
9. Kirthiga M, Poornima P, Praveen R, Sakeena B, Disha P. The Journal of clinical pediatric dentistry, summer 2015 page no. 336-342.
10. Dongre AR¹, Deshmukh PR, Garg BS. Health promoting school initiative in Ashram school of Nashikdistrict. National Medical journal of India, May-June 2011, page no 140-143