

Knowledge of Primary School Children about Personal Hygiene in Government School, Asal Suleiman, Lahore

FARAH REHMAN¹, ABDUL REHMAN JANJUA², NADEEMUDDIN³, HUMERA SHAHZAD⁴

ABSTRACT

Aim: To assess knowledge about personal hygiene among primary school children of Asal Suleiman

Methods: This cross-sectional study was conducted at Government Primary School, Asal Suleiman from 1st January 2015 to 31st March 2015. One hundred students of primary school were included. Students of secondary school were excluded.

Results: Ninety one percent students were having knowledge about personal hygiene, 98% students used water for cleaning of perianal area, 51% children took bath daily, 90% students brushed their teeth once a day and 18% students were washed daily uniforms.

Conclusion: They did not possess knowledge about importance of personal hygiene but were not practicing it on ground.

Keywords: Knowledge, Personal hygiene, Primary school

INTRODUCTION

Hygiene is a position of practices performed for the protection of health. According to WHO hygiene refers the circumstances and practices that help to encourage, sustain health and prevent the spread of diseases. According to the Centres of Disease Control and Prevention stated that prevention of spread of germs in the schools is essential to the health of youth, schools and state. Good hygiene prevents the spread of germs. It also helps to give a good first impression and good feelings to others^{1,2}.

The school Health Program includes, all school health services, school health environment, school health education, and school nutrition programs³. It was started by Government of Pakistan in 2010. Its aims were to improve health of school going children's of Pakistan. It includes safe clean fresh drinking water, provision of gender and culturally appropriate sanitation and cleanliness. Toilet facilities, having adequate spacious airy class rooms, more comfortable seating arrangements and adequate and sufficient play grounds, a child friendly environment for mental and social health proper access for disabled and physically challenged, reduction in dropout rate, improvement of quality of education and learning outcomes, which improve the health conditions of young population, lastly disease

control and an overall enhancement and improvement in health conditions in the society at large⁴.

The truthful behavioural practices and education is a mean to have a positive impact on the health and hygiene conditions of a society as a whole, both at the present and in the future. The success of a school hygiene program is therefore not determined only by the number of latrines constructed and the number of hand pumps installed or water connections built. Nor is a victory of a program determined just only by what children know. Knowledge that is not applied to hygiene manners in practice has no impact on health. Poor hygiene practices and insufficient sanitary conditions play major roles in the increased trouble and burden of communicable diseases within developing countries⁵.

School health is an important interference and intervention as a great deal of research tells us that schools can have a major consequence on children's health, by teaching them about health and promoting healthy behaviours. A child spends more time at school than anywhere else, except home. Schools are blessed since they provide an environment for acquire skills and development of aptitude and intelligence, which can be utilized by students to achieve their goals in life and build up as a good human being. A great deal of research tells us that school can have a major outcome on children's health by teaching about health and promoting healthy and well behaviours. Moreover, young children today have bigger dreams than ever before and they are eager to go the extra mile to achieve their dreams. However, we need to keep them healthy and strong so that they can stretch their wings and fly high. Hence, this study was planned to

¹Assistant Professor Community Medicine, Central Park Medical College Lahore,

²Monitoring & Evaluation Officer, Punjab Aids Control Program Lahore,

³Assistant Professor Anatomy, Ghulam Muhammad Mehar Medical College Sukkur,

⁴Department of Pathology, Basic Medical Sciences Institute, Jinnah Postgraduate Medical Centre, Karachi

Correspondence to Dr. Farah Rehman, e-mail: dr.sherni@gmail.com

study common health problems and assess the status of personal hygiene in children of a private primary school in the urban areas^{6,7}.

SUBJECTS AND METHODS

This cross-sectional study was conducted at Government Primary School, Asal Sulieman from 1st January 2015 to 31st March 2015. One hundred students of primary school were included. Students of secondary school were excluded. Each student was given equal number of proformas (12 each). Questionnaires were filled by interview method in which the researchers themselves filled the forms after questioning. The data was analyzed in SPSS-17.

RESULTS

Ninety one percent students were having knowledge about personal hygiene while 9% didn't (Table 1). Ninety eight percent students used water while 2% used paper for cleaning of perianal area (Table 2). Fifty one percent of children took bath daily, 41% after every 2 days and 8% weekly (Table 3). Ninety percent students brushed their teeth once a day, 6% twice a day and 4% thrice a day (Table 4). Fifty five percent of students cut their nails after 7 days, 15% after 15 days and 30% after 30 days (Table 5). Uniforms of 18% students were swashed daily while 35% and 47% of students had their uniforms washed twice a week and weekly respectively (Table 6).

Table 1: Frequency of knowledge of children about personal hygiene

Knowledge about personal hygiene	n	%age
Yes	91	91
No	9	9

Table 2: Frequency of use of materials for washing for perianal area

Materials used	n	%age
Paper	98	98
Water	2	2

Table 3: Frequency of timings of bathing/shower during a week

Bathing/Shower	n	%age
Daily	51	51
After every 2 days	41	41
Weekly	8	8

Table 4: Frequency of number of times students brush their teeth daily

Number of times brush	n	%age
Once	90	90
Twice	6	6
Thrice	4	4

Table 5: Frequency of cleaning and cutting of nails by children

Cleaning & cutting of nails (days)	No.	%
7	55	55
15	15	15
30	30	30

Table 6: Frequency of washing of uniform of students

Washing of uniforms	No.	%
Daily	18	18.0
Twice a week	35	35.0
Weekly	47	47.0

DISCUSSION

Personal hygiene maintaining the cleanliness and grooming of the external body.⁸ For good personal hygiene, hand washing is the most important thing specially before meals and after defecation. Use of soaps further enhances the hygiene.⁹ Neat and clean uniform and wearing of shoes also prevents harbouring of germs. Although children were washing their hands but use of soap was minimal.¹⁰ All these measures safeguard an individual from getting disease producing germs. Majority of children in our study were not abiding by all the above mentioned precautionary measures and hence were more prone to diseases.

It is obvious that children were aware of personal hygiene and cleanliness but were not following it in a true spirit¹¹. Most of them were not using soap or any other antiseptic material for hand washing. A vast majority of children was not brushing the teeth and cutting the hand nails. Similarly hand washing was not practiced by most of them after defecation and before meals. Majority were not wearing shoes and clean uniform.

There is a need for proper implementation of school health program whereby health professional, in collaborations with teachers and parents should create awareness regarding practice of personal hygiene among school children. It will improve the overall health of the school children and make them resistant to common infections.¹²

CONCLUSION

It is concluded that they were not maintaining a proper personal hygiene. They did not possess the knowledge about importance of personal hygiene but were not practicing it on ground.

REFERENCES

1. Bloomfield SF, Aiello AE, Cookson B, O'Boyle C, Larson EL. The effectiveness of hand hygiene procedures in reducing the risks of infections in home and community settings including hand washing and

- alcohol-based hand sanitizers. *Am J Infect Control* 2007; 35(10): S27-64.
2. US Department of Agriculture, Food and Nutrition Services, & National Food Services Management Institute (2000) Food safety mini-posters: Hand washing. Retrieved January 8, 2009 from <http://www.nfsml.org/documentLibraryFiles/PDF/20080211042308.pdf>
 3. National Food Services Management Institute (2002). Wash your hands. Retrieved May 18, 2005 from <http://www..nfsml.org/Information/handsindex.html>
 4. Lesson plans (2004). Why wash? Retrieved May 19, 2005 from <http://www.lessonplanspage.com/PEWhyWashHygieneComics2.html>
 5. American Dental Association (2005). Animation and games. Retrieved May 20, 2005 from <http://www.ada.org/public/games/animation/interface.asp>
 6. Centers for Disease Control and Prevention (2004). Stopping germs at home, work, and school. Retrieved 26, 2005 from <http://www.cdc.gov/germstopper.home.work.school.html>
 7. World Health Organization (1948-2005). Definition of Health. Retrieved May 25, 2005 from <http://www.who.int/about/definition/en/>
 8. Dongre AR, Deshmukh PR, Boratne AV, et al. An approach to hygiene education among rural school going children. *J Health Allied Sci* 2007; 4: 2-5.
 9. Oyibo PG. basic personal hygiene: knowledge and practices among school children aged 6-14 years in Abraka, Delta State, Nigeria. *Continental J Trop Med* 2012; 6: 5-11.
 10. Fewtrell L, Kauffman RB, Kay D, Enanoria W, Haller L, Colford JM. Water, sanitation, and hygiene interventions to reduce diarrhoea in less developed countries: a systematic review and meta-analysis. *Lancet* 2005; 5: 42-52.
 11. Adams J. Water, sanitation and hygiene standards for schools in low cost settings. Geneva: World Health Organization, 2009.
 12. Curtis VA, Danquah LO, Aunger RV. Planned, motivated and habitual hygiene behavior: an eleven country review. *Health Education Res* 2009;24:655-73.