

Knowledge, Attitude and Practice towards Personal Hygiene among Primary: School Children of Rural Area of Lahore, Pakistan

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Original Research Article

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Article History

Received: 28.05.2018

Accepted: 07.06.2018

Published: 30.06.2018



Abstract: According to World Health Organization (WHO), "hygiene refers to conditions and practices that assistance to keep up wellbeing and avoid the spread of disease. Personal hygiene includes those practices performed by a person to care of one's bodily well-being, through cleanliness. A Cross sectional descriptive study was conducted in primary school of Hussain Abad of Lahore. The instrument use for the data collection was adopted questionnaire and convenient sampling technique was used. Study included 119 primary school children most of them were males (55.4%), the majority were rural resident (88.7%) with their age ranged between 5-12 years and median age 10 years. More than three quarters of the children (77.1%) knew the requirement of personal hygiene. On the other hand more than half of them had a special towel and comb. About two thirds of children (65.4%) had good to moderate knowledge with nearly three quarters (73.6%) had positive attitudes and more than half (55.4%) had good practice. There was a moderate positive correlation between knowledge score with both the attitude and practice scores. Male and older children had a significant better knowledge, attitude and practice than female and younger ones. Residence had no significant effect on children knowledge, attitude and practice. Preschool children knowledge, attitudes, and practices about personal hygiene were deficient in some aspects.

Keywords: Attitude, Hygiene, Knowledge, Practice, Preschool children.

INTRODUCTION

The term "hygiene" is derived from Hygeia, Greek expression of wellbeing, neatness and sanitation. Hygiene is likewise the name of branch of science that arrangements with advancement and protection of health, also called hygiene. Hygiene is very imperative for carrying a wellbeing life. Personal hygiene is art of wellbeing living of individual. Personal hygiene contains each one of those personal features, which impact the health and wellbeing of person [1].

Elementary hygiene states to practice that help to preserve wellbeing and keep the spread of infection or disease. It involves normal washing of body, washing hands when essential, trimming of nails, washing ones dresses, keeping hair clean and brushing the teeth. School children are mostly susceptible against disregard of fundamental personal hygiene [2]. The outcomes as far as morbidity and mortality are additionally more severe in them related to grown-ups.

Personal hygiene is the knowledge of healthy-living of a person. Personal hygiene contains each one of those personal factors, which impact the health and wellbeing of a person. It includes bathing, clothing, care of nails, washing hands, teeth and feet, personal appearance and inculcation of clean and neat habits [3].

UNICEF [4] detailed that overview among school children in India exposed that about part of diseases is associated to absence of personal hygiene. Likewise, it is by and large perceived that childhood is best time for children to learn hygiene practices.

The higher burden of transferable diseases of primary school students due to poor practices of personal hygiene and deficient hygienic situations remains due to public health agenda in developing countries. Due to insufficient knowledge, attitude and practices among primary school students those are specifically susceptible to inattention of elementary of personal hygiene. Lack of knowledge, attitude sand practices towards personal hygiene for example hand

washing play imperative roles in increasing rates of transferable diseases, consequently has poor outcomes for long term of child in general advancement. Upgraded knowledge towards hand hygiene practices of children have effectively reduced to the infection of gastrointestinal and respiratory tract up to 50% of two increasing reasons of childhood morbidity and mortality around world. In addition, studies have likewise shown that improved knowledge and practices towards personal hygiene of school children have less sick days and absenteeism and attain higher results [5].

Primary school children can learn particular wellbeing advancing practices, even if they do not completely recognize the association among illness and performance. Health practices can be created in this period. Moreover, research on this ground is essential. The present poor knowledge for development of enhanced strategies for improving preservation of primary school children towards personal hygiene, which is higher status to reduction burden of communicable diseases in developing countries [6].

RESEARCH QUESTION 1

What is the knowledge of primary school children towards personal hygiene in Hussain Abad rural area of Lahore?

RESEARCH QUESTION 2

What is the attitude of primary school children towards personal hygiene in Hussain Abad rural area of Lahore?

Research Question 3

What is the practice of primary school children towards personal hygiene in Hussain Abad rural area of Lahore?

RESEARCH QUESTION 4

What is the association of resident's (5years -12 years) towards personal hygiene in Hussain Abad rural area of Lahore?

AIMS OF STUDY

The aim of current study was to assessing the knowledge, attitude and practices of primary school children regarding personal hygiene.

SIGNIFICANCE OF STUDY

There was need to identify the personal hygiene knowledge, attitude and practices of this target group in rural area of Hussain Abad, Lahore. The findings from this study can also give basic and useful information for policy formulation and strategic interventions on personal hygiene among school students. The outcome of this study will serve as a guide for further research in this area.

LITERATURE REVIEW

The school children have been reliably concerned with Spreading of communicable diseases [7] and that school has been documented as dynamic setting for health improvement [8].

The study was conducted in Pakistan in 2011, assessment of school children's attitude regarding oral hygiene determines that 98% children consider wellbeing mouth preservation as an individual responsibility, but 83% felt that it was not in their control; 58% had visited dentist before, out of whom 36% had specified the goal for their visit as dental deterioration. However, 50% children did not have positive attitude regarding significance of dentist's role in preserving their dental health. A statistically important relationship ($p < 0.001$) occurred between positive attitude regarding dentist's role and frequency of dental visits [9].

WHO General Assembly [10], there is have to advance a "Mechanism to give protection of population with needed personal hygiene care and enhancement of oral health organizations that should be focused regarding illness control and health improving the poor and disadvantage countries" [11].

According to United Nations Children's Fund (UNICEF) and Ethiopian Ministry Health found that study of respondents in Ethiopia had lack of knowledge, attitudes, and practices (KAP) towards personal hygiene. Near about, 60% of children had no knowledge of conceivable transmission of diseases through human waste [12].

Humagain [13] was conducted study to assessing knowledge, attitude, and practice (KAP) regarding personal hygiene of school students in rural areas of Nepal. Outcomes showed that only 35.1% of study respondents really knew know about oral hygiene, and only 20% reported that they were regular personal hygiene participants for check-ups. Humagain concluded that oral hygiene knowledge, attitudes, and practice of children was poor.

Mehta and Kaur [14] evaluated personal hygiene associated with knowledge, attitude and practices of 12-year-old school children studying in rural areas of Punchkula, India. Poor knowledge and practices among children was assessed, as only 25% of respondents have personal hygiene.

Lack of practice personal hygiene is one of most imperative causes for transmission of infectious diseases. Study done in India showed that Diarrheal, skin, worm infestations, dental diseases, nutrition deficiencies are relationship with poor personal hygiene. It poorly affects the appearance at school and learning process (17-18). Almost three-fourth of primary school children (74.04%) were suffering from morbidities associated to poor personal hygiene. The most common morbidity reported by them was diarrhea (56.73%), fever with or without cough / cold (54.81%), passage of worms in stool (45.19%), head lice (40.38%), scabies (39.42%), dental caries (9.62%) and multiple boils (7.69%).

CONCEPTUAL FRAMEWORK

Health belief model (HBM) was drawn as a conceptual framework in this study. This model is commonly used for emotional method to describe wellbeing practices in reaction to analyzed illness, especially compliance with medical regimen.

The health belief model (HBM) determines how persons weigh up benefits and risk of health practices before taking action [15].

The health belief model (HBM) was established in 1950s by public psychologists Hockbaum, Rosenstock, and Kegels working in U.S Public Health Services. The model was conducted to explore a variation of long term and short term health behaviors; it emphasizes on attitudes and beliefs of every person. The essential statement of HBM is based on the understanding that person will take a health related action if that person feels that harmful health condition can be avoided or has a positive expectation that by taking a recommended action, he or she will avoid a negative health condition related to personal hygiene.

Practices in KAP reviews usually inquire about use of protective measures or different health care options; this is because protective against any disease towards personal hygiene is relational to KAP of population.

METHODS

SETTING

Study was conducted in primary school of Hussain Abad in a rural area of Lahore, Pakistan.

RESEARCH DESIGN

Cross sectional descriptive study was conducted

POPULATION

Data was collected from primary School children of Hussain Abad.

SAMPLING

Data was collected from convenient selected sample of 119 children of primary school Hussain Abad Lahore.

RESEARCH INSTRUMENT

In this study was adopted structured questionnaire, used with closed ended question. These questionnaires consist of questions related to knowledge, attitude and practice regarding personal hygiene of children.

DATA GATHERING PROCEDURE

Each participant was interviewed using structured questionnaire, and filled by school children, with help of school teachers and supervision of primary school principal. The questionnaire consisted of; Demographic information Grade, gender, residence.

16 questions towards personal hygiene knowledge of children as an instrument for personal hygiene, importance, and rates of bathing, washing the hands, feet and hair, brushing the teeth, cutting of nails etc.

21 questions towards personal hygiene practices of children what actually done as morning face washing, frequency of tooth washing, ear cleaning after bath, washing hand with (soap, water only, other), and teeth cleaning (toothpaste, water only, other).

5 questions towards personal hygiene attitude of children include concepts about imperative of washing hands after touching animals, before meals, after meals; importance of cleaning body, importance of tooth brushing and if obesity is sign of strength.

ANALYZE DATA

Data was analyzed by SPSS version 21.0. Frequencies, proportion tables, charts, graphs and tables were used to define knowledge, attitude and practice towards personal hygiene among children. Chi-square test was used to test the association between knowledge, attitude and practice.

STUDY TIMELINE

This study approximately was taken in 4-5 months (September, 2017 to January, 2018).

ETHICAL CONSIDERATION

Ethical principle was performed during research study. Written permission was taken from Ethical committee of LSN department in University of Lahore. Permission was taken from the stakeholders of the Hussain Abad to conduct research study. A written consent was taken from the principle of the primary school of Hussain Abad. Study was beneficial. Confidentiality was maintained only by a code number on the questionnaire. The information or data was remained to the first researcher.

RESULTS

Table-1: Demographic information of participants;

S. #	Demographic information	Class	Frequency	Percentage
1.1.	No of participants	Female/male	119	100%
2.2.	Gender of participants	Male	62	52.10
		Female	57	47.9%
3.	Age of children	5-7 year	56	52.94%
		8-10year	63	47.06%
4.	Class of children	1-3 rd	63	47.06%
		4-5 th	56	52.9%
5.	Education of father	Illiterate	31	20.17%
		Primary	26	26.05%
		Secondary	38	21.85%
		Higher Secondary	24	31.93%
6.	Education of mother	Illiterate	49	41.2%
		Primary	30	25.2%
		Secondary	38	31.9%
		Higher Secondary	2	1.7%
7.	Occupation of father	Employed	66	55.5%
		Unemployed	53	63.5%
8.	occupation of mother	Employed	37	31.1%
		Unemployed	82	68.9%
9.	Mother's tongue	Urdu	45	37.8%
		Punjabi	74	62.2%

This table presents the outcomes of the demographic data of my study. The study was descriptive the outcomes of study only generalized to residents of Hussain Abad and not to other population of area.

Demographic data includes participant's gender, age, class, father education, mother education, occupation of father, occupation of mother and mother tongue.

Out of 119 participants, all were response to the questionnaire. There were 62 males and 57 were female participants. This table shows the demographic information of participants of the study. The study showed that age of participants (n=119) varied from age 5-10 year. Most of the participants (52.9%) were in age group of 5-7 years and others were in age group of 8-10 years. There were 1-5th class of participants included in this study, 63 (47.6%) were in 1-3rd class and 56 (52.4%) were in 4-5th class.

DISCUSSION

The objectives of this study were to assess knowledge, attitude and practice towards personal hygiene among primary school children. This study was also to help find out the association between knowledge, attitude and practices variables. Data was collected by using convenient sampling from the primary school children. To assess the knowledge, attitude and practice by structured questionnaire.

In the present study, there were 58% of knowledge among children regarding the requirement of personal hygiene and 42% of children were no knowledge about this. 54.6% of children were the knowledge about importance of hand washing but 45.4% of children were no knowledge. 64.7% of children were knowledge regarding tooth brushing and 35.3% of children were no knowledge and using soaps in cleaning hand. This was in agreement with another study carried out in Ethiopia [16] among primary school children, as (85.4%) of students know the importance of hand washing before meals. This also reported by primary school children in Erbil city [17] where the students (58%) knew the requirement of personal hygiene, and also knew the importance of the hand washing. Whereas, the harm of nail biting, a number of bathing/week and the harm of poor personal hygiene were not well known by children, (38.7% were knowledge and 61.3% were no knowledge). This was lower than that reported in other studies, in Erbil city [17] and in India 2014 as more than half of children knew the importance of good personal hygiene. This may be due to the age difference in the study population as the children of the current study were younger. In the present study, most of the children (72.3%) practiced face washing in the morning, 52.1% of children using shampoo in washing hair, 82.4% were better practice by combing hair and 33.6% of children were practice about washing hand with soap before and after meals but 66.4% of children were no practice. These high proportions were consistent with that reported by other studies. However it is higher than reported from other studies in India and Turkey as 85.4% and 46.9% of students respectively, reported that washing hands before meals while 45.12% and 42.4%, respectively, reported using soap. More than half of children in the present study had a bath daily (54.1%). And also (60.2%) used tooth brush twice daily. These findings disagree with Ansari [1], who reported 81% of children bath daily and 31% practiced tooth brush twice daily. Kenneth A Eaton *et al.*, [18] conducted a study on school children. The study revealed that in Switzerland, Sweden, Netherlands, Germany, Denmark and Norway, more than 75% of children brushed their teeth more than once per day, whereas, in Finland, Romania, Greece, Lithuania, Turkey and Malta less than 46% brushed more than once per day. Lower proportions were shown by Petersen PE *et al.*, [19] as 22% of children brushed their teeth twice a day. This could be explained by the difference in the socioeconomic status and living conditions among study participants and may be the level of awareness among parents. The present study revealed that three-quarters of children with a positive attitude and the majority of those with good practice had significantly moderate and good knowledge. This agrees with the findings of Dakhili [20]. Also Smith [21], reported that Subjects with strong knowledge showed better attitude and practice towards hygiene. However, neither the attitude nor the practice variables differed significantly between the strong and weak knowledge groups. This may be explained by differences in study population and methodology. In the current study, male children had significantly better knowledge, attitude and practice than female ones. This disagrees with Kamran [22], who reported that females had better knowledge, attitude and practice scores than males regarding oral health. Whereas in another study males had shown significantly higher scores compared to females. This discrepancy in results may be explained by the cultural and social differences. In the present study, older children had significantly better knowledge, attitude and practice than younger ones. These findings are in harmony with [23]. who reported a significant relationship between age and child knowledge concerning personal hygiene.

LIMITATIONS

The study was certain limitations that need to be acknowledged in the interpretation of the result.

- This was a cross-sectional study, therefore interpretations correlated to causality of relationship could not be drawn, and however, case control and cohort studies should be conducted to establish causal relationship.
- As the information was gathered from just a single setting, it has restricted generalizability.
- Convenient sampling was applied in data collection process whereas the probability sampling method can enhance the induction of different strata of the participants.
- The study was limited to assess knowledge, attitude and practice regarding personal hygiene among primary school children of rural area of Lahore.

CONCLUSION

Primary school children knowledge, attitudes, and practices towards personal hygiene were poor in some features. The requirement for more well-being education concerning personal hygiene to ensure that all children learn at an early age how to keep themselves and others to control the exposure from illness and other risks correlated to poor hygiene. This can be carried out through formal (as a part of educational programs) and informal health education messages.

ACKNOWLEDGEMENT

- My sincere appreciation, thanks and respect provided to HOD of Lahore School of Nursing (LSN) Mr. M. Afzal for his valuable and inspiring guidance as evaluator.
- Special thanks to my preceptor Mr. Muhammad Hussain for her continue support and encouragement in the research project.
- Also thanks to my family especially my honorable Father for encouragement during my study
- Thanks to all participants (primary school children) and principal and teachers of primary school for facilitating data collection.
- Also, thanks to all those who kindly supported encouraged or facilitated me during my study process

RECOMMENDATIONS

The recommendations for the future are the following;

- The study can be done in the other rural area of Lahore.
- The can be done by increasing the period of time for the excellent research.
- A seminar or teaching session should be conducted on awareness of personal hygiene among school children.

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