



A STUDY TO ASSESS THE KNOWLEDGE REGARDING PERSONAL HYGIENE AMONG THE PRIMARY SCHOOL CHILDREN IN A SELECTED GOVERNMENT SCHOOL AT ANDIPALAYAM, COIMBATORE

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ABSTRACT

STATEMENT OF THE PROBLEM

"A study to assess the level of knowledge regarding personal hygiene among primary school children in selected Government Primary School, Andipalayam, Coimbatore."

OBJECTIVES

- To assess the level of knowledge regarding personal hygiene among primary school children.
- To find the association between the level of knowledge regarding personal hygiene among primary school children in selected demographic variables.
- To prepare the health education pamphlets to the children.

RESEARCH DESIGN AND METHOD

A non-experimental research design was carried to find the knowledge regarding personal hygiene among primary school children studying in government primary school, Andipalayam. Checklist was prepared. Before collecting the data connect was obtained from each sample. Analysis was planned to be done by using descriptive statistics.

RESULTS

Regarding age of the sample, the age out of the 60 samples, 23(38.3%) of the children are age between 5-7 years and 37 (61.75%) of children are at the age between 8-10 years. Regarding standards of the children, 6 (10%) children are first standard, 14 (23.3%) children are second standard, 14 (23.3%) of children are third standard, 15 (25%) of children are fourth standard and 11 (13.3%) of children are fifth standard. Regarding the education of the father, 11(18.3%) of children father are illiterate, 27(45%) of children fathers are primary education, 21(35%) of children fathers are secondary education and 1.7% children father are graduated. According to the education of the mother, 30 (50%) children mothers are primary education, 20 (33.3%) children mothers are secondary education, 8 (13.3%) children mothers are illiterate, and 2(3.3%) children mothers are graduated. Regarding the occupation of the father, 41 (68.3%) children fathers are private employee and 2 (3.3%) children fathers are Government employee. According to the occupation of mother 23 (38.3%) children mothers are unemployment, 18(30%) children mothers are coolie, 10 (16.7%) children mothers are private employee and 9 (15%) children mothers are the government employee.

According to the family monthly income 26 (43.3%) children family monthly income are Rs.3001-6000 and 26 (43.3%) children family monthly income are 6001-10000 and 8 (13.3%) children family monthly income are above Rs.10001. Regarding the religion the maximum 57 (95%) children are Hindus and 3(5%) children are Christians. According to the living area maximum 50 (83.3%) children are comes from rural and 10 (16.7%) children are comes from urban. Regarding the type of house 47(78.3%) children are pucca house, 9(15%) children are kacha house and 4 (6.7%) children are thatched house. According to the water facility 56(93.3%) children are having Municipality water facility and 4 (6.7%) children are having pump set water facility. Regarding the source of information about personal hygiene maximum 39(65%) children are from parents, 14 (23.3%) children are from mass media and from mass media and 7(11.7%) children are from health workers.

The study revealed that 40 (66.7%) of school age have adequate knowledge, 14 (23.3%) of the school age have moderate knowledge and 6 (10%) of school age have inadequate knowledge on personal hygiene.

CONCLUSION

It is essential to conduct on more activities teaching modalities to enable the clients to participate in their lifestyle and also this study can be useful for health for health personnel to improve their knowledge and practice among primary school children.



INTRODUCTION

Personal hygiene is a public health tool that is used for the disease prevention and health promotion in individual, families and communities.

Cleanliness in individuals in communities can reduce threats especially by community population health analysis. The focus of the good personal hygiene is to prevent disease, injuries and other health conditions through surveillance and the promotion of healthy behaviour in aspects relevant human health. It may prevent health problem from happening or re-occurring by implication education programme developing policies, administering services and conducting research.

Good personal hygiene now forms part of health primary health prevention strategy. This has been found to be effective by reducing mortality and morbidity rate in children.

One important tool that could be used to reduce child mortality from communicable disease may be health education especially to pupil in primary school

Personal hygiene, which is also referred to as personal care include following bathing hair, nail, feet, genital, dental cares and washing of cloths among others. Grooming is caring for finger nails and hairs, examples of these activities would be barbing of hairs and trimming of finger nails.

Basic hygiene refers to practices that help to maintain health prevent the spread if disease. It involves regular washing of body, washing of the body, washing hands when necessary, cutting of nails, washing ones clothing, keeping the hair neat and brushing of teeth. School children are particularly vulnerable to neglect of basic personal hygiene.

-Enahoro and Orokj. 1986

Hygiene is a set of practices performed for the preservation of health.

Hygiene refers to condition and practices that help to maintain health and prevent the spread of disease. – (WHO)

The consequences in term of morbidity and mortality are also more severe in then compared to adults. The increased burden of communicable discuses among school children due to poor hygienic practice and inadequate sanitary conditions remains concern on the public health agenda in developing countries. Poor knowledge, practice and attitude towards personal hygiene play major roles in the high incidence of communicable diseases and there for has negative consequence for the child's long term over all development.

Personal hygiene refers to comprehensive cleaning and caring for your body, maintain good personal hygiene including bathing, brushing your teeth, washing your hands, and wearing cleaning cloths. It is also included making safe and healthy decisions. When interacting with others implementing good a personal hygiene practice have both health and social benefits. (Alison Datko -2014).

Personal hygiene is essential for reason health, culture, and style, without a healthy level of tidiness, the body response through disease of skin, Also man is a social animal One risks his acceptance in society if his appearance is unkempt and his body unclean.

These are certain easy and day to day routine. Which when in corporate help to improve the state of one's personal cleanliness.

For most people good hygiene is so much a part of their daily routines that they think little about it. They bathe they brush their teeth, visit the dentist, for regular check-up and wash their hands, when preparing or eating food and handling unsanitary items. To keep those you care about healthy and safe help them learn and area sure that they are practicing good personal hygiene.

The fingers may get contaminated with one's own feces either directly or indirectly. Activities during defecation and child bottom washing are additional opportunities for the contamination of the fingers that facilitate the transmission of infection.

The cleanliness of our hands is very important in all our daily activities. In our normal activities our hands frequently get dirty. There are many situations in which micro-organism are likely to attach to our hands along with the dirt. Hand hygiene play a critically important role in preventing this transmission.

Common childhood infection like childhood diarrhoea, respiratory illness and bacterial skin infection can be averted by simple hand washing soap before and after using toilet. Children tend to tease a child who picks her nose or comes to school with matted hair, dirty clothing or a foul smell.

According to Australian psychologist Marion Kostanski, teasing is strongly related to a child's self-esteem, and our society has a low tolerance for individuals who look an act differently. The psychologist's study suggest a child who does not practice good personal hygiene is placed at risk for injurious teasing by peers. Take time to teach your child at young age the basics of good hygiene to avoid unnecessary teasing and taunting peers.

The personal hygiene habits developed by child can be taught in a fun way. Making up of games to if child can remembers what steps are needed to accomplish a specific hygiene goal. Using creativity will help child maintain an interest in personal hygiene. Pamphlets to use to motivate the child. The care must be there for not to make personal hygiene too much work for child. Keep it light and fan as child transition into owning these habits for a life time. Consistency in good hygiene can help the child establish healthy habit for a life time.



STATEMENT OF THE PROBLEM

A study to assess the knowledge regarding personal hygiene among primary school children in a selected Government Primary School in Kilinjalmedu, Karaikal.

OBJECTIVES

- To assess the level of knowledge regarding personal hygiene among Primary School Children.
- To find the association between the level of knowledge regarding Personal Hygiene among primary school children in selected demographic variables.
- To prepare the health education pamphlets to the children.

OPERATIONAL DEFINITION

ASSESS

Refers to situational process of making judgement over the knowledge on personal hygiene among the Primary School Children observed from the scores based on checklist.

KNOWLEDGE

Knowledge refers to level of understanding of primary school children on personal hygiene.

PRIMARY SCHOOL CHILDREN

Primary school children refer to the children of 1st to 5th standard in the age group of 6-10 years respectively.

PERSONAL HYGIENE

It refers to the condition and practices that helps to maintain health and prevention of spread of disease.

-World Health Organisation.

RESEARCH METHODOLOGY

Research methodology involves systematic procedure in which the researcher start from initial identification of problem to its final conclusion the role of methodology consist of procedure and techniques for conducting a study.

This Chapter deals with the researcher design research approach, setting, population ,sample size criteria for sample selection and sampling techniques, description of scoring reliability and validity, data collection process and plan for data analysis.

RESEARCH APPROACH

It involve the description of the plan to investigate the phenomenon under study in a structured (quantitative), unstructured (quantitative) or a combined of the two methods.

-Suresh K Sharma (2011)

For the present study quantitative approach has been selected.

RESEARCH DESIGN

Research design is the master plan specifying the methods and procedure for collecting and analyzing the needed information in a research study

-Suresh K Sharma

For the current study non-experimental design was selected.

VARIABLES

Independent variable:

Personal hygiene among school children.

Dependent variable:

Knowledge regarding personal hygiene.

SETTING OF THE STUDY

Setting is the physical location and condition in which data collection takes place.

-Polit and Beck (2013)



The study was carried out in government primary school situated in Andipalayam. This school consists of classes from 1st standard in Tamil medium. It is headed by a head master.

POPULATION

Population is a complete set of element (person or object) that possess some common characteristic defined by the sampling criteria establishment by the researcher.

-Polit and Beck(2013)

Target population: Means the entire group of people or object to which the researcher wishes to generalize the study finding. In this study target population comprise of primary school aged between 5-10 years.

SAMPLING

Sample: Sample is the subset of population selected to participate in a study.

-BT Basavanthappa.

The sample for the present study was student studying in government primary school Andipalayam, were selected to participated in this study.

SAMPLE SIZE

The sample size comprised of 60 school students, Government primary school, Andipalayam.

SAMPLING TECHNIQUE

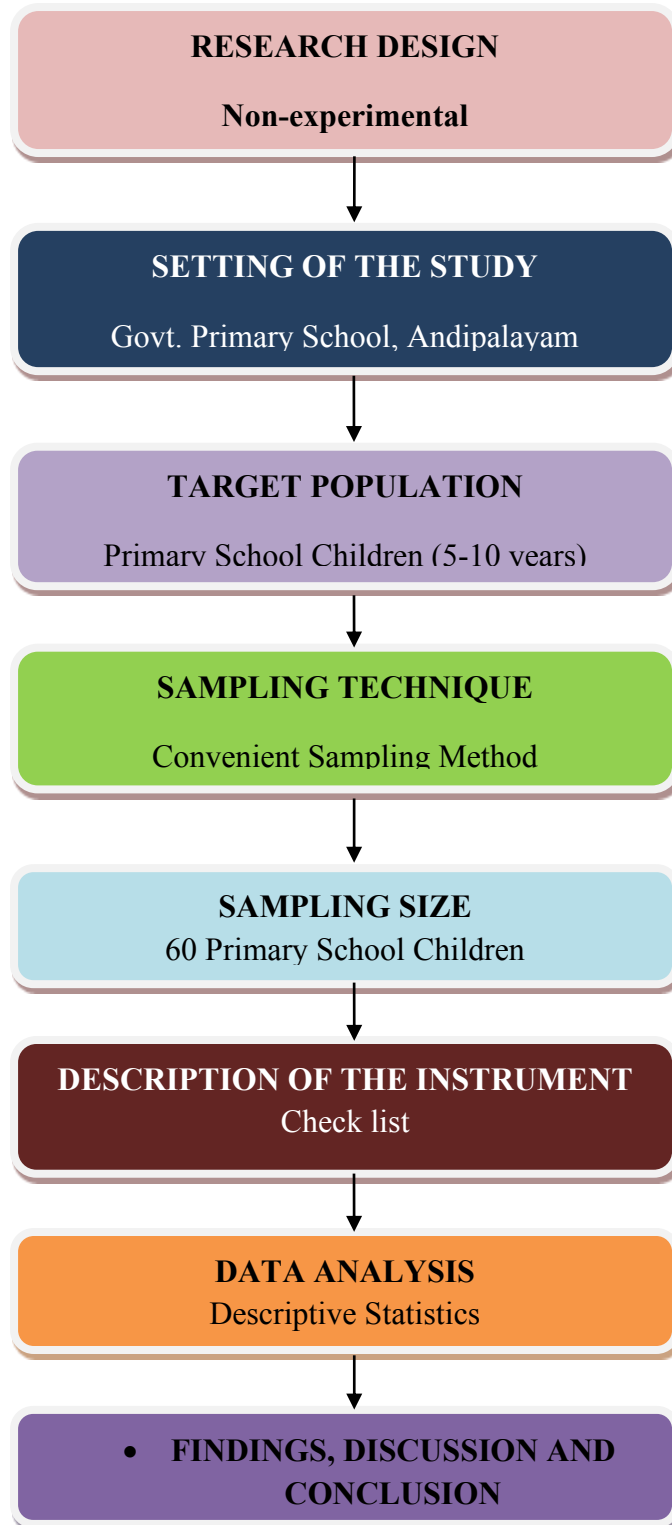
Sampling is the process of selecting a subset of population in order to obtain information regarding a phenomenon in way that represents the entire population.

-BT Basavanthappa(2014)

Convenient sampling technique was used to select the sample for the present study. During Data collection period to school children studying from 3rd to 5th standard in government primary school, Andipalayam were selected.



Fig.3.1 SCHEMATIC REPRESENTATION OF RESEARCH DESIGN





SELECTION CRITERIA

The samples were selected based on following criteria

- ❖ Children between the age group of 5-10 years.
- ❖ Children present at the time of study.
- ❖

DEVELOPMENT OF DATA COLLECTION INSTRUMENT

The steps includes in the preparation of tool,

- ❖ Review of literature
- ❖ Preparation of blue print
- ❖ Consultation with expert
- ❖ Final draft
- ❖ Editing the tool

REVIEW OF RELATED LITERATURE

Consultation with guide and referring related books, journals, thesis, articles and reports was done to prepare the tool.

DESCRIPTION OF TOOLS

Tools consist of two parts,

SECTION-I: DEMOGRAPHIC DATA

It consist of age, sex, class of studying religion, type of family, parent education, and occupation, family income, living area, nature of residence, type of house, dietary pattern and source of water.

SECTION-II: CHECKLIST ON KNOWLEDGE REGARDING PERSONAL HYGIENE

It includes the items related to maintenance of personal hygiene.

SECTION-III: HEALTH EDUCATION PAMPLATER ON PERSONAL HYGIENE:

It consist of hand washing, bathing, brushing, nail care, hair care and clean cloths.

SCORING PROCEDURE

There were 30 items pertaining to the knowledge on personal hygiene. Each item has 2 options that includes agree and disagree. Agree carries 2 marks, disagree carries 1 mark. The maximum score was 60. The level of knowledge was categorized based on the percentage of score obtained.

TRANSLATION OF TOOL

Validated tools were translated into Tamil.

PREPARATION OF FINAL DRAFT

The final draft of the check list was prepared after testing the reliability validity and in consultation with the guide.

PERIOD OF DATA COLLECTION

The data collection was conducted from 20.06.2022 to 30.06.2022. Duration this period the investigator collected data from the 60 samples selected by convenient sampling method.

DATA COLLECTION PROCEDURE

The data was collected by using of checklist. The data collection was done between 9am to 4pm. The procedure was explained in detail. The duration of data collection is 25-30 minutes for each student.

PLAN FOR DATA ANALYSIS:

The collected data was planned to be organized, tabulated and analyzed based on the objectives of the study by using descriptive statistics such as percentage, mean and standard deviation.

SUMMARY

A non experimental research design was carried to find out the knowledge regarding personal hygiene among primary school children studying in government primary school, Andipalayam. Checklist was prepared. Before collecting the data consent was obtained from each sample. Analysis was planned to be done by using descriptive statistics.

**DATA ANALYSIS AND INTERPRETATION****ORGANIZATION OF DATA:**

Section I : Demographic variables of children.

Section II : Asses the knowledge regarding personal hygiene.

Section III : Association regarding personal hygiene among primary school children with selected variables

FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES

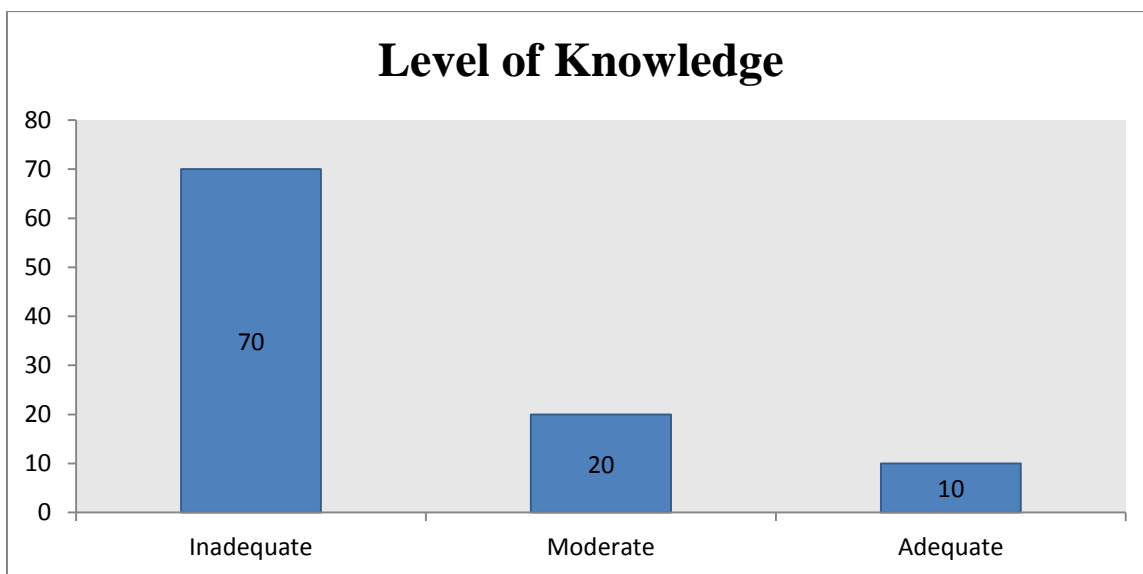
| S.NO | DEMOGRAPHIC VARIABLES | FREQUENCY | PERCENTAGE (%) |
|------|--------------------------------------|-----------|----------------|
| 1. | Age | | |
| | a) 5-7 years | 23 | 38.3 |
| | b) 8-10 years | 37 | 61.7 |
| 2. | Studying in which Class | | |
| | a) First standard | 6 | 10.0 |
| | b) Second standard | 14 | 23.3 |
| | c) Third standard | 14 | 23.3 |
| | d) Fourth standard | 15 | 25.0 |
| | e) Fifth standard | 11 | 18.3 |
| 3. | Educational status of father | | |
| | a) Illiterate | 11 | 18.3 |
| | b) Primary education | 27 | 45.0 |
| | c) Secondary education | 21 | 35.0 |
| | d) Diploma/degree | 1 | 1.7 |
| 4. | Educational status of mother | | |
| | a) Illiterate | 8 | 13.3 |
| | b) Primary education | 30 | 50.0 |
| | c) Secondary education | 20 | 33.3 |
| | d) Diploma /degree | 2 | 3.3 |
| 5. | Occupational status of father | | |
| | a) Coolie | 41 | 68.3 |
| | b) Government employee | 2 | 3.3 |
| | c) Private employee | 17 | 28.3 |
| 6. | Occupational status of mother | | |
| | a) Unemployment | 23 | 38.3 |
| | b) Coolie | 18 | 30.0 |
| | c) Government employee | 9 | 15.0 |
| | d) Private employee | 10 | 16.7 |
| 7. | Income | | |
| | a) Rs 3001-6000 | 26 | 43.3 |
| | b) Rs 6001-10000 | 26 | 43.3 |
| | c) Above Rs 10,001 | 8 | 13.3 |
| 8. | Religion | | |
| | a) Hindu | 57 | 95.0 |



| | | | |
|-----|--|----|------|
| 9. | b) Christian | 3 | 5.0 |
| | Place of living | | |
| | a) Rural | 50 | 83.3 |
| | b) Urban | 10 | 16.7 |
| 10. | Type of house | | |
| | a) Kacha house | 9 | 15.0 |
| | b) Pucca house | 47 | 78.3 |
| | c) Thatched house | 4 | 6.7 |
| 11. | Water facility | | |
| | a) Municipality water | 56 | 93.3 |
| | b) Pump set | 4 | 6.7 |
| 12. | Sources of the information about personal hygiene | 7 | 11.7 |
| | a) Health workers | 14 | 23.3 |
| | b) Mass media | 39 | 65.0 |
| | c) Parents | | |

FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVEL OF KNOWLEDGE REGARDING PERSONAL HYGIENE AMONG PRIMARY SCHOOL CHILDREN

| S.NO | LEVEL OF KNOWLEDGE | FREQUENCY | PERCENTAGE(%) |
|------|--------------------|-----------|---------------|
| 1. | Inadequate | 42 | 70 |
| 2. | Moderate | 12 | 20 |
| 3. | Adequate | 6 | 10 |





shows that the frequency and percentage distribution of knowledge regarding personal hygiene among primary school children.

The finding shows that the maximum 6(10%) children are having adequate knowledge regarding personal hygiene, 12(20%) children are having moderate knowledge and 42(70%) children are having inadequate knowledge.

ASSESSMENT OF ASSOCIATION REGARDING PERSONAL HYGIENE AMONG PRIMARY SCHOOL CHILDREN WITH SELECTED VARIABLES

| S. No | Demographic variable | Chi-square value | P value | Level of significance |
|-------|----------------------|------------------|---------|-----------------------|
| 1. | Age in year | 13.371 | 0.001 | Significance |
| 2. | Standard of students | 45.080 | 0.000 | Significant |
| 3. | Education of father | 4.047 | 0.670 | NS |
| 4. | Education of mother | 6.321 | 0.388 | NS |
| 5. | Occupation of father | 1.944 | 0.746 | NS |
| 6. | Occupation of mother | 10.783 | 0.095 | NS |
| 7. | Income of family | 17.780 | 0.001 | Significant |
| 8. | Religion | 1.579 | 0.454 | NS |
| 9. | Place of living | 9.394 | 0.009 | Significant |
| 10. | Type of house | 6.594 | 0.138 | NS |
| 11. | Water facility | 1.913 | 0.384 | NS |

*-significant at 5% ($p < 0.05$) level.

SUMMARY OF THE ASSOCIATION

The above table shows that there are statistically significant association between the level of knowledge, age in years, student class, income of the family and place of living.

There is no significant association between the level of knowledge regarding personal hygiene among primary school children, education of the father, education of the mother, occupation of the father, occupation of the mother, religion, type of house and water facility.

SUMMARY, CONCLUSION, IMPLICATION, AND RECOMMENDATION

This chapter presents the summary of the study conclusion and implication for the nursing practice and recommendation for the future studies.

SUMMARY OF THE STUDY

The purpose of the study was to assess the knowledge regarding personal hygiene among primary school in a selected Government school, Kilinjalmedu

Convenient sampling was used for this study to select the sample descriptive and inferential statistics were used to analysis the data.

IMPLICATIONS

Personal hygiene encompasses all of the daily routines that help keep your body clean. This includes regular healthy habits of brushing your teeth, washing your hair, washing your hands, cleaning your body with soap and water, wearing deodorant when possible and keeping your clothing clean. When pupil don't learn these habits, or they become overlooked certain consequences may develop ranging from social problems to potentially serious diseases.

NURSING EDUCATION

- ❖ Curriculum must be designed in such way to discuss about the problems faced by the children occurs by poor personal hygiene and various coping strategies to cope with the problems.
- ❖ Involvement of students in training programme to create awareness of the personal hygiene among primary school children.
- ❖ Findings of the present study in structuring a curriculum or programme of the study and developing course content and the care of (personal hygiene).



NURSING ADMINISTRATION

- ❖ The study helps the nurse administrators to encourage the school health nurse to teach about the personal hygiene through inservice programme.
- ❖ The study helps the nurse administrators to explore their potential innovative ideas in preparation in appropriate teaching material on personal hygiene and relative health tips.
- ❖ The administrators should organize awareness camps for primary school children towards the personal hygiene.

NURSING RESEARCH

One of the aims of nursing research is to expand and broaden the scope of nursing the finding of the study will help future researches to explore others aspects of personal hygiene.

It is essential to conduct on more activities teaching modalities to enable the clients to participate in their lifestyle and also this study can be useful for health for health personnel to improve their knowledge and practice. Further investigator can use this study as a reference material.

NURSING SERVICE:

- ❖ The nurse need to take up the responsibility to create awareness on the personal hygiene among the school going children.
- ❖ Nurse should take the responsibility to conduct the health camp regarding personal hygiene primary school children.
- ❖ Nurses are health care providers can provide health education pamphlets to improve the knowledge on personal hygiene among primary school children.

RECOMMENDATION

- ❖ A same study can be replicated using large number of samples.
- ❖ A comparative study to assess the level of knowledge of personal hygiene among the urban and rural children.
- ❖ A study can be conducted to assess the effectiveness of knowledge on personal hygiene among school going children.
- ❖ School syllabus may include topics related to personal hygiene.
- ❖ Education of school teachers on personal hygiene who are the sources of knowledge for children.

CONCLUSION

The study concluded that 42 (70%) children have inadequate knowledge, 12 (20%) children have moderate knowledge and 6 (10%) children have adequate knowledge on personal hygiene.

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