
An Analysis of Knowledge & Practices on Personal Hygiene of Adolescents

District - Allahabad, Uttar Pradesh

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ABSTARCT: *In developing countries like India adolescents constitutes about one fifth of the population. Almost estimated 1.2 billion young people aged between 10-19 years found in the world. Therefore it can be considered one huge segment of the total population. This segment includes lack of awareness and knowledge about personal hygiene and health problems related to adolescents .Objectives of the study were to ascertain the level of knowledge of respondents about personal hygiene, to identify the practices of personal hygiene among adolescents of rural & urban, to identify the gap between knowledge & practices of personal hygiene and to suggest a suitable educational strategy for minimizing the gap existing between knowledge and practice of personal hygiene.*

of daily bathing, washing of hands after defecation (48.3%), sweeping of house in routine (42.5%), Altogether 240 respondents were taken from urban (120) and rural (120) for comparative study.

Analysis about personal hygiene according to the respondents, resulted that maximum (49.6%) were in a habit washing of hands before eating (41.75%), washing clothes (32.9%).This shows that they were not aware that all other practices mentioned were also included in personal hygiene activities. This finding is supported by the finding, an approach to hygiene education among rural Indian school going children (Dongre et al.2007) that the prevalence of intestinal parasitic infection was significantly high among children having poor hand washing practices (37.2% – 53.2%). One month after hygiene education, the proportion of children having practice of hand washing with soap after defecation significantly improved from (63.6% to 78%).

INTRODUCTION: In Indian Context adolescence means contemporary India while adolescence is a comparatively new term, the word youth is better known and has been used at the levels of policy formulation and programming (Singh 1997) even the ancient text of Dharamashastra recognized the crucial nature of adolescence and prescribed specific codes of conduct for the phase. These codes are deeply rooted in the Indian psyche and continue to influence cultural practices towards adolescents in a powerful manner (Verma and Saraswathi 2002). To contextualize the cultural milieu, in which adolescents grow in India, the relevant traditional cultural values and themes that shape and affect the environment of adolescents during growing years need to be described. The family universally is acknowledged as an institution of socialization; however, it plays a major role in the life of an Indian. Despite the fast pace of social change, it continues to have a direct bearing on adolescents' development, since most young people stay in family until adulthood or even later in the case of joint family set-up.

Personal hygiene is generally defined as cleanliness of the body and proper maintenance of personal appearance. This generally includes all body areas and clothing. Kids do not naturally understand the importance of personal hygiene and how to maintain it. The primary education of hygiene starts with the family members through which adolescents learn what to do and how to follow cleanliness rules at their own. Adolescent should be serious of hygienic practices and if they do not follow they are teased in the school or by friends for having a dirty body, dirty clothing or greasy hair. Which indirectly lower down their self confidence and children feel neglected. Therefore Hygiene practices should be included in their daily routine. There are several basic types of hygiene for kids. First of all is cleanliness of the body, which alleviates dirt and odor. A child should be taught to bath or shower every day and to wash her hands frequently with antibacterial soap. Dr. Lynn Smitherman, a pediatrics professor at Wayne State University, stated that:

“Hand washing is one of the most important cleanliness habits children can learn. At least, the child should learn to wash their hands before meals and after using the restroom. Second is oral hygiene, which means brushing the teeth regularly. It should be done at least twice a day, once in the morning and once at night. Third is wearing clean clothing. Thus, children

should learn to choose a clean outfit, including underwear, each day and to change out of play clothes if they become excessively soiled.”

The Personal hygiene for children must be allotted according to their age group. Accordingly adolescents can start to learn hygiene basics as toddlers. The hygiene promotion should be done on a wider scale which is a holistic approach that includes raising awareness on good hygiene behavior, including proper management of menstruation for adolescent girls. In fact, adolescence is a right time to build on these basics: It is a time when children adopt changes in their body therefore through personal hygiene they need to learn what changes are required for Personal hygiene as it plays a crucial role especially in the development of the adolescents. Puberty is the time during which a child moves through a series of significant and natural, healthy changes. These physical, psychological and emotional changes signal that child is moving from childhood to adolescence; when puberty starts child’s brain cause sex hormones to start being released in the ovaries (girls) and testes (boys). Adolescence is defined by the World Health Organization as the period of life between 10 to 19 years of age and “youth” as the 15-24 year age group. Adolescence is a period of growth beginning with puberty and ending at the beginning of adulthood; it is a transitional state between childhood and adulthood. In India, the adolescents constitutes about one fifth of the population. Therefore it can be considered as one of the huge segment of the total population. Adolescents are grouped into three stages:

1. Pre-Puberty/ Early adolescence (10-12 years)
2. Puberty / Mid adolescence (13-15years)
3. Post-puberty/ Late adolescence (16-19 years)

Although all teenagers have the same basic hygiene issues however, girls need help to manage their periods. For example, you might need to talk with your daughter about how often to change her pad or tampon, and how to dispose of it which is hygienically so important. Boys: Will need advice about shaving (how to do it and when to start), looking after their genitals, and about bodily fluids. For example, father might talk to his son about wet dreams and how to clean up hygienically afterwards. If it is difficult for a mother to talk with her daughter about puberty and periods, it is advisable to make an appointment with family doctor for counseling. As well as teenagers do need extra time in the bathroom! While

learning to shave or handling their periods, these hygienic activities might take a bit longer time but it is helpful to the child to have a bit more privacy.

The intestinal parasite is most commonly observed among the school going children especially in developing countries. As a result of this morbidity, they are at risk of detrimental effects like poor cognitive performance and physical growth & practices of personal hygiene.

Objective:

- To ascertain the level of knowledge of respondents about personal hygiene.
- To identify the gap between knowledge.

Justification: The personal hygiene practices play in grooming of an adolescent and how can they help in shaping their children personality. It's an important role in upbringing adolescent. The Parents should specially understand the importance one of the key of complete development to adopt and practice personal hygiene on daily basis. The Personal hygiene helps an adolescent to teach others to live a healthy life; if the present generation is educated; the future generation will also be naturally habituated in adopting and practicing the methods of personal hygiene. This study has brought out some concrete suggestions for the rural and urban adolescents for their day to day personal hygiene activities. More over a comparative study of rural and urban adolescents has also helped to understand the factors and lacunas of personal hygiene.

METHODOLOGY: It is an educational institutional based descriptive study. Two co-ed schools of Allahabad District were purposely selected, Rajshri Purshotum Das Tandon Inter College, Mahiwa-Naini (rural) & Ewing Christian Public Senior Secondary School College, Mutthiganj (urban). The study population selected for this study was the students of the adolescent age groups (10-19 years). Equal proportion of male and female students were included. From each school five classes were taken i.e.6,7,8,9 and 11 respectively. From each classes 24 students of both genders were taken as respondent from rural and urban area. Respondents were selected randomly. The data was collected by visiting each school and college using pre-tested structured interview schedule. Face to face interview was conducted.

Structured interview schedule was used as tool for collecting data from the respondents. Total 120 students from rural and 120 from urban were taken. This all together constituted a sample size of total 240 respondents.

RESULT: Following results were revealed from this study which is as follows:

Table 1: Multiple response table of personal hygiene according to the respondents

N=240

S.no	Response of the respondent's about personal hygiene	Urban		Rural	
		Yes	No	Yes	No
1.	Brushing twice daily	72(30.00)	168(70.00)	35(14.6)	205(85.4)
2.	Bathing daily	119(49.6)	121(50.4)	89(37.1)	151(62.9)
3.	Hair cut	13(5.4)	227(94.6)	4(1.7)	236(98.3)
4.	Trimming of hand nails	17(7.1)	223(92.9)	13(5.4)	227(94.6)
5.	Trimming of feet nails	3(1.2)	237(98.8)	8(3.3)	232(96.7)
6.	Sweeping of house	102(42.5)	138(57.5)	43(17.9)	197(82.1)
7.	Washing of clothes	79(32.9)	161(67.1)	52(21.7)	188(78.3)
8.	Eating fresh food	18(7.5)	222(92.5)	36(15.00)	204(85.00)
9.	Covering of leftover food	6(2.5)	234(97.5)	10(4.2)	230(95.8)
10.	Maintaining genital hygiene	3(1.2)	237(98.8)	7(2.9)	233(97.1)
11.	Cleaning eye and ear	15(6.2)	225(93.8)	14(5.8)	226(94.2)
12.	Washing of hands before eating	100(41.7)	140(58.3)	75(31.2)	165(68.7)
13.	Washing of hands after defecation	116(48.3)	124(51.7)	79(32.9)	161(67.1)
14.	Washing of undergarments daily	18(7.5)	222(92.5)	44(18.3)	196(81.7)

(Figure shows the percentage in the parenthesis)

The Figures in parenthesis table shows that the per cent of personal hygiene according to the respondents who include daily bathing 49.6 per cent in urban and 37.1 per cent in rural, about

90 per cent of the respondents included trimming of hand nails in urban and 48.3 per cent in rural; of the respondents practices washing hand after defecation in urban and 32.9 per cent in and 48.3 in rural .This table shows the hygienic practices are not up to the mark.

Table 2: Knowledge about hand washing technique

N=240

Washing technique	Urban		Rural	
	Frequency	Percentage	Frequency	Percentage
Yes	106	44.2	94	44.2
No	14	5.8	26	10.8
Total	120	50.00	120	50.00

This table shows that maximum 44.2 per cent of the respondents know about washing technique of hand in Urban area whereas it was observed that maximum 39.2 per cent in Rural area.

Table 3: Washing hand after defecation

N=240

Washing hand	Urban		Rural	
	Frequency	Percentage	Frequency	Percentage
Soap/liquid hand wash	120	50.00	113	47.1
Ash	0	0.00	3	1.2
Mud	0	0.00	3	1.2
Only water	0	0.00	1	0.4
Total	120	50.00	120	50.00

This table shows all 50.00 per cent of the respondents use soap/liquid hand wash to wash their hands after defecation in urban area as well as maximum 47.1 per cent in Rural area.

Table 4: Gap between knowledge and practices

S.no	Activities	Urban		Rural	
		knowledge	Practice	knowledge	Practice
1.	Coated tongue	49.2	45.4	48.3	37.5
2.	Untrimmed nails	46.2	35.00	40.00	26.2
3.	Washing of water bottle	37.1	19.6	14.6	6.3
4.	Hand washing technique	44.2	40.9	44.2	34.6
5.	Teeth cleaning	37.5	36.7	44.1	38.3
6.	Uncombed hair	35.00	33.3	35.8	28.7
7.	Stink of sweat	47.5	45.4	44.2	36.3

Applying ‘T’ Test to analyze gap between knowledge and practice separately for urban and rural. The following result was obtained:

Level of significance: 5% Level i.e., 0.005.

- Critical value: Tabulated value at 0.005 for df 12 is 2.18.
- Decision: The calculated value of (t) = 1.0032

$$|t| = 1.0032 < t_{0.005,12} = 2.18$$

So, the Null Hypothesis is accepted.

CONCLUSIONS: This study concludes that maximum respondents had knowledge of hygiene practices but are not aware of practicing. This study revealed that Daily bathing is 49.6% in urban and 37.1% in rural, about 90% of the respondents included trimming of hand nails in urban as well as of rural area, 48.3% of the respondents wash their hands after defecation in urban and 32.9% in rural. Maximum 30% of the respondents belong to age group between 13-15 years in urban and 26.3% in Rural. 36.2 % of the respondents belonged to Nuclear family in urban and 28.8% belonged to Joint families in rural. 25.5% of the respondents had more than five members in their families in Urban and 34.6% in Rural Respondents knew about personal hygienic activities but they were not aware of practicing them properly. There were differences in habits of urban and rural adolescents though they were of same age group.

Poor menstrual hygiene is commonly seen in adolescent girls because they are not guided properly about how to manage their periods. Moisture during menstruation may cause itching, infection, rashes which may even affect the uterus and lead to the problems like UTI and infertility. After collecting responses of the respondents; this study revealed that the level of practice was good but not up to the mark. Therefore this study concludes with the opinion that adolescents of both urban and rural have to be educated for their different unhygienic problems and habits according to their own context. When the knowledge and practices are identified with the help of observation checklist a gap is observed between knowledge and practice. Thus, this study concludes that educational strategies are suggested which needs to be implemented and promoted by further research scholars for urban and rural adolescents to make a high standard of hygienic society, which may become model for rest of the world.

SUGGESTIONS FOR EDUCATIONAL STRATEGIES

- ❖ Adolescent awareness program should be implemented in schools with the help of government and NGO's.
- ❖ Parents and teachers should be trained with all the advance techniques for educating adolescents so that all can learn good habits with interest.
- ❖ Mothers and teachers should educate girls for maintaining menstrual hygiene and proper guidance for managing properly.

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