

GENERAL CLEANLINESS AMONG ELEMENTARY SCHOOL BOYS OF AGE 10 – 14 YEARS

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ABSTRACT: *Personal hygiene among children is considered as the best tool to improve community strategies and intervention practices to tackle the many communicable and infectious diseases. A cross-sectional descriptive study was carried out. The participants were school children who are 10-14-year olds. A questionnaire was used to collect information about demographic characteristics, and then the children were interviewed and inspected regarding their general hygiene, including the state of their uniform or clothes, bathing, oral care, hand washing before and after eating, hand washing after use of toilet, covering one's mouth when sneezing and coughing, appropriate disposal of solid tissue and unkempt hair or nails. The prevalence of cleanliness and neatness among school children was 76.7%. Furthermore, these improved with age. Poor oral hygiene (47.6%) and not washing hands after eating (47.1%) followed by unkempt hair (44.0%) were the main types of poor personal hygiene. Health promotion programmes and health education lectures should be implemented for children and their families. School nurses, school staff and parents also have an important role in teaching the children how to practice good personal hygiene.*

KEYWORDS: *Hygiene, children, parents, health.*

1. INTRODUCTION

Cleanliness is very necessary for us to lead a healthy life, whether it is personal cleanliness, pet animal cleanliness or workplace cleanliness like school, college, office etc. Above all personal cleanliness is the most important. Cleanliness among adults is much better than children. (Ahmaduet *al.*, 2013) School students, especially students who are studying in elementary schools are considered to have worse maintenance of health when compared to other school children. When coming to oral hygiene boys are the ones who are more prone to get oral problems when compared to girls. (ALBashtawy *et al.*, 2014)

Personal hygiene among children is considered as the best tool to improve community strategies and intervention practices to tackle the many communicable and infectious diseases that affect the children during their period of growth and development (Assefa and Kumie, 2014). Younger school children are more prone to poor personal hygiene than are their older counterparts. Children's personal hygiene includes regular bathing, clean clothes and uniforms, good oral care, hand washing, appropriate disposal of solid tissue, clean hair and nails; these should be observed and improved under parental guidance, and supervised at school in Jordan by the school nurse and other teachers.(Hoque, 2003)

Health promotion programmes for improving personal hygiene should be conducted in school settings and the community in coordination with the children's families.(Nandrup-Bus, 2009) Such health programmes would reduce morbidity and mortality among school children and improve their quality of life and longevity. Furthermore, they may improve academic performance and reduce school absence.(Lopez-Quintero, Freeman and Neumark, 2009) To the best of the author's knowledge, no study to assess the state of personal hygiene among school children aged 6-12 years has been conducted in Jordan, hence the need for the current study.(Polya, 2003)

Poor personal hygiene is a major public health problem that affects many school children in many developing countries.(Joshi *et al.*, 2020) Moreover, poor personal hygiene affects children's health and makes them prone to excessive exposure to many infectious, respiratory, and gastrointestinal diseases such as: diarrhoea, cold, fever, flu, abdominal pain, vomiting, distension, gum disease, dermatitis and itching and, in the long run, affects their immunity, growth and development, and increases school absence.(Aiello and Larson, 2002)

Furthermore, positive personal hygiene, neatness and cleanliness habits are important in every stage of life and start mostly from the early childhood period and can be easily taught and adopted. Several studies conducted worldwide have discussed the topic of personal hygiene and cleanliness among school children; for example, Oyibo in 2012, in Nigeria examined school children aged 6–14 years regarding their knowledge and practice concerning personal hygiene and cleanliness. He found that the average knowledge and practice scores were 74.6% and 54.9% respectively. Moreover, he revealed that only 29.4% of school children wash their hands after going to the toilet, 37.0% wash their uniform daily and 46.35% of them wash their hands after playing.(Oyibo, 2012)

On the other hand, a study by Kakkar et al (2012), in India, revealed that 82.6% of school children demonstrated daily bathing, 61.1% daily teeth brushing, 53% mouth rinsing after a meal, and 80.2% of them had clean and combed hair.(Siswandwikaet *al.*, 2017) A study conducted in Colombia in 2009 among 2042 school children showed that only 33.6% stated that they very often washed their hands after eating and after using the toilet. Furthermore, fewer gastrointestinal and respiratory symptoms and less absence were reported among children who described positive general hygiene and hand washing. Feachem (1984) found that hygiene practices influenced the pattern of diarrheal spread. Furthermore, water handling and washing were the specific practices that required most attention.(Dhar, 2000)

A survey by NandrupBus in 2009, revealed that mandatory hand washing in elementary schools can significantly reduce absence arising from infectious diseases . In Ethiopia, a cross-sectional study revealed that positive hygiene practices among school children were associated with best hygiene behavioural status.(Nandrup-Bus, 2009) Therefore, this research article concentrates on the level of general cleanliness among the elementary school boys of

age 10 – 14 years. This will let us know how they maintain their oral hygiene, clothes, hands, feet, hair, and also what is their opinion about being clean.(Lakshmi *et al.*,2017)

2. MATERIALS AND METHOD

Survey was conducted in Govt. High school, kunnam village, kanchipuram, TN. There were totally 13 questions about the maintenance of hair, dress, hands, feet and oral hygiene, and 3 about the general examination. A total of 50 students participated in this study. Participants were selected based on their age i.e age between 10 years to 14 years. Each and every participant was examined.

3. RESULTS

41.2 % of the students had good knowledge and maintenance of personal cleanliness. Whereas 44.4% of the students had only an average knowledge about personal cleanliness and 14.4 % of the participants had poor maintenance of themselves.

ALL OVER GRADE	%
Good	41.2%
Average	44.4%
Bad	14.4%

HAIR MAINTENANCE:

Nearly 70% of the students had good hair maintenance and 30% of the participants had average maintenance. No one had bad hair maintenance . Participants who had better maintenance had problems like dandruff and itchy scalp and the main reason for that might be their habit of taking head baths everyday.

Good	70%
Average	30%
Poor	-

DRESS MAINTENANCE:

This part of the questionnaire contained the questions about the frequency of washing their uniforms, whether their uniforms are machine washed or had washed. Examination of presence of dirty collar, button less shirts and torn dress was done. Based on that 44% of the participants had good dress maintenance, 34% of the participants had better maintenance of dress and 22% of the participants had very bad maintenance of dress. Dirty collars are present in almost 75% of the participants and only few were wearing torn clothes. Almost 98% of the participants' uniforms are washed by hand.

Good	44%
Average	34%
Poor	22%

ORAL MAINTENANCE:

Almost 96% of the students had a habit of brushing their teeth once daily. Nearly 23% of the students use roll's method to brush their teeth and the rest 77% use horizontal technique to brush their teeth. Everyone uses toothpaste and brush for brushing. 37% of the participants had a habit of gargling after having their meals. Overall 52% of the participants had an average level of oral maintenance, 32% had good oral maintenance and 16% of the participants had poor oral hygiene.

Good	32%
Average	52%
Poor	16%

MAINTENANCE OF HANDS AND FEET:

Hand and feet maintenance are not so good . Only 28% of the participants had good maintenance of their hands and feet , 16% of the participants had very poor maintenance of their hands and feet and 56% of the students had better maintenance of their hands and feet. Nearly 47% of the students don't have the habit of wearing slippers , and there was a presence of dirt . 4% of the students had cracks in their feet. Participants are mostly barefoot. 26% of the participants had a habit of applying nail polish. 68% of the participants cut their nails once in two weeks.

Good	28%
Average	56%
Poor	16%

4. DISCUSSION

Personal hygiene is taught to children through many parts of the school curriculum. However, there is a serious need to increase this, to cover many important issues regarding personal hygiene such as mouth care, bathing, hand washing, appropriate use of the toilet, nail and hair care and the cleanliness of clothes and uniforms. In the current study, findings showed that more than one-fourth of the school children were clean and neat, and this figure increased to over 80% among children aged 9–12 years. These results could be considered good when compared to studies conducted in Africa.(Wetasin, Syah and Chaikull, 2016)

Improved cleanliness and neatness with age may be explained by children becoming more independent and able to achieve personal hygiene by themselves, related to advances in growth and development found that the total cleanliness and neatness among primary school children was 74.0%, and that personal hygiene improved as the children grew older. In the current study, poor oral hygiene, unkempt hair and unkempt clothes and uniforms were the main types of poor personal hygiene. Ahmadu et al., found that poor oral hygiene and unkempt nails were the most common occurrences. (Ahmadu et al., 2013)

Oyibo, also in Nigeria, found that physical inspection of the school children showed that 17.9%, 45.2% and 57.4% of them had dirty hair, dirty uniforms and dirty nails respectively (Oyibo, 2012). Furthermore, Sarkar found that there was a wide gap between actual practice and knowledge of personal hygiene among children living in a slum area of India (Sarkar, 2013). In the current study, the main sources of information regarding basic personal hygiene

were family, friends and school teachers. This emphasizes the crucial role of the parents and schools in educating the school children the basic personal hygiene.(Tawareet *et al.*, 2018)

Lopez-Quintero et al (2009) in their study in Colombia found that the most stated sources of information regarding hand washing and personal hygiene were parents (88.5%), followed by school (66.7%). Parents, school staff can play a crucial role as models, because clean parents and teachers tend to transmit their attitude and practice to their offspring. The findings of the current study address the need for health promotion programmes and health education lectures by school nurses and health providers to raise the knowledge, attitude and practices of the children and their families towards hygiene and sanitation.(Lopez-Quintero, Freeman and Neumark, 2009)

A holistic interventionist approach addressing school children's social, economic and environmental characteristics should be implemented to improve hygiene practices among school children. Hand-washing facilities and a clean toilet should be easily available and accessible to school children, taking into account the increasing number of children in each school. Moreover, motivational approaches and programmes to encourage children about their basic personal hygiene should be adopted and implemented.(Neumark, Lopez-Quintero and Bobashev, 2012)

5. CONCLUSION

The findings revealed that a large number of primary school children were clean and neat, the proportion increases with age, but it needs to be improved further. Health promotion programmes and health education lectures should be implemented for children and their families. School nurses and school staff also have an important role in teaching the children how to practise good personal hygiene, and in supervising their cleanliness.

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