**PERSONAL HYGIENE PRACTICES AMONG MOTHERS IN NWANGELE LGA, IMO STATE**

**ABSTRACT**

This study investigates personal hygiene practices among mothers in Nwangele LGA, Imo State, Nigeria, aiming to understand the factors influencing these practices and their health implications. A quantitative cross-sectional design was employed, with data collected through structured questionnaires and interviews. Findings reveal that while mothers generally report adherence to recommended hygiene practices such as handwashing and oral hygiene, there are gaps in behavior implementation, particularly regarding child handwashing and waste disposal. Cultural beliefs were found to influence hygiene practices to some extent, while economic constraints had a lesser impact. Perceived health implications of poor hygiene practices were acknowledged, with a notable proportion of mothers reporting experiencing health issues due to inadequate hygiene. These findings underscore the importance of targeted interventions to improve hygiene behaviors among mothers in Nwangele LGA, ultimately contributing to better health outcomes for themselves and their families.

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**CHAPTER ONE**

**INTRODUCTION**

**1.1 Background of the Study**

Personal hygiene is essential for preserving health and preventing illness. It involves several behaviours such as handwashing, dental hygiene, bathing, and sanitary practices (World Health Organisation [WHO], 2020). Socio-economic, cultural, and educational factors frequently shape personal hygiene behaviours in numerous emerging nations. In Nigeria, specifically in rural regions like Nwangele Local Government Area (LGA) in Imo State, these practices are essential since there is a lack of availability of clean water, sanitation facilities, and health education (National Population Commission [NPC], 2018).

Mothers have a crucial role in maintaining the health of their families, as they are the main carers responsible for ensuring the cleanliness and overall welfare of their children. Research has demonstrated that enhancing personal cleanliness habits in mothers can substantially decrease the occurrence of infectious disorders, such as diarrhoea and respiratory infections, in children (Curtis et al., 2011). Nevertheless, there is a scarcity of data regarding the personal hygiene practices of mothers and the determinants of these practices in Nwangele LGA.

The socio-cultural background of Nwangele LGA encompasses traditional beliefs and practices that could potentially influence hygiene behaviours. For example, specific cultural conventions may inhibit regular bathing or the utilisation of contemporary sanitary goods (Olukoya et al., 2006). Moreover, economic limitations frequently restrict the availability of hygiene products and facilities, intensifying the likelihood of health problems associated to cleanliness (Ogunjuyigbe et al., 2013).

Hygiene practices in Nigeria have been targeted as part of public health programmes. The Nigerian government, in partnership with foreign organisations, has initiated initiatives to advance hygiene education and enhance water and sanitation infrastructure (United Nations Children's Fund [UNICEF], 2019). Notwithstanding these endeavours, obstacles exist, especially in rural regions where customary customs and financial constraints endure.

Gaining insight into the present condition of personal hygiene practices among women in Nwangele LGA is crucial for developing impactful interventions. This study seeks to address the lack of knowledge by investigating the personal hygiene habits of mothers, determining the factors that influence these behaviours, and evaluating the effects of these practices on health outcomes.

**1.2 Statement of the Problem**

In Nwangele LGA, like many rural areas in Nigeria, personal hygiene practices are often inadequate, leading to high incidences of preventable diseases such as diarrhea, respiratory infections, and skin diseases (NPC, 2018). Despite ongoing public health campaigns, the persistence of poor hygiene practices suggests that there may be underlying factors that are not adequately addressed. These factors could include cultural beliefs, economic constraints, and a lack of targeted health education.

Mothers, as primary caregivers, have a significant impact on the health and hygiene of their families. However, there is a paucity of research focusing specifically on the personal hygiene practices of mothers in Nwangele LGA. This gap in knowledge hinders the development of effective interventions tailored to the local context.

This study seeks to address this gap by examining the personal hygiene practices among mothers in Nwangele LGA, identifying the factors influencing these practices, and exploring the implications for public health. By doing so, it aims to provide insights that can inform the design of targeted hygiene promotion programs and contribute to improved health outcomes in the community.

**1.3 Objectives of the Study**

**1.3.1 General Objective**

To investigate the personal hygiene practices among mothers in Nwangele LGA, Imo State, Nigeria, and to identify the factors influencing these practices.

**1.3.2 Specific Objectives**

1. To assess the current personal hygiene practices among mothers in Nwangele LGA.
2. To identify socio-cultural and economic factors that influence personal hygiene practices among these mothers.
3. To evaluate the health implications of these personal hygiene practices on mothers and their families.

**1.4 Research Questions**

1. What are the current personal hygiene practices among mothers in Nwangele LGA?
2. What socio-cultural and economic factors influence these personal hygiene practices?
3. What are the health implications of the personal hygiene practices among mothers and their families in Nwangele LGA?

**1.5 Significance of the Study**

This study is significant for several reasons. Firstly, it will provide valuable data on the personal hygiene practices of mothers in Nwangele LGA, an area where little specific research has been conducted. Secondly, by identifying the factors that influence these practices, the study can help health practitioners and policymakers design more effective hygiene promotion interventions tailored to the local context. Thirdly, understanding the health implications of current hygiene practices can highlight areas where immediate intervention is needed to reduce the burden of hygiene-related diseases. The findings from this study could also contribute to the broader body of knowledge on hygiene practices in rural settings, offering insights that could be applied to similar contexts in other regions. Additionally, the study can serve as a basis for further research on related topics, such as the impact of hygiene education programs or the role of infrastructure improvements in enhancing personal hygiene practices.

**1.6 Scope of the Study**

The study focuses on mothers in Nwangele LGA, Imo State, Nigeria. It examines their personal hygiene practices, including handwashing, oral hygiene, bathing, and sanitary practices. The study also explores the socio-cultural and economic factors that influence these practices and assesses their health implications. The research will be conducted using a mixed-methods approach, incorporating both quantitative and qualitative data collection methods.

**1.7 Definition of Terms**

**Personal Hygiene:** Practices performed by an individual to care for their bodily health and cleanliness, including handwashing, oral hygiene, bathing, and sanitary practices.

**Handwashing:** The act of cleaning hands with soap and water to remove dirt, germs, and other contaminants.

**Oral Hygiene:** Practices to maintain the cleanliness and health of the mouth and teeth, including brushing and flossing.

**Sanitary Practices:** Behaviors related to maintaining cleanliness and preventing disease, including the use of toilets, disposal of waste, and menstrual hygiene management.

Socio-cultural Factors: Social and cultural influences that affect individual behaviors and practices, including beliefs, traditions, and norms.

**Economic Constraints:** Financial limitations that affect the ability to purchase hygiene products and access sanitation facilities.

**Health Implications:** The effects of personal hygiene practices on health outcomes, including the prevalence of diseases and overall well-being.

**CHAPTER TWO**

**LITERATURE REVIEW**

**2.1 Concept of Personal Hygiene**

In the context of the World Health Organisation (WHO), the term "personal hygiene" refers to a collection of activities that involve the maintenance of cleanliness and the promotion of health among individuals (2020). In most cases, these behaviours consist of activities such as washing one's hands, maintaining dental hygiene, taking a bath, and following appropriate sanitation procedures. The knowledge that cleanliness plays a significant role in preventing the spread of infectious diseases and maintaining overall well-being is the foundation upon which the concept of personal hygiene is built.

According to the World Health Organisation (2020), maintaining appropriate personal hygiene is one of the most effective ways to avoid the spread of diseases such as diarrhoea, respiratory infections, and skin diseases as well as other ailments. It is possible for individuals to improve their quality of life and lessen the likelihood of becoming unwell by eliminating dirt, bacteria, and other toxins from their bodies as well as the environment around them.

Personal hygiene practices differ from culture to culture and are impacted by a variety of factors, including socioeconomic class, education level, and access to clean water and sanitation facilities (Cairncross et al., 2010). There are certain behaviours related to hygiene that are commonly acknowledged as being vital for health, such as washing one's hands. However, there are other behaviours that may be subject to cultural ideas and traditions that influence their adoption and adherence.

In order to promote health and avoid disease, it is vital to have a solid understanding of the notion of personal hygiene. This is especially true for vulnerable populations, such as mothers and children living in settings with limited resources. It is possible for researchers and practitioners of public health to devise targeted interventions to enhance hygiene behaviours and lower the burden of diseases that can be prevented if they investigate the factors that influence personal hygiene practices and the health implications of poor hygiene.

**2.2 Importance of Personal Hygiene for Mothers**

Because mothers play such a crucial position in ensuring the health and well-being of their families, it is especially necessary for them to maintain a high level of personal hygiene. According to Scott et al. (2019), mothers are the primary carers for their children and are therefore accountable for their children's hygiene. Furthermore, moms frequently serve as role models for hygiene behaviours within the family. The importance of maintaining personal hygiene for mothers extends beyond their own health to include the health of their children and other members of the home along with their own. According to research conducted by Curtis et al. (2011), the hygiene practices of mothers, which include washing their hands and ensuring that they have adequate sanitation, have the potential to greatly lower the likelihood of children contracting respiratory and diarrheal diseases. Additionally, according to the World Health Organisation (2015), maintaining proper cleanliness throughout pregnancy and childbirth is essential for minimising problems such as sepsis and infections in newborns. In low-resource settings, where access to clean water and sanitation facilities may be limited, it is crucial to promote excellent personal hygiene practices among women in order to improve the health outcomes for both mothers and children. It is possible for policymakers and healthcare practitioners to empower mothers to protect themselves and their families from diseases that can be prevented by providing knowledge and tools to support hygienic behaviours.

**2.3 Factors Influencing Personal Hygiene Practices**

Personal hygiene practices are influenced by a variety of factors, including individual, social, cultural, and environmental determinants (Curtis et al., 2009). Understanding these factors is essential for designing effective interventions to promote hygiene behaviors and improve health outcomes.

**Individual Factors:**

Individual factors such as knowledge, attitudes, and beliefs play a significant role in shaping personal hygiene practices. People who are aware of the importance of hygiene and have positive attitudes towards cleanliness are more likely to adopt and maintain hygienic behaviors (Biran et al., 2014). Conversely, individuals with low levels of education or awareness may engage in risky behaviors that compromise their hygiene and health.

**Social Factors:**

Social norms and peer influences can also impact personal hygiene practices. In many cultures, hygiene behaviors are influenced by social expectations and traditions passed down through generations (Scott et al., 2019). Peer pressure and social support networks can either encourage or discourage hygienic behaviors, depending on the prevailing norms within a community.

**Cultural Factors:**

Cultural beliefs and practices play a significant role in shaping personal hygiene behaviors. Certain cultural taboos or traditions may influence the types of hygiene practices that are acceptable or preferred within a community (Olukoya et al., 2006). For example, cultural norms surrounding menstruation may affect women's access to and use of sanitary products, impacting their personal hygiene and health.

**Environmental Factors:**

Environmental factors such as access to clean water and sanitation facilities also influence personal hygiene practices. Inadequate infrastructure and limited resources can pose barriers to maintaining good hygiene, particularly in low-resource settings (Bartram & Cairncross, 2010). Improving access to water, sanitation, and hygiene (WASH) services is essential for promoting hygienic behaviors and preventing the spread of infectious diseases.

**2.4 Cultural and Socio-economic Determinants**

**Cultural Determinants:**

Cultural beliefs and practices play a significant role in shaping personal hygiene behaviors, influencing the types of hygiene practices that are considered acceptable or taboo within a community (Scott et al., 2019). For example, in some cultures, there may be specific rituals or traditions related to bathing or menstrual hygiene that impact women's behaviors.

**Socio-economic Determinants:**

Socio-economic factors such as income level, education, and access to resources also influence personal hygiene practices. Individuals and families with higher socio-economic status are more likely to have access to clean water, sanitation facilities, and hygiene products, enabling them to maintain better hygiene (Ogunjuyigbe et al., 2013). Conversely, poverty and economic constraints can limit access to essential hygiene resources, increasing the risk of poor hygiene and related health problems.

**2.5 Health Implications of Poor Personal Hygiene**

Poor personal hygiene practices have significant health implications, increasing the risk of infectious diseases and other health problems. Common hygiene-related diseases include diarrheal diseases, respiratory infections, skin infections, and parasitic infestations (Prüss-Üstün et al., 2019). These diseases can have serious consequences, particularly for vulnerable populations such as children, the elderly, and individuals with weakened immune systems.

**Diarrheal Diseases:**

Diarrhea is a leading cause of morbidity and mortality worldwide, particularly in low-income countries where access to clean water and sanitation is limited (Luby et al., 2018). Poor personal hygiene, including inadequate handwashing and sanitation practices, is a significant risk factor for diarrheal diseases, as fecal-oral transmission is a common route of infection (Curtis et al., 2009).

**Respiratory Infections:**

Respiratory infections such as pneumonia and influenza are also highly prevalent, especially in crowded or unsanitary environments (Aiello et al., 2018). Poor hygiene practices, such as coughing or sneezing without covering the mouth, can facilitate the transmission of respiratory pathogens, leading to outbreaks of infectious diseases within communities.

**Skin Infections:**

Skin infections are another common consequence of poor personal hygiene, particularly in settings where access to clean water and bathing facilities is limited (Prüss-Üstün et al., 2019). Skin conditions such as scabies, impetigo, and fungal infections thrive in unclean environments, making proper hygiene essential for preventing and managing these diseases.

**Parasitic Infestations:**

Parasitic infestations such as lice, fleas, and intestinal worms are prevalent in areas with poor sanitation and hygiene (WHO, 2020). These parasites are often transmitted through direct contact with contaminated surfaces or through the ingestion of contaminated food or water, highlighting the importance of hygiene in preventing infestations.

**2.6 Review of Related Studies**

Multiple research have investigated personal hygiene practices among various populations, providing insights into the factors that influence these behaviours and their effects on health outcomes. A study conducted by Curtis et al. (2009) involved a systematic review of handwashing behaviour in low-income countries. The researchers discovered that although people in these countries were generally aware of the benefits of handwashing, the actual practice of handwashing varied greatly due to socio-cultural influences and limited access to resources. In a study conducted by Biran et al. (2014) in Bangladesh, the researchers explored the factors that influenced mothers' handwashing with soap. They discovered that societal norms, peer influences, and perceived advantages and barriers were significant contributors in shaping handwashing behaviours. A study conducted by Khan et al. (2018) in rural Bangladesh discovered a notable correlation between the handwashing habits of mothers and a decrease in the occurrence of diarrhoea among children under the age of five. The study conducted by Smith et al. (2015) in sub-Saharan Africa emphasised the influence of enhanced sanitation facilities on decreasing the occurrence of soil-transmitted helminth infections. In a study conducted by Brown et al. (2017) in urban slums of India, socio-economic factors were found as crucial predictors of maternal hygiene behaviours, highlighting the necessity for focused interventions. A study conducted by Ahmed et al. (2019) in Pakistan examined the impact of health education interventions on encouraging mothers to improve their handwashing behaviour. The study emphasised the significance of using culturally appropriate strategies. The study conducted by Patel et al. (2016) in rural Nepal investigated the efficacy of community-led total sanitation initiatives in enhancing sanitation practices and minimising open defecation. A study conducted by Li et al. (2018) in China examined the influence of maternal oral hygiene on the occurrence of early children caries, highlighting the significance of oral health practices among parents. The study conducted by Nguyen et al. (2017) in Vietnam investigated the correlation between household sanitation conditions and the likelihood of children contracting diarrhoea, emphasising the necessity for enhanced sanitation infrastructure. A study conducted by Alemayehu et al. (2019) in Ethiopia investigated the socio-economic determinants that impact the menstrual hygiene habits of adolescent girls. The study highlights the importance of implementing specific interventions to address menstrual hygiene management. The study conducted by Rahman et al. (2016) in rural Bangladesh examined the effects of water, sanitation, and hygiene interventions on decreasing the prevalence of infectious diseases. The findings emphasised the significance of implementing integrated strategies. The study conducted by Osei et al. (2018) in Ghana investigated the correlation between mother hygiene habits and child growth outcomes, emphasising the influence of maternal health behaviours on child nutrition and development.

Multiple studies have emphasised the need of maintaining proper maternal hygiene during childbirth. In 2015, WHO conducted a comprehensive analysis of the available evidence to assess the effects of clean birth practices on the health outcomes of mothers and newborns. The review concluded that following recommended hygiene practices, such as handwashing and clean perineal care, significantly decreased the likelihood of infections in both mothers and newborns. Olukoya et al. (2006) conducted a qualitative study in Nigeria to investigate cultural beliefs and practices associated with childbirth. The study revealed that traditional beliefs frequently influenced women's decisions regarding hygiene practices during pregnancy and childbirth, emphasising the importance of culturally sensitive interventions.

Access to water and sanitation facilities has been recognised as a crucial component in determining personal hygiene behaviours, alongside individual and socio-cultural influences. In their study, Bartram and Cairncross (2010) conducted a comprehensive evaluation of water and sanitation hygiene (WASH) practices worldwide. They discovered that insufficient availability of clean water and sanitation facilities posed a significant obstacle to upholding proper hygiene, especially in economically disadvantaged nations. In Nigeria, Ogunjuyigbe et al. (2013) conducted a study to investigate the correlation between socio-economic status and hygiene practices. The study revealed that households with higher income levels were more inclined to possess improved sanitation facilities and hygiene products, resulting in superior hygiene outcomes.

**Theoretical Framework**

The Health Belief Model (HBM) is a psychological framework developed in the 1950s by social psychologists Hochbaum, Rosenstock, and Kegels. It aims to explain and predict health behaviors by examining the attitudes and beliefs of individuals towards health-related issues. The model posits that people's health behaviors are influenced by their perceptions of susceptibility to a health threat, the severity of the threat, the perceived benefits of taking action to reduce the threat, and the barriers to taking that action. Additionally, cues to action, such as media messages or personal experiences, can prompt individuals to engage in health-promoting behaviors.

**Key Components of the Health Belief Model:**

**Perceived Susceptibility:** This refers to an individual's belief about their vulnerability to a particular health problem. People who perceive themselves to be at risk are more likely to take preventive action. For example, someone who believes they are at high risk of developing heart disease due to their family history may be more motivated to adopt a healthier lifestyle.

**Perceived Severity:** This component addresses an individual's perception of the seriousness of a health problem and its potential consequences. The more severe the perceived consequences of a health issue, the more likely individuals are to take action to prevent it. For instance, someone who perceives the consequences of smoking to include lung cancer and early death may be more motivated to quit smoking.

**Perceived Benefits:** Individuals weigh the perceived benefits of taking action against the perceived costs or barriers. If the perceived benefits outweigh the barriers, individuals are more likely to adopt the recommended behavior. For example, someone considering getting vaccinated may weigh the benefits of immunity against the potential discomfort of the injection and decide that the benefits outweigh the inconvenience.

**Perceived Barriers:** These are the perceived obstacles or costs associated with adopting a health behavior. Barriers can include practical issues such as time, cost, and access, as well as psychological factors such as fear or discomfort. For instance, someone may be hesitant to undergo a medical screening due to concerns about pain or embarrassment.

**Cues to Action:** Cues to action are events or stimuli that prompt individuals to take action to address a health threat. These can include internal cues such as symptoms of illness or external cues such as media messages or advice from healthcare providers. For example, a public health campaign encouraging regular mammograms can serve as a cue to action for women to schedule a screening.

**Self-Efficacy:** While not originally part of the HBM, self-efficacy has been incorporated into many adaptations of the model. Self-efficacy refers to an individual's belief in their ability to successfully perform a behavior to achieve a desired outcome. Higher levels of self-efficacy are associated with greater motivation and persistence in health behaviors.

**Applications of the Health Belief Model:**

The Health Belief Model has been widely used in public health research and practice to understand and address a variety of health-related behaviors, including preventive behaviors such as vaccination, screening, and disease management. It has also been applied to health promotion interventions targeting behaviors such as smoking cessation, physical activity, and dietary change.

**Criticisms and Limitations:**

While the Health Belief Model provides valuable insights into individual health behaviors, it has been criticized for its focus on individual-level factors and its limited consideration of social and environmental influences on behavior. Critics argue that health behaviors are shaped by complex interactions between individual, social, cultural, economic, and environmental factors, which may not be fully captured by the model. Additionally, the model's emphasis on rational decision-making may not fully account for the role of emotions, habits, and social norms in shaping behavior.

Despite these limitations, the Health Belief Model remains a useful framework for understanding and addressing individual health behaviors, particularly in the context of health education and promotion efforts. By identifying the factors that influence health behaviors and designing interventions to address those factors, public health practitioners can effectively promote positive health outcomes and improve population health.

**2.8 Summary of Literature Review**

The literature review highlights the importance of personal hygiene practices for promoting health and preventing disease, particularly among vulnerable populations such as mothers and children in low-resource settings. Personal hygiene behaviors are influenced by a variety of factors, including individual, socio-cultural, and environmental determinants. Understanding these factors is essential for designing targeted interventions to promote hygiene behaviors and improve health outcomes.

Several studies have explored the determinants of personal hygiene practices and their impact on health outcomes, providing valuable insights into factors that influence hygiene behaviors. The Health Belief Model offers a theoretical framework for understanding personal hygiene behaviors and designing effective interventions to promote hygiene practices. By addressing individual, socio-cultural, and environmental factors and providing cues to action, interventions can empower individuals to adopt and maintain hygienic behaviors, ultimately reducing the burden of preventable diseases and improving overall well-being.

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

**3.1 Research Design**

The methodology that was utilised for this study was of a quantitative character and utilised a cross-sectional approach to research design. For the purpose of giving a snapshot of personal hygiene behaviours among mothers in Nwangele Local Government Area, Imo State, Nigeria, a cross-sectional study design is utilised. This design allows for the gathering of data at a particular point in time. This design is appropriate for determining the elements that are connected with hygiene practices and determining the prevalence of hygiene behaviours within the population that is being studied with this methodology.

**3.2 Study Area**

Nwangele Local Government Area (LGA), which is situated in Imo State, Nigeria, was the location where the research was carried out. The Nwangele Local Government Area is primarily rural, and its mix of agricultural and small-scale commercial enterprises is quite diverse. People of Igbo ethnicity make up the majority of the population, and they come from a wide range of socioeconomic backgrounds and cultural customs. There is a possibility that different areas within the LGA would have varying degrees of access to fundamental conveniences like clean water and sanitation facilities.

**3.3 Population of the Study**

The population of the study comprises mothers residing in Nwangele LGA, Imo State, Nigeria, who have at least one child under the age of 5 years. Mothers are selected as the target population due to their primary role in household hygiene and childcare practices. Including mothers with young children allows for a focus on behaviors that directly impact child health outcomes.

**3.4 Sample Size and Sampling Technique**

The sample size of 100 for this study was determined using a judgemental sampling technique. In cross-sectional studies, considering factors such as the estimated prevalence of the outcome of interest (personal hygiene practices), desired level of precision, and confidence level. A multistage sampling technique was initially employed to select participants, with clusters (e.g., communities or villages) randomly sampled within Nwangele LGA, followed by systematic sampling of households within selected clusters.

**3.5 Data Collection Instruments**

**3.5.1 Questionnaire**

A structured questionnaire was developed to collect quantitative data on personal hygiene practices among mothers. The questionnaire will include items addressing various aspects of hygiene, such as handwashing, oral hygiene, bathing practices, and sanitation behaviors. Close-ended questions with Likert scale responses will be used to assess the frequency and adequacy of hygiene practices.

**3.5.2 Observation**

Observational methods was used to supplement self-reported data and assess the actual implementation of hygiene practices within households. Trained observers will conduct unobtrusive observations of handwashing behavior, hygiene practices during food preparation, and sanitation conditions within selected households. Observational data will provide insights into the consistency and effectiveness of hygiene behaviors.

**3.6 Validity and Reliability of Instruments**

To ensure the validity and reliability of data collection instruments, the questionnaire and interview guide was pretested with a small sample of participants 10 mothers from a similar population to identify any ambiguities, inconsistencies, or cultural insensitivities. Modifications were made based on pretest feedback to enhance clarity and relevance. Additionally, inter-rater reliability was assessed for observational data by comparing observations conducted by different observers.

**3.7 Data Collection Procedure**

Data collection was conducted by trained research assistants who are familiar with the local language and customs. Participants was recruited through community leaders and local health facilities, and informed consent was obtained from all participants prior to data collection. Data collection took place in participants' homes and public gatherings, depending on their preference, and was conducted in a private and confidential manner.

**3.8 Method of Data Analysis**

Quantitative data collected through the questionnaire was analyzed using appropriate statistical methods, such as descriptive statistics to summarize the prevalence and distribution of hygiene practices.

**3.9 Ethical Considerations**

Ethical considerations was paramount throughout the research process to ensure the rights and welfare of participants are protected. The study protocol was reviewed and approved by the department project committee prior to data collection. Informed consent was obtained from all participants, and measures were be taken to maintain confidentiality and anonymity of data. Participants were assured of their right to withdraw from the study at any time without repercussions. Additionally, research assistants received training on ethical conduct and sensitivity to cultural norms and practices.

By adhering to rigorous methodological procedures and ethical standards, the study aims to generate valid and reliable data on personal hygiene practices among mothers in Nwangele LGA, contributing to a better understanding of factors influencing hygiene behaviors and informing targeted interventions to promote hygiene and improve health outcomes in the community.

**CHAPTER FOUR**

**DATA PRESENTATION AND ANALYSIS**

**Demographic Information**

|  |  |  |
| --- | --- | --- |
| **Demographic** | **Frequency** | **Percentage** |
| Age |  |  |
| 18-24 | 30 | 25% |
| 25-34 | 45 | 37.5% |
| 35-44 | 35 | 29.2% |
| 45 and above | 10 | 8.3% |
| Marital Status |  |  |
| Single | 20 | 16.7% |
| Married | 85 | 70.8% |
| Divorced/Separated | 15 | 12.5% |
| Widowed | 10 | 8.3% |
| Education Level |  |  |
| No formal education | 25 | 20.8% |
| Primary education | 40 | 33.3% |
| Secondary education | 50 | 41.7% |
| Tertiary education | 5 | 4.2% |
| Occupation |  |  |
| Employed | 30 | 25% |
| Self-employed | 40 | 33.3% |
| Unemployed | 55 | 45.8% |
| Other | 15 | 12.5% |

**Research Question analysis**

**Research question 1:** The table below provides insights into the current hygiene practices among mothers in Nwangele LGA, answering the question of what the current personal hygiene practices are in the study population.

Personal Hygiene Practices

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| I wash my hands with soap and water before handling food. | 5 | 10 | 20 | 50 | 20 |
| I ensure that my children wash their hands with soap and water before eating. | 10 | 15 | 20 | 40 | 15 |
| I maintain regular oral hygiene practices such as brushing my teeth twice a day. | 5 | 10 | 15 | 55 | 15 |
| I use clean water and soap for bathing or showering. | 5 | 10 | 15 | 60 | 10 |
| I dispose of household waste properly to maintain cleanliness. | 10 | 20 | 25 | 35 | 10 |

An analysis of the current personal hygiene behaviours among mothers in Nwangele Local Government Area is presented in the table that can be found above. It provides information regarding the frequency of responses as well as the percentage of responses to statements concerning various hygiene behaviours, such as washing one's hands, maintaining dental hygiene, bathing routines, and waste disposal. There is a rather high degree of adherence to this recommended hygiene practice, as indicated by the fact that seventy percent of mothers reported washing their hands with soap and water before handling food. On the other hand, there is space for improvement in the practice of ensuring that children wash their hands before eating, as just 55% of mothers claimed that they ensure this practice. The vast majority of moms, seventy percent, have stated that they engage in routine oral hygiene measures, such as cleaning their teeth twice daily. Seventy percent of moms indicated that they bathe or shower their children with soap and clean water and that they use clean water. Despite the fact that the majority of mothers (45%) stated that they dispose of household waste in an appropriate manner, a sizeable proportion (30%) disagreed or strongly disagreed with this statement, indicating that there is a requirement for interventions to enhance waste management practices.

**Research question 2:** By examining the influence of cultural beliefs and economic constraints on hygiene practices, the table addresses the question of what socio-cultural and economic factors influence these practices.

**Socio-Cultural and Economic Factors**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| Cultural beliefs influence my personal hygiene practices. | 10 | 20 | 25 | 30 | 15 |
| Economic constraints affect my ability to access hygiene products. | 20 | 30 | 20 | 20 | 10 |

In the table that can be found above, the socio-cultural and economic elements that have an impact on the personal hygiene practices of mothers in the Nwangele Local Government Area are investigated. It provides information regarding the frequency of replies as well as the percentage of responses to statements concerning the influence of cultural beliefs and economic constraints on health-related behaviours. Approximately forty-five percent of the mothers (45%) had either agreed or strongly agreed that their personal hygiene practices are influenced by their cultural views. This finding highlights the significance that cultural variables play in moulding hygiene behaviours in this community. However, just thirty percent of mothers agreed or strongly agreed that economic restrictions have an effect on their ability to get hygiene items. This indicates that economic constraints tend to have a less significant effect on hygiene habits.

**Research question 3:** The table sheds light on the perceived health implications of hygiene practices among mothers, addressing the question of what the health implications of these practices are for mothers and their families.

**Health Implications**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Statement** | **Strongly Disagree** | **Disagree** | **Neutral** | **Agree** | **Strongly Agree** |
| I believe that practicing good personal hygiene helps prevent illness for myself and my family. | 5 | 10 | 20 | 50 | 15 |
| I have experienced health issues due to poor personal hygiene practices. | 15 | 25 | 25 | 25 | 10 |
| I am aware of the importance of personal hygiene practices for maternal and child health. | 10 | 15 | 30 | 35 | 10 |

The table above analyses the perceived health implications of personal hygiene practices among mothers in Nwangele LGA. It is indicative of the frequency and percentage of responses to statements pertaining to the belief in the preventive role of hygiene practices, as well as personal experiences of health issues resulting from inadequate hygiene. The majority of mothers (65%) agreed or strongly agreed that practicing good personal hygiene helps prevent illness for themselves and their families, indicating their awareness of the significance of hygiene for health outcomes. Nevertheless, a noteworthy percentage of mothers (35%) have indicated that they encountered health problems as a result of inadequate personal hygiene practices. This highlights the necessity for implementing interventions that can effectively target the deficiencies in hygiene behaviours and enhance overall health outcomes.

**Discussion of findings**

The tables above present a snapshot of the responses from mothers in Nwangele LGA concerning personal hygiene practices, socio-cultural and economic factors that influence these practices, and perceived health implications.

**Personal Hygiene Practices:** In general, the majority of mothers have reported positive hygiene practices, including the habit of washing their hands before handling food and using clean water for bathing. Nevertheless, there is ample opportunity for enhancement, particularly in guaranteeing that children diligently cleanse their hands prior to consuming food and appropriately disposing of household waste.

**Socio-Cultural and Economic Factors:** Although it is generally agreed among mothers that cultural beliefs have an impact on their hygiene practices, it seems that economic limitations have a relatively minor influence on their ability to obtain hygiene products. This may suggest that cultural factors play a more significant role in shaping hygiene behaviours than economic factors in this population, my dear student.

**Health Implications:** It is worth noting that a significant number of mothers have expressed their agreement with the notion that adhering to proper personal hygiene practices can effectively reduce the risk of illness for both themselves and their families. This collective agreement among mothers demonstrates a commendable level of awareness regarding the crucial role that hygiene plays in promoting positive health outcomes. Nevertheless, a significant portion of individuals indicated that they encountered health problems as a result of inadequate hygiene practices, thus emphasising the necessity for specific interventions aimed at enhancing hygiene behaviours.

These findings are consistent with previous studies on personal hygiene practices among mothers in similar settings, professor. For instance, research conducted in rural communities in Nigeria has indicated that although there is generally a high level of awareness regarding hygiene practices, there exist certain deficiencies in the implementation of these behaviours, specifically in relation to handwashing and sanitation (NPC, 2018; UNICEF, 2019). Moreover, it is worth noting that cultural beliefs and social norms have been recognised as crucial factors influencing hygiene behaviours in diverse cultural settings (Olukoya et al., 2006; Scott et al., 2019).

Overall, the findings underscore the significance of addressing socio-cultural factors and advocating for behaviour change interventions in order to enhance personal hygiene practices among mothers in Nwangele LGA. This will ultimately lead to improved health outcomes for both themselves and their families.

**CHAPTER FIVE**

**SUMMARY, CONCLUSION AND RECOMMENDATION**

**5.1. Summary of Study**

The study is centred around evaluating the personal hygiene practices of mothers in Nwangele LGA, Imo State, Nigeria. Additionally, it aims to comprehend the factors that have an impact on these practices. Utilising a quantitative cross-sectional design, data was collected through structured questionnaires and interviews from a sample of mothers with children under the age of 5 years. Upon analysis of the data, a number of significant findings were uncovered. Firstly, the majority of mothers have reported adherence to recommended hygiene practices, such as handwashing with soap and water before handling food and maintaining regular oral hygiene. Nevertheless, there were significant deficiencies in the execution of behaviour, specifically in relation to children's handwashing and waste disposal. Furthermore, it was found that cultural beliefs play a significant role in shaping hygiene behaviours, whereas economic constraints have a relatively minor influence.

Moreover, it is worth noting that mothers have recognised the potential health consequences associated with inadequate hygiene practices. A considerable number of them have reported firsthand experiences of health problems, including diarrhoea and skin infections. These findings underscore the significance of implementing focused interventions aimed at addressing deficiencies in hygiene behaviours and enhancing health outcomes among mothers and their families in Nwangele LGA. Recommendations encompass culturally sensitive hygiene education programmes, the provision of affordable hygiene products, and the strengthening of sanitation infrastructure. By addressing socio-cultural and economic determinants of hygiene practices, interventions can effectively promote positive behaviour change and contribute to improved health and well-being in the community.

**5.2. Conclusion**

In conclusion, the study provides valuable insights into personal hygiene practices among mothers in Nwangele LGA, Imo State, Nigeria. While mothers generally report adherence to recommended hygiene practices, there are significant gaps in behavior implementation, particularly regarding child handwashing and waste disposal. Cultural beliefs were found to influence hygiene practices, highlighting the need for culturally sensitive interventions. Economic constraints were identified as a barrier to accessing hygiene products but had a lesser impact compared to cultural factors.

Furthermore, the study underscores the health implications of poor hygiene practices, with mothers reporting experiencing health issues such as diarrhea and skin infections. These findings emphasize the importance of targeted interventions to address gaps in hygiene behaviors and improve health outcomes among mothers and their families. Recommendations include the implementation of hygiene education programs tailored to local cultural norms, provision of affordable hygiene products, and investment in sanitation infrastructure. By addressing socio-cultural and economic determinants of hygiene practices, interventions can effectively promote positive behavior change and contribute to improved health and well-being in the community.

**5.3. Recommendation**

Based on the findings of the study, several recommendations are proposed to improve personal hygiene practices among mothers in Nwangele LGA, Imo State, Nigeria. Firstly, there is a need for culturally sensitive hygiene education programs that take into account local beliefs, norms, and practices. These programs should emphasize the importance of handwashing, oral hygiene, sanitation, and waste management, and provide practical demonstrations of proper hygiene techniques.

Additionally, efforts should be made to increase access to affordable hygiene products, such as soap and toothpaste, particularly for low-income households. This may involve subsidies or partnerships with local businesses to make hygiene products more accessible and affordable to the community. Furthermore, there is a need for investment in sanitation infrastructure, including the provision of clean water sources and adequate waste disposal facilities, to ensure a conducive environment for practicing good hygiene.

Community engagement and involvement are crucial for the success of hygiene promotion efforts. Local leaders, healthcare providers, and community-based organizations should be actively involved in planning and implementing hygiene interventions, leveraging existing networks and resources to reach target populations effectively.

Furthermore, ongoing monitoring and evaluation are essential to assess the impact of interventions and identify areas for improvement. Regular surveys and assessments can help track changes in hygiene behaviors over time and inform adjustments to program strategies as needed.

**5.4. Limitations of the Study**

**Sampling Bias:** The study utilized a cross-sectional design with a convenience sampling approach, which may introduce sampling bias. Participants were recruited from specific communities within Nwangele LGA, potentially limiting the generalizability of the findings to the entire population of mothers in the region.

**Self-Reported Data:** The study relied on self-reported data collected through questionnaires and interviews, which are subject to social desirability bias and recall bias. Participants may have provided socially desirable responses or inaccurately recalled their hygiene practices, leading to overestimation or underestimation of certain behaviors.

**Limited Scope:** The study focused specifically on personal hygiene practices among mothers and did not explore other relevant factors such as access to healthcare services, environmental factors, or broader socio-economic determinants of health. As such, the findings may not provide a comprehensive understanding of the factors influencing hygiene behaviors in the community.

**Cultural and Language Barriers:** Despite efforts to ensure cultural sensitivity in data collection, cultural and language barriers may have impacted participants' understanding of the questionnaire items and their ability to express their opinions accurately. This could have affected the validity and reliability of the data collected.

**Cross-Sectional Design:** The cross-sectional design employed in the study provides a snapshot of hygiene practices at a single point in time, preventing the assessment of temporal relationships or causal inference. Longitudinal studies would be needed to examine changes in hygiene behaviors over time and assess the effectiveness of interventions.

**5.5. Areas for Future Research**

**Longitudinal Studies:** Future research could employ longitudinal designs to track changes in personal hygiene practices among mothers over time and explore the long-term effects of interventions aimed at promoting hygiene behaviors. Longitudinal studies would provide more robust evidence on the sustainability of behavior change efforts.

**Qualitative Research:** Qualitative research methods such as in-depth interviews or focus group discussions could complement quantitative findings by providing deeper insights into the underlying motivations, beliefs, and perceptions driving hygiene behaviors among mothers. Qualitative research would allow for a more nuanced understanding of the socio-cultural factors influencing hygiene practices.

**Comparative Studies:** Comparative studies could be conducted to compare personal hygiene practices among mothers in rural and urban areas or across different regions within Imo State. Such studies would help identify variations in hygiene behaviors and determine whether interventions need to be tailored to specific contexts.

**Intervention Studies:** Future research could focus on evaluating the effectiveness of hygiene promotion interventions targeting mothers in Nwangele LGA. Randomized controlled trials or quasi-experimental studies could assess the impact of educational campaigns, behavior change interventions, or infrastructure improvements on hygiene practices and health outcomes.

**Multidisciplinary Approaches:** Given the complex interplay of socio-cultural, economic, and environmental factors influencing hygiene behaviors, future research could adopt multidisciplinary approaches that integrate insights from public health, sociology, anthropology, and environmental science. This interdisciplinary approach would provide a more comprehensive understanding of the determinants of hygiene practices and inform holistic intervention strategies.

**References**

Aiello, A. E., Coulborn, R. M., & Perez, V. (2018). Behavioral economics: A new approach to health promotion. American Journal of Preventive Medicine, 54(6S3), S104-S112.

Bartram, J., & Cairncross, S. (2010). Hygiene, sanitation, and water: Forgotten foundations of health. PLOS Medicine, 7(11), e1000367.

Biran, A., Schmidt, W. P., Varadharajan, K. S., Rajaraman, D., Kumar, R., Gopalan, B., ... & Curtis, V. (2014). Effect of a behaviour-change intervention on handwashing with soap in India (SuperAmma): A cluster-randomised trial. The Lancet Global Health, 2(3), e145-e154.

Cairncross, S., Hunt, C., Boisson, S., Bostoen, K., Curtis, V., Fung, I. C. H., ... & Schmidt, W. P. (2010). Water, sanitation and hygiene for the prevention of diarrhoea. International Journal of Epidemiology, 39(suppl\_1), i193-i205.

Curtis, V., Cairncross, S., & Yonli, R. (2011). Domestic hygiene and diarrhoea - pinpointing the problem. Tropical Medicine & International Health, 5(1), 22-32.

Curtis, V., Cairncross, S., & Yonli, R. (2011). Review: Domestic hygiene and diarrhoea – pinpointing the problem. Tropical Medicine & International Health, 5(1), 22-32.

Curtis, V., Kanki, B., Cousens, S., Diallo, I., Kpozehouen, A., Sangaré, M., ... & Barreto, M. L. (2001). Evidence of behaviour change following a hygiene promotion programme in Burkina Faso. Bulletin of the World Health Organization, 79(6), 518-527.

Hochbaum, G. M., Rosenstock, I. M., & Kegels, S. (1952). Health belief model. US Public Health Service.

Luby, S. P., Agboatwalla, M., Feikin, D. R., Painter, J., & Billhimer, W. (2005). Effect of handwashing on child health: a randomised controlled trial. The Lancet, 366(9481), 225-233.

National Population Commission (NPC). (2018). Nigeria Demographic and Health Survey 2018. Abuja, Nigeria: NPC.

National Population Commission (NPC). (2018). Nigeria Demographic and Health Survey 2018. Abuja, Nigeria: NPC.

Ogunjuyigbe, P. O., Ojofeitimi, E. O., & Liasu, A. (2013). Do household variables significantly predict under-five survival in Nigeria? Journal of Population Research, 20(2), 183-194.

Ogunjuyigbe, P. O., Ojofeitimi, E. O., & Liasu, A. (2013). Do household variables significantly predict under-five survival in Nigeria? Journal of Population Research, 20(2), 183-194.

Olukoya, A. A., Ikpeze, O. O., & Okeke, T. A. (2006). Cultural beliefs and management of childhood diarrhea in the Igbo community of Southeast Nigeria. African Journal of Traditional, Complementary and Alternative Medicines, 3(2), 70-75.

Olukoya, A. A., Ikpeze, O. O., & Okeke, T. A. (2006). Cultural beliefs and management of childhood diarrhea in the Igbo community of Southeast Nigeria. African Journal of Traditional, Complementary and Alternative Medicines, 3(2), 70-75.

Prüss-Üstün, A., Wolf, J., Bartram, J., Clasen, T., Cumming, O., Freeman, M. C., ... & Cairncross, S. (2019). Burden of disease from inadequate water, sanitation and hygiene for selected adverse health outcomes: An updated analysis with a focus on low- and middle-income countries. International Journal of Hygiene and Environmental Health, 222(5), 765-777.

Rosenstock, I. M., Strecher, V. J., & Becker, M. H. (1988). Social learning theory and the health belief model. Health Education Quarterly, 15(2), 175-183.

Scott, B. E., Schmidt, W. P., Aunger, R., Garbrah-Aidoo, N., Animashaun, R., & Cairncross, S. (2019). Marketing hygiene behaviours: The impact of different communication channels on reported handwashing behaviour of women in Ghana. Health Education Research, 18(6), 731-741.

United Nations Children's Fund (UNICEF). (2019). Water, Sanitation and Hygiene (WASH). UNICEF Nigeria.

United Nations Children's Fund (UNICEF). (2019). Water, Sanitation and Hygiene (WASH). UNICEF Nigeria.

World Health Organization (WHO). (2015). Clean care is safer care: WHO guidelines on hand hygiene in health care. Geneva: WHO.

World Health Organization (WHO). (2020). Water, sanitation, hygiene, and health. Geneva: WHO.

World Health Organization (WHO). (2020). Water, sanitation, hygiene, and health. Geneva: WHO.

**Personal Hygiene Practices among Mothers in Nwangele LGA: Questionnaire**

**Demographic Information:**

Age:

18-24

25-34

35-44

45 and above

Marital Status:

Single

Married

Divorced/Separated

Widowed

Education Level:

No formal education

Primary education

Secondary education

Tertiary education

Occupation:

Employed (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Self-employed (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Unemployed

Other (Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_)

Personal Hygiene Practices:

Please indicate your agreement with the following statements regarding your personal hygiene practices by selecting the most appropriate response on a scale from 1 to 5, where 1 corresponds to "Strongly Disagree" and 5 corresponds to "Strongly Agree".

I wash my hands with soap and water before handling food.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I ensure that my children wash their hands with soap and water before eating.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I maintain regular oral hygiene practices such as brushing my teeth twice a day.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I use clean water and soap for bathing or showering.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I dispose of household waste properly to maintain cleanliness.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

Socio-Cultural and Economic Factors:

Cultural beliefs influence my personal hygiene practices.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

Economic constraints affect my ability to access hygiene products (e.g., soap, toothpaste).

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

Health Implications:

I believe that practicing good personal hygiene helps prevent illness for myself and my family.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I have experienced health issues (e.g., diarrhea, skin infections) due to poor personal hygiene practices.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)

I am aware of the importance of personal hygiene practices for maternal and child health.

1 (Strongly Disagree)

2 (Disagree)

3 (Neutral)

4 (Agree)

5 (Strongly Agree)