**PRACTICE OF PERSONEL HYGIENE KNOWLEDGE AMONG PRIMARY SCHOOL CHILDREN**

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**Abstract**

The purpose of the study was to find out the basic personal hygiene knowledge and practices among primary school children in Oredo Local Government Area of Edo State. To determine that basic hygiene refers to practices that help to maintain health and prevent the spread of diseases. In carrying out the study, the questionnaire method was used to determine the basic personal hygiene knowledge and practices among primary school children in Oredo Local Government Area of Edo State.

 **CHAPTER ONE**

**INTRODUCTION**

* 1. **Background of the study**

Basic hygiene refers to practices that help to maintain health and prevent the spread of diseases. It involves regular washing of body, washing the 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). The consequences in terms of morbidity and mortality are also more severe in them compared to adults. The increased burden of communicable diseases among school children due to poor personal hygiene practices and inadequate sanitary conditions remains concern on the public health agenda in developing countries. Poor knowledge, practice and attitudes towards personal hygiene play major roles in the high incidence of communicable diseases and therefore has negative consequences for the child’s long term overall development. The hands are probably the most important route for transmission f infection in the home and community, as they often have indirect contact with the mouth, nose and conjunction (Urwhttp://www.ifh-hollehygiene.org). They also came in contact with food and water that is consumed. It has been revealed that there is a strong and consistent caused link between poor hand hygiene and gastrointestinal infection (WHO, 2002) certain respiratory infections have also been linked to poor personal hygiene practices. Good hand washing and other hygienic practices encouraged through health education has been reported to communicable diseases in school, children (Long-Shan, 2000). Understanding the level of knowledge and practices related to basic personal hygiene among school children in OredoLocal Government Area of Edo State.

**1.2 STATEMENT OF PROBLEM**

  Globally, the high mortality and morbidity due to communicable diseases among school age children has been attributed to their neglect of poor personal hygiene. Children need to be taught and guided by adults to be able to adopt certain behaviours as regards their health and well-being. To effectively address the issue of communicable disease among school children, parents, teachers, and other stake holders must work out modalities to take and encourage children to adopt good hygiene practice. However, it has been observed that little or nothing is been done to inculcate these practices among school children hence increase in the rate of contact/spread of these communicable diseases and worse mortality from these diseases. Therefore if adequate measures are put in place, communicable disease can be reduced to its barest minimum among school children.

**1.3 OBJECTIVE OF THE STUDY**

The objectives of the study are;

1. To ascertain the knowledge and practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State
2. To examine the relationship between poor hygiene practice and communicable diseases.
3. To ascertain the all primary schools in Oredo local Government practice hygiene

**1.4 RESEARCH HYPOTHESES**

For the successful completion of the study, the following research hypotheses were formulated by the researcher;

**H0:**   there is no practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State

**H1:**   there is practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State

**H02:** there is no relationship between poor hygiene practice and communicable diseases

**H2:** there is relationship between poor hygiene practice and communicable diseases

**1.5 SIGNIFICANCE OF THE STUDY**

It is expected that this work will prompt the school authorities and the various parents-teachers association to collaborate to identify key areas of health needs among school children and institute appropriate health interventions. It is also expected to improve the knowledge base of classroom teachers on basic hygiene practices and the need for them to ensure adequate practice by the children.

**1.6 SCOPE AND LIMITATION OF THE STUDY**

The scope of the study covers practice of personnel hygiene knowledge among primary school children. The researcher encounters some constrain which limited the scope of the study;

 **a) AVAILABILITY OF RESEARCH MATERIAL:** The research material available to the researcher is insufficient, thereby limiting the study

**b) TIME:** The time frame allocated to the study does not enhance wider coverage as the researcher has to combine other academic activities and examinations with the study.

**c) Organizational privacy**: Limited Access to the selected auditing firm makes it difficult to get all the necessary and required information concerning the activities

**1.7 DEFINITION OF TERMS**

PERSONNEL HYGIENE: Good personal hygiene is essential to promoting good health. Personal hygiene habits such as washing your hands and brushing and flossing your teeth will help keep bacteria, viruses, and illnesses at bay.

**KNOWLEDGE**: facts, information, and skills acquired through experience or education; the theoretical or practical understanding of a subject.

**1.8 ORGANIZATION OF THE STUDY**

This research work is organized in five chapters, for easy understanding, as follows

Chapter one is concern with the introduction, which consist of the (overview, of the study), historical background, statement of problem, objectives of the study, research hypotheses, significance of the study, scope and limitation of the study, definition of terms and historical background of the study. Chapter two highlights the theoretical framework on which the study is based, thus the review of related literature. Chapter three deals on the research design and methodology adopted in the study. Chapter four concentrate on the data collection and analysis and presentation of finding. Chapter five gives summary, conclusion, and recommendations made of the study

**CHAPTER TWO**

**REVIEW OF RELATED LITERATURE**

**2.1** **INTRODUCTION**

Personal hygiene is a concept that is commonly used in medical and public health practices. It involves maintaining the cleanliness of our body and clothes. It is personal. It is defined as a condition promoting sanitary practices to self. The knowledge and practice of personal hygiene are vital in all our everyday activities. The public health purposes of personal hygiene include the prevention of faeco-orally transmitted diseases, aesthetic values and social impact (Bastos, 2010). The components of personal hygiene include body hygiene (skin care), oral hygiene (oral care), hand washing (hand care), face hygiene, fingernail and toe nail hygiene (nail care), ear hygiene, hair hygiene, foot hygiene, arm pit and bottom hygiene, clothes hygiene and menstrual hygiene. Several studies show that personal hygiene practices include: seeing a doctor, seeing a dentist, regularly washing (bathing or showering) of the body, regular hand washing, brushing and flossing of teeth, basic manicure and pedicure, feminine hygiene and healthy eating (Ali et al, 2013; Bastos, 2010). Body hygiene pertains to hygiene practices performed by an individual to care for ones bodily health and well being. It is achieved by using personal hygiene products including: soap, hair shampoo, hair conditioner, cotton swabs, deodorant, chapstick, cream, lotion, facial tissue, hair clippers, nail clippers, nail files, skin cleansers, razors, shaving cream, skin cream and toilet paper (Bastos, 2010). All these products are used to improve health and well being. Oral hygiene refers to the care of the mouth and the teeth. It is achieved by going to the dentist, brushing the teeth and flossing the teeth. Diseases or conditions associated with poor oral hygiene include tooth decay, gum infection and bad breath (OU, 2016). The hand is important in adolescents especially secondary school students because when not properly taken care of, can serve as a medium of transfer of harmful microorganisms not just to the individuals, but also from one individual to another. A number of infectious diseases can spread from one person to another by contaminated hands, particularly gastro intestinal infections and hepatitis. Hand hygiene is recognized as the leading measure to prevent cross-transmission of microorganisms (Boyce et al, 2002; Pittet et al, 2000). A proper hand hygiene can help prevent the spread of these organisms. Some forms of gastro-enteritis can cause serious complications, especially for young children, the elderly or those with a weakened immune system. A causal link between hand hygiene and rates of infectious illness has been established in the literature (Aiello et al, 2002). A recent meta-analysis of 30 hand hygiene studies found that improvements in hand washing reduced the incidence of upper respiratory tract infections by 21% and gastrointestinal illnesses by 31% (Aiello et al, 2008). Hand hygiene significantly reduces illness-related absences in elementary school students by 26% (Nandrup- Bus, 2009). Deficiencies in hand hygiene have been associated with outbreaks of viral gastroenteritis (Moe et al, 2001), upper respiratory tract infections (White et al, 2005; White et al, 2003) and group B streptococcal colonization (Bliss et al, 2002) among college students. Although mortality and morbidity associated with viral respiratory and gastrointestinal illnesses among college students are relatively low, these infections contribute to absenteeism that may, in turn, affect academic productivity and performance (ACHA, 2011). It was reported that poor hand hygiene contributed to 42% of food- borne outbreaks in the United States in the period of 1975- 1998 (Aycicek et al, 2004). Critical times for hand washing include after using the toilet, after cleaning a child, and before handling food (Nandrup- Bus, 2009; Scott et al, 2007). Menstrual hygiene deals with the special health care needs and requirements of women during monthly menstruation or menstrual cycle. These areas of special concern include choice of the best protection of feminine hygiene products; how often and when to change the feminine hygiene products; bathing care of the vulva and vagina as well as the supposed benefits of vagina douching at the end of each menstrual period (John Hopkins, 2008). Provisions for good menstrual hygiene include home- made remedies like pieces of cotton cloth which are either placed on a woman’s undergarment or on a home- made belt that wraps around the waist. These cloths can be washed, dried and used again. Available commercial products for women’s hygiene during menstruation include pads, tampons and cups (Paul, 2007). The practice of good menstrual hygiene reduces the incidence of reproductive tract infection (RTI). Thus, the consequences of RTIs are severe and may result in significant negative impact to a woman’s health including chronic pelvic pain, dysmenorrhea (painful periods) and in severe cases infertility. Reproductive tract infections, which have become a silent epidemic that devastates women’s lives is closely related to poor menstrual hygiene (Dasguptal et al, 2008; Ten, 2007). Menstrual hygiene and management will directly contribute to millennium development goal (MDG) - 2 on universal educations, MDG- 3 on gender equality and women empowerment (Ten, 2007). Poor knowledge and practice of, and attitudes to personal hygiene has negative consequences for a child’s long term overall development (Scott et al, 2007). Knowledge is defined as the capacity to acquire, retain and use information. It is also a mixture of comprehension, experience, discernment and skill (Dong, 2015). It is a complicated construction characterized by the structure and the content of the information stored in the memory (Dong, 2015). Practice is regarded as the application of rules and knowledge that leads to action (Dong, 2015).

**2.2 HEALTH: THE CONCEPT**

Historically, the term health is derived from an old Anglo-Saxon word “HEALTH” meaning the condition of being safe and sound or whole. For many years this historical definition was lost because of the common belief that health was in essence, freedom from disease. It has been only in recent years that a fuller, richer meaning has evolved. The modern concept of health reveals that of the old English term pertaining to the “wholeness” of the individual (Dash, 2004, p. 306). People with different backgrounds may hold different conceptions of health and an individual may have different ideas about the meaning of health depending on the circumstances under which the matter is raised (WHO, 2005, p.18). In the oxford dictionary health means ‘the state of being free from sickness, injury or disease, bodily conditions; something indicating good bodily condition’ (Ramachandra & Dharmalingam, 2008, p.7) World Health Organisation (1948) defined “Health is a complete state of physical, mental and social wellbeing, not merely free from sickness or infirmity” (Ramachandra & Dharmalingam, 2008, p.7). In a physiological sense good health may be defined as state of the perfect operation of all the bodily functions, freedom from bodily pains and also freedom from mental and physical discomfort (Dash, 2004, p. 307). In nutshell, from the above definitions it can be concluded that the concept of health is evolving and has been defined in a number of ways by members of various disciplines. It can be seen that concept of health encompasses more than having a body free from diseases.

 2.3 **GOOD HEALTH: THE SOURCES**

There are various factors which affect the health of a person, some are as follows:

**Food:** Food is an essential element without which human beings cannot survive. Food is a general term used to describe the nutritive material, solid or liquid, taken into human body. Children must be able to benefit from balanced nourishment in order to develop in a healthy manner. Healthy diet is a key tenet in the prevention of many chronic diseases. Healthy eating patterns in childhood and adolescence promote optimal childhood health, growth, and intellectual development; prevent immediate health problems, such as iron deficiency anaemia, obesity, eating disorders, and dental caries; and may prevent long-term health problems, such as coronary heart disease, cancer, and stroke. Nurturing healthy dietary habits is especially important in childhood as this is a critical period of growth and development.

**Exercise**: Physical exercise is necessary for a healthy growth and development of the body. Body awareness and conscious perception is important for the child to properly evaluate reactions and to express it what it wants to achieve. It is vital to develop a healthy and active lifestyle in early childhood. Exercise helps in overcoming the mental defects, because the brain becomes more powerful. Not only this but also the deformities of the body caused by the faulty postures are cured.

**Water:** water plays a major role in daily life and in the environment of all people, adults as well as children. Water is an indispensable resource in the daily life of all human beings. Clean water is another source of good health. A great deal of sickness is caused by using unclean water. People in villages often bathe, and wash clothes and cattle in tanks. If this water is used for drinking purposes, it may bring disastrous diseases. To make water pure it should be boiled. If water is boiled for 5 to 10 minutes, all the bacteria, spores, cysts, and ova are destroyed (Dandiya, Zafer and Zafer, 2004, p. 140).

**Hand washing**: Our hands may come in contact with injuries germs and worms at time more easily because they are the principal organs to come in direct touch with certain aspects of the environment. A simple effective habit could prevail dierreah and respiratory diseases. Research has reveals that washing hand with soap at critical time including before eating and before preparing the food and after using the toilet can reduce the dierreah by more than 40%. So hands should be well-cleaned before taking food or eating other things and even after having food with clean water and soap. Hands should be washed for 20 seconds properly with wand nails and risen well with clean water and soap and rub all over the hand, wrists, between fingers.

**Cleanliness of body and clothes**: we should take bath and wash our body regularly and should wear washed clothes. After playing games and sports we should wash our hands and legs with water and soap.

**Eye care:** We should take great care of our eyes. Both inadequate light and excess of light are harmful to our eyes. Eyes become fatigued by study and require some rest. Bathing the eyes with cold water at night is a good hygiene habit.

**Oral habits:** The school plays an important role in promoting oral health. The teacher should check whether the students brush their teeth, dental cavities, dental examinations, and restrict use of sugar and refined carbohydrates. Another important aspect of oral health in the school setting is first aid for dental problems and emergencies. The primary school stage is important for teething, because children shed their milk teeth and acquire a set of new permanent teeth. It is crucial stage, because a number of problems allied to teething may also arise. For one thing, children are highly prone to cavities and tooth decay problems. Utmost care has to be taken for early detection of these, in order that corrective action can be taken.

**Avoidance of bad habits**: Bad habits such as biting nails with teeth, spitting and blowing of nose anywhere, use of toilet in open space, sleep late at night, cleaning ears with ear buds, doing exercise immediately after having food, touching drinking water with dirty hands, throwing waste material anywhere, etc. should be avoided and make practise from the childhood.

**Sleep:** Human body is just like a machine, but not machine exactly. After doing some kind of work, a human being has to take rest and sleeping is a very good way of taking rest. It is believe that to keep a person healthy; he should take a sleep of at least 8 hours. Sound sleep is very necessary for removing fatigue. Children who do not sleep for sufficient if a person is not getting proper sleep, he can be caught by various diseases

**Medical check-up**: In order to judge the level of health of the students there will be need for medical examination at regular intervals. We have to be watchful regarding their illnesses. They have to be protected from infectious diseases and treated for ailments, if any

**2.4 HEALTH AWARENESS: THE CONCEPT**

Awareness refers to the capability to perceive, to feel, or to be conscious of events, objects, thoughts, emotions or sensory patterns. Awareness is the first step to realization. Knowledge of one's body parts helps in understanding the various changes taking place and those that have already taken place in the child's body so far. The identification of parts and their function helps a child to convey properly if he is facing any discomfort or is unwell physically (Revised School Health Manual, 2010). Health awareness plays a vital role in the wellbeing of the children. For the maintenance of good health a person may have adequate quantities of proper nutrition, safe drinking water, proper shelter with adequate ventilation and lighting, proper clothing, proper work, exercise and rest and personal hygiene are essential (Ramachandra & Dharmalingam, 2008, p. 9). Therefore, health related awareness such as proper sanitation and hygiene, cleanliness, nutrition, etc. is necessary to be practice among the school children for the safe, secure and healthy environment and for the prevention and control of communicable and non-communicable diseases.

**2.5 HYGIENIC HABITS**

Most habits are just what the word “habit” means “regularly repeated behaviour pattern”. By regularly repeating the behaviours they turn into “habits”. Thus we should repeat behaviours that promote our health. Most people do not acquire these good habits out of poor planning and thoughtlessness rather than lack of money. Most habits/measures to remain hygienic and clean either do not cost anything or cost very little. It is worth spending a little on basic necessities like soap, toothpaste, tooth brush, nail cutter etc. to remain clean and hygienic. Children also influence each other. They discuss what new issues they encounter, and collectively play and experiment with ideas that strike them as unusual. When a child has become strongly convinced of an idea - especially an idea such as the frequent washing of hands - the idea becomes translated into a life -long habit. All of the above produce long-term changes in society. Taking good care of one's teeth is one of the smartest investments a person can make in their health, helping to ensure that the teeth will rema in strong, healthy, and white for a lifetime. Dental hygiene is made up of rinsing your mouth frequently, brushing your teeth with toothpaste at least two times each day, trying not to eat too many sweets that will rot your teeth and seeing your dentist fo r regular check-ups. Avoid smoking or chewing tobacco, which can stain your teeth, give you bad breath and cause cancer. If you have any problems with your teeth or gums, you should see a dentist as soon as possible. Taking good care of your mouth and teeth will help you to have pleasant breath, a nice smile and fewer cavities.

Dental hygiene is only one part of what makes up good personal hygiene. Other good living habits are:

* getting a good night's sleep (sleep hygiene)
* eating a good breakfast (don't skip breakfast because it gives you the energy you need to make it through to lunch)
* Washing your hands frequently to avoid spreading germs . Many diseases such as diarrhoea, typhoid etc are caused due to germs present on dirty hands. Students should ensure that their hands are clean, especially before eating any food. Everyone must wash hands thoroughly after going to the toilet and before having meal.

**When should you wash your hands**

* After using the toilet
* Handling raw food (before and after)
* Touching the hair, face, or body
* Sneezing or coughing
* Smoking, eating or drinking
* Handling chemicals
* Taking out garbage or trash
* Clearing Tables
* Touching clothing or aprons Touching un-sanitized equipment, work surfaces, or wash cloths

Taking a bath daily to keep the dirt and odors away.

Taking a bath or shower means washing your body including the back of the neck, underarms, feet with soap and washing your hair with shampoo. Remember to wash your body all over, including the private parts. How often you take a bath or shower will depend on your activities. If you take part in activities that get you dirty or make you sweaty, then you will need to get clean more often than someone who does not take p art in such activities. A good rule to follow is to take at least one bath or shower each day no matter what and then if you get dirty and smelly while playing, you will need to get clean after your activities. The “brand” of soap is NOT important. As long as it performs the function of cleaning up the skin without harming it in any fashion, it is fine to be used.

* “Good Grooming”- having well washed neat hair, combing the hair neatly, clipping nails, clean face and hands, wearing neat clothes, wearing proper and clean socks and shoes,
* Care of the feet- keeping the nails trim, keeping feet dry, wearing clean socks preferably made of cotton, wearing comfortable shoes, . These measures will help keep the feet clean, safe from fungal and other infections and prevent worm infestation too.
* Care of the nails: Nails should always be kept clean and neatly trimmed or filed. Dirt and bacteria can get trapped in nails that aren't clean. As with the hands, nails are a way for bacteria to be passed from person to person. Preventing the spread of bacteria prevents the spread of illness and infection. Nails that are excessively long can, by virtue of their length, hold more dirt than shorter nails. Those with longer nails, then, need to be more diligent about keeping their nails clean.

Getting plenty of exercise by walking, playing, riding your bike (don't forget to exercise your brain by reading and doing your school work too!)

**Taking care of the nose and ears:**

* Avoid picking the nose.
* Clean the nose while having a bath.
* Avoid cleaning and blowing the nose in public places.
* Do not insert anything in the ears
* Do not put any oil or other liquids into the ears.

**2.6 TAKING CARE OF HAIR**

Taking care of hair is very important. Many children may have lice and these many spread to other children and even adults if not treated. Gently talk to the parents and advise them on simple measures to remove lice such as wash ing the hair with neem or special shampoos in the market. They should use the special comb available for this purpose. Guide the students to maintain clean hair. Many adolescents have myths and misconceptions regarding personal hygiene including that of their “private parts”. These may contribute to their ill health in many ways –especially predisposing girls Infections and their attendant complications. Poor hygiene may also lead to Urinary Tract Infections (UTI). Maintaining cleanliness of the private p arts will also help reduce the chances of acquiring skin infections, and UTI especially in girls. Adolescents need appropriate information and skills to maintain personal hygiene. This not only protects their present health but also protects them in future and is likely to reduce death rates including the Maternal Mortality Rate in the country. Both girls and boys need to be aware and practice hygienic measures to promote personal hygiene.

**2.7 HOW CAN GIRLS AND BOYS MAINTAIN PERSONAL HYGIENE**

It is extremely important to maintain hygiene of all parts of the body to avoid infection.

* Bathe at least once a day, paying special attention to face, underarms, and private parts so that they remain clean all the time.
* Girls should take precaution to wash their private p arts from front to the back toϖ avoid infection of these parts.
* Change the underwear daily. The underclothes should ideally be made of cotton.
* Wash undergarments after using for one day and dry it properly in the sun.

**2.7 GOOD HABITS DURING ADOLESCENCE BENEFIT THE ADOLESCENTS DURING THEIR ADULTHOOD AND OTHERS TOO:**

The habits picked up in the childhood and adolescence have a long term impact on their health as adults too. It is obvious that improper oral hygiene during adolescence may lead to loss of teeth or gum problems that in turn will lead to poor digestion. Poor hygiene in girls may contribute to repeated Urinary Tract Infections with their complications that are reflected in adulthood. The habits developed during this period are carried throughout life and impact health during adulthood in other ways too. When adolescents follow the rules of good personal hygiene, they not only help themselves, but also help others including adults! How? By keeping clean, the students are not spreading germs to others and are not making them sick. Thus the cycle of transmission of diseases causing organisms is broken by utilizing such simple measures. This is a sensible and cost effective way of promoting public health.

**2.8 PERSONAL AND DOMESTIC HYGIENE**

**Hand washing**

Proper handwashing is one of the most effective ways of preventing the spread of diarrhoeal diseases. Pathogens cannot be seen on hands, and water alone is not always sufficient to remove them. Soap and wood ash are both cleansing and disinfecting agents when used with water and can be used to kill pathogens on hands and utensils. The most important times that hands should be washed with soap and water are:

• After defecating.

 • After cleaning a child who has defecated.

 • Before eating or handling food.

Promoting good personal hygiene often requires that community members are mobilized towards this goal and awareness is raised about how to achieve it. It is important that hygiene education programmes do more than simply tell people that if they do not wash their hands they will become sick because of pathogens they cannot see. This rarely works. Instead, education programmes should try different methods to maximize community participation in the programmes and to encourage people to promote good hygiene. Some methods for promoting hygiene and health are discussed in the next chapter. To encourage handwashing to become part of the daily routine, suitable facilities must be located near to places such as latrines and kitchens, where they will be needed. If running water is available, the facilities should include a tap and a sink as well as soap. Hands may also be washed at a tap stand as shown in Figures 8.1 and 8.2. If running water is not available, an oil can or bucket fitted with a tap is a simple way of providing handwashing facilities; the larger the container, the less frequently it will need filling. Some containers are mounted on stands with a ledge for soap. A leaking container (such as a tin can with holes in its base) can also be used to scoop water from the water storage container and provide a stream of running water for handwashing. Another approach involves a suspended container that, when tipped, pours water onto the hands of the user. The system can easily be made from plastic cooking oil containers. Soap itself can be kept clean by suspending it above the ground on a string

**Bathing**

Regular bathing and laundering are important for cleanliness and good personal appearance. They also prevent hygiene-related diseases such as scabies, ringworm, trachoma, conjunctivitis and louse-borne typhus. Educational and promotional activities can encourage bathing and laundering, but increasing the number of washing facilities and locating them conveniently may be more effective. Bathing with soap is an important means of preventing the transmission of trachoma—an illness that can cause blindness and other eyesight problems. Children’s faces in particular should be washed regularly and thoroughly. If a child has trachoma, a special towel or tissue should be used to wipe or dry the child’s face; the towel should never be used for other children because of the risk of transmitting the disease. Ideally, programmes that promote bathing should be combined with a programme to reduce the numbers of flies, which spread trachoma and other diseases, and to improve sanitation. For people to bathe thoroughly they must use sufficient water, but it may be difficult to promote the use of more water for washing if water supplies are distant and water must be collected by hand. Moreover, many traditional bathing practices do not use water efficiently and ensuring cleanliness may be difficult. By modifying existing practices, such as by encouraging the use of water containers with taps, it may be possible to improve the efficiency of water use. Community shower units, with separate facilities for men and women, can also become income-generating enterprises in larger villages, but the facilities require careful maintenance and must be conveniently located. Operators should also allay concerns about voyeurism, which may be particularly important to women. Such problems are best resolved through discussion within the community

**Laundering**

To promote laundering of clothes and bedding, laundry slabs or sinks can be constructed near water points. They should be large enough to wash bedding and other bulky items and be situated so that water drains away from the laundry area and away from the water source. Locating laundry places in natural water bodies, streams and irrigation canals is best avoided if possible, since this practice can contribute to the transmission of schistosomiasis.

**2.9 THE HISTORY AND DEVELOPMENT OF HYGIENE**

The concept of hygiene dates back to the time when first man has moved into the caves to protect himself from the forces of nature that acts against his survival. The known religious leaders Prophet Moses and Prophet Mohamed have stated to their followers to wash their body before religious practices and even before meal. This practice is more probably true to other religions and sects of the world. Our parents even before our school days have taught us the importance of hygiene at a household level and we all are trained to behave in a certain manner so that hygiene is maintained depending on the level of understanding of the community. Therefore, the concept of hygiene as an art is as old as the history of mankind although nowadays it has been recognized as a science of its own How do we ensure a change in hygienic behavior in a given community has occurred in the direction desirable to promote healthy life style? The recognition of existing poor hygienic behavior is the first step in developing hygiene education aimed at reducing sanitation related diseases in a particular community. Hygiene education should aim at encouraging the target community to be interested in having cleaner home, cleaner surrounding, cleaner neighborhood and cleaner environment through a greater understanding of why such cleanliness is necessary. It is only when such understanding is growing those sanitation efforts can succeed in making a difference and become sustainable

**CHAPTER THREE**

**RESEARCH METHODOLOGY**

* 1. **Research design**

The researcher used descriptive research survey design in building up this project work the choice of this research design was considered appropriate because of its advantages of identifying attributes of a large population from a group of individuals. The design was suitable for the study as the study sought to practice of personnel hygiene knowledge among primary school children

* 1. **Sources of data collection**

Data were collected from two main sources namely:

(i)Primary source and

(ii)Secondary source

**Primary source:**

These are materials of statistical investigation which were collected by the research for a particular purpose. They can be obtained through a survey, observation questionnaire or as experiment; the researcher has adopted the questionnaire method for this study.

**Secondary source:**

These are data from textbook Journal handset etc. they arise as byproducts of the same other purposes. Example administration, various other unpublished works and write ups were also used.

* 1. **Population of the study**

Population of a study is a group of persons or aggregate items, things the researcher is interested in getting information on practice of personnel hygiene knowledge among primary school children. 200 staff of selected primary schools in Oredo local government of Edo state was selected randomly by the researcher as the population of the study.

* 1. **Sample and sampling procedure**

Sample is the set people or items which constitute part of a given population sampling. Due to large size of the target population, the researcher used the Taro Yamani formula to arrive at the sample population of the study.

n= N

 1+N(e)2

n= 200

1+200(0.05)2

= 200

1+200(0.0025)

= 200 200

1+0.5 = 1.5 = 133.

**3.5 Instrument for data collection**

The major research instrument used is the questionnaires. This was appropriately moderated. They staff were administered with the questionnaires to complete, with or without disclosing their identities. The questionnaire was designed to obtain sufficient and relevant information from the respondents. The primary data contained information extracted from the questionnaires in which the respondents were required to give specific answer to a question by ticking in front of an appropriate answer and administered the same on staff of the organizations. The questionnaires contained about 16 structured questions which were divided into sections A and B.

* 1. **Validation of the research instrument**

The questionnaire used as the research instrument was subjected to face its validation. This research instrument (questionnaire) adopted was adequately checked and validated by the supervisor his contributions and corrections were included into the final draft of the research instrument used.

* 1. **Method of data analysis**

The data collected was not an end in itself but it served as a means to an end. The end being the use of the required data to understand the various situations it is with a view to making valuable recommendations and contributions. To this end, the data collected has to be analysis for any meaningful interpretation to come out with some results. It is for this reason that the following methods were adopted in the research project for the analysis of the data collected. For a comprehensive analysis of data collected, emphasis was laid on the use of absolute numbers frequencies of responses and percentages. Answers to the research questions were provided through the comparison of the percentage of workers response to each statement in the questionnaire related to any specified question being considered.

Frequency in this study refers to the arrangement of responses in order of magnitude or occurrence while percentage refers to the arrangements of the responses in order of their proportion.

The simple percentage method is believed to be straight forward easy to interpret and understand method.

The researcher therefore chooses the simple percentage as the method to use.

The formula for percentage is shown as.

% = f/N x 100/1

Where f = frequency of respondents response

N = Total Number of response of the sample

100 = Consistency in the percentage of respondents for each item contained in questions.

**CHAPTER FOUR**

**PRESENTATION ANALYSIS INTERPRETATION OF DATA**

**4.1 Introduction**

Efforts will be made at this stage to present, analyze and interpret the data collected during the field survey. This presentation will be based on the responses from the completed questionnaires. The result of this exercise will be summarized in tabular forms for easy references and analysis. It will also show answers to questions relating to the research questions for this research study. The researcher employed simple percentage in the analysis.

**DATA ANALYSIS**

The data collected from the respondents were analyzed in tabular form with simple percentage for easy understanding.

A total of 133(one hundred and thirty three) questionnaires were distributed and 133 questionnaires were returned.

Question 1

Gender distribution of the respondents.

TABLE I

|  |
| --- |
| **Gender distribution of the respondents** |
| Response | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Male | 77 | 57.9 | 57.9 | 57.9 |
| Female | 56 | 42.1 | 42.1 | 100.0 |
| Total | 133 | 100.0 | 100.0 |  |

From the above table it shows that 57.9% of the respondents were male while 42.1% of the respondents were female.

Question 2

The positions held by respondents

TABLE II

|  |
| --- |
| **The positions held by respondents** |
| Response | Frequency | Percent | Valid Percent | Cumulative Percent |
| **Valid** | Headmasters  | 37 | 27.8 | 27.8 | 27.8 |
| Non teaching staff | 50 | 37.6 | 37.6 | 65.4 |
| Senior staffs | 23 | 17.3 | 17.3 | 82.7 |
| Junior staffs | 23 | 17.3 | 17.3 | 100.0 |
| Total | 133 | 100.0 | 100.0 |  |

 The above tables shown that 37 respondents which represent27.8% of the respondents are headmasters, 50 respondents which represents 37.6 % are non teaching staff 23 respondents which represents 17.3% of the respondents are senior staffs, while 23 respondents which represents 17.3% of the respondents junior staffs

**TEST OF HYPOTHESES**

There is no practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State

**Table III**

|  |
| --- |
| **there is no practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State** |
| Response  | Observed N | Expected N | Residual |
| Agreed | 40 | 33.3 | 6.8 |
| strongly agreed | 50 | 33.3 | 16.8 |
| Disagreed | 26 | 33.3 | -7.3 |
| strongly disagreed | 17 | 33.3 | -16.3 |
| Total | 133 |  |  |

|  |
| --- |
|  |
|  | there is no practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State  |
| Chi-Square | 19.331a |
| Df | 3 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 33.3. |

Decision rule:

There researcher therefore reject the null hypothesis that state there is no practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State as the calculated value of 19.331 is greater than the critical value of 7.82

Therefore the alternate hypothesis is accepted that state there is practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State

 **TEST OF HYPOTHESIS TWO**

There is no relationship between poor hygiene practice and communicable diseases

Table V

|  |
| --- |
| **there is no relationship between poor hygiene practice and communicable diseases**  |
| Response  | Observed N | Expected N | Residual |
| Yes | 73 | 44.3 | 28.7 |
| No | 33 | 44.3 | -11.3 |
| Undecided | 27 | 44.3 | -17.3 |
| Total | 133 |  |  |

|  |
| --- |
| **Test Statistics** |
|  | there is no relationship between poor hygiene practice and communicable diseases  |
| Chi-Square | 28.21 1a |
| Df | 2 |
| Asymp. Sig. | .000 |
| a. 0 cells (0.0%) have expected frequencies less than 5. The minimum expected cell frequency is 44.3. |

Decision rule:

There researcher therefore reject the null hypothesis that state that there is no relationship between poor hygiene practice and communicable diseasesas the calculated value of 28.211 is greater than the critical value of 5.99

Therefore the alternate hypothesis is accepted that state that there is relationship between poor hygiene practice and communicable diseases

**CHAPTER FIVE**

**SUMMARY, CONCLUSION AND RECOMMENDATION**

**5.1 Introduction**

It is important to ascertain that the objective of this study was on practice of personnel hygiene knowledge among primary school children. In the preceding chapter, the relevant data collected for this study were presented, critically analyzed and appropriate interpretation given. In this chapter, certain recommendations made which in the opinion of the researcher will be of benefits in addressing the challenges of practice of personnel hygiene knowledge among primary school children

* 1. **Summary**

This study was on practice of personnel hygiene knowledge among primary school children. Three objectives were raised which included: To ascertain the knowledge and practice of basic personal hygiene among school children in Oredo Local Government Area of Edo State, to examine the relationship between poor hygiene practice and communicable diseases, to ascertain the all primary schools in Oredo local Government practice hygiene. In line with these objectives, two research hypotheses were formulated and two null hypotheses were posited. The total population for the study is 200 staff of selected primary schools in Oredo local government area of Edo state. The researcher used questionnaires as the instrument for the data collection. Descriptive Survey research design was adopted for this study. A total of 133 respondents made headmasters, non teaching staff, senior staffs and junior staffs were used for the study. The data collected were presented in tables and analyzed using simple percentages and frequencies

* 1. **Conclusion**

From the present study conducted among school children in schools, Oredo local government of Edo state, it can be concluded that the percentage of hygiene practices among school children was found to be satisfactory, however when asked to demonstrate correct hand washing procedure, 86.1% demonstrated the same in an incorrect manner. Majority of students seem to use clean, filtered water for drinking purpose, however the filtration methods they were using and reliability of those methods were not studied. As a component of Swacch Bharat Abhiyan in India, knowledge and practices regarding basic hygiene and sanitation appears to be satisfactory, however knowledge regarding correct procedures seems to be lacking

 5.4 **Recommendation**

Children are more susceptible for various illnesses due to lack of hygiene and sanitation practices. In addition to imparting knowledge regarding basic hygiene practices among children, various training sessions should be held for them in order to teach them exact steps involved in these basic practices such as steps involved in hand washing practices. Behavior change communications strategies should be used instead of just imparting knowledge. In addition, parents should also be included in the activities, and correct information regarding use of sanitation facilities and filtration techniques can be given to them, using school as a platform.

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**QUESTIONNAIRE**

**INSTRUCTION**

Please tick or fill in where necessary as the case may be.

Section A

1. Gender of respondent

A male { }

B female { }

1. Age distribution of respondents
2. 15-20 { }
3. 21-30 { }
4. 31-40 { }
5. 41-50 { }
6. 51 and above { }
7. Marital status of respondents?
8. married [ ]
9. single [ ]
10. divorce [ ]
11. Educational qualification off respondents
12. SSCE/OND { }
13. HND/BSC { }
14. PGD/MSC { }
15. PHD { }

Others……………………………….

1. How long have you work in the primary school
2. 0-2 years { }
3. 3-5 years { }
4. 6-11 years { }
5. 11 years and above……….
6. Position held by the respondent in primary school
7. Headmaster { }
8. Non teaching staff { }
9. senior staff { }
10. junior staff { }
11. How long have you work with primary school
12. 0-2 years { }
13. 3-5 years { }
14. 6-11 years { }
15. 11 years and above……….

SECTION B

1. Government have reformed educational sector
2. Agrees { }
3. Strongly agreed { }
4. Disagreed { }
5. Strongly disagreed { }
6. Some primary school do not practice hyngiene

(a) Agrees { }

(b) Strongly agreed { }

(c) Disagreed { }

(d) Strongly disagreed { }

1. Primary school children do not practice personnel hygiene
2. Agreed { }
3. Strongly agreed { }
4. Disagreed { }
5. Strongly disagreed { }
6. There are causes of poor hygiene
7. Agreed { }
8. Strongly agreed { }
9. Disagreed { }
10. Strongly disagreed { }
11. There is no relationship between poor hygiene and academic performance?
12. Agreed { }
13. Strongly agreed { }
14. Disagreed { }
15. Strongly disagreed { }
16. All primary school children in Oredo local government practice personnel hygiene.
17. Agreed { }
18. Strongly agreed { }
19. Disagreed { }
20. Strongly disagreed { }
21. pupils have knowledge of basic personal hygiene.
22. Agreed { }
23. Strongly agreed { }
24. Disagreed { }
25. Strongly disagreed { }
26. There is proper hygienic practices among pupils
27. Agreed { }
28. Strongly agreed { }
29. Disagreed { }
30. Strongly disagreed { }
31. Personnel hygiene started from home
32. Agreed { }
33. Strongly agreed { }
34. Disagreed { }
35. Strongly disagreed { }