

Personal Hygiene of Elderly Women in Godawari Municipality, Lalitpur

A Thesis

**Submitted to Department of Health and Population Education
In the Partial Fulfillment for Master of Education in Health Education**

Submitted by

Dipa Ojha

Tribhuvan University

Faculty of Education

Central Department of Education

Health and Population Education Department

Kirtipur, Kathmandu

2022

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Kirtipur, Kathmandu

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Declaration

I, hereby, declare that, to the best of my knowledge this thesis is my original work no part of it was earlier submitted for the candidature of research degree to any university, college or educational institutions. The subject matter presented in this thesis is the result of my own work.

Date: 16/06/2022

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Dipa Ojha



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Recommendation

The research work entitled **Personal Hygiene of Elderly Women in Godawari Municipality, Lalitpur** is prepared by **Dipa Ojha** under my supervision, as a part of the requirement to complete Master of Education. To the best of my knowledge, the study is original and carries useful information on the personal hygiene of elderly women. I forward this to thesis committee with recommendation.

Date:16/06/2022

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Approval Sheet

This thesiswork entitled **Personal Hygiene of Elderly Women in Godawari Municipality, Lalitpur** submitted by **Dipa Ojha** in partial fulfillment of the requirement for the Degree of Master in Health education has been approved.

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Abstract

The research entitled 'Personal Hygiene of Elderly Women' had been conducted in Lalitpur District at Jharuwarashi 13 Godawari. The main objectives of the study were to find out the condition of personal hygiene and practice and also suggest the necessary intervention program in the community. This study was fundamentally based on primary data and descriptive research design.

There was 1053 household in this village. This is the population of the study. Research had been selected for 70 elderly women by applying simple random sampling (Lottery Method).

Interview was the main tools of data collection. The researcher made different sets of interview questions for elderly women. The interview schedule was pretested in 10 household in Godawari 13, Borthok, Lalitpur. The tools were modified and finalized according to the advice of the supervisor and pre-test result. In data collection procedure the researcher personally was visited each of the selected elderly women and introduced herself about the study area and explained aim of the visit. The researcher requested them to answer the questions based on the interview schedule.

Personal hygiene is the basis of our life. This is especially true in old age because our immune system weakens with age. Therefore, it is believed that 100% of people must have knowledge and practice about personal hygiene, but, still this condition was not seen.

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Chapter I: Introduction

Background of the Study

Personal hygiene refers to maintaining cleanliness of one body and clothing to preserve overall health activities related to the following generally areas of self-care; washing or bathing including cleaning oneself after visiting the toilet taking proper care of the mouth; grooming and dressing and keeping clothing clean bathing dressing and undressing. Using the toilet are considered activities of daily living (ADLS). While doing own's laundry is considered an instrumental activity of daily living. The world hygiene has evolved from the Greek term "Hygieia" which means "Goddess of Health" Hygiene can be defined as, "the science and art which is associated with the preservation and promotion of health" (Swarnkar, 2008).

Personal hygiene is the science that deals with the promotion and preservation of health. It involves those practices performed by an individual to care for one's bodily health and wellbeing through cleanliness. The word hygiene is derived from the Greek word "Hygieia" where the hygieia means the goddess of health. So, on that period all the people keeping their house and surrounding clean for believing to keep the god happy. It was the positive part for the improvement of human health. Sanitation is the hygiene means of promoting health through prevention of human contact with the hazards of waste as well as the treatment and proper disposal of sewage or waste water. It is the condition relating to public health especially the provision of clean drinking water and adequate sewage disposal. According to WHO "sanitation generally refers to the provision of facilities and services for safe disposal of human urine and feces." About 40% of the world population is deprived to basic health facilities. Similarly, about billion people are deprived of drinking water facility. It is estimated that about 80% of the disease are caused by drinking impure water. (Budhathoki, 2009).

Personal hygiene is an important aspect of life. This is especially true for the elderly people when problem is health and health becomes more frequent than any other phases of life. Out of many critical stage, old age is a very vulnerable stage at the end of human life cycle. Aging is natural process and every individual who are born must have to go through this age level after a certain time. There is not a

marginal line to claim when exactly old age begins; however, it is believed that their old age begins from the age of sixty. In the age of sixty, this is period of retiring out of an individual both physically and mentally. Therefore, this age is considered as the age of retirement. In old age an individual not only retires from their job, but also retires from every active household responsibility. So far, the effect of aging on individual is not universal. Because of better living condition and better health care of present time, most of the men and women do not show the sign of aging until the age of mid-sixties even up to early seventies" (Hurock, 1990).

Personal hygiene includes different habits i.e., washing hands and brushing teeth which keep bacteria, viruses and fungal far away from our bodies. Moreover, these habits will help us to protect our mental health and activity. Also good personal hygiene will help us to keep feeling good about ourselves, since those who do not take care of their personal hygiene i.e., dirty clothes, body odor and bad breath will suffer from discrimination and this will mainly lead to mental problem. But the most important point in this subject is that all people have their own hygiene but some people do it better than others. This mainly depends on each person's culture, society and family norm (Hassan, 2012).

Giving information about a study of adolescent girls in Nepal that was conducted to evaluate their knowledge and behavior regarding aspect of menstrual hygiene. Findings indicated that the girls observed in the study did not properly observe menstrual hygiene. Research of the study indicated that 40.6% of the girl had general knowledge of hygiene while only 12.9% actually practiced good hygiene. Over all, the girls knowledge and practice were both insufficient that means after time go on they will be changed in elderly women and we can guess the situation and knowledge of personal hygiene of elderly women in future also (Adhikari 2007).

Cleanliness is done normally to keep the person healthy and to make the environment clean. If a person is aware of cleanliness then it can be eradicated about 30% to 60% of diseases. Cleanliness refers the person's mental and physical development as well as a day to day activity to tidiness. So cleanliness is one of the healthy life style a person has. As a result it prevents us from fatal illnesses which promotes directly our physical and mental health, it also gives peace to our mind.

Thus it is considered as backbone of healthy and balanced life (Devkota & Shrestha, 2068).

Statement of the Problem

Personal hygiene often declines with age. Elderly loved ones may have difficulty on standing in the shower getting in and out in the bath or maintaining enough balance to stand in front of the sink. Senior may refuse help with personal hygiene. There should be an understanding and constant strategies between the care giver and elderly individual. In some instance our loved ones may simply forget to wash and bath. When this type of situations occurs, it is important to provide support and offer assistance with essential hygiene tasks. Good hygiene is an essential component of healthy living and having a personal hygiene where checklist helps. As dirt, oils, and bacteria accumulate on the skin proper cleaning is necessary to prevent infection from developing, unfortunately some seniors are unable to clean themselves. They may forget to wash or may neglect their hygiene needs while loved ones can provide support and assistance to their aging loved ones. This might not always be enough. Sometimes it is necessary for calling in a home and health care professional to help with a personal hygiene (Poudel, 2004). Personal hygiene and sanitation of elderly people have been studied previously but I found gap there with elderly women's personal hygiene and sanitation's study.

There is the need to get information on the areas where the elderly women are having problem with personal health. Some elderly women are found adopted personal hygiene practice like nail hygiene, teeth hygiene, hand wash, using toilet, drinking water, food, bathing and washing clothes, room, and sleep. Not many elderly women have been carried out holistically on the personal hygiene practice of study area. This research work is therefore designed to focus on the personal hygiene of elderly women in Godawari Municipality Ward No. 13.

Objectives of the Study

The general objective of the study is to find out the personal hygiene of elderly women in Godawari Municipality Ward No. 13, Jharuwarasi, Ganesh Mandir Tole, Lalitpur whereas the specific objectives are as follows:

- a) To identify the knowledge and practice about personal hygiene of elderly women.
- b) To find out the problem of personal hygiene of elderly women.
- c) To compare the personal hygiene practice among educated and uneducated elderly women

Significance of the Study

This study aims to find out the personal hygiene of elderly women in my study area. Therefore, this study aims to contribute to the following areas:

- a) This study helps the current condition of personal hygiene of elderly women.
- b) This study would be helpful for the planner and policy maker to make health policy and improvement of hygiene level of elderly women.
- c) It may assist government and non-governmental organizations in formulating policies and programs related to the health of the elderly women.
- d) This study would be serving as a reference material concerning related field for the future researcher.

Delimitations of the Study

Certainly, this study includes a wide range of study area, however, it has certain limitations to find out the concrete result of the study. The study was undertaken in Godawari Municipality Ward No. 13, Jharuwarasi, Ganesh Mandir Tole, Lalitpur. The other limitations of this study area as follows:

- a) In this study only in Godawari Municipality Ward No. 13, Jharuwarasi, Ganesh Mandir Tole, Lalitpur was included.
- b) Only women over 60 years of age was included as respondents in this study.
- c) This study was limited to find knowledge and practice of the personal hygiene of elderly women.
- d) This study was focused on nail hygiene, teeth hygiene, hand washing, toilet, drinking water, bathing and washing cloth, food, room and health problem of the elderly people.

Definitions of the Key Terms

Awareness - The information understanding and skill that gain through education or experience.

Community - A group of people living together in a particular area.

Elderly women - Women over the age of 60 are considered older women.

Personal hygiene - It involves maintaining the cleanliness of our body and clothes.

Knowledge - Specific information about a subject.

Practice - A way of doing something that is the usual way in particular organization.

Chapter II: Review of the Related Literature

A review of literature on various studies related to the present study was done till completion of this work. A brief account of the literature reviewed is presented in this chapter. This attempt has been made to achieve clarity in the discussion that follows.

Theoretical Literature Review

According to UN estimates in 1950, there were approximately 200 million persons of 60 years of age and over throughout the world. It was increased to 350 million in 1975 with the increase of 2.24% of the world aged population. Majority of the elderly people (55%) are women. Majority of the world's population (51%) live in urban area. In developed countries, (74%) live in urban area where as (17%) of population of developing countries live in urban areas (UN, p. 8, 1999).

WHO (1986) stated as "Water supply and sanitation decade international action of health". An adequate supply of clean water is foundation to individual, family and community. Health statistic show that half of the world population are without reasonable access to an adequate supply of water and that even more people are without proper sanitation. These two factors poor personal hygiene, household and directed, responsible for in number causes of preventable disease. The most seriously affected people are living in rural area and in poverty stricken part of urban areas. The main obstacle to use, maintain and improve water supply and sanitation system is the quality of technology but the failure of unqualified human resource and in management and organizational techniques including a failure to capture community interest.

Park, (1994: 392), States that "Hygiene is a way of life, it is a quality of living that is expressed in the clean home, clean farm, clean business, clean neighborhood and the clean community". Being a way of life, it most comes from within the people; it is nourished by knowledge and grows as an obligation and an ideal in human relation.

World Health Forum (1995) indicated that in India the medical problems reported by the elderly were mainly related to chronic disorder, researcher found that coronary heart disease was the leading causes of death in the elderly population. Visual and locomotors disabilities were widely reported. Facilities and lack of availability of medicine prohibited especially elderly population from taking advantage of medical facilities.

Baidhya (1997) had mentioned that the schools play a vital role in achieving the education goals. It was possible if there were adequate sanitary facilities and their proper management available in the school. The school should have adequate land area, proper management of latrine. But in this study researchers found that sanitary management of school was poor, different dirty goods were produced in school. Many paper, leaves of trees, stones, bricks, plastic etc were in the school. All government school of Birgunj municipality refused of disposing system was found unsatisfactory.

According to United Nation (1999) in SARRC region, similar scenario could be observed in the case of the older people i.e. show but gradual rise of the population who are aged 65 years or above. Although, considerable variation could be observed among the countries, Srilanka will have 12.4% of the total population as 'old' by the year 2025. India comes in second position in terms of its share of old population throughout the projection period.

The UN report (2002) states that as one grow older, the living and working conditions change the patterns and type of disease also shift. This shift will hit developing countries the hardest, even as these countries continue to struggle with malnutrition complication from child birth and infectious disease as HIV/AIDS, malaria and tuberculosis. They will also have to face the rapid growth of non-communicable diseases. In such cases, countries like Nepal will be the primary victim. The old age people, therefore, needs to be taken into well care to their personal health hygiene.

Hygiene is the maintenance of health practice which commonly regarded as a reference to cleanliness outward sign of good hygiene including the absence of visible dirt dust and stain on clothing or bad smell. Good hygiene promotes healthy, beauty, comfort and social interaction (World, 2010).

Aryal (2009) has conducted “ found that Pahadi Dalits were more aware of cleaning their toilets (42.3%) than Madhesi Dalit (38.46%), it presents their knowledge and awareness about cleanliness”. The study found that (75.79%) respondents did not use toilets for urination. Among them, (71.15%) Pahadi Dalit and 80.77% Madhesi Dalit did not use toilet for urination which implies that both of the community were unaware of using toilet for urination.

Bostos (2010) has reported that 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 defined as a condition promoting sanitary practices to self. The knowledge and practice of personal hygiene are vital in all our everyday activities. Personal hygiene includes body hygiene, oral hygiene, hand washing, face hygiene, nail hygiene, ear hygiene, hair hygiene, food hygiene, clothes hygiene and menstrual hygiene so that personal hygiene.

According to the senior citizen law (2063) Nepal, people of 60 years or older are called senior citizen. According to the Nepal's constitution (2072), senior citizen right section 41m, senior citizen are protected under specific reservation by providing social security. Aging is caused by hard labor, mental stress and obesity. People face many health problems after the age of 60 years. Some common problems included far/near eye vision problem, skin diseases, pain in backbones, severe headache, heart and lung problems (Maharjan, 2073).

According to census (2068) in Nepal, the total population of people above 60 years were 2.1 million and total population above 100 years were 3566. The average life span of men in Nepal was 64.9 years and for women, it was 67.4 years. According to the law (2063) about senior citizen in Nepal (explain in section 9), senior citizen have right under government reservation to the take certain facilities. It includes transportation facility, health service and facility in religions and public places.

WHO (2011) states that the good hygiene practice, such as hand washing and the safe disposal of faces are essential for maximizing the health benefits of safe water and sanitation facilities . Hygiene education and promotion encourage people to replace their unsafe practice with simple safe alternative without knowledge of good hygiene practice the health benefit will be reduces. Hygiene education should aim to

encourage the target community to be interested in having clear 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. Hygiene initiative is phrase of personal hygiene and sanitation education in a simple and successful hand washing program developed alongside elderly women and their family member for implementation in and through society.

Empirical Literature

WHO (1980) has stated in the hygiene is defined as science of health for healthful living which is close relative of epidemiology. It aims not only at preserving health, but also to live in healthy relationship with the healthy environment. Health and hygiene of every human being are vital in overall development of a country. The problems of health and hygiene are more in the third world countries. Nepal is one of the least developed countries, so it faces many serious problems including in healthy hygiene and sanitation.

Sharma, (1983) stated in the Health is a huge amount of wealth. Health is normal condition of body and well-being of physical, mental, psychological and social aspects. Therefore, we have to pay attention to keep our body clean, good looking and healthy. If we can pay attention to our personal health and personal hygiene, we will be able to stay free from several diseases. Personal hygiene, we will be able to stay free from several disease. Personal hygiene includes taking care and cleanliness of the body, skin, hair, eyes, ear, nose, mouth, teeth, legs as well as our clothes. It is necessary to pay attention to cleanliness of our body, clothes and our homes, if proper attention is not given to a personal hygiene, we may get sick. Therefore, prevention is better than cure for wellbeing of health. The unhealthy behavior will make people's life more difficult and painful.

Shrestha (1989) the reported that the Hygiene deals with practices that helps in the maintenance and promotion of individual health physically, mentally, emotionally, socially and spiritually. Personal hygiene helps in maintaining a good and clean physique, good muscle strength and also to maintain clean mouth and teeth,

free from carries etc. Similarly, sanitation and hygiene comprises of keeping eyes, ear and nose in a healthy condition and frees from all types of infections.

Bist (2003) aging is the process of growing older and includes changes in biology and psychology. The aging of the people varies from one country to another or one community to another over time. Most countries take 65 years and above as an elderly people.

Bhattarai (2003) published an article about the status of elderly in Nepal Shradhusuman Smarika remarks for high growth rate of people. It pointed out present changing pattern. In quest of better livelihood, families have attracted towards new facilitated places

Shrestha (2004) carried a study entitled "A Comparative Study of Knowledge and Practices of Personal Hygiene and Environmental Sanitation Between Neo-Literate and Illiterate Women." The major objective of this study was to assess the knowledge and practices of personal hygiene and environmental sanitation between neo-literate and illiterate women. He found that the level of knowledge and practice of personal hygiene and environmental sanitation in neo-literate respondents was satisfactory where as in illiterate respondents was not satisfactory thinking their habit was poor for hygienic practice. They did not have knowledge of infrequency reasons and effects. Almost all the illiterate respondents had lack knowledge on frequency, reasons and materials used and the sequences for washing hair. Nose cleaning was practiced by all the respondents.

Chalise (2006) has stated in the showed elderly people is quite new in Nepalese societies and neither the family nor the government is well versed to handle these issues. With the decrease in fertilities and the increase in the life expectancy, the age structure of Nepal is gradually shifting from a relative young population to the 2001 census of Nepal. There were 1.5 million elderly inhabitants, which constitute 6.5 percent of the total population in the country. During the years 1992-2001, the annual elderly population growth rate was 3.39 percent, higher than the annual population growth rate of 2.3 percent.

Khanal (2006) conducted a research on "Personal Hygiene and Sanitation in Bank Areas in Makwanpur". The main objective of this study was to find out the knowledge and practice of personal hygiene. This study was based on descriptive design and observation form and interview schedule were the main tools for data collection. The researcher found that 22.2 percent respondents brushed their teeth to avoid bad smell. Likewise, 7.1 percent cleaned their teeth to keep it white and 15.9 percent respondents brushed their teeth to prevent dental problem. Similarly, 17.5 percent respondents had habit of brushing teeth only in the morning and 52.5 percent respondents were brushing occasionally. Nobody had habit of brushing teeth after lunch and dinner or before going to bed.

Shrestha (2008) has conducted "Elder women suffer from the lifelong effects to gender bias and low social status". After years of poor nutrition, hard physical labor, multiple pregnancies and limited access to health care, women after entering to old age were in chronically ill health condition. Compared with men, older women also are more likely to be poor, widowed and economically dependent on their families. Elderly women carry addition of burdens associated with their role as family caregivers. They are responsible for looking at ageing parents, older husbands and grandchildren.

Sharma (2061) studied in Changu Narayan, VDC, Kathmandu and found that about 64% of villagers used latrine from disposal, 15% use riverbank, 21% in jungle, 21% use public toilet, there was also open space used as a toilet.

Neupane (2009) conducted a research on "Practice regarding Personal Hygiene Sanitation and Nutrition of Dalit Community of Gorkha Municipality Gorkha District". The main objective of this study was to find out sanitation status of Dalit community. The research was based on descriptive design and used simple random sampling procedure. The major tools for data collection were interview schedule and observation checklist. The major finding of this study showed about 38.57 percent of the respondents did not have the habit of washing hands before any meals and after toilet. Likewise, 16.98 percent respondents threw the waste product on the road and about 57.86 percent of respondents had latrine and 42.14 percent defecated on open place.

Dawadi (2011) in her research "The Sanitation and Hygiene Behaviour in Sarki and Tamang Community of Dhading" found that 83 percent Tamang and 67 percent Sarki had clean their house to keep healthy environment, 14 percent Tamang, 29 percent Sarki clean their house to prevent diseases and 3 percent Tamang and 23 percent Sarki had cultural habits for cleaning their house.

KC (2012) has studied "use of latrine and its effects on health of primary school aged Tharu children of Shreegaum VDC of Dang district". It is found 33.89% respondents use river bank, 32.78% used opened field and others used street, cropland for defecation. After defecation 69.44% wash their hands and 30.56% did not wash, among them 41.6% use soap and water, 13.6% use water, same percent use clay and water, 31.2% use only water for washing after defecation. In the study area, at the primary school, Tharu children were suffered from various infectious diseases like warm, dysentery and typhoid.

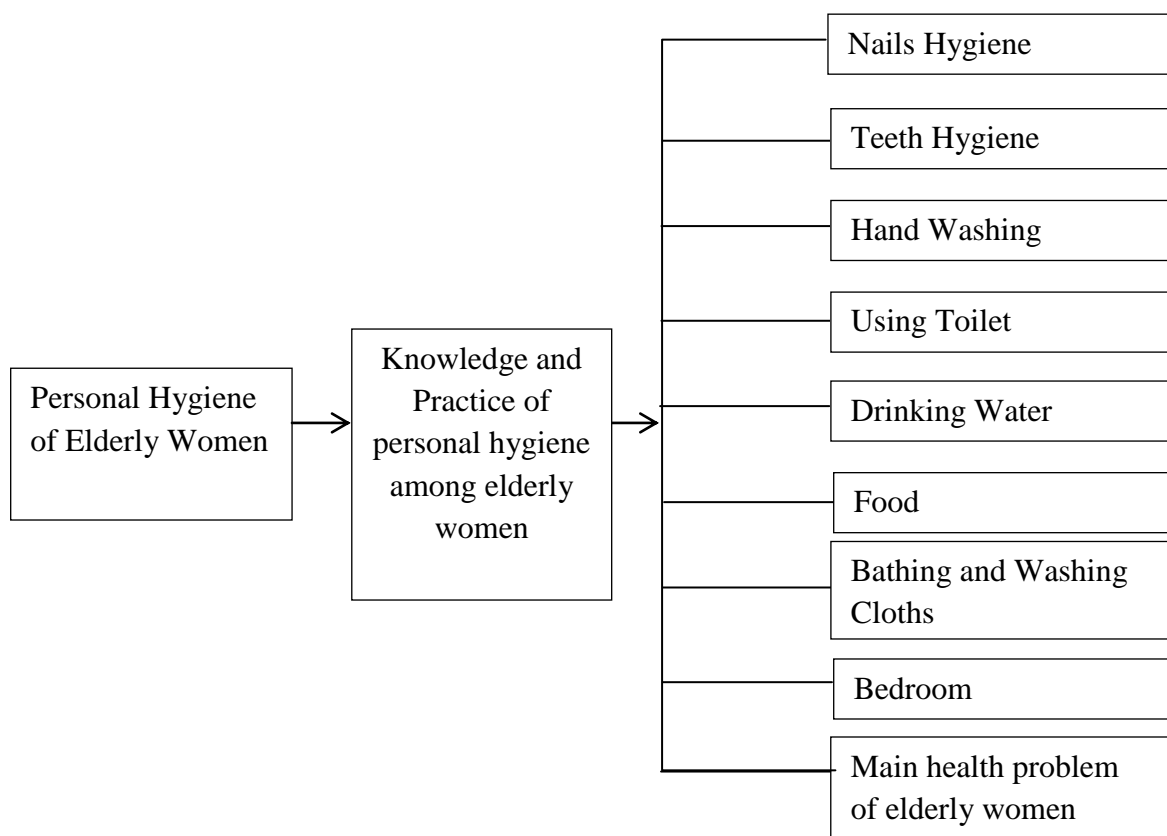
Singh (2019) has reported that at present elderly age people are affected by modernization. Therefore, modernization is good for most people but it may not be equally good for all especially for the elderly people. However, our societies cannot withstand the force of modernization conflict and social change these have not only increased physical distance abut also social distance. However, this situation has directly and indirectly affected the elder people's life style and daily activities.

Implication of the Review for the Study

From the above mentioned literature it would be helpful to prepare this research and help to find out the health problem of community people. It is also helpful about the selection of problem, background of the study, objectives of the study, significance and limitation of the study respectively. It enriched the research to make a brief study about the research methodology, research design, source of data tools and procedure of data collection etc. and also useful to analyze and interpretation of data.

Conceptual Framework

Conceptual framework is an analytical tool with several variation and contexts. It is used to make conceptual decision and organize ideas. The conceptual framework and theoretical framework is important part of research work. The conceptual framework shows the way ideas which are organized to achieve research projects purpose. Conceptual framework is also a sketch of research work and guideline for research work. Based on the literature review the following conceptual framework has been framed.



The review of literature revealed that there is a relationship among personal hygiene, Knowledge and practice and health problem of elderly women. This study conceived the above mentioned framework, for the analysis which is considered an intermediate variable for the affect to personal hygiene of elderly women and variation in personal hygiene like Nail hygiene, teeth hygiene, hand washing, using toilet, drinking water, bathing and washing, food, room etc. The conceptual framework of this study is given above in figure.

Chapter III: Methods and Procedures of the Study

This part reveals the way and methods of conduct this study. Research methodology refers to the various sequential steps to adopt by a researcher in studying a problem with certain objectives in view. In other words, research methodology describes the methods and procedures applied in the entire aspect of the study.

Research Design

Design of the study refers to the overall strategy that the researcher selects to integrate the different components of the study in a coherent and logical way. It is a logical sequence in which the study is carried out and constitutes the blue print for collection, measuring and analysis of data (Kothari, 2004). This study has mainly based on the quantitative and descriptive research design. The quantitative technique was used for analysis and interpretation.

Population, Sampling Procedure and Sample Size

There were 6077 population and 1053 households. Elderly people were 505 where male were 231 and elderly female members were 274 in Godawari municipality, ward no. 13, Jharuwarasi, Ganesh Mandir tole, Lalitpur. All those were the population of this study. Among them researcher has selected 70 elderly women applying simple random sampling method. Lottery method was applied in order to be free from biasness.

Data Collection Tools

Interview schedule was the main tools of data collection. The researcher made different sets of closed type of questions for elderly women. Questions were related to personal hygiene including nail hygiene, teeth hygiene, hand wash, using toilet, drinking water, food, bathing and washing cloth, room, health problem and soon.

Source of Data

In this study both primary and secondary sources of data were used. Primary data were taken from respondents and secondary data were obtained by reviewing various literatures, like published book, journals, reports, website, newspapers, etc.

Standardization of the Tools

The interview schedule was pretested in 10 household in Borthok, Lalitpur. The tools were modified and finalized according to the advice of the supervisor and pre-test result.

Data Collection Procedure

In data collection the researcher had personally visited each of the selected elderly women and introduced herself about the study area and explained aim of the visit. Then researcher requested them to answer the question based on the interview schedule.

Data Analysis and Interpretation

The process of data analysis was started after the collection of raw data from interview. Data analysis is a process, which involve editing, coding, classification and tabulation of the data. The collected data was properly checked before tabulating. Gathered data and information were compiled and analyzed. Quantitative data was processed through editing, coding and tabulation. Finally data were analyzed and interpreted based on simple statistics like percentage. Table were also used to make presentation more effective.

Ethical Consideration

The researcher had maintained ethical consideration throughout the research activities. Before conducting research, formal approval was taken from concerned authority of the study area by submitting an official letter from department. Researcher had also taken verbal permission from the local authority. Likewise researcher had mentioned the respondent confidently during and after data collection.

Chapter IV: Analysis and Interpretation of Data

This chapter is divided into two parts, first part deals with the personal information of respondents and second part describes about knowledge and practice of personal hygiene.

4.1 Personal Information of Respondents

This section explains about the personal information of the respondents, like age, cast, marital status, education, religion and occupation.

Age distribution of the elderly women. Age is basic characteristics or the biological attributes of any population which affects personal hygiene behavior. Age structure not only reflect the present demographic situation of elderly women but also give the basic for study of past as well as future demographic situation of the elderly women. Table shows the age structure of this respondent women.

Table 1

Age Distribution

Age Group	Number	Percentage
60-64	24	34.28
65-69	16	22.86
70-74	13	18.57
75+ above	17	24.29
Total	70	100

Table 1 presents that the respondents have been categorized into a five year age group beginning from the age of 60 to 75 + years. However, the researcher did not find any elderly respondents of 70 and over 70+ years. It shows that the elderly people of the age group 60-64 are the highest that is 34.28%. The proportions of population age group 65-69 and 70-74 are 22.86% and 18.57% respectively. Similarly, the respondents on age group 70+ above are 24.29% respectively.

Caste composition of elderly women ;The Nepalese caste system is the traditional system of social stratification of Nepal. The caste system defines social classes by a number of hierarchical endogamous groups often termed Jaat.

In this study, researcher collected the caste wise information of the respondents which has been showed in table 2.

Table 2

Caste Composition

Caste	Number	Percentage
Brahmin	5	7.14
Chhetri	63	90.0
Newar	2	2.86
Total	70	100

Table 2 shows 90% of respondents are belong to Chhetri, 7.14% respondents are Brahman and 2.86% respondents are belong to Newar in this study area.

Marital status of the elderly women. Marriage is an important status giving device, marriage is a sources of personal gratification as well as extension of social relation and responsibilities. The marital status of elderly women is given in table no3.

Table 3

Marital Status

Married Status	Number	Percentage
Married	54	77.14
Unmarried	3	4.28
Separated	2	2.86
Widowed	11	15.72
Total	70	100

Table 3 shows that 77.14 respondents are married, 4.28% respondents are unmarried, 2.86% respondents are separated and 15.72% respondents are widowed.

Table reveals that maximum elderly women are married and second highest data is widowed and it means the average age of women is higher than that of men.

It is concluded that more and more respondents are married and second highest data is widowed.

Educational level of the elderly women. As we know that education is the light of life. It plays a vital role in every steps of life. In regard to health education plays an important role in development of bringing positive attitude and behaviour. Simply we can say that educated people are more aware and conscious to their personal hygiene behavior other than uneducated people. It enable the person to improve the knowledge and skill necessary to conduct the daily life easily. Educational status of the respondent has been presented in the table no. 4.

Table 4

Educational Level of Respondents

Educational Status	Number	Percentage
Illiterate	23	32.85
Literate	47	67.15
Total	70	100

Table 4 shows that 32.85% of the elderly women are illiterate whereas 67.15 of the respondents are literate.

Religion of the elderly women. The religion is seen to be affected by caste ethnicity and also by geographical area of population. Distribution of respondents by religion has been presented in table 5.

Table 5

Religion Status

Religion Status	Number	Percentage
Hindu	64	91.43
Buddhist	1	1.43
Islam	-	-
Christian	2	2.86
Others	3	4.28
Total	70	100

Table 5 shows that majority of elderly women (91.43%) in study area reported that they follow Hindu religion. And least number of elderly women (1.43%) in study area responded that they follow Buddhist religion. (2.86%) respondents follow Christian and (4.28%) follow others religion in this study.

Occupation of the elderly women. Economic status determines the life style and living condition of people. Though there are various sources income of the people, agriculture is the main source of income in the study area. The following table shows the distribution of economically active elderly women group involved in major income generating occupations.

Table 6

Occupational Status of Elderly Women

Occupation	Number	Percentage
Agriculture	53	75.72
Business	12	17.14
Service	4	5.71
Others	1	1.43
Total	70	100

The data shown in the above table 6 indicates that out of other occupation, most of the elderly women 75.72 percent are engaged in agricultural works. About 17.14 percent respondents were engaged in small scale business. Very few respondents, 5.71 percent's are engaged in service and 1.43% respondents were engaged in other's occupation in study area.

Knowledge and Practice about Personal Hygiene

Personal hygiene involves those practices performed by an individual to care for one's bodily health and well-being through cleanliness. Knowledge means the state of being aware of something and practice means the actual application or use of an ideas of method, as opposed to theories relating to it. So only having knowledge about personal hygiene is not sufficient for healthy life span. So knowledge and practice about personal hygiene is described in different headings below.

Teeth hygiene. Good teeth hygiene helps to prevent dental problems mainly plaque and tartar which are the main causes of gum disease and carries tooth decay. Good teeth hygiene may also help to prevent or delay dental erosion. But everyone can't have knowledge about those fact.

Knowledge about brushing teeth. The word knowledge refers to the understanding of respondent toward brushing teeth as well as teeth hygiene. The following table presented that the knowledge about brushing teeth.

Table 7

Knowledge about Brushing Teeth

Knowledge about brushing teeth	Number	Percent
To keep teeth clean	32	45.72
To avoid bad breath	13	18.57
To prevent dental problem	25	35.71
Total	70	100

Table 7 shows a total of 45.72% said that they brush their teeth only to keep teeth clean, 35.71% respondent told that brushing is necessary to prevent dental problem and 18.57% respondent told they are brushing to avoid bad breathe.

It is concluded that all the respondents know the necessity of brushing teeth but they don't know exact meaning of teeth hygiene.

Time of brushing teeth. To maintain good oral hygiene, we should brush our teeth twice a day and rinse mouth well. Here, I have presented the frequency of brushing teeth followed by respondent in table 8.

Table 8

Frequency or Brushing Teeth

Brushing teeth	Number	Percentage
In the morning	45	64.28
After having lunch	15	21.42
After having lunch and dinner	10	14.3
Total	70	100

Table 8 shows that 64.28% respondent had habit of brushing teeth only in the morning, similarly 21.42% respondent were brushing after having lunch or at list once a day and 14.3% respondent were brushing after having lunch and dinner or it means twice a day.

This data is analyzed based on level of education of elderly women which is shown in table no 9.

Table 9

Time Brushing Teeth

Time brushing teeth	Educated		Uneducated		Total	
	No.	Percent	No.	Percent	No.	Percent
In the morning	28	62.22	17	37.78	45	100
After having lunch	10	66.66	5	33.33	15	100
After having lunch and dinner	9	90	1	10	10	100

Table 9 shows that 62.22% educated elderly women and 37.78% uneducated elderly women brushes their teeth in the morning whereas 66.66% educated elderly women and 33.33% uneducated elderly women brushes after having lunch. It is found that 90% of the educated elderly women brushes their teeth after having lunch and dinner i.e. two times in a day and 10% uneducated elderly women respondents brushes their teeth after having lunch and dinner. It is said to brush teeth after having lunch and dinner but i found only few of the respondents brush their teeth after all. Overall, it is found that most of the respondents brush their teeth in the morning.

Things used in brushing teeth. Teeth is an important part of the human body. It plays vital role in digestion process. If any kind of infection in our teeth, whole digestion system will be infected. So that, we must be sincere to keep our teeth healthy and use only hygienic things while brushing. The following table presented the things used by elderly women for brushing.

Table 10

Things Used in Brushing Teeth

Brushing teeth	Number	Percentage
Toothpaste only	10	14.28
Dattiwan	-	-
Toothpaste and brush	60	85.72
Total	70	100

Table 10 shows that 85.72% respondents used toothpaste and brush for brushing, 10% respondent used toothpaste only for cleaning their teeth. Table further reveals most of the respondents used tooth paste and brush.

Nail Hygiene

Finger nail should be kept short and the undersides should be cleaned frequently with soap and water. Because of length, longer finger nails can harbor more dirt and bacteria than shorts nails, thus potentially contributing to the spread of infection.

Knowledge about cutting nail. The knowledge about cutting nail means having perception why people cut their nails. The following table presents the knowledge about nail hygiene my respondent have.

Table 11

Knowledge about Cutting Nail

Description	Number	Percentage
Look attractive	5	7.15
To keep nail clean	10	14.28
To protect from disease	55	78.57
Total	70	100

Table 11 shows, majority of the people 78.57% respondent told that, they cut their nail to protect the body from the diseases. Similarly 14.28% respondent cut nails to keep it clean and 5% respondent said, they cut their nails for looking attractive. Above information indicates that, about 22% people have not proper knowledge about

worm infection. Because roundworm is mostly transmitted and spread through dirty hands and nails.

Use of instruments for cutting nail. A nail cutter is a hygienic hand tool that is used for trimming finger nails as well as toe nails. We also use blade to trim or shape our nail, it best keep them clean.

Table 12

Use of Instruments and Frequency of Cutting Nail

Description	Number	Percentage
Nail cutter	61	87.1
Blade	7	9.7
Others	2	3.2
Total	70	100

Table 12 shows that 87.1% respondent used nail cutter 9.7% respondent used blade and 3.2% respondent used other materials for cutting their nail.

Frequency of nail cutting. Nail hygiene is an important index wellbeing for the entire body. Attention should be paid to nail hygiene. Several critical diseases were first detected when the nails were dirty. Therefore, special attention should be paid to nail hygiene. We also need to pay special attention to nail hygiene to keep our body healthy. Many diseases can be prevented by washing hand with soap and water to clean the nails in time. Frequency of nail cutting of the elderly women is presented in table 13.

Table 13

Frequency of Nail Cutting

Description	Number	Percentage
Once a week	18	26.6
Once a month	2	2.5
Whenever it goes a long	50	70.9
Total	70	100

Table 13 shows 26.6% respondent cut their nail once a week, 70.9% respondent cut their nail whenever it gets long and 2.5% elderly women said that they cut their nail once a month. Above data shows that, there were many people live in that village who gave less priority for personal hygiene. There was vast different knowledge and practice about nail hygiene. Most of the people know why to keep nail clean? How to keep nail clean? But they didn't practice as well.

Knowledge about Hand Washing

Hand washing is a general term referring to any action of hand cleansing by using water and detergent or the use of alcohol based hand sanitizers for the removal of transient microorganism from hands. Washing our hands properly is one of the most important things we can do to help prevent and control the spread of many illnesses. Many disease and condition are spread by not washing hand with soap and clean running water. Good hand hygiene will reduce the risk of disease like flu, food poisoning and health care associated infection being passed from person to person. 100 % respondents wash their hands.

Frequency of washing hand. There is no matter how many times do we wash our hands in a day but it's important "Did we wash our hand in critical time in proper way? Because 10,500 children under five years die each year in Nepal due to diarrheal disease. It is estimated that the simple practice of washing hands with soap could actually prevent around 45% of these deaths. Frequency or the time of hand washing practice of the elderly women is presented in table no. 15.

Table 14

Frequency of Washing Hands

Description	Number	Percentage
After toilet	3	4.28
Before taking food	2	2.86
After touching dirt	5	7.14
All of above	60	85.72
Total	70	100

Table 14 indicates that 4.28% respondents used to wash their hands after toilet, 2.86% respondents used to wash their hands before taking food, 7.14% respondents washed their hands after touching dirt and majority of the respondents 85.72% washed their hands all of above events.

Hand washing equipment. Good personal health is not counted for only using toilet. It is also important to wash hands after toilets. Along with the modernization, means of washing hands have also been changed from older time ash, soil, sand to soaps and cream. The table below show how the elderly respondents wash their hands after toilet and what means do they actually use to wash hands.

Table 15

Hand Washing Equipment

Washing means	Number	Percentage
Only water	2	2.85
Soap and water	63	90
Ash and water	-	-
Others	5	7.15
Total	70	100

Table 15 shows that using of hand washing equipment of respondents in study area. Highest 90% of respondents use soap and water, 2.85 use only water and 7.15 use other equipments and no one found who use ash and water for washing hand in study area.

This data is presented comparing with educational status of respondents in study area.

Table 16

Hand Wash

Washing means	Educated		Uneducated		Total
	No	Percentage	No	Percent	
Only water	0	-	2	100	2
Soap and water	45	71.42	18	28.57	63
Ash and water	-	-	-	-	-
Others	2	40	3	60	5
Total	47		23		70

Table 16 shows that maximum respondents use soap and water for washing hands. It is found that 2 numbers of elderly uneducated women wash their hands only with water. Likewise, 71.42% of total educated elderly women use soap and water for washing hands whilst the percentage of educated is 28.57% of the total respondents. Using hand washing also linked with economic condition. Hand washing is must important in personal hygiene and which was found to be completely practical in the study area. This is strong point.

Information about Toilet

Human excreta are a source of infection and disease transmission. It is a main cause of environment pollution. Every people should be responsible for it's afe disposal process in a systematic way.

Table 17

Schedule of Toilet Clean

Cleanliness Schedule	Number	Percentage
Necessarily	40	57.14
Everyday	10	14.28
Once a week	15	21.43
In free time	5	7.15
Total	70	100

Table 17, a total of 57.14% respondents clean their toilet necessarily. Similarly, 14.28% respondents clean every day, 21.43% respondent clean once a week and 7.15% respondents clean their toilet only in free time.

Equipment using for cleaning toilet. Only the construction of toilet is not enough. Proper use of toilet can be part of achieving good health. Equipment using for cleaning toilet percentage in table.

Table 18

Equipment Using for Cleaning Toilet

Toilet cleaning	Number	Percentage
Only water	8	11.43
Water and toilet brush	20	28.57
Harpic and toilet brush	37	52.86
Others	5	7.14
Total	70	100

Table 18 shows a total of 11.43% respondent use only water for cleaning the toilet, like wise 28.57% respondent use water and toilet brush cleanliness, 52.86% respondents use Harpic and toilet brush for cleaning the toilet, 7.14% use other methods.

Types of toilets. Every household have certain type of toilet, however, it is essential to observe respondents attitude and consciousness towards the use of toilet in the study area because the toilet is fundamental need for the good health. The table below states the distribution of types of toilet among the respondents in the study area.

Table 19

Types of Toilet

Types	Educated		Uneducated		Total
	No	Percent	No	Percent	
Permanent	37	87.73	10	12.27	47
Temporary	5	100	-	-	5
Semi-permanent	2	13.33	13	86.67	15
Others	3	100	-	-	3
Total	47		23		70

Table 19 shows that most of the respondents use permanent toilet. Similarly, The 87.73% of the permanent toilet users are educated whereas 12.27% are uneducated. Likewise 86.67% of the semi-permanent toilet users are uneducated but 13.33% are educated. 5 elderly educated women use temporary toilet and 3 respondents use other toilets. Looking at the table i found that they use such types of

toilets due to economic reason. It is clear that there is a problem in construction of toilets due to lack of funds. It is reported that stakeholders should focus on economic status then education.

Information Regarding Drinking Water

Safe drinking water is a basic need of every human being. Most of the communicable diseases are largely extended due to the lack of safe drinking water. Health of the people is affected directly by water borne diseases like typhoid, cholera, diarrhea and worm infection which are caused by indigestion of contaminated water. There can be no state of positive health without management of safe drinking water supply. Therefore the researcher collected information about of sources of water.

Table 20

Information Regarding Drinking Water

Sources of drinking water	Number	Percentage
Public tap	65	92.85
Well	5	7.15
Total	70	100

Table 20 indicates, public tap and well are the major sources of drinking water. The highest percent of 92.85% household used public tap as a source of drinking water and 7.15% household use well as a source of drinking water.

Table 21

Water Treatment

Water treatment	Number	Percentage
Yes	58	82.86
No	12	17.14
Total	70	100

Water treatment method. Water purification or drinking water treatment is the process of removing contaminants from surface water or ground water to make it safe and palatable for human consumption.

Table 22

Water Treatment Method

Water Treatment method	Educated		Uneducated		Total
	No	Percent	No	Percent	
Boiled	20	57.14	14	42.86	34
Filter	20	80	5	20	25
Sodis	5	83.33	2	16.67	7
Chlorine added	2	50	2	50	4
Total	47		23		70

Table 22 shows that 57.14 percent of boiled water treatment method is used by educated elderly women whereas 42.86% are uneducated. Likewise 80% of filter method are educated and 20% are uneducated. 83.33% of the sodis method are educated and 16.67 % are uneducated. There are equal number of people 2/2 educated and uneducated people uses chlorine added water treatment method. There is knowledge that purification should be done by any method but many respondents do not know which method is right. Many respondents make it by boiling and purifying it which is positive.

Information about Bathing and Washing Cloth

Regular bathing and washing cloth is an important activity to maintain personal hygiene. It makes people fresh and avoids many type of bacterial infection in skin. However different people of different age have different bathing habit. It is also an unavoidable activity for elderly women. The distribution of respondents by bathing and washing clothes habit is shown in the table 24.

Table 23

Bathing and washing cloth time

Time duration	Number	Percentage
Daily	20	28.57
Once a week	15	21.43
Twice a week	33	47.14
Occasionally	2	2.86
Total	70	100

Table 23 shows that the highest percentage 47.14% respondents take bath and wash their clothes twice a week. And second highest percentage 28.57% of the respondent's daily bath and wash their clothes. Likewise, 21.43% of the respondents bath and wash their clothes only once a week. Least percentage of respondents 2.86% occasionally take a bath and wash their clothes.

Respondents by means of bathing. Not only regular bathing is important to know, but also it is essential to know what they use for bathing. Along with soap/Shampoo, some local resources are popular for bathing in village. The following table presents the bathing means of elderly women.

Table 24

Respondents by means of Bathing

Bathing means	Number	Percentage
Soap/Shampoo	61	87.14
Pinna	3	4.28
Soil	0	-
Mahi	6	8.58
Total	70	100

Table 24 shows that the highest percent of the elderly i.e. 87.14% women take a bath with soap and shampoo. 4.28% respondents said that they still use pinna for bathing. 8.58% respondents like to take bath 'Mahi' that makes the hair soft and smooth. Table further reveal that most of the elderly women have used soap and shampoo for bathing.

Information about Food

Health is the greatest asset of a human being. Food is very important to stay healthy. Eating healthy is very important to stay healthy. Here is the information about the practice and knowledge about food in study area.

Table 25

Daily Food Times

Food times	Number	Percentage
Once a day	-	-
Twice in a day	10	14.28
Three times in a day	55	78.57
Four times in a day	5	7.15
Total	70	100

Table 25 shows that maximum people take the food 3 times in the day. Where the highest percentage 78.57 % of the total respondents take food three times in a day. Similarly, 14.28% of the respondents take food twice a day. Finally, least 7.15% of the respondents take food four times in a day. No respondents take food only once a day.

Distribution of food usually provided. Food is a basic need. Timely food is very important for the health and active living. Proper and routine food according to age group people is very essential to keep their body functioning. In the case of old people, much care is needed in routine and nutrition food whatever locally available. In many poverty stricken societies, people eat food just their body functioning, without having enough contents of nutrition. Therefore, it is needed to observe the food provided to elderly women in the study area.

Table 26

Distribution of Food Usually Provided

Kind of food	Number	Percentage
As usually (dal, bhat, tarkari)	57	81.43
Meat/ghee containing food	7	10
Food with high nutrition	4	5.72
Others	2	2.85
Total	70	100

Table 26 shows that main food of respondent's is our Nepali normal food Dal Bhat and Tarkari which is 81.43% in study area and 10% eat food with meat/ghee

containing food regularly and very few elderly women eat food with high nutrition I 5.%and others is 2.85%.

Distribution of respondent's how often clean inside room. Where ever we live, our room must be hygienic. If our room is not hygienic than, it creates negative impact in our health. The condition of one's individual room must be hygienic. In the case of elderly people the room must be well ventilated, fresh air window and doors and daily clean room achieving a good health.

Table 27

Distribution of Respondent's How Often Clean Inside Room

Time duration	Number	Percentage
Daily	17	24.28
Twice a day	10	14.28
Alternate day	30	42.86
When dirty	13	18.58
Total	70	100

Table 27 shows that 24.28% clean their room inside daily 14.28% clean their room twice a day, 42.86% clean alternate day and 18.58% clean when room becomes dirty.

Time duration. Distribution of respondents how often my respondents clean inside room I presented with comparing with their education.

Table 28

Time Duration

Time duration	Educated		Uneducated		Total
	No.	Percent	No.	Percent	
Daily	11	64.7	6	35.3	17
Twice a day	3	30	7	70	10
Alternate day	25	83.33	5	16.66	30
When dirty	8	61.53	5	38.47	10
Total	47		23		70

Table 28 shows that all respondents clean their room which is positive. Comparing educational status and sanitation most of the respondents 83.33% clean up on an alternative day. Among 30% respondents and 25 are educated. Percentage of respondents clean their room inside in time duration respectively are as daily 64.7%, twice a day 30%, when dirty 61.53% who are educated and daily 35.3% twice a day 70%, alternative day 16.66%, when dirty 38.47% are uneducated elder women. It is found that practical knowledge is more important than academic level.

Health Problem of Elderly Women

Personal hygiene and health problems are interrelated. If we pay attention to personal hygiene, then of course we become healthy, and the problem is solved to some extent. For example, if we pay attention to personal hygiene we should exercise regularly, eat healthy food, pay attention to regular hygiene, such as bathing, washing clothes, hand washing, drinking water, healthy food and good sleep etc. These things should be done regularly and methodically, the health will then be good. Here I have mentioned some reasons of why a personal's hygiene is deficient in the society and how it shows many health problems.

The reasons are follows:

- 1) Economic reasons
- 2) Social reasons
- 3) Cultural reasons

Economics reasons. Poor economic conditions can lead to health problems such as lack of quality education which leads to lack of employment. Unemployment leads to financial problem which leads to lack of balance diet as well as lack of knowledge which directly impacts on health problem. Even if there is a general health problem, due to lack of funds there would be a problem on regular health checkup as well as prolonged diseases.

Social reason. Health problems brings adverse effect on the activities of the social work. We could not pay attention to waste management and problem in supply of clean drinking water.

Cultural reasons. Cultural reason also causes problem in personal health.

Early marriage is one of the cultural factors because there is a chance of early birth to a child at an early age which causes health problems for both mother and child.

Besides that, Lack of knowledge and lack of exercises are some of the reasons of health problems.

Major Findings

Based on above analysis and interpretation following point are taken a major findings

- Majority of elderly 34.28% of respondents age group is 60-64, 22.86% respondents age group is 65-69, 18.57% respondents group is 70-74, 24.29% respondents age group is 75+above.
- Majority of respondents 90% are belong to Chhetri, 7.14% respondents are Brahman and 2.86% respondents are belongs to Newar in this study area.
- The study shows that 77.14 respondents are married, 4.28% respondents are unmarried, 2.86% respondents are separated and 15.72% respondents are widowed.
- According to the educational status, 32.85% respondents were illiterate whereas 67.15 of the respondents are literate.
- Majority of elderly women (91.43%) in study area reported that they follow Hindu religion. And least number of elderly women (1.43%) in study area responded that they follow Buddhist religion. (2.86%) respondents follow Christian and (4.28%) follow others religion in this study.
- Most of the elderly women 75.72 percent are engaged in agricultural works. About 17.14 percent respondents were engaged in small scale business. Very few respondents, lie 5.71 percent's were engaged in service and 1.43% respondents were engaged in other's occupation in study area.
- Similarly, 45.72% said they were brushing their teeth only for keeping teeth clean, 35.71% told that brushing is necessary for preventing dental problem and 18.57% respondent told they are brushing to avoid bad breathe.

- Out of the total respondent 64.28% had habit of brushing teeth only in the morning, 21.42% were brushing after having lunch or at list once a day and 14.3% were brushing after having lunch and dinner or it means twice a day.
- In the study area, 85.72% respondents used toothpaste and brush for brushing, 10% respondent used toothpaste only for cleaning their teeth.
- Majority of the people 78.57% respondent told that, they cut their nail protect the body from the disease, 14.28% respondent cut nail to keep it clean and 5% respondent said, they cut their nail for looking attractive. Above information indicates that, about 22% people have not proper knowledge about worm infection. Because roundworm is mostly transmitted and spread through dirty hands and nails.
- At present, 87.1% respondent used nail cutter 9.7% respondent used blade and 3.2% respondent used others material for cutting their nail.
- It is shown that 12 26.6% respondent cut their nail once a week, 70.9% respondent cut their nail whenever it gets long and 2.5% women said that they cut their nail once a month.
- Keep the personal hygiene 4.28% respondents used to wash their hands after toilet, 2.86% respondents used to wash their hands before taking food, 7.14% respondents washed their hands after touching dirt and 85.72% respondents washed their hands.
- Hand washing equipment of respondents in study area 90% of respondents using soap and water, 2.85 use only water and 7.15 use others equipment no one found who use ash and water for washing hand in study area.
- Majority 57.14% respondents were cleaned their toilet necessarily, 14.28% respondents cleaned every day, 21.43% respondent cleaned once a week and 7.15% respondents cleaned their toilet only in free time.
- Around 11.43% respondent used only water for cleaning the toilet, like wise 28.57% respondent used water and toilet brush cleanliness, 52.86% respondents used Harpic and toilet brush for cleaning the toilet, 7.14% use other methods.
- Regarding the type of toilet, 67.14% respondents using the permanent toilet, 7.14% respondents using temporary toilet, whereas 21.43% respondents use semi-permanent and 4.29% respondents use other type of toilet.

- The 57.14 percentage of boiled water treatment method is used by educated elderly women whereas 42.86% are uneducated. Likewise 80% of filter method are educated and 20% are uneducated. 83.33% of the sodis method are educated and 16.67 % are uneducated. There are equal number of people 2/2 educated and uneducated people uses chlorine added water treatment method.
- Nearly 47.14% respondents take bath and washing twice a week, 28.57% have daily bath and 21.43 once a week, 2.86% take bath occasionally in the study area.
- Highest percent of the elderly i.e. 87.14% take a bath with soap and shampoo. 4.28% respondents said that they still use pinna for bathing, 8.58% respondents others like to take bath 'mahi' that makes the hair soft and smooth.
- Maximum people take the food 3 times in the days. Where three times in a day is 78.57% and twice in a day in 14.28% four times in the day and 7.15% found not to take the food once in a day.
- Main food of Nepali is food Dal Bhat and Tarkari which is 81.43% in study area and 10% eat food with meat/ghee containing food regularly and very few elderly women eat food with high nutrition and others is 5.72% and 2.85%.
- Respondents mention that 24% clean their room inside daily 14.28% clean their room twice a day, 42.86% clean alternate day and 18.58% clean when dirty

Chapter V: Conclusion and Recommendation

Conclusion

This study is based on primary data Sources and conducted to demonstrate the personal hygiene, knowledge and practice among the elderly women. on the basic of findings, it can be concluded that the elderly women had a positive attitude towards the personal hygiene and practice. However in the practice dimension majority of them exhibited moderate to poor level of personal hygiene. It is found that most of the elderly women responded that they do not have complete knowledge about personal hygiene but they are being used practically. For example question "Do you know what water purification is?" and the response was "No". Likewise in the question "Which method do you use to purify water?" The answer was Boiled method. Hygienic knowledge and practice is found to be unsatisfactory and requires different types of intervention program to improve the practice level of healthy behavior.

Recommendations

Based on the above finding of the study following recommendation have been made.

Recommendation for practice

- The knowledge should be provided through the use of different types of local media to the elderly women who have not any ideas about the importance of personal hygiene knowledge and practice.
- Elderly women know much about personal hygiene but are not follow such healthy rules in practice. So local government and other institution should support them to follow healthy practice by involving them in community based intervention.

Recommendation for policy making. Policy making procedure plays a vital part of national or local planning for the improvement of condition of elderly people. So the following are the recommendations for the policy making authority.

- Local authority must organize the awareness program regarding personal health and hygiene to the elderly people.
- Problem of elderly people should be taken into account and should be given the major attention. Elderly people must be fully integrated into society.
- Mobilization of private sectors and international community i.e. NGO's & INGO's must be brought to the elderly's welfare under the supervision of the government.
- To uplift the moral standard with respect towards elders in today's younger generations, school curriculum should be revised with the moral education for elderly care.

Recommendation for further study

- An interventional research on any of the area of personal hygiene and practice like body hygiene (skin care) ear hygiene, hair hygiene, food handling practice etc. can be conducted.
- Further research can be done at macro level about knowledge and practice of personal hygiene in all age group people.

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Appendices

Appendix -I

Interview Schedule

**Topic: Personal Hygiene of Elderly Women in Godawari Municipality,
Ward No. 13, Jharuwarasi, Ganesh Mandir Tole, Lalitpur**

A. Personal Information of the Respondents

1. Name
2. Age
3. Caste
4. Marital Status
 - (a) Married
 - (b) Unmarried
 - (c) Separated
 - (d) Widowed
5. Educational Status
 - (a) Illiterate
 - (b) Literate
6. Religion
 - (a) Hindu
 - (b) Buddhist
 - (c) Islam
 - (d) Christian
 - (e) Others
7. Occupation
 - (a) Business
 - (b) Agricultur
 - (c) Service
 - (e) Others.....

Appendix II

Questionnaire

Information about Teeth Hygiene

1. Why do you brush your teeth ?
(a) To keep teeth clear (b) To avoid bad breadth(c) To prevent dental problem
2. When do you brush your teeth ?
(a) In the morning (b) After leaving lunch and dinner
(c) After having lunch
3. What do you use to brush your teeth ?
(a) Toothpaste and brush (b) Toothpaste only
(c) Dattiwan (d) Other

Information about Nail Hygiene

4. How often do you cut your nail ?
(a) Once a week (b) Once a month (c) Whenever it gets long
5. What do you use for cutting nail ?
(a) Blade (b) Nail cutter (c) Others
6. Why do you cut your nail ?
(a) Look attractive (b) To keep nail clean (c) To protect from disease

Information about hand washing

7. Do you wash your hand ?
(a) yes (b) No
8. If yes, what do you use to wash your hand ?
(a) Only water (b) Soap and water
(c) Ash and water (d) Others
9. When do you wash your hand?
(a) After using toilet (b) Before taking food
(c) After touching dirt (d) All of above

Information about Toilet

10. How often do you clean your toilet ?
(a) Necessarily (b) Everyday (c) Once a week (d) In free time

11. What do you use to clean the toilet ?
 (a) Only water (b) Water and toilet brush
 (c) Harpic and toilet brush (d) Others
12. What types of toilet are you using now ?
 (a) Permanent (b) Temporary
 (c) Semi-permanent (d) Others

Information about Water

13. What is your main source of drinking water ?
 (a) Tap (b) Well
14. Do you know about water purification ?
 (a) Yes (b) No
15. Which method do you use ?
 (a) Boiling (b) Filtration
 (c) SODIS (d) chlorine added

Information about Bathing and Washing Cloth

16. How often do you take a bath ?
 (a) Daily (b) Once a week
 (c) Twice a week (d) Occasionally
17. What do you use to take a bath ?
 (a) Soap/Sampoo (b) Pinna (c) Soil (d) Others

Information about Food

18. How many times do you take food per day ?
 (a) Once a day (b) Twice in a day
 (c) Three times in a day (d) Four times in a day
19. What kind of food is usually provided to you regular at home
 (a) As usually (dal, bhat, tarkari) (b) Meat/ghee containing food
 (c) Food with high nutrition food (d) Others

Information about Room

20. Do you clean inside of your room
 (a) Yes (b) No
21. If yes, how often do you clean inside your room.
 (a) Daily (b) Twice a day (c) Alternate day (d) When dirty
23. what is your main health problem right now?.....