

CHAPTER-I

INTRODUCTION

1.1 Background of the Study

Health is the level of functional or metabolic efficiency of a living organism. In humans it is the ability of individual or communities to adapt and self-manage when facing physical, mental or social changes the world health organization (WHO) defined health in its broader sense in its 1948 constitution as "a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Good health is important because a man of health can enjoy great happiness during his life time without health we cannot do anything in this world. A man suffering from fever remains confined to bed, he cannot get out of doors. He cannot do anything for anybody.

Personal hygiene may be described as the principle of maintaining cleanliness and grooming of the external body. Maintaining a high level of personal hygiene will help to increase self-esteem and confidence, while minimizing the chances of developing imperfections.

The practice of personal hygiene is as old as the origin of mankind, personal hygiene as indicated by the two words like PERSONAL and HYGIENE, refers to the principle of health and sanitary to be practiced properly which gives great significance to the health of community and students as a whole. Even in Vedic, Muslim, Christian, and Greek cultures personal hygiene has been stressed in daily prayers similarly 5000 years ago Moses had laid out a formal hygiene code consisting of eight principles of which the first one starts with personal hygiene. In Indian concept of the personal hygiene is intermixing with several rituals, ideas and traditional. However it needs to be practiced properly by individual alone who assume personal responsibility. There should be a motto to guide everyone to follow and practice. That "cleanliness is next to a child even from primary school days" (Khanal 2013)

Personal hygiene refers to the comprehensive cleaning of and caring for our body. Maintaining good personal hygiene includes bathing, washing our hands, brushing our teeth and wearing clean clothing. It also includes making safe and healthy decisions when interacting with others. Implementing good personal hygiene practices has both health and social benefits keeping our body clean is vital in combating and preventing illness both for ourselves and for those around us washing our hands can prevent the spread of germs from one person to another or from one part of your body

to another flossing and brushing your teeth can reduce the likelihood of oral and other disease. The word "Hygiene is derived from Greek word Hygiene meaning the goddess of health". Health is generally defined as the quality of life that enables the individuals to live most and physical activities of the environment. It can be improved either directly or by neglecting to be certain things, in accordance with the natural laws, pertaining to the body. Fresh air, sunlight, diet, exercise, rest, relaxation, right attitude of mind, sleep, cleanliness, illumination, good habits (Park 2015)

Personal hygiene makes adjustment which the individual does to preserve and improve his/her body and mind. The objectives of personal hygiene are to maintain a high standard of health. Personal hygiene is the science of preserving and promoting health through active efforts of an individual. Personal hygiene consists of clean habits and a healthy habit. It all depends on how much importance and individual attaches to her/his health. Personal hygiene is practiced at home. It is acquired through clean habits and a healthy way of life.

Personal hygiene deals with practices that help in maintenance and promotion of individual health physically, socially, emotionally and spiritually. Personal hygiene helps in maintaining a good physique, muscle strength and also to maintain clean mouth and teeth free from cavities etc. Similarly, personal hygiene and sanitary comprise of keeping eyes, ears and nose in a healthy condition and free from all kinds of infections. The various communicable and non-communicable diseases are occurred due to lack of personal hygiene like skin disease, TB and so on. So, it is the most important aspect of human life.

Today's children are the foundation of development in future as well as they are policy maker and intellectuals of this nation. So any negligence over their health now is not acceptable. Students spend most of their time in school so, it is the responsibility of a school that it should conduct a comprehensive program to protect and promote the health of school children. This program can be taken as SHP. "Prevention of health problem is not only role of SHP. Rather then SHP should have a comprehensive framework where in the overall purpose or ultimate objectives is to protect, promote and improve the health of children"(Chhetri 2014). The knowledge and behavior of an individual regarding his/her cleanliness determines individual's levels of personal hygiene. On the other hand, it can be the union of determining his/her level of health. Sanitary is a way of life (National Sanitary Foundation of the USA) in the sense, the school may be the important place to study.

It though different studies have been conduct regarding sanitary time to time but only few studies can be found in this topic.

Especially the students in the school children are not sufficient enough aware about their health not they are able to adopt healthy their rules and behaviors, rather they are found more careless, enthusiastic and spending most of their time in playing and other entertaining business. They also don't know the effects created in gaining of quality education due to unhealthiness "health is a basic human right and a worldwide social goal. Health is not mainly issue of doctors, social services and hospital. It is an issue of social Justice" (Park 2014). This saying proves the need of health and healthiness in overall achievement of an individual. So the health should be the great concern of individual himself herself but not other. A child enters school with his empty mind and his immature mind con not understands need of personal hygiene and sanitary practices. In this regards matter of concern is that he should taught given direction and encouraged to perform this via health education in the school. Only at that time they are fully grown and achieve expected out comes.

The level of personal hygiene and sanitary of school children affects his/her physical and mental health and learning performance as well so the study aims was to be find personal hygiene and sanitary practice of the students of Sajilal higher secondary school of Sundardulari municipality Morang district.

In this study period. I found still some of the students didn't used to give Priority towards their personal hygiene and sanitation. They did not used to bath regularly, cut their nails and they didn't used neat and clean dress regularly. They have poor practiced of hand washing, eye cleaning, they brush their teeth once time in a day some of the students comes without combing their hands. I found some of the students washed their hair only occasionally. In this study must of the students found that the effects of poor personal hygiene is diarrhea some student had hear louse, some students had allergy in this skin.

1.2 Statement of the Problem

To develop appropriate knowledge and practice of people towards the personal hygiene's and sanitary socio-economic condition educational status and awareness of people plays vital role without asserting knowledge and practice of people the

outcome of sanitary and personal hygiene is impossible. So sanitary is also basic human need. A clear environment is possible under the condition of proper sanitation.

In study area, the status of personal hygiene and sanitary practice of school children are not found excellent they don't have enough aides about importance of personal hygiene and sanitary.

Most of the students are affected by many types of water borne disease. Like dysentery, diarrhea, cholera typhoid skin disease and worm infection. In villages many children die of diarrhea, dysentery and worm infection the main reason is that they are not aware of personal hygiene.

Personal hygiene and sanitary practice is the key of the well-being of any society or school. Only a healthy student can appreciate and understand the subject matter so the study of personal hygiene and sanitary practice that affects his/her sounds health is a must. Health is more precious than the money. To develop positive health attitude and behavior on them is in dispensable to successful life. Health child can learn better and perform better than that unhealthy.

This study was based on Sajilal higher secondary school. In this school most of the students come from village so they didn't have enough knowledge about sanitation and personal hygiene. Their parents also still not enough aware about personal hygiene and it harmful effect of human life beings. so that they didn't teach the importance of personal hygiene and sanitation. In this school much more students come without neat and clean dress, they didn't bath regularly so that this behaviors of the students cause several disease and problems in their life.

1.3 Objectives of the Study

The general objective of the study is to analyze the "Personal Hygiene and Sanitary practice of school children" of Sundardulari Municipality. However the specific objective of the study is as below.

- i. To find out the condition of personal hygiene of school children,
- ii. To identify the sanitary practice in school children ,
- iii. To find out the impact the lack of personal hygiene and sanitary of school children.

1.4 Significance of the Study

This study is mostly based without maintaining good hygiene practice, better learning is impossible. Thus, the study is an attempt to find out existing personal hygiene and sanitary practice of school children in Sunderdulari Municipality.

So, signifies its importance itself .the significance of the study can be traced out in following points.

- i. It was being helpful the concerning school administration to plan and implement program relating to personal hygiene and sanitary practice in their school.
- ii. The study was making aware headmaster, teacher and school member.
- iii. This study was being helpful to guide the policy makers, programmer, educators and volunteer agencies to improve sanitary system in school.
- iv. The study was serving as a reference material to the concerning research students.

1.5 Delimitations of the Study

The present study was delimited in following areas;

- i. This study was limited in only one government schools at Sunderdulari Municipality named Sajjal higher secondary school.
- ii. School children were respondents of the study.
- iii. Personal hygiene and sanitary practice of school children were analyzed through interview schedule and observation checklist.
- iv. The study includes only the following areas of personal hygiene and sanitary practices.
- v. This study was being limited on 300 students of Sajjal higher secondary school.
- vi. This study was based on firsthand information that will collect through the help of interview and questionnaire. The researcher will take interview to the people collect information data.
- vii. The study area was selected on the basis of purposive and simple random sampling by lottery method with replacement.
- viii. Total students of primary label and 28% from 6 up to 10 class's students were being selected in this study.

1.6 Operational Definition of the Key Terms

Community: - Community means a group of people in given area with the sense of owner's connection and interrelation.

Health: - Health is a state of complete physical mental and social well-being and not merely absence of disease of infirmity.

Personal hygiene:- personal hygiene may be described as the principle of maintaining cleanliness and grooming of the external body.

Sanitary practice: - Actual performance of action in every condition effects health reference to cleanliness precaution health, classroom, use of dustbin toilet habit, use of drinking water.

CHAPTER -II

REVIEW OF RELATED THE LITERATURE AND CONCEPTUAL FRAMEWORK

This chapter presents relevant and factual information related to the present study based on literature cited on the basis of opinions, principles and concepts. It reviews the finding of previous studies by other researches related to the study.

2.1 Review of Theoretical Literature

Children are like a blank sheet .they must be studied from different angles. They can be moulded in desire shape, if they are studied from page to page. It has been already mentioned that the status of health of a child affects his/her achievements and status of health is determine by the status of personal hygiene that the child has. So, there is mutual relationship between personal hygiene and good achievements. It is the same issue that the researcher wants to explore. To give the study definite shape, the researcher has tried to study school children, educationists and organizations view as theoretical literature.

It is explicit that to promote the health status of children teacher parents and individual student himself/herself need to find out existing condition of health.

WHO Geneva (2010) "water supply and sanitary decade international action from health." An adequate supply of clean water is fundamental of individual family and community health statistic shows that about half of the world population without reasonable as access on and adequate supply of water and that even more people are without proper means of sanitary. These two factors poor personal hygiene and household and directly responsible for in number causes of preventable disease. The most seriously affected are people leaving in rural areas and poverty stricken part in urban areas. The main obstacle to use and maintain the improved water supply and sanitary system is not quality of technology but the failure of unqualified human resource and management and organizational techniques including a failure to capture community interest.

"Sanitary is as a way of life it is the quality of living style that is expressed in the clean business, the clean farms, the clean business, the clean farms, the clean business, the clean neighborhood and a clean community. Being way of life, it must come from within the people. It is nourished by knowledge and grows as an obligation and an ideal in human relation"(park 2014).

There is a need for greater awareness of the different impacts on women and men, and cultural stigmas and to books around these issues must be broken. Tear fund, working with and through the local church is bringing transformation to whole communities including improvements in health and dignity for women, men and children. Tear fund is calling on government and policy makers to play their part by prioritizing sanitary and hygiene and committing to global and national action which leads to sanitary for all. (www.tearfund.org/waterand sanitary 15march 2013)

2.2 Review of Empirical Literature

Mahato (2013) studied on sanitary practices and their management in university campus, T.U Kirtipur. The main objective of the study was to find out the condition of sanitary practices and their management in university campus, T.U the population comprises chief of the central department of the education chairman of HPPE Department and students of central Department of education. Random sampled procedure had applied for the collection of the study 100 students, chairman of HPPE and department of education were selected as respondent's questionnaire and observation chart were main tools applied for the collecting necessary information. In this study the researcher found that the cleanliness condition of the classroom was found very poor ventilation and lightening of classroom was satisfactory but the campus had very poor water supply facilities. Latrine facilities were not properly managed. The condition of the building was satisfactory, campus had practiced waste removal classroom cleaning toilet cleaning keeping water clean etc. for sanitary management but due to lack of budget campus had not been able to provide better management.

Sapkota(2013) on her study "sanitary facilities and their management on secondary school at Hetauda municipality". The main objective of the study was to identify the sanitary facilities and their management on school. The population of the study was the headmaster, subject teacher and students of public and private secondary schools in Hetauda municipality she had selected seven secondary school of Hetauda municipality. Ten students were respondents from each school. In this study she had used a set of questionnaires and observation checklist to collect the data. She found that the latrine and water in all these eleven schools were well managed classroom cleanliness was sufficient water supply in toilets and those were clean. Almost all the selected schools had proper buildings and play ground.

The FSH Report (2014) shows many of diseases causing malnutrition, sickness and death in children derives from unhygienic and poor sanitary. Under water supply, health education and sanitary are promoted, but 65 percent of the rural population still remains

without access to a latrine. To date there has been no national effort to promote hygiene and no co-ordinate efforts to the school or health posts to support such a task. As mentioned earlier the main problems are lack of funds manpower and influence. A sign of poor hygiene could be given by improving conditions in hospitals health posts and government offices.

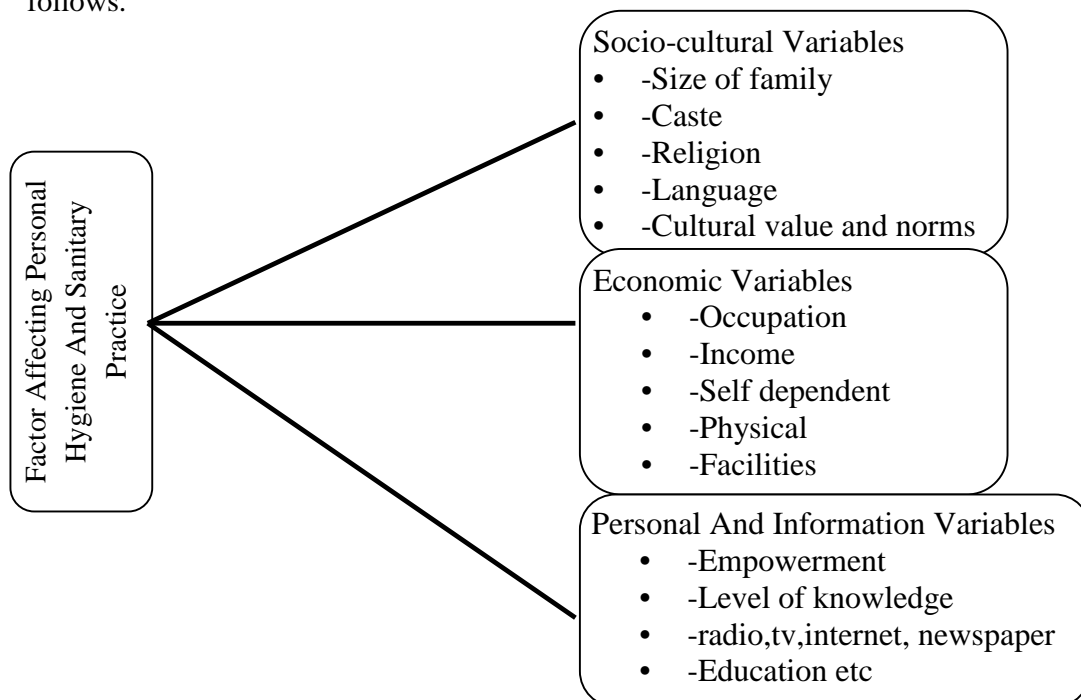
2.3 Implications of the Review for the Study

The literature review has helped in my study in following ways.

- i. To determine the topic of the study
- ii. To implement various programs to the concerned field.
- iii. To identify the related field for the study
- iv. To gain additional knowledge about research methods.
- v. To compare the old finding of the study with the present one.
- vi. To evaluate the recent research
- vii. To give reference to the further studies related to the topic.

2.4 Conceptual Framework

One the basis of the literature review. To improve the knowledge and practice of personal hygiene and sanitary practice among the school children, different variables play the key role. These variables socio cultural variables, knowledge and practice available of information. Sources and role of different sectors. These variables of the study are as follows.



If these variables play the positive role student's knowledge and practice of personal hygiene and sanitary will be good. If these variables do not play positive role, the student's personal hygiene and sanitary practice will be negative.

CHAPTER-III

METHODS AND PROCEDURE OF THE STUDY

Methodology is the main part of the research work. The term methodology refers to the procedure how the study will be lunched in the study field. The area of this study are research design, population and sample, sample procedure, data / information collection tools, Data information collection procedure, Data analysis and interpretation procedure.

3.1 Research Design

The study was based on descriptive research design.

3.2 Population and Sample

This study was limited only one government school at Sunderdulari Municipality named Sajilal higher secondary school. The total number student of this school is 938 where total number of girls 546 and boy are 392. 300 students were select in this study.

3.3 Sampling Procedure

Sajilal higher secondary school was selected by purposive and simple random sampling by lottery method. Hence their where 938 students and 300 students was be selected in this study. Total students of primary label and 28% from 6 up to 10 class's students were being selected in this study.

3.4 Data / Information Collection Tools

For the purpose of research interview schedule was used as the major tools of data collection. The interview schedules was developed the based on the stated objectives and with the consultation of reference materials, magazine, books, research report papers and also suggestion given by super vision the interview schedule was contained with structure question for school children.

3.5 Data / Information Collection Procedure

For collection date of personal hygiene and sanitary practice of sampled students interview schedule was only for students were used for both students and schools.

3.6 Data Analysis and Interpretation Procedure

The collected data was tailed and tabulated in different tables and figures. Mainly tables and figures were developed in percent to describe the data. The data analysis and interpretation were made from the developed table and figures. The recommendations were provided at the end of the analysis and interpretation of the data.

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF RESULT

The chapter is about the analysis and interpretation of the data garnered on personal hygiene and sanitary practice in the students of school children. The study over the population of 300 students of public school at Sundardulari municipality Morang. The data was conducted from interview schedule.

4.1 Personal Hygiene and Sanitary Practice

Knowledge is the school children of understanding the things, object, events and everything happening in the universe. It is strong of information, knowledge about personal hygiene is very necessary for human beings. Such knowledge can be ginned by books, drama, poster, cartoons and materials on personal hygiene.

Unhygienic practices are concerned to transmit many communicable diseases, such as diarrhea, dysentery, typhoid, skin disease etc. for the daily practice nail cutting, dental care, eye care, hair washing, taking bath, hand washing, washing clothes, problems of poor personal hygiene and sanitation, cause of personal hygiene personal hygiene of sampled students was studied on following topics.

4.1.1 Duration of Nail- Cutting:

The frequency of nail cutting depends from person to person. In some people, it grows fast and in some, it grows slowly. Depending on the growth of nails, some cut their nail once a week, some once a month and some whenever it is long.

Table No. 1

Duration of Nail Cutting

S.N	Duration of Nail- cutting	No.of student	percent
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1.	whenever it is long	50	17
2.	once a month	60	20
3.	once a week	190	63
	Total	300	100

The table no 1 indicates that 190 (63) percent students cut their nail once a week, whereas 60 (20) percent cut once a month, 50(17) percent cut whenever it is long.

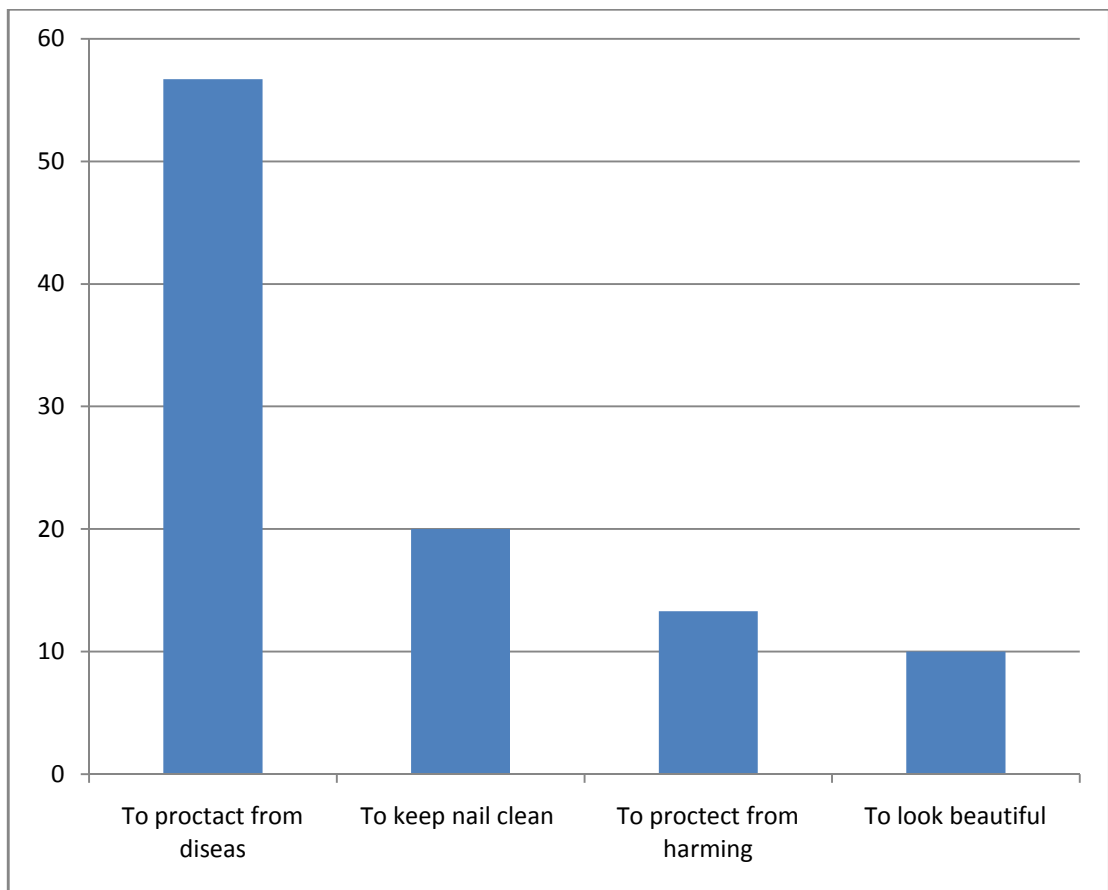
The number of students cutting nails once a week is higher due to the weekly supervision by the health teacher. It shows that are more conscious about nail- cutting practice.

4.1.2 Awareness about Nail-Cutting:

Students cut their nails for different reasons some cut their nails to protect themselves from disease, some to keep nails clean and some associate it with beauty short and clean nails help person to healthier.

Figure 1

Awareness about Nail-Cutting



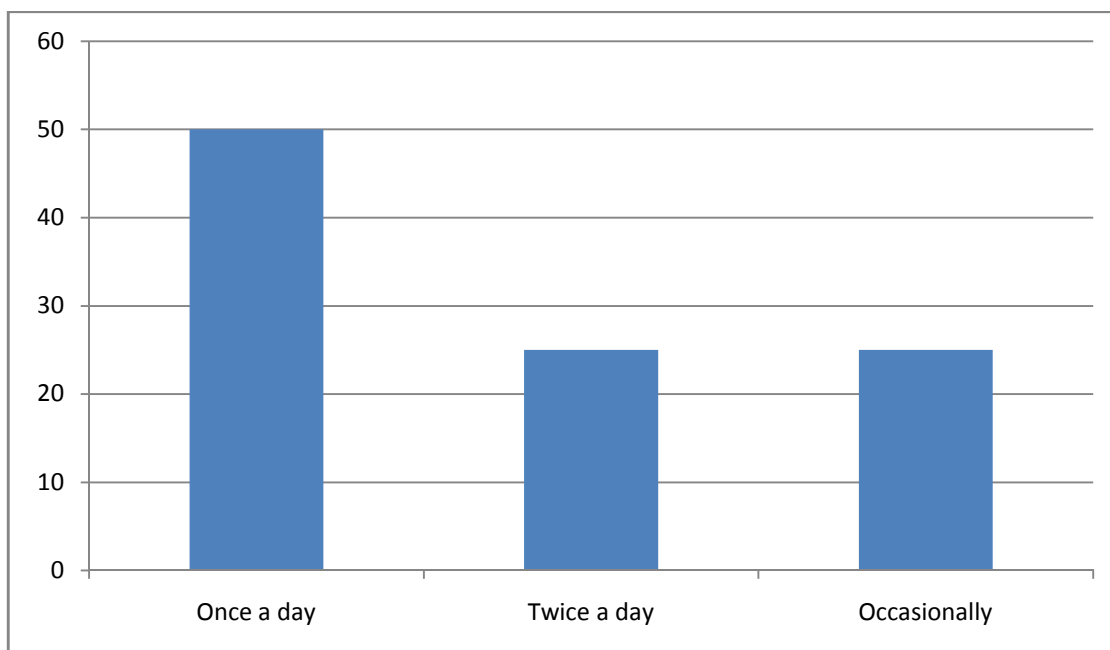
The figure No 1 shows that among the 300 student 56.7 percent cut nail to protect from disease them from disease 20 percent cut their nails to keep them clean. Similarly 13.3 percent said that they cut nails to protect themselves whereas 10 percent students cut them to look more beautiful.

This table states that most of sampled students associated nail-cutting with disease.

4.1.3 Tooth-Brushing Practice:

Oral hygiene is one of the important parts of hygienic practice. The frequency of brushing teeth depends on person's knowledge and practice of dental care. In our society, we can see people brushing their teeth once a day, some brush twice a day and some others are found brushing their teeth occasionally. Majority of the pupils(students) brush their teeth in the morning and some brush after meal. The reason of brushing after meal is to avoid the food to get stuck in the teeth and gum. We should clean the teeth after meal or time to time. If we don't clean our teeth regularly it creates dental problems.

Figure No. 2
Frequency of Teeth Brushing



The figure no 2 shows that 150 (50) percent were found brushing their once a day 75 (25) percent were found brushing twice a daily and 75(25) percent were found brushing occasionally.

It was found that the teeth brushing practice was not satisfactory among students, as majority of the students were found brushing once a day more over brushing their teeth once a day 50 percent also no hygienic practice.

4.1.4 Materials used to Clean Teeth

People use different materials to clean their teeth on the basis of the perception, environment and choice. The different materials that are commonly used to clean teeth are tooth brush, tooth paste, tooth power etc., available to have strong teeth.

The following table percent's the fact about material used for cleaning teeth in study area.

Table No. 2
Materials used to Clean Teeth

Brushing Materials	Number of Students	percent
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Brush + Tooth paste	210	70
Brush + Tooth power	90	30
Total	300	100

The Table no 2 shows that 210 (70) percent students were found using brush and tooth paste, 90(30) percent students were seen using brush and tooth power.

This Table shows that most of the students were aware of teeth brushing practice and majority of them preferred fluoride tooth paste.

4.1.5 Frequency of Eye Cleaning:-

People have different frequencies of eye cleaning. Some people clean only when eyes get dirty, when they feel redness in eye and some others clean if they get itching but when itching and some people clean them regularly in the morning. In this study, most of the students 240 (80) percent were found washing their eyes regularly. This fact is satisfactory but not excellent.

The following table shows the data of frequency of eye cleaning of the sampled students.

Table No. 3
Frequency of Eye Cleaning

S.N	Frequency of eye cleaning	No.of Students	Percent
1.	when itching	15	5
2.	when eyes feel redness	20	6.7
3.	when eye get dirty	25	8.3
4.	Every morning	240	80
	Total	300	100

Table no 3 in this study 240 (80) percent were found washing their eye. The above table no 3 shows that 25 (8.3) percent students cleaned their eyes only when they were dirty and 20 (6.7) percent students cleaned when they feel redness in eyes, 15(5) percent students cleaned their eyes while having itching.

It was found that the practice of eye cleaning was very poor. There was not regularity in eye cleaning as students were not aware enough about eye cleaning. It was also detected that most of the sampled students thought that washing face and cleaning eyes are same they were not very conscious of proper eye cleaning.

4.1.6 Reasons of Eye Cleaning:-

There are several benefits of cleaning eyes. To clean eyes, one should have proper skill. Swimming in dirty water watching TV late night, reading and writing in deem light may effects eyes. The following table gives the data of knowledge on eye cleaning of the sampled students.

Table No. 4
Reasons of Eye Cleaning

S.N	Reasons of eye cleaning	No. of Students	percent
1.	To prevent from disease	61	20.3
2.	To remove the dust	90	30
3.	To keep eyes clean	149	49.7
	Total	300	100

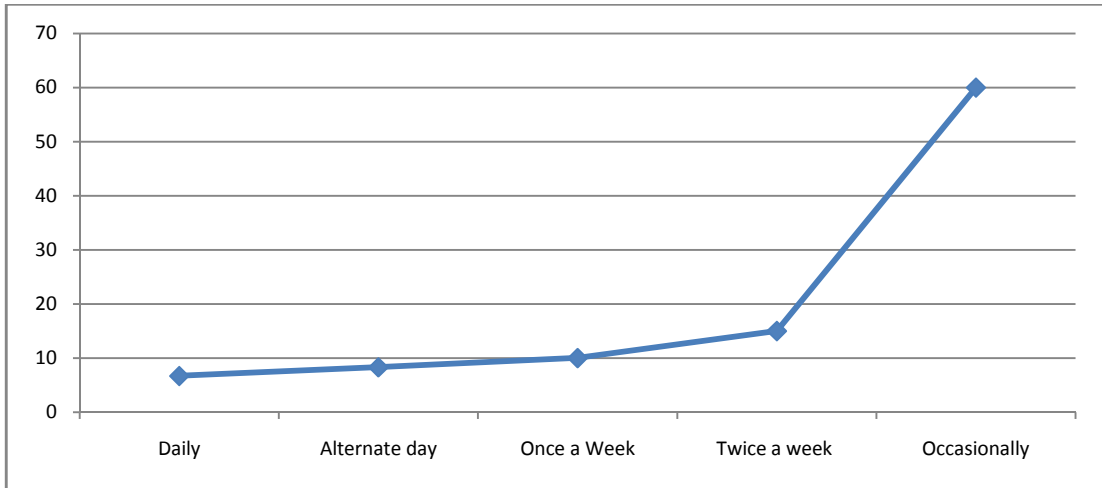
Table no 4 shows that among the sampled students 149(49.7) percent clean their eyes to keep them clean and healthy, 61(20.3) percent clean them to prevent from eye diseases and 90(30) percent clean to remove the dust.

It was found the majority of the students focused on cleanliness of eyes in comparison to other reasons such reasons obviously save from blindness.

4.1.7 Frequency of Hair Washing:-

The frequency of hair washing depends on a person and hair type. The oily hair needs daily hair wash but the dry hair does not need. In the Nepalese context, normally people wash hair once a week. Among the sampled students, most of them were found washing their hair occasionally. The dirty hair causes skin infection; dandruff, hair loss etc.

Figure No. 3
Frequency of Hair Washing.



The figure No 3 shows the frequency of hair washing practice of the students. Among them, 180(60) percent students were found washing their hair occasionally and 45(15) percent students washed only twice a week. Similarly, 30(10) percent washed only once a week, whereas 25(8.3) percent washed in Alternate days and 20(6.7) others washed daily.

From this figure, we can say that occasionally hair washing practice of 60 percent sampled students proves the lack of insufficient knowledge on hair washing practice.

4.1.8 Frequency of Hair Combing:-

If hair is not washed and combed regularly a person looks ugly. Such carelessness causes the increase in the production of louse, itching and dandruff problems, proper cleaning of hair by water is good habits. As mostly females do not cut their hair they have longer hair so they need to care their hair more compared to males.

In the study area, some of students were seen combing their hair daily and some others occasionally. The following table presents the hair combing sampled practice of students.

Table No. 5

Frequency of Hair Combing

S.N	Frequency of hair combing	No. of student	percent
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1.	Alternate day	30	10
2.	Occasionally	65	21.7
3.	Daily	205	68.3
	Total	300	100

Table No 5 shows that among the sampled students 205(68.3) percent were seen combing their hair daily, 30(10) percent comb their hair Alternate day, 65(21.7) percent students comb their hair occasionally.

It was revealed that the students hair combing practice is irregular due to poor knowledge on hygienic practice knowledge is the main factor that plays vital role in all kind of healthy practices.

4.1.9 Taking Bath Practice:-

People have various reasons for taking bath. Regular bath is also cultural habit in some community for example, Brahim community people bath daily after Bratabanda the basic reason for taking bath is to be clean and avoid the bad smell.

In this study cent percent student students were found applying bathing practice. From hygienic prospective, it is quite pleasing. But the gap of bathing practice was not very excellent. The following table shows.

**Table No 6
Taking Bath Practice.**

S.N	Bath practice	No. of Students	percent
1.	Daily	40	13.3
2.	Once a week	45	15
3.	Twice a week	215	71.7
	Total	300	100

The table no 6 shows that among the sampled students 215(71.7) percent were seen taking Bath practice twice a week, 45(15) percent students were seen taking bath

practice once a week and 40(13.3) percent students taking Bath practice. This table say that most of people taking bath practice twice a week.

4.1.10 Reasons of Taking Bath

Table No .7
Reasons of Taking Bath

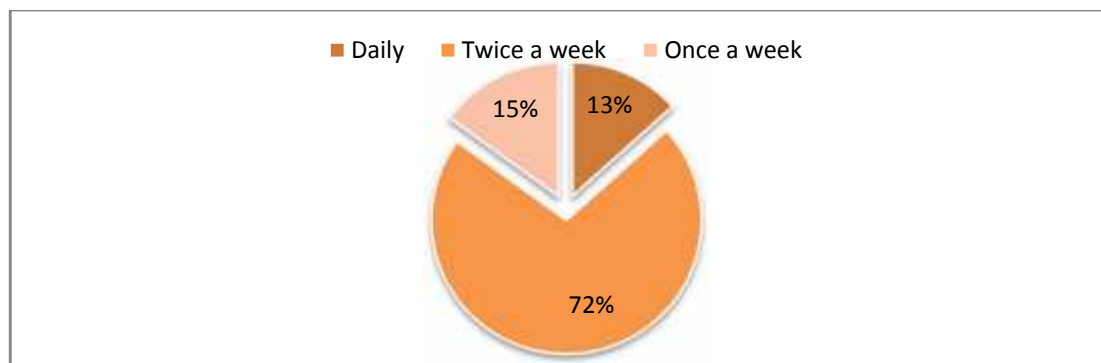
S.N	Reasons of taking Bath	No. of Students	percent
1.	To stop skin disease	23	7.7
2.	Others	48	16
3.	To stop bad smell	5	18
4.	For cleanliness	175	58.3
	Total	300	100

Table no 7 shows that among the sampled students 175(58.3) percent students said that the purpose of taking bath was to be clean, 54(18) percent students purpose was to stop bad smell, 23(7.7) percent bathed to stop skin disease and 48(16) percent students had some others had different reasons. This table states that most of the sampled students were aware of taking bath practice.

4.1.11 Duration of Taking Bath:-

The gap in bathing of sampled students is show in the following figure.

Figure no 4
Duration in Taking Bath.



According to figure states that (215) 71.7 percent students were found bathing only twice a week and (45)15 percent were seen bathing once a week, similarly (40) 13.3 percent students whereas only students bathed daily.

It was deflected that practice of bathing only a week has high due to holiday pattern and this holiday Pattern is not very favorable from hygienic perspective.

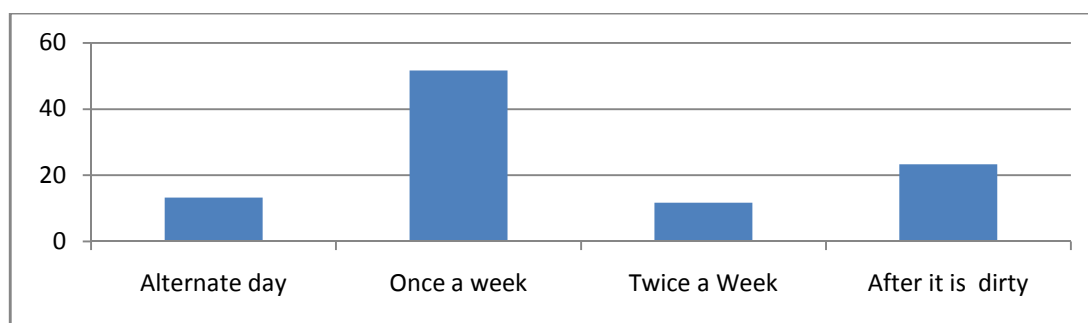
4.1.12 Clothe Washing Practice:-

The frequency of cloth washing practice depends on person to person. It is seen that some people was wash their clothes regularly,, some people wash once a week and some others wash after they get dirty. In this study, the all students (100)% were found washing their clothes but some of them washed with the help of their parents and some other washed themselves.

While inquiring how many times they washed clothes, mixed response were found. These responses are given below.

Figure No. 5

Gap of Washing Clothes



According to figure no 8 155(51.7) percent students washed their clothes once a week and 40 (13.3) Percent students washed their clothes Alternate day, 35(11.7) percent students washed their clothes Twice a week whereas 70(23.3) percent students were found washing them in after it is dirty.

From the study it was found that the most of the student's cloth washing practice was poor as they washed them only once a week. It was also seen that in Terai region clothes were dirtier because of high temperature and its consequences. Similarly students this area also made the clothes of students dirty.

4.1.13 Materials used to Wash Clothes:

Different materials used for washing clothes such as soap, brush. In ancient time, people used "Rittha", ash, mud to wash clothes. But nowadays different powder and surf powder are available in the market.

Table No. 8
Materials used to Wash Clothes

S.N	Materials used to wash clothes	No. of Students	percent
1.	Soap	211	70.3
2.	Surf	89	29.7
	Total	300	100

Table no 8 shows that 211(70.3) percent students used soap to wash their clothes and 89(29.7) percent used surf to wash the clothes. This table says that most people felt easy will washing clothes by soap.

4.1.14 Hand Washing Practice:-

Hand washing practice is very essential to prevent our body from disease and it also plays the vital role in fighting with disease. It is said that hand is one of the means of disease transmission.

Figure No 6
Frequency of Hand Washing

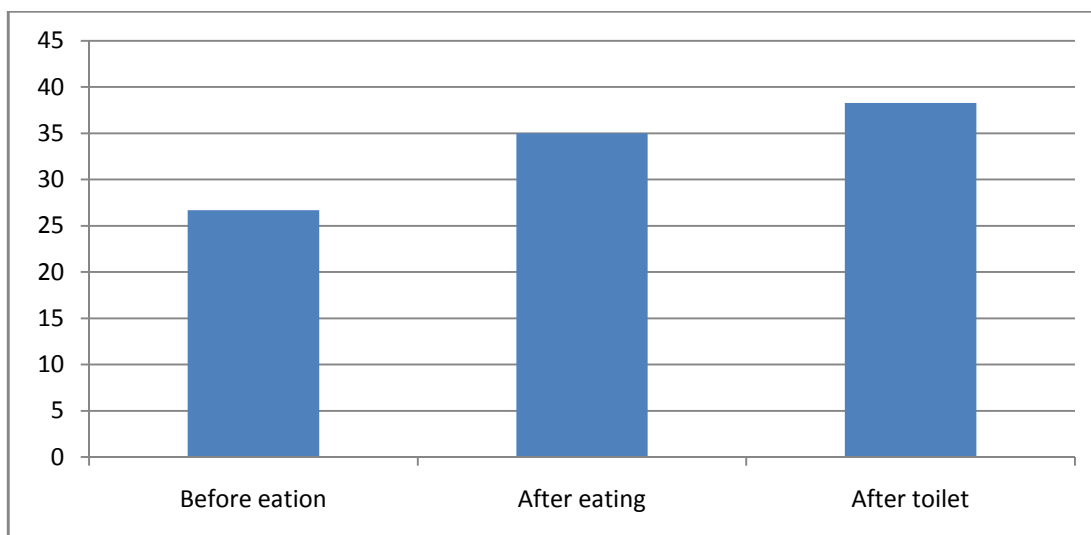


Figure no 9 shows that all of the sampled students 115 (38.3) percent washed their hand. After using toilet, 105(35) percent washed their After eating and 80(26.7) percent washed their hand before eating practice. This table say that most of people washed their hand After using toilet washed hand.

4.1.15 Used to Washing Hands:-

Different materials used for washing hands, such as soap, water, mud, ash. The following table present the fact about materials used to washing hands in study area.

Table No 9
Used to Washing Hands.

S.N	Materials used to washing hands	No. of Students	percent
1.	Only water	25	8.33
2.	Mud water	40	13.34
3.	Ash water	45	15
4.	Soap and water	190	63.33
	Total	300	100

Table no 9 shows that 190(63.33) percent students used soap and water to wash their hands 40(13.34) percent student used mud with water, 45(15) percent students used to Ash water and 25(8.33) percent students used to only water to wash their hands. This table says that most of people used soap and water to wash their hands.

4.1.16 Effects of Unwashed Hands:-

To be safe from different diseases and worms the basic rules of personal hygiene should be followed one of the basic rules is to wash hands in every physical work. The effects of dirty hands include diarrhea, dysentery and worm infestation. In village many children die of diarrhea, dysentery and worm infestation. They are not aware of personal hygiene.

Table No. 10
Effects of Unwashed Hand

S.N	Effect of unwashed hands	No. of Students	percent
1.	Worm infection	10	3.3
2.	Diarrhoea/Dysentery	30	10
3.	Look Dirty	125	41.7
4.	Unhealthy	135	45
	Total	300	100

Table no 10 shows that 135(45)percent students said that they could be unhealthy if they did not wash their hand, 125(41.7) percent students stated that they would look dirty, 30 (10) percent students opined that they would get diarrhea of Dysentery furthermore 10(3.3) percent students replied that they could have worm infection. If they had no proper hand washing. This table say that most of people unhealthy effects of unwashed hands. Impact of poor personal hygiene and sanitation.

4.1.17 General Problem of Poor Personal Hygiene and Sanitation

Personal hygiene and sanitary practice is the key of the well-being of any society or school. In this study I asked students to know their views the general impact of personal hygiene and sanitation and their answer was shows as below.

Table No. 11
General Problem of Poor Personal Hygiene and Sanitatrion.

S.N	General problem	No. of Students	percent
1.	bad smell	97	32.3
2.	Allergy in skin	203	67.7
	Total	300	100

Table no 11 shows that 2.3(67.7) percent students told that allergy in skin are the General problems that occur poor personal hygiene and sanitary practice, and

97(32.3) percent student told bad smell most of students told that the general problems of poor personal hygiene and sanitary practice is Allergy in skin.

4.1.18 Problem of Major Personal Hygiene and Sanitation:-

Unhygiene practice is concerned to transmit much communicable disease such as Diarrhea, dysentery, worm problem etc. In this study I asked them what are the major problem of poor personal hygiene and sanitation and their answer was shows in this table.

Table No. 12
Problem of Major Personal Hygiene and Sanitation

S.N	problem of major personal hygiene and sanitation	No. of Students	Percent
1.	Dysentery	43	14.3
2.	worm problem	87	29
3.	Diarrhoea	170	56.7
	Total	300	100

The table no 12 shows that 170(56.7) percent students told Diarrhea, 87(29) percent students told worm problem and 43(14.3) percent students told Dysentery due to poor personal hygiene and sanitation most of students told that the major problems of poor personal hygiene and sanitation is diarrhea.

4.1.19 TheCause of Personal Hygiene Sanitary:-

Without asserting knowledge and practice of people the outcome of sanitary and personal hygiene is impossible cause of poor personal hygiene and sanitary practice was shows in this table.

Table No.13
The Cause of Personal Hygiene and Sanitary

S.N	cause of personal hygiene and sanitary	No. of Students	percent
1.	Facilities available	38	12.7
2.	Place	63	21
3.	Personal habit of people involve	199	63.3
	Total	300	100

The table no 13 shows that out of 63(21) percent students told that the cause of poor personal hygiene and sanitary practice is place 38(12.7) percent students told

facilities available and 199(63.3) percent told persons habit of people involve most of told that the cause of personal hygiene and sanitary practice.

4.1.20 The Health Effect of Poor Personal Hygiene

Good personal hygiene works a lot more than just providing us with a presentable appearance being ignorant about good hygiene practices may lead to certain consequences. These consequences may vitiate health issues to social and professional effect. Health effect of poor personal hygiene was shows as below:-

Table No. 14
Health Effect of Poor Personal Hygiene

S.N	Health effect	No. of Students	percent
1.	Ring worm	55	18.3
2.	general illness	58	19.3
3.	Influenza	77	25.7
4.	dental disease	110	36.67
	Total	300	100

This table no 14 shows that out of 110(36.67) percent students told dental disease, 58(19.3) percent students told general illness, 55(18.3) percent students told ring worm 77(25.7) percent students told influenza are the health effect of poor personal hygiene most of student told that the health effect of poor personal hygiene is dental disease.

4.1.21 Effect of Poor Personal Hygiene on Physical Health

In this study I asked them to know the physical health effect of poor personal hygiene their answered was shows in this table.

Table No. 15
Effect of Poor Physical Health

S.N	Effect	No. of Students	percent
1.	scabies infection	65	21.7
2.	skin infection	135	78.3
	Total	300	100

In this table no 15 shows that out of 135(78.3) percent students told skin infection 65(21.7) percent students told scabies infection. Most of students told skin infection is the effect of physical health.

4.1.22 Distribution of the Respondents by Visit First Time for Check Up

In this study time I asked them if you this problem what will you go to for first checkup. The response to the problem by the students in the study is presented in this table.

Table No. 16

Distribution of the Respondents by Visit First Time for Check Up

S.N	Visit to	No. of Students	percent
1.	Hospital	30	10
2.	clinic	43	14.3
3.	Health post	230	76.7
	Total	300	100

According to the data presented in the table no 16 nearly to percent respondents were found visit to Hospital first time checking for treatment after the problem was appeared. 30(10) percent students visiting to the hospital was 43(14.3) percent students visiting to the clinic and 230(76.7) percent students visiting to the Health post. Most of students were visiting Health post while they had such problem.

4.2 Summary

Health is the foundation of the children and children are the pillar of the nation. If the children are healthy the nation will be healthy.

In study area, the students in the school children are not aware about their health, nor they are able to adapt healthy rules and behaviors, rather they are found more careless and spending most of their time in playing and other entertaining business. They also do not know the effects created in gaining of quality education due to unhealthiness.

The study is mainly based school children data and descriptive research type design. After collection the necessary information, the data were tabulated. They were analyzed and interpreted with the help of tables and figures. The information was collected from randomly selected 300 students of sample schools through interview

schedule. This study was conducted only one public school of Sundardulari Municipality, named Sajilal Higher secondary school.

The principal objective of this study was to find out the personal hygiene and sanitation practice of school children students to fulfill the objectives some selected variables of the body and condition of school environment were taken as the main influencing factors on personal hygiene and sanitation practices.

Generally, the school children students were immature in knowledge and practice. Therefore, satisfactory behavior of the students in hygienic practice was not found so that personal hygiene and sanitation practice were observed separately in school children students' behavior.

4.3 Findings

Some of the major findings of the study are given below.

-) While finding out the status of personal hygiene of sampled students different organs such as nails, eyes, hair, face etc.
-) Among students who cut their nails 63 percent students were seen cutting their nails once a week 20 percent cut once a month and 17 percent cut whenever nail was long.
-) As the reason of nail-cutting was enquired 56.7 percent said that they cut their nails to protect from disease 20 percent cut to keep their nail clean and 13.3 percent cut to protect from harming and 10 percent cut their nail to look beautiful.
-) Similarly 25 percent students were found brushing their teeth occasionally 25 percent brushed twice a daily and 50 percent brushed their teeth once a day like wise 70 percent students were seen using toothbrush and tooth paste as teeth cleaning materials, where as 30 percent students used tooth brush and tooth powder.
-) When frequency of eye washing practice was asked 8.3 percent students were found washing their eyes when they get dirty 6.7 percent washed when they felt redness, 5 percent were seen washing when they itching and 80 percent students were detected washing their eyes in the every morning.

- J As hair washing practice, it was revealed that 6.7 percent students washed their hair daily, 10 percent washed once a week, 15 percent were seen washing twice a week and 60 percent students were found washing their hair occasionally, 8.3 percent alternate day.
- J As far as hair combing practice was concerned 68.3 percent were seen combing their hair daily, 10 percent alternative days, 21.7 percent students were found combing their hair occasionally.
- J Moreover 13.3 percent students were found bathing daily, 15 percent students were found bathing once a week and 71.7 percent twice a week.
- J When asked the frequency of cloth washing practice, it was seen that 13.3 percent, 51.7 percent washed once a week but 11.7 percent twice a week and 23.3 percent students were found washing when cloth was dirty whereas most of students were found using soap as washing material.
- J Furthermore, as effects unwashed hands were consulted 45 percent said that it cause, unhealthy condition 10 percent replied that it lead to diarrhea/dysentery and worm infection 3.33 percent 41.7 percent look dirty.
- J When ask the problems of poor personal hygiene and sanitation, it was seen 56.7 percent students said diarrhea, 14.3 percent student said dysentery and 29 percent said worm problem.
- J More over 67.7 percent students told Allergy in skin is the general problems of poor personal hygiene and sanitary practices, 32.3 percent said bad smell.
- J Out of 21 percent students said place as the cause of personal hygiene and sanitary, 21.7 percent said facilities available, 63.3 percent said person habit of people involve.
- J More over 36.7 percent students said dental disease ids the health effect of poor personal hygiene, 19.3 percent students said general illness, 18.3 percent students said ring worm, 25.7 percent students said influenza.
- J Out of 78.3 percent students said the effect of poor personal hygiene un physical health, 21.7 percent students said scabies infections.
- J More over 10 percent students visit hospital when they had problems, 14.3 percent students were visit clinic 76.7 percent students were visit health post.

CHAPTER-V

CONCLUSIONS AND RECOMMENDATIONS

5.1 Conclusion

After the research on personal hygiene and sanitary practice, the overall condition of sampled students was found discouraging on personal hygiene, nails-cutting, teeth brushing eye washing practice were not see in very excellent status as majority of sampled students had not regularity in those practices. Similarly, occasional habit of hair washing hair combing, bathing and cloth washing also prove the low level of conscious on importance of personal hygiene but as all of sampled students were found washing their hands before and taking food and after toilets, their hand washing practice was seen much encouraging. Their only this habit may save themselves from different diseases to some extent though their others hygienic practices are poor, similarly, level of cleanliness of body organ, we can say that the level of consciousness on cleanliness is satisfactory as most of sampled students had satisfactory level of cleanliness of hair hands. But the sanitation practices of sampled students were seen poor because none of them used boiled water disposal system cleaning tread and only some of them possessed regular toilet habit.

Thus, few of personal hygiene and sanitary practice were satisfactory, but most of the practices were discouraging and this easily proves that they had low level of conscious on importance of personal hygiene and sanitary practices.

5.2 Recommendation

5.2.1 Policy Related

-) The municipality of Sundardulari should be modernized in sanitation system.
-) Government should strongly focus on the subject matter of personal hygiene and sanitary in the school curriculum.

5.2.2 Practice Related

-) Health observation program should be given priority in school regularly.
-) School health teacher should facilitate with the special health training and be refreshed time to time.
-) Dust-bins should provide in each class.

-) The school must be providing pure drinking water facilities, water for toilet, proper sanitation, and neat and clean school area.
-) Parents should be made aware of importance of health and cleanliness.
-) Regular health checkup program for the students should be conducted by the school collaboration with the health post of hospital.
-) DEO should conduct personal hygiene promotion program in school children regularly.

5.2.3 Further Research Related

-) A comparative study on the personal hygiene and sanitation practice between public and private school
-) A comparative study on the personal hygiene and sanitation practice between Dalit and Non-Dalit community.
-) Effectiveness of the curriculum school children on personal hygiene.
-) To investigate the level of awareness of the guiders on the issues of their children's personal hygiene.
-) Sanitary facilities and practice can be studied with a view to tracing best facilities to the school

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QUESTIONNAIRE

Information collected in this questions will be kept confidential and used only for academic Purpose

Name :

School:

Class: Sex: Age :

Personal Hygiene and Sanitation Practice

1. Nail- cutting

1.1. Do you cut your nail?

- a. Yes b. No

1.2. How often do you cut your nail?

- a. Once a week b. Once a month c. Whenever is long d) Other

1.3. Why do you cut your nail?

- a. Protect from disease b. Keep nail clean
c. Protect from harming d. For beauty

2. Tooth Brushing

2.1. Do you clean your teeth?

- a. Yes b. No

2.2. If yes, when do you do?

- a. Once a day b. Twice a day c. Occasionally

2.3. What do you use to clean your teeth?

- a. Tooth brush and paste b. Tooth brush and power
c. Finger and paste/power d. Water only

3. Eyes cleaning

3.1. Do you clean your eyes?

- a. Yes b. No

3.2. If yes, when do you clean your eyes?

- a. When eyes get dirty
- b. When eyes feel redness
- c. Every morning
- d. When itching

3.3. Why do you clean your eyes?

- a. To keep eyes clean
- b. To prevent from eyes disease
- c. To remove the dust.

4. Hair wash

4.1. Do you wash your hair?

- a. Yes
- b. No

4.2. How often do you wash your Hair?

- a. Daily
- b. Alternate day
- c. Once a week
- d. Twice a week
- e. Occasionally

4.3. Do you comb your hair?

- a. Yes
- b. No

4.4. How often do your hair?

- a. Daily
- b. Alternate day
- c. Once a week
- d. Occasionally

5. Taking Bath.

5.1. Do you take Bath?

- a. Yes
- b. No

5.2. How often do you take bath?

- a. Daily
- b. Twice daily
- c. Once a week
- d. Twice a week

5.3. Why do you take bath?

- a. For cleanliness
- b. To stop bad smell
- c. To stop skin disease
- d. Others

6. Clothes wash

6.1. Do you or your parents wash your clothes?

- a. Yes
- b. No

6.2. What do you use to wash your clothes?

- a. Soap
- b. Surf
- c. Others

6.3. How often do you or your parents wash your clothes?

- a. Alternate day
- b. Once a week
- c. Twice a week
- d. After it is dirty

6.4. What happens if does not wash your clothes?

- a. Looking dirty
- b. Lice problem
- c. Skin disease
- d. Bad smell

7. Hand washing

7.1. Do you wash your hands?

- a. Yes
- b. No

7.2. If yes, when do you wash your hands?

- a. Before eating
- b. After eating
- c. After toilet
- d. Others

7.3. What do you use to wash your hands?

- a. Soap water
- b. Mud water
- c. Ash water
- d. Only water

7.4. What happens if you do not wash your hands?

- a. Unhealthy
- b. Diarrhoea/dysentery
- c. Worms infestation
- d. Look dirty

Impact of poor Personal hygiene and sanitation

1. Do you know the impact that occur the lack of personal hygiene and sanitation?

- a. Yes
- b. No

2. If yes, what are the problem of poor personal hygiene and sanitation?

- a. Allergy in skin
- b. Bad smell
- c. Nice problem
- d Others

3. What are the major problem of poor personal hygiene and sanitation?

- a. Diarrhoea
- b. Discentry
- c. Worn problem
- d. Others

4. What are the cause of poor personal hygiene and sanitary?

- a. Situation
- b. Place
- c. Facilities available
- d. Personal habit of people involve

5. What are the health effects of poor personal hygiene?

- a. Bad breath
- b. Dental disease
- c. General illness
- d. Body order
- e. Ring worm
- f. Influenza
- g. social problem

6. How can personal hygiene affect your physical health?

- a. Skin infection
- b. Scabies infection
- c. Trachoma
- d. Pediculosis

7. If you had this problem what will you go to for first check up?

- a. Hospital
- b. Clinic
- c. Health post
- d. Others