



Investigation of personal hygiene knowledge and practice among adolescent primary school girls in Gwadabawa, Sokoto state, Nigeria

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Abstract

The study was conducted in Gwadabawa town, Gwadabawa local government, Sokoto state, Nigeria. The respondents were Muslims and Hausa/Fulani. The type of study design used in this work was descriptive survey. Therein; an interview of 50 girls' participants was carried out using semi structured questionnaire. Then, treated using thematic network analysis and descriptive parameters of frequency and percentage were yielded. The personal hygiene of the school girls was large, it spanned between the ranges of 80-100%, and in rare cases some have 20% knowledge of personal hygiene practices. On personal hygiene practices, most responses were high(40-100%), whereas, the minor responses were not below 20%. The visual observation revealed most of the respondents have 80-100% good personal hygiene display, whereas, the lowest cases was 20%. This research shows that there is major knowledge and practice of personal hygiene among the respondent girls. The government should augment the mothers and girls with menstrual hygiene materials. Mothers and girls are essential in making a very good family and the entire society, they should be encouraged.

Keywords: Personal hygiene, girls, health, Gwadabawa

Introduction

The importance of schools has been acknowledged for many decades ago. There are inherent health programmes in forms of latent and manifest portions of the curriculum that aimed at inculcating academic and moral objectives in students. Schools remained precious because they provide an environment for learning skills, development of intelligence, and a room for students to attain their life goals. But, for the children to learn effectively and achieve ultimate goals there is need for a good health. Health is a key factor in entering and in living any school to obtain the required knowledge and education. In school, health education pertaining hygiene, environment is taught. The teacher is the guard of the child in schools and have a pivotal role in the process of primordial prevention (Deb *et al.*, 2010) ^[11].

Personal hygiene is a daily cleanliness of the body which keep the body clean, fresh and healthy (University of Kentucky College of Agriculture, Food and Environment Cooperative Extension Service, n.d; Chaudhari *et al.*, 2015) ^[9]. Personal hygiene practices such as bathing, washing, ablution, cutting nails, etc are well entrenched and widely practiced in every culture, depending on the culture and Environment. It is one of the most effective way to protect ourselves and others from illness. It includes, washing hands on several basis, being careful in coughing or sneezing, use of gloves or masks in occasions, to avoid infection, cutting of nails, brushing, washing of hair, using perfumes, regular bathing, menstrual hygiene among others (Pal and Pal, 2017) ^[17].

Health is linked to educational achievement, quality of life, and economic level. When children acquired health education like personal hygiene, they got the power to live a healthy and productive life (Ratnaprabha *et al.*, 2018) ^[18]. Studies have revealed how malnutrition and primary infection among school-

aged children lead to low enrolment, high absenteeism, early drop-out, and poor performance. More especially, the adolescent girls are tomorrow's mothers, their knowledge and personal hygiene practices are paramount (Catino 2012; Santina *et al.*, 2013) ^[8, 20].

There is need for more enrollment of female folk into the schools so that they can attained learning outcomes that are responsible for maintaining equity, but unfortunately, the girl-child education is still lagging behind in the North (UNICEF, 2007 ^[22]; British Council, 2014; Andrew and Etumabo, 2016). One of the things that deter or affect the girls in school is the shortage or absence of personal hygiene services. Moreover, the young girls are in dire need of personal hygiene practices more than any other, because of their biological and social nature and their transition from adolescence to the adulthood (UNICEF, 2007 ^[22]; Winthrop and King, 2015) ^[25]. But there is no data revealing the personal hygiene attitude, knowledge and practices in our schools, which could guide further research, and policy workers. Thus this study is trying to solve the stated problem. This study investigated knowledge and practices of personal hygiene among adolescent school girls in Gwadabawa, Sokoto, Nigeria.

Materials and Methods

Study Area: The study was conducted in Gwadabawa town, Gwadabawa local government, Sokoto state, Nigeria. The respondents are Muslims and Hausa/Fulani.

Study Design: The type of study design used in this work was descriptive survey. Therein, an interview of participants was carried out. The 50 girls were drawn using simple random sampling strategy.

Data Instrument and Management: The collected data was obtained using semi structured questionnaire. Then, treated using thematic network analysis and descriptive parameters of frequency and percentage were yielded.

Data Analysis: The collected data was analyzed using thematic content analysis; particularly with thematic networks in microsoft excel to yield descriptive parameters of frequency, and percentage.

Results

Table 1: KAP survey of girls studying in primary schools in Gwadabawa town, Sokoto state, Nigeria

Parameters	Frequency	Percentage
Personal hygiene knowledge		
1.You should wash your hands or spoon before and after eating?		
Yes	50	100
b. Preparing food, Yes	50	100
2. You should wash hands		
a. When they are dirty Yes	40	80
b. After touching animals Yes	40	80
No	10	20
c. Before and after toilets Yes	40	80
No	10	20
3. Poor hair cleanliness can cause problems like lice or dandruff Yes	40	80
No	10	20
4. It is bad to share objects like comb, hat, etc Yes	50	100
Basic hygiene practices		
1. I wash my hands		
a. Before and after toilets Yes	40	80
No	10	20
b. Before and after preparing food Yes	50	100
c. When they are dirty Yes	50	100
d. Sometimes Yes	40	80
No	40	20
2. When do you brush teeth		
a. Daily	10	20
b. After eating food	40	80
c. Sometimes	10	20
3. What do you use to brush teeth		
a. Makilin	20	40
b. Stick	20	40
c. Hands	10	20
4. When do you wash your hair?		
a. Daily	40	80
a. Sometimes	10	20
5. When do you take birth?		
a. Three times daily	30	60
b. Sometimes	20	40
6. I use soap to take birth in most of the times Yes	40	80
No	10	20
7. When do you remove nails		
a. Weekly	40	80
b. b Sometimes	20	40
8. Do you use perfumes Yes	50	100
If yes when a. Always	30	60
b. Once a day	20	20
c. Sometimes	20	20
9. When do you cut pubic and other private hairs		
a. Weekly b. Monthly c. Sometimes	10	20
	30	60
	20	40
Personal observation		
1. The cloth and body of student is a. Clean	50	100
2. The teeth are a. Clean	50	100
3. The nails area. Clean	40	80

b. Unclean	10	20
Menstrual hygiene		
1.Do you know the signs of your menstruation?		
Yes	40	80
No	10	20
2.Who teach you about menstruation?		
a. Mother.	20	40
b. Teacher	30	60
3.What do you use to cover menstruation?		
a. Cloth	10	20
b. Pad	40	80
4.How many times do you change menstruation cover?		
2	20	40
3	20	40
4	10	10
5. Do you reuse menstruation cover? Yes	20	40
No	30	60
6. Who give you menstruation cover		
a. Mother	30	60
b. Self	20	40
7.A girl that can menstruate can become pregnant?		
Yes	50	100

Discussions

The personal hygiene of the school girls was large, it spanned between the ranges of 80-100%, and in rare cases some have 20% knowledge of personal hygiene practices. On personal hygiene practices, most responses were high(40-100%),whereas, the minor responses were not below 20%.The visual observation revealed most of the respondents have 80-100% good personal hygiene display, whereas, the lowest cases was 20%. Generally, the result of this study shows that, majority of the respondents have basic awareness of personal hygiene, and that lead them to practices. Largely, personal observation of their appearances was in related to the higher knowledge of personal hygiene they have. Their knowledge of menstrual hygiene was also large and in line with the practices. One thing is evident, the mothers and the girls are left with the burden of buying hygiene materials. There is need for intervention. Government should intervene; parents and wards should rise to their responsibilities. Nongovernmental Organisations (NGOs) that give sex education or condoms for free should give pads and other menstrual items for free.

Personal hygiene practices are diverse. They include washing, bathing, cleaning of teeth, trimming of nails and hairs, among others. Personal hygiene is essential for maintenance of personal and public health. That is why they are plainly sought in the Islamic teaching (Quran and hadith) (That and Qureshi, 2013; Kiani *et al.*, 2015; Bajirova, 2018) ^[5, 16, 6]. Personal hygiene is essential for health of all, let alone the children. Children who studies western education (Boko) should serve as good role model to others. Health is a necessary condition needed to preserve life (Islamic Religion Website, 2015) ^[15]. Imam Gazali echoed " A good understanding and implementation of religion, from the standpoint of both knowledge and worship, can only be attained through physical health and life preservation ". Thus, Islam give paramount recognition and careful attention to health, Muhammad (peace be upon him) said " Second to faith, no one

has ever received a larger blessing than health ". He also said " No one will step his feet further until he gave answers on how he exhausted his life..... and how he utilized his health ".Every Muslim has right to health and its protection as one of the roles vested upon him, leaders and the society at large. Allah (swt) says " He has set the balance of everything, so that you might not transgress the balance. Give just weight and fall not short in balance (Ali,1987) ^[3]. An individual has to protect his health, because a Hadith said " Your body has a right over you ". Prophet Muhammad (peace be upon him) said, a stronger believer is better than the weak believer. Thus believers must take care of their health so as to attain that bitterness, which is attained using methods including personal hygiene (Baht and Qureshi, 2013 ; Stacey, 2013) ^[5].Health can be preserved via good practices of personal hygiene (Bajirova, 2018) ^[6].

Specifically, hygiene is craved in the books of Islam. Hygiene of hair and nails and trimming have been clamoured from the traditions of Islam. Feet are always washed in Ablution, the hands too are washed, and it is a strong injunction. Miswak (Brushing of teeth) is called for in the Ahadith, and it is beneficial to health from Islamic and public health dimensions. Succinctly, Islam has called for many practices that are essential in maintaining spiritual personal and public health. This indeed shows a natural interplay between Islam and public health, and the outlined the foundations Islam has laid for modern day science and technology; a prelude can be grasp from the history of how prominent Muslims made diverse contributions to the birth and development of science and technology of today (Abd Alrahman, 1996, De leeuw *et al.*, 1999; Fatah Yasin, 2013; Kiani *et al.*, 2015; Bajirova, 2018) ^[1, 10, 16, 12, 6].

Conclusion

This research shows that there is major knowledge and practice of personal hygiene among the respondent girls.

Recommendations

The government should support the mothers and girls with menstrual hygiene materials. Mothers and girls are essential in making a very good family and the entire society, they should be encourage.

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