

PERSONAL HYGIENE AMONG THE LOCAL POPULATION IN INDIA

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Abstract

Aim of study: To assess the level of awareness among local population regarding personal hygiene.

Materials & methods: This cross-sectional study was conducted among patients attending community dental outreach programs organized by the Dental Hospital over a period of 2-month. A total of 102 persons were selected for the study who were above 15 years of age. The structured questionnaire on the awareness regarding personal hygiene among local population was developed focusing on the knowledge, attitude and practices written in English but translated to the local language (Punjabi) during interview and distributed to the selected individuals. The responses to the questions were recorded on a point scale ranging from positive to negative answers and data was analyzed statistically.

Results: Approximately 94.1% knew about personal hygiene, while 98.0% were having knowledge on human faces contain germs that can cause infection. Most of individuals (88.3%) clean their teeth. Knowledge on what to do while coughing and sneezing 98.0% said YES, 1.0% person said NO, while importance of hand washing 100% said YES.

Conclusion: Almost half of the populations have good knowledge, attitude and practice on personal hygiene. Females have higher scores in knowledge, attitude, and practice as compared to males. The class increases (sixth, seventh and eighth), the knowledge, attitude, and practice towards personal hygiene also increases. Women are more receptive to learning and are very likely to adopt healthy behaviors at every age.

Keywords: Personal hygiene, Attitude, infections, healthcare worker.

Introduction

Maintaining virtuous personal hygiene practices is crucial for promoting health and wellbeing and they embrace a greater importance in the public health sphere concerning the spread of easily transmissible infections. These practices are strongly influenced by person's socio-demographic, behavioral, and psychological factors as well as the individual's knowledge and attitudes towards personal hygiene.¹ Even prevention of the outbreak and spread of infections can be done by the maintenance of standards or various protocols for personal hygiene. In health care delivery system, healthcare workers play as a crucial role and act as role models for the local population. Even assisting patients with basic hygiene not only creates a personal connection between the health care provider and the patient but also is vital to maintaining the patient's health.² As infection causing bacteria can live on one's body and in the surrounding environment, more effective interventions should simultaneously encourage personal-hygiene (e.g. hand-hygiene, oral- hygiene and body hygiene) and environmental hygiene i-disinfecting (e.g. cleaning surfaces, keeping the environment clean always)³ personal hygiene, also known as personal care, which includes: cleaning foot, nails, genitals, hair, bathing and dental cares, and washing of clothes. Maintaining good household environmental and personal hygiene can serve as a protective measure against future epidemics. Therefore, maintaining good hygiene is crucial for reducing the transmission of pathogens in our daily surroundings. Using soap to wash hands is believed to be a major factor in preventing the spread of infectious disease. Maintaining good personal hygiene is essential in preventing the growth of bacteria on the can lead cause unpleasant odours.⁴ Safe water, sanitation and hygiene

(collectively known as WASH) are important for human health

and well-being. Yet, millions of people globally lack adequate WASH services and consequently suffer from or are exposed to a multitude of preventable illnesses.⁵

The external appearance of the body always reflects and frequently betrays inner feeling. That is if a person's physical appearance shows cleanliness from top to bottom along with clothing, it reflects his/her personality with level of hygiene maintenance, and hence his health status. The World Health Organization's definition of health is lofty ideas that people worldwide strive for, yet only a small percentage actually achieve optimal. Healthy living doesn't require any special formulas, but rather a solid understanding of human anatomy, physiology and hygiene based on scientific principle, without getting too technical or overly detailed.⁶ Even in the 21st Century, indecorous hygiene and deficient sanitation account for the heaviest loads of disease burden worldwide and approximately 4% of all deaths and 5.7% of disability worldwide occurs due to poor adherence to personal hygiene practices. Therefore, the assessment and improvement of personal hygiene practices hold incontestable implication and most important part of any preventive measure is analysis of that practice in a given population. The personal hygiene habits practiced by a given population can provide a reliable estimation for the successful application of the predictive and preventive medicine process. Considering the importance of this study and the issue regarding personal hygiene, an attempt has been made through this to assess the level of awareness among local population regarding personal hygiene.⁷

Methodology

A cross-sectional study was conducted among patients attending community dental outreach programs organized by the Dental

Teaching Hospital over a period of 2-month. The protocol of the study was reviewed and approved by the Institutional Ethical Committee. The written informed consent was obtained from the study subjects after explaining them the purpose and methodology of the study.⁸

Study area and population: The study was conducted in Mandi Gobindgarh, which is located in the eastern part of Punjab, India. A total of 102 persons were selected for the study along the basis of convenient judgment sampling. The patients who were above 15 years of age for better comprehension and understanding were included. Ethical approval was received from the institutional review board, and informed consent was obtained from all the study.

Questionnaire: The structured questionnaire on the awareness regarding personal hygiene among local population was developed focusing on the knowledge, attitude and practices written in English but translated to the local language (Punjabi) during interview. The questionnaire was constructed by two-step approach. The first part included the person's demographic data and the second part included the knowledge, attitude and practices questions. A 22-item questionnaire was self-administered by the interviewers whom one was translating from English to Punjabi language. It had 4 demographic questions, 7 practice questions, 6 knowledge questions and 5 attitude questions. The

responses to the questions on the subject's awareness regarding personal hygiene among the local population were recorded on a point scale ranging from positive to negative answers.

Data collection: The weekly dental camps were organized in the nearby villages (Mandi Gobindgarh, Khanna and Amloh) which fall in 7km and 3km distance from the Dental Teaching Hospital. All the people who attended these camps (who attended and those who got treatment) were administered the pretested structured questionnaire by me and a dental student that was ask to help me translate in the local language (Punjabi).

Statistical analysis: Collected data were analyzed using SPSS 22.0 and some descriptive and analytical tests including Mean, Standard Deviation (SD), and Chi square tests were used. P value was set at 0.05.

RESULTS

In the current cross sectional survey that was conducted among 102 person of the local Amloh region that consist of female population approximately 67.6% and 32.4% were male pollution. Regarding the age, highest population that's amounted to be 45.1% was above 38 years and above. Furthermore as for the Educational level, majority were into the high school group i.e. 33.3% along with 25.5% were housewives. (Table1)

Age group	Number	Percent
18-22	19	18.6
23-27	8	7.8
28-32	21	20.6
33-37	8	7.8
38 and above	46	45.1
Total	102	100.0
Gender		
Female	69	67.6%
Male	33	32.4%
Total	102	100%
Educational		
Illiterate	13	12.7%
Primary	12	11.8%
Middle school	3	6.9%

High school	34	33.3%
Collage	15	14.7%
Graduate	21	20.6%
Total	102	100%
Occupation		
Student	14	13.7%
Unemployed	15	14.7%
Unskilled Worker	3	2.9%
Semi skilled Worker	4	3.9%
Skilled Worker	7	6.9%
Clerical/Shop/Framer	23	22.5%
Semi Profession	4	3.9%
Professional	6	5.9%
House wife	26	25.5%
Total	102	100%

Table No.1: Age distribution of the studied subjects

With regards to the knowledge aspect, majority knew about the personal hygiene with approximately 94.1%, while 98.0% were having knowledge on human faces contain germs that can cause infection. Furthermore if they regularly clean their teeth 88.3% of the population said YES, and 2.0% said they DON'T KNOW, while Importance of hygienic environment approximately 99.0% said YES and 1.0% said NO. Knowledge on what to do while coughing and sneezing 98.0% said YES, 1.0% person said NO, while importance of hand washing 100% said YES. (Table 2)

Questions	Yes	NO	Don't Know	Mean \pm SD
	N (%)	N (%)	N (%)	
Know about personal hygiene	96	6	0%	
Know that human faces contain germ that can cause infection	100 (98.0%)	1 (1.0%)	0 (1.0%)	
Do you regularly clean your teeth	90 88.3%	10 9.8%	2 2.0%	

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Importance of hygienic environment	101 (99.0%)	1 (1.0%)	0 (0%)	
Knowledge on what to do while coughing and sneezing	100 (98.0)%	1 (1.0%)	1 (1.0%)	
Importance of hand washing	102 (100%)	0 (0%)	0 (0%)	

Table No. 2: Frequency distribution of Knowledge regarding personal hygiene

With regards to the Attitude aspect of this survey the following questions was asked the respondents, mostly subjects were having moderate level of attitude that's 47.1% were they didnot agreed that bathing is more for beauty purpose then of health whereas 25.5% agreed Moving forward I asked them do you think sharing a cup, spoon, or food is a sign of affection one person? Approximately 27.5% Agree, and 50.0% of the survey population Disagree.

Do you believe in using different kinds of product while cleaning the body or one item? 4.8% of the survey populationstrongly agree, and approximately 52.0% Disagree. Furthermore I asked them, do you think toothpaste is important for cleaning tooth? 46.1% said they agree, and 12.7% for them they said they neither agree nor disagree. Do you feel it is important to have a regular oralcheckup? And for this question 63.7% said they Agreed, while for strongly disagree I got no response representing 0 %.(Table 3)

Question	Strongly Agree N%	Agree N %	Neither agree nor Disagree N%	Disagree N%	Strongly Dis-agree N%
Do you think bathing is more for beauty purpose then of health?	15 14.7%	26 25.5%	4 3.9%	48 47.1%	9 8.8%
Do you think sharing a cup, spoon, or food is a sign of affection for one person.	8 7.8%	28 27.5%	12 11.8%	51 50.0%	3 2.9%
Do you believe in using different kinds of product while cleaning the body or one item?	5 4.8%	28 27.5%	16 15.7%	53 52.0%	0 0%
Do you think so toothpaste is important for cleaning tooth?	32 31.4%	47 46.1%	13 12.7%	9 8.8%	1 1.0%
Do you feel it is important to have a regular oral checkup?	36 35.3%	65 63.7%	1 1.0%	0 0%	0 0%

Table No. 3: Level of attitude regarding personal hygiene

With regards to the practice aspect of the survey the following questions was asked the respondents, mostly subject were having moderate level of practice that's 92.2% agreed on all the below options on When we should wash our hands and 1.0% said before & after. 65.7% agreed on all the below options about tell me about personal hygiene and 26.5% said hand hygiene, Whereas 40.2% of the survey population said they wash daily when they were asked How often do you wash your used/dirty clothes and 22.5% said twice a week. 30.5% said twice a week when they were asked how often

do you wash your hair and 13.7% said Daily.45.1% said once a day when they were asked, how often do you clean your teeth and 5.9% said rarely.

How do you clean your teeth? When this question was placed to our respondent 75.5% of the survey populations said toothpaste and toothbrush and 2.0% said finger cleaning. 51.0% said after one month when they were asked how often do you change your toothbrush and 23.5% said after 3 months.(Table 4) Practice

Questions	
When we should wash our hands?	0 (0%)
After defecation	1 (1.0%)
Before& after male	1 (1.0%)
After wiping or blowing nose	1(1.0%)
Before and after caring for the sick	2 (1.9%)
Wash hands before, during& after preparing food	2 (1.9%)
After touching garbage or animals waste	1(1.0%)
After changing diapers or cleaning up a child	94(92.2%)
ALL	

Can you tell me about personal hygiene	
Oral hygiene	2 (1.9%)
Hand Hygiene	27(26.5%)
Body Hygiene	5(4.9%)
None	1(1.0%)
ALL	67(65.7%)

How often do you wash your used/dirty clothes	
After every week	16(15.7%)
After every two weeks	8(7.8%)
Don't have a particular time	13(12.7%)
Don't know	1(1.0%)
Twice a week	23(22.5%)
Daily	41(40.2%)
How often do you wash your hair?	
Every week	29(28.4%)
Every two weeks	23(22.5%)
Don't have particular time	5(4.9%)
Daily	14(13.7%)
Twice a week	31(30.5%)
How often do you clean your teeth?	
Once a day	46(45.1%)
Twice a day	37(36.3%)
After every meal	13(12.4%)
Rarely	6(5.9%)
How do you clean your teeth?	
Neem stem	5(4.9%)
Charcoal	9(8.8%)
Toothpaste and tooth brush	77(75.5%)
Finger cleaning	2(2.0%)
Sand/brick powder	2(2.0%)
Toothpowder	5(4.9%)
Nothing	1(1.0%)
Don't know	1(1.0%)
How often do you change your toothbrush?	
After 15 days	11(10.8%)
After 1 month	52(51.0%)
After 3months or more	24(23.5%)
Don't know	11(10.8%)
Don't brush	4(3.9%)

Table No. 4: Frequency distribution of practices forpersonal hygiene

Discussion

The ultimate objective of this paper is to evaluate the personal hygiene practices among local populations of AmllohKhanna and Mandi Gobindgarh, with the goal of making future efforts to improve targeted interventions for local population. Personal hygiene among the local populations today becomes ever more essential as it forms and informs the general well-being and health of the individual and society as a whole.⁹

These are not diseases that you typically catch by chance, but rather are illnesses that come from a lack of personal cleanliness or poor personal hygiene practice.^{2,7} Poor health practices are associated with innumerable of serious medical conditions including diarrhea, cholera, dysentery, hepatitis, and worm infestations etc. These diseases are all easily preventable by adopting basic good hygiene practices and providing basic sanitation amenities.¹⁰ Poor personal hygiene practice is affected by many factors which as developmental level, cultural background, so-

cioeconomic status, personal habits, and health status.¹¹ In the current study; With regards to the knowledge aspect, majority knew about the personal hygiene with approximately 75.1%. Good Personal hygiene does provide health benefits, and most people do need to shower daily or regularly. In addition to its use for routine washing and grooming, water offers benefits relating to pain relief and treatment in the form of water cure [hydrotherapy].⁹

The findings from this study show that majority 66.60% of children belonged to nuclear families which is in agreement with the study that was conducted in Kolkata with the same finding. In the present study, it was found that half of the respondents have a good level of knowledge 49.07% among school-going children, while the other half have poor knowledge 8.80% and moderate knowledge 42.13%. A study conducted in Nepal It has also been observed that the majority 58.33% of the respondents have a positive attitude towards personal hygiene among school children

of the local populations. It has been found that a similar study conducted in Egypt has similar findings to that of the Nepal. The Nepal study also found that there is a moderately high level of practice 59.26% of personal hygiene amongst school-going children of the local populations. A similar observance was seen with the findings from the study in Kolkata stating a moderate level of hygiene practice among school children.¹² In this current study 64% had good personal hygiene practice and 36% did not had good personal hygiene and 58% of the houses had good sanitary condition. Similarly the study done in Madhyapradesh showed that environmental sanitation through inhabitants was of an average degree, but not very much satisfactory from the hygiene point of view.¹³ In this study, we found that a majority of respondents engaged in good hygiene practices for all the described activities. The practices that were generally strong among study respondents included washing hands after using the toilet (93.8%), brushing teeth (88.9%), washing hands after touching their private parts (81.7%), and wearing washed clothes (88.9%). The high scores in brushing and hand-washing habits were consistent with previous studies. Curiously, we noted that the female participants had better personal hygiene practices as compared to males. This is consistent with a multitude of previous studies. The results showed an insignificant influence of urbanization on good hygiene behavior of the young adults of Muslim Town, Faisalabad, and were not a statistically significant factor, which is in contrast to previous studies.⁷

It has been observed that as per the knowledge aspect for my research the respondents have a good level of knowledge. As per the attitude aspect, they have moderate attitude since majority of the population have positive attitude compared to minority of the population who have a negative attitude.

CONCLUSIONS

In conclusion, almost half of the populations have good knowledge, attitude and practice on personal hygiene. Females have higher scores in knowledge, attitude, and practice as compared to males. The class increases (sixth, seventh and eighth), the knowledge, attitude, and practice towards personal hygiene also increases. Women are more receptive to learning and are very likely to adopt healthy behaviors at every age. They can also be agents of change by spreading what they have learned to their family and community member.¹⁴ Periodic screening of health problems along with health education should be given to the local populations in order to improve their personal hygiene and thereby leading to a healthy life.¹⁰ Additionally, it emphasizes the importance of identifying and overcoming barriers that obstruct optimal hygienic practices. Such a program could involve a range of activities, such as public campaigns, online resources, community outreach, and partnerships with healthcare providers, to empower the people with more knowledge and skills needed to make informed decisions about their health and well-being.^{2,7} Based on the findings of the study, the Researcher believes that regular sessions and awareness programs should be conducted in the local populations which will help in improving the levels of personal hygiene. Government can train school educators for providing support to the students on personal hygiene which will help mitigate the risk and reduce poor personal hygiene. The

results of this study suggest that personal hygiene awareness and practices among the study population are moderate and need to be improved.¹⁵ In conclusion, almost half of the populations have good knowledge, attitude and practice on personal hygiene.

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