**A STUDY ON BASIC PERSONAL HYGIENE KNOWLEDGE AND**

**PRACTICES AMONG PRIMARY PUPILS IN MATANGAI, RUMBEK**

**CENTER, WESTERN LAKES STATE**

**BY**

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**ADMISSION NUMBER: SN209/11/201**

**DECLARATION**

This research paper is my original work and has not been presented to any other examination body. No part of this research should be reproduced without my consent or that of the Strategia Netherlands

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**SN209/11/201**

**DEDICATION**

I sincerely dedicate this research project to my entire family for their encouragement and support both financially and morally, God’s love for you shall endure forever.

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I humbly acknowledge God the father for the gift of grace and the opportunity he has grantedme to fully concentrate in my studies as well as my job, for his divine wisdom that he gave me to carry on throughout my five months of study. I also give special thanks to Water for Lakes WASH expert, Jacqueline Muthura and the Team Leader, Theo Hendriksen for the financial support and other service they have contributed for my studies to become a success.

**ABSTRACT**

Basic personal hygiene is the first step to good health and living, this current research study is to investigate personal hygiene knowledge and practices among pupils in Matangai primary school, an out shirt of Rumbek Center, western lakes state.

As reported by Southern Sudan Household Survey (SSHHS, 2006) that indicated high mortality ratio among children, and also according to (UNICEF, 2009), each year, more than half a million children die from diseases related to poor hygiene practices. Thus, the low level of knowledge, poor personal hygiene practices couple with inadequate sanitary facilities have increased the risk of infection of communicable diseases like diarrhoea, Trachoma, Typhoid to mention a few among pupils in Matangai Primary school.

The main objective of this study is to find out the level of knowledge and practice of basic personal hygiene among the pupils and to examine the link between poor personal hygiene practice and hygiene related diseases in Matangai primary school, Rumbek Center, and Western Lakes State. In carrying out the study, questionnaire method was used to determine the level of knowledge and practices of personal hygiene between girls and boys pupils in Matangai primary school.

According to our finding, the results show that, the level of knowledge and practices on personal hygiene were not adequate among the study population. However, the male pupils 41 (59.5%) were more knowledgeable than the female pupils 28 (40.56%) regarding maintenance of personal hygiene at Matangai primary school.

**LIST OF ABBREVIATIONS**

**UNICEF** United Nation Children’s Funds

**WHO,** World Health Organization

**HP** Hygiene Promotion

**MOE**  Ministry of Education

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# CHAPTER ONE: INTRODUCTION OF THE STUDY;

## Overview;

In order to bring good understanding of what the study is expected to attain, chapter one presents the background of the study, statement of the problem, research objectives of the study, research questions, and justification of the study, the scope and limitation of the study.

## Background of the study;

Basic hygiene is defined as the practices that help to maintain health and prevent the spread of diseases. It involves regular washing of the body, washing the hands before eating and after defecation, cutting of nails, washing ones clothing, keeping the hair neat and brushing of teeth in accordance to World Health Organization (WHO). Primary school children are particularly vulnerable to neglect of basic personal hygiene. The consequences in terms of morbidity and mortality are also more severe in them compared to the adults. The increased burden of communicable diseases like diarrhoea, trachoma, typhoid to mention a few among primary school children are due to poor personal hygiene practices and inadequate sanitary conditions. Poor knowledge, practice and attitudes towards personal hygiene play major roles in the high incidence of unhygienic related diseases and therefore has negative consequences for the child’s long term overall development.

The hands are probably the most important route for transmission of infection in the home and community, as they often have indirect contact with the mouth, nose and conjunction. They also came in contact with food and water that is consumed. It has been revealed that there is a strong and consistent caused link between poor hand hygiene practices and gastrointestinal infection **(WHO, 2002**) certain respiratory infections have also been linked to poor personal hygiene practices. Thus, this study is done to understanding the level of knowledge and practices related to basic personal hygiene among primary school children in Matangai an outskirt of Rumbek Center, Western Lakes State, (Department of Communicable Disease Control, 2000).

## Problem statement;

Globally, the high mortality and morbidity among school age children has been attributed to their neglect of proper personal hygiene practices. Infectious or communicable diseases are the leading cause of deaths in the least developed countries like the Republic of South Sudan is still higher compared to the developed countries due to poor access to health care, Water, sanitation and hygiene. Children under the age of five are the most affected with 16000 children dying every day worldwide, (WHO 2017).

Cholera cases have been confirmed almost every year in different counties since the onset of the South Sudan crisis in 2013. In 2016/2017, there had been outbreak of cholera which was the longest in magnitude and geographical context due to the protracted crisis, displacements, insecurity and declining access to WASH. Sanitation facility access is less than 10% while access to safe drinking water from improved water source is estimated at 60%. Thus, over 436 death cases were registered. (South Sudan cholera case 2017)

Children need to be taught and guided by adults to be able to adopt good hygiene behaviours as regards their health and well-being. To effectively address the issue of communicable disease among school children, parents, teachers, and other stake holders must work out modalities to take and encourage children to adopt good hygiene practice.

However, it has been observed that little or nothing is been done to inculcate these practices among school children in Matangai, hence increase in the rate of contact or spread of these communicable diseases and worse of all increase in mortality. Therefore if adequate measures are put in place, communicable diseases, like diarrhoea, trachoma, Typhoid to mention a few, can be reduced to its minimum among school children.

## Research Objectives of the Study;

The main objective of this study is to find out the level of knowledge and practice of basic personal hygiene among the pupils and to examine the link between poor personal hygiene practice and hygiene related diseases in Matangai primary, Rumbek Center, and Western Lakes State.

## Research specific objectives;

1. To determine the level of knowledge of the pupils on basic personal hygiene;
2. To identify the factors that led to poor practices of personal hygiene by the pupils;
3. To find out the effect of poor personal hygiene practices by the pupils in Matangai Primary school;
4. To identify key strategies that ensure good hygiene practices among the pupils;
5. To examine the link between poor hygiene practices and hygiene related disease.

## Research Questions;

i. Do the pupils have knowledge of basic personal hygiene?

ii. Are there proper hygienic practices among the pupils in the school?

iii. Are there measures put in place to help children maintain good hygiene practice in the school?

## Research hypotheses;

The research hypothesized that; lack of knowledge and poor basic personal hygiene amongst school children pose a high risk of them getting illness or infectious diseases but also there are many social, psychological and environmental issues that may affect them due to poor personal hygiene in Matangai.

## Justification of the study;

It is expected that this study will prompt the school authorities, teachers, Education officers health practitioners and the pupil’s parents to identify key areas or components of personal hygiene that are critical among school children and institute appropriate health interventions. It is also expected to improve the knowledge base of classroom teachers on basic hygiene practices and the need for them to ensure that school pupils adequately practice proper personal hygiene to avoid health risks.

## Scope of the study;

The study was conducted at one selected primary schools located at Matangai, an outskirt of Rumbek center. The main reason was to ascertain the level of hygiene knowledge and practice of basic personal hygiene among the primary school children and to examine the link between poor hygiene practice and hygiene related diseases.

## Definition of terms;

**Communicable diseases**: are the diseases which are passed from one person to another through water, air, dust etc.

**Factors**: components of activity in association with behaviour for prevention and treatment of communicable diseases. They can be measured by the percentage and the mean.

**Risk factors**: factors affecting hygiene related diseases among school children in Matangai caused by environment, knowledge and practices.

**Environmental factors**: water, child play area, domestic animal, garbage disposal and defecation pattern.

**Knowledge factors:** causes of communicable disease, symptoms, prevention, treatment and danger sign.

**Behaviour factors**: Personal hygiene, food, etc.

**School Children**: age going school groups (6-18 yrs.) studying in Matangai, Rumbek Center Lakes state.

## Limitation of the Study;

The study encountered poor cooperation from the respondents as they were committed to their academic studies. This led the research study to be ignored when enquiring relevant information. However, the researcher coordinated with the school management authority to inform the respondent on the benefits of the study to an individual child or school children. Moreover, some pupils were reluctant or fear full in giving personal information on basic hygiene practices to a person they consider a strange, thinking that the researcher would use the information to their competitive advantage. However, the researcher overcomes this challenge by producing an introductory letter to the school administration about the purpose of the study and the confidentiality of the information.

# CHAPTER TWO: LITERATURE REVIEW:

## Introduction;

Maintaining of personal hygiene helps to improve the quality of life and longevity and this is important especially for school children and the community at large. The future of any society depends considerably on the health of its children and the parents as well as the school teachers have the responsibility to shape their children's health behaviors through educating them on good personal hygiene practices. In the literature review, there is a direct correlation between poor personal hygiene practices and illness.

## Review of theoretical Literature;

Poor health among school children is resulted from lack of awareness of the health benefits of personal hygiene. Diarrheal diseases, skin diseases, worm infestations and dental diseases are most commonly associated with poor personal hygiene practices. The primary causes of infections are contaminated water and poor sanitation, as well as poor hygienic practices among school children.

Lack of personal hygiene coupled with poor sanitation favor person-to-person transmission of infection. Infections and malnutrition form a vicious circle and retard children's physical development. Repeated attacks of infections on school children couple with poor health of the children, compromised children's attendance and performance at the school, and may result to death of the child in the long run. The condition may even be worse in unhygienic school environment like in Rumbek where waste management is not up to date.

The origins of many of the hygiene related illnesses of adulthood also have their roots in the health behaviors of childhood and adolescence. However, majority of the childhood illnesses are preventable by promotion of good hygienic practices among school children through proper health education by their parents and teachers.

Children in their primary schooling age can learn specific health-promoting behaviors, even if they do not fully understand the connections between illness and behavior. Health habits can be developed in this period. More research on this ground is needed. The present inadequate knowledge base hinders the development of improved strategies for enhancing the maintenance of personal hygiene, which is of great importance to decrease the burden of hygiene related diseases in Rumbek County, particularly at Matangi primary school.

The study revealed and observed that, there are indicators of poor personal hygiene practices such as dirty hands and clothing, uncovered cuts and wounds, long dirty finger nails, body odor, tooth decay, handling food with dirty hands, not washing hands after going to the Toilet, coughing & sneezing in the class among the pupils of Matangai primary school. This could affect the pupils health negatively and risk them getting infected by poor hygiene related illness such as diarrhea, scabies, Trachoma to mentioned a few;

The factors that lead to poor personal hygiene practices among the pupils were due to lack of knowledge on basic personal hygiene and the link to hygiene related illnesses, inadequate sanitary facilities without hand washing facilities, low per capital income of their parent’s couple with the political crisis in the county, and lack of community hygiene promotion.

Through this research study, there is need to empower the community of Matangai by conducting hygiene promotion campaign about basic personal hygiene and practices. Also the school management authority should include lessons on personal hygiene in order to increase learners’ knowledge on personal hygiene because it has direct link with the practices

## Theoretical frame work;

This part prospects a schematic interpretation of the conceptual framework as shown in the figure below;

Basic personal hygiene knowledge &

Practices

Key Strategies that can ensure good practices of personal hygiene among the pupils

Factors that lead to poor personal hygiene

Effects of poor of poor personal hygiene to the pupils

# CHAPTER THREE: MATERIALS AND METHODOLOGY:

## Overview;

This chapter presents description of the research methodology which was used to answer questions described in chapter one of this research study. The methodology to be used in the research study includes research design, study site, research approach, target population, data collection and analysis procedures.

## Study design;

Primary school based knowledge and practices on personal hygiene observational study.

## Study site;

The study site is Matangai Primary school, located in Matangai Payam which is an outskirt of Rumbek town. The school is a Government aided primary school by the Ministry of General Education and instruction Western Lakes. I chose my research study at this site because the school has poor sanitation facilities and the pupils including the neighboring community practices open defecation around the school surrounding. Also the school does not teach personal hygiene lessons to the learners’ couple with no community hygiene promotion. In 2015/2016, Oxfarm GB, South Sudan conducted community total led sanitation (CTLS) in Matangai Payam but due to the political crisis the activities were stopped in a short time and the community remains vulnerable to sanitation/hygiene related diseases.

## Research approach;

The approach used for study was quantitative approach where questionnaires were used to collect the data. The questions were design in way of testing the level of knowledge and practices of personal hygiene among pupils of Matangai Primary school.

## Research method;

Through introductory letter, the researcher obtained permission from the school authority. As English is the language of instruction, the questionnaires were written in English.

The selected primary school was visited on a pre-assigned day of each week and one class was covered every week. The average per class was 25-50 pupils enrolled in the school .A total of 74 pupils were selected from the three classes of (8, 7, & 6) for the research study.

The response rate was 93.24%. The purpose of the study was explained to the class teacher of each class. Good rapport was built up with the pupils and informed verbal consent was obtained from them.

Briefing was done regarding the questionnaire provided to the pupils and they were asked to mark the responses. The questionnaire consisted of socio-demographic information, e.g. age, gender, class, literacy status of their parents, knowledge and practice of basic personal hygiene, illness resulting from poor hygiene practices.

The questionnaire covered the following indicators of personal hygiene, i.e. literacy status of their parents, feeling about cleanliness of the school environment, kind of waste present, importance of hand washing with soap or ash before eating or after visiting a Toilet, skin and tooth care, basic components of personal hygiene, hygiene related diseases resulting from poor personal hygiene practices, and general knowledge about personal hygiene and practices.

Each pupil was also observed thoroughly to assess their status of personal hygiene, i.e. cleanliness of clothes, condition (clean and trimmed) of fingernails and toenails, cleanliness of teeth, condition of hair (cleaned, cut and combed), presence of shoes, etc.

It was found that the observations were consistent with the responses of the pupils regarding personal hygiene practices. The morbidities listed in the questionnaire were diarrhea, cholera, Typhoid, and others.

At the end of the study, the parents were given information about their children's status of personal hygiene and related health condition and suggested to contact the area primary health center in case of consultation for further diagnosis.

## Source of data collection;

The data collection process was done through giving questionnaires to the selected respondents (school pupils in class 6, 7 and 8) studying at Matangai primary school, Rumbek, Lakes state. Three class teachers were engaged in order to access the selected pupils (respondents). The purpose of the study was explained to the class teachers of each class to familiarize them with the research study and build good interaction mechanism with the pupils to be able to answer the questions. Also briefing was done to the pupils about the selection criteria and the ticking of responses individually not as focus group discussion.

## Target population;

According to Kathari (2004), target population is a universal set of the study of all members of real or hypothetical set of people or objects to which a researcher wishes to generalize the results. In this case, the target population was 74 pupils in upper primary at Matanagi Primary school. The pupil comprised of class 6 (15 pupils, 20.27%, class 7 (25 pupils, 33.78% and class 8 (34 pupils, 45.95%).The criteria for the sample population was that, selected pupil should be in upper primary, age range 14-18 years, good literacy ability, active and hard working in the class and participate in extra co-curriculum activities.

## Data collection procedures;

This study used quantitative method to collect the data from the target population based on those which were selected. The questionnaires were administered to the pupils by the researcher with the help of the class teachers and each pupil (respondent) ticks his/her responses against the multiple choice question designed to collect the expected result.

The questionnaire test pupils’ level of knowledge and practices of personal hygiene and their link to poor personal hygiene related diseases. The collected data were presented in SPSS format for easy analysis.\

## Data analysis;

The data were analyzed from three sections: section A that focused on personal demographic data of the respondents, section B which focused on independent and dependent variables such as knowledge and personal hygiene practices and section C talked about the opinions and suggestions based on the knowledge of the respondents to present the findings of the study and subsequent analysis interpretations and discussions information collected from the area of the study. The data were compiled, coded and analyzed using SPSS format for easy analysis. Thus, percentages were used to described the impacts of poor personal hygiene practices among the pupils in Matangai primary school and the results were presented inform of tables and bar graphs.

# CHAPTER FOUR: DATA PRESENTATION, ANALYSIS AND INTERPRETATION OF FINDINGS;

## Introduction

This chapter undertook to analyze and discuss the data collected from the respondents in relation to research objectives and the questions attempted by the respondents. Analysis was presented using frequency tables and percentages, presented in graphs and pie charts and interpreted thereafter.

## Presentation of Findings;

## 4.2.1 Response Analysis;

**Table 4.2.1 Gender of Response Analysis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Male | 41 | 55.4 | 59.4 | 59.4 |
|  | Female | 28 | 37.8 | 40.6 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |
|  | |  |  |  |  |

The table 4.2.1 indicates the response on gender. The analysis shows that the population sample had a higher number of males compared to females. The males were represented by 55.4% respondents while the female being the minority were represented by 37.8% of the total respondents. This implies that male’s respondent were the most involved in questionnaire research study.

**Table 4.2.2 Literacy Status of Parents of Respondents analysis;**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Literate | 14 | 18.9 | 20.3 | 20.3 |
| Illiterate | 53 | 71.6 | 76.8 | 97.1 |
| 3 | 2 | 2.7 | 2.9 | 100.0 |
| Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.2**



The table 4.2.2 and figure 4.2.2 indicates that, the illiteracy status of their parents is 71.6% while literacy status is only 18.9%. That means most of the pupils parents are not literate and do not have better knowledge on maintaining personal hygiene for their children.

**Table 4.2.3 Feelings about school cleanliness of Respondent analysis**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Bad | 14 | 18.9 | 20.3 | 20.3 |
|  | Good | 44 | 59.5 | 63.8 | 84.1 |
|  | Very Good | 11 | 14.9 | 15.9 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.3**



The table 4.2.3 and figure 4.2.3 shows that, 74.6% of the respondent felt good about the health condition of the school environment while 18.9% felt bad. This implies that, the school environment is good but need health intervention on proper waste disposal.

**Table 4.2.4 Kind of School Wastes of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Human Faeces | 39 | 52.7 | 56.5 | 56.5 |
| Animals faeces | 27 | 36.5 | 39.1 | 95.7 |
| None | 3 | 4.1 | 4.3 | 100.0 |
| Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.4**



The table 4.2.4 and figure 4.2.4 shows that, 52.7% of the respondent stated the presence of Human waste and only 36.5% are animal waste. That means there is high risk of the outbreak of sanitation related disease if hygiene issues are not taken care of.

**Table 4.2.5 Hand washing with soap or ash Practices of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Yes | 53 | 71.6 | 76.8 | 76.8 |
|  | No | 2 | 2.7 | 2.9 | 79.7 |
|  | Do not know | 14 | 18.9 | 20.3 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.5**



The table 4.2.5 and figure 4.2.5 shows that, 71.6% of the respondent wash hands after visiting Toilet and only 18.9% do not wash their hands with soap after visiting the Toilet. This result indicates that the pupils practice hand washing with soap after visiting Toilet.

**Table 4.2.6 Weekly baths times of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | 7 times | 64 | 86.5 | 92.8 | 92.8 |
|  | Occasionally | 5 | 6.8 | 7.2 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.6**



The table 4.2.6 and Figure 4.2.6 indicates that 86.5% of the respondent takes bath every day which is a good result of skin care. This implies that the pupils come to school when there are clean.

**Table 4.2.7Teacher’s punishment for not combing or cutting long hair of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | No | 27 | 36.5 | 39.1 | 39.1 |
|  | Yes | 38 | 51.4 | 55.1 | 94.2 |
|  | None | 4 | 5.4 | 5.8 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.7**



The table 4.2.7 and figure 4.2.7 indicates that 51.4% of the respondent stated that, there are school by-laws put by the teachers to punish students practicing poor personal hygiene while only 5.4% did not know about the punishment.

**Table 4.2.8 Knowledge of Personal Hygiene of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Yes | 37 | 50.0 | 53.6 | 53.6 |
|  | No | 21 | 28.4 | 30.4 | 84.1 |
|  | Do not know | 11 | 14.9 | 15.9 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.8**



The table 4.2.8 and figure 4.2.8 indicates that, 50.0% of the respondent have basic knowledge about personal hygiene while only 14.9 % did not know. That means half of pupils practice good hygiene at the school.

**Table 4.2.9** **Importance of rinsing mouth after meals of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Prevent bacteria | 19 | 25.7 | 27.5 | 27.5 |
|  | Avoid bad smell | 36 | 48.6 | 52.2 | 79.7 |
|  | Prevent tooth decay | 11 | 14.9 | 15.9 | 95.7 |
|  | Do not know | 3 | 4.1 | 4.3 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.9**



The table 4.2.9 and figure 4.2.9 indicates that 89.2% of the respondent are aware of the importance of rinsing mouth after meals while 4.1% did not know. That means the pupils have knowledge as why the rinse their mouth after eating food

**Table 4.2.10 Diarrhea Knowledge of Respondent**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Passing out of watery stools | 15 | 20.3 | 21.7 | 21.7 |
|  | Passing of faeces with blood | 40 | 54.1 | 58.0 | 79.7 |
|  | Do not know | 14 | 18.9 | 20.3 | 100.0 |
|  | Total | 69 | 93.2 | 100.0 |  |
| Missing | System | 5 | 6.8 |  |  |
| Total | | 74 | 100.0 |  |  |

**Figure 4.2.1**



The table 4.2.0 and figure 4.2.10 indicates that 74.4% of the respondents knew what diarrhoea was and 18.9 % did not know the definition of diarrhoea disease. This implies that the respondents have knowledge about diarrhoea disease.

# CHAPTER FIVE: DISCUSSION, LIMITATION, RECOMMENDATION AND CONCLUSIONS;

## Introduction;

This chapter presents the description of the research discussion, limitation, Recommendation and the conclusion of the research study;

## Discussion;

The study revealed that significantly high male pupil’s respondents participated in the study than female pupils. Also, the study shows that 86.5% of the pupils take bath regularly, 74.4% have basic knowledge about diarrhea disease, 71.6% wash their hands with soap after visiting the Toilet and 50.0% have knowledge about basic personal hygiene and practices.

Also, the results clearly indicate that hygienic practices for all the indicators of personal hygiene were not adequate among the study population due to limited access to sanitation facilities, low per capita income of their parents and the political crisis in the country contributed negatively on personal hygiene practices among Pupils in Matangai primary school.

However, the results shows that, a good fraction of the pupils have adopted good hygiene practices such as bathing regularly, hand washing with soap before eating, after visiting toilet and brushing teeth .

This study indicates that enhancement of knowledge to the pupils is necessary. Therefore, this calls for immediate attention by the school authority so that the knowledge is enhanced by teaching lesson about personal hygiene to the pupils.

In this regard, the school teachers, parents and other community members should play a vital role as hygiene promotion is concern, children can also be the agents of change subsequently by spreading what they have learned in school to their family and community members.

This also calls for immediate intervention by the health practitioners through the department of primary Health Care and the school management committee to carryout hygiene promotion campaign in the schools in order to reduce disease burden among primary school childrens.

## Limitation of the study;

The researcher acknowledges the limitations of this study and implications for future improvement. First and foremost, the hygiene status of the mothers of the children was not studied, which might be related to the state of poor personal hygiene amongst the children and No attempt was made to perform any laboratory test, e.g. stool examination for parasites to detect the presence of any parasitic infection. These aspects need to be taken care of in the future.

## Recommendation;

Based on the above findings, the following are the recommendations;

* To stem up community awareness campaign on hygiene promotion;
* The school management authorities should include lesson on personal hygiene to the learners;
* The department of public health and the Ministry of General education should put in place by –Laws on personal hygiene among the primary school children;
* Mothers of school age going children should be train on proper hand washing with soap or ash and to observe the five critical moments of hand washing.

## Conclusion;

The study revealed and observed that poor personal hygiene practices among primary school children in Matangai, Rumbek Lakes State, could affect the pupils health negatively such as they risk getting infected by disease such as diarrhea, Typhoid, scabies, Trachoma to mentioned a few;

Although, female pupils appeared to be more knowledgeable than the male pupils, knowledge and practice of personal hygiene among the primary school children in Matangai was not satisfactory.

Therefore; the factors that lead to poor personal hygiene practices among school children were due to lack of knowledge on basic personal hygiene, inadequate sanitary facilities, low per capital income to access soap and lack of community hygiene promotion. Based on the research conducted the majority of the respondents did not know the link between poor hygiene practices and hygiene related diseases.

Maintaining a high level of personal hygiene can help increase confidence and self-esteem, leading to a healthy lifestyle. But the failure to keep up a standard of hygiene may have many implications. Not only there is a high risk of getting an illness or infection but also there are many social and psychological issues are possible due to poor hygiene.

Therefore, teachers and parents should play a responsibility of teaching/talking to their pupils/children about basic personal hygiene and practices.

Besides, the Government should work in collaboration with NGOs working in the area of Matangai Payam to promote community hygiene so that, children in their early age adopt proper hygiene behavior and practices.

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# APPENDIX: RESEARCH QUESTIONNAIRE

Tick the correct answer only for all the 15 multiple questions.

Personal Hygiene Survey Questionnaire, at Matangai Primary school Rumbek, Lakes state, June, 2019**.**

1. ID
2. Age
3. Gender.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Male |  |  |
| 2 | Female |  |

1. In which class are you?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Primary 6 |  |  |
| 2 | Primary 7 |  |
| 3 | Primary 8 |  |

1. What is the literacy status of your parents?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Literate |  |  |
| 2 | Illiterate |  |

1. How do you feel about the cleanliness of your school environment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Bad |  |  |
| 2 | Good |  |
| 3 | Very Good |  |

1. What kind of wastes do you find in your school environment?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Human faeces |  |  |
| 2 | Animal faeces |  |
| 3 | None |  |

1. Is hand washing with soap or ash before and after visiting toilet good practices?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Yes |  |  |
| 2 | No |  |
| 3 |  | Do not know |  |

1. How many times in a week do you take bath?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | 7 times |  |  |
| 2 | 14 times |  |
| 3 | Occasionally |  |  |

1. Is wearing clean clothes and shoes before coming to school a good practice?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Yes |  |  |
| 2 | No |  |
| 3 | Do not know |  |  |

1. Trimming of nails is only meant for girls but not boys.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Yes |  |  |
| 2 | No |  |
| 3 | Both |  |
| 4 | Do not know |  |

1. Are the teachers punishing pupils who do not comb or cut their long hair?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | No |  |  |
| 2 | Yes |  |
| 3 | None |  |

1. Do you know what personal hygiene is?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Yes |  |  |
| 2 | No |  |
| 3 | Do not know |  |

1. What are the basic components of personal hygiene?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Skin care |  |  |
| 2 | Bathing |  |
| 3 | Brushing teeth |  |
| 4 |  | Wearing clean clothes |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 5 |  | Combing hair |  |  |
| 6 | Trimming nails |  |
| 7 | Do not know |  |
| 8 | Others |  |

1. Why do people rinse their mouths after meals?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Prevent bacteria |  |  |
| 2 | Avoid bad smell |  |
| 3 | Prevent tooth decay |  |
| 4 | Do not know |  |

1. What is diarrhea?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Passing out of watery stools |  |  |
| 2 | Passing of faeces with blood |  |
| 3 | Do not know |  |

1. Mention any two diseases caused by poor hygiene practices.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1 |  | Diarrhoea |  |  |
| 2 | Cholera |  |
| 3 | Typhoid |  |
| 4 | Do not know |  |
| 5 |  | Others … |  |

**Thanks you for your cooperation**