Original Article

Hand Hygiene Practices among School Children's in Selected Schools, At Karad, Taluka

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Abstract

"Hand washing" is one word common. Hand hygiene as cleaning hand without or with use of soap or water, for purpose to eliminate the microorganism and dirt. With the aim, assess the hand hygiene practices by modified observational checklist. One group pre-test study design was used. The data collected from the Rotary Shikshan Santha, Karad. 60 school going children were selected by using the simple random sampling. Data were tabulated and analyzed by the use of Descriptive &inferential statistics. Result: The result showed that the Maximum numbers of school going children 58% were males and minimum 42% were females. mean Hand Hygiene Practicevalue was 5.383. Chi-square test shown, significant association of hand hygiene practice score of an school going children and with the mothers' education ($\chi 2=16.436$, $p<0.05$), and father's education ($\chi 2=23.016$, $p<0.05$). Conclusion: Based on findings the result of study showed, the total hand hygiene practice of the school going children was 5.383 which was indicates that the children had inadequate practices regarding hand hygiene. So there is need to teach proper hand washing technique to improve the children's knowledge and practices regarding the hand hygiene.

Keywords: Hand Hygiene Practices, School Going Children.

INTRODUCTION

"Hand washing" is one word common. Hand hygiene as cleaning hand without or with use of soap or water, for purpose to eliminate the microorganism and dirt.[1]

For preservation of health, Hygiene is set of practice which is performed. As per WHO, "Hygiene which is help to stimulate health and prevention to spread of disease."[2] to prevent the spreads of the infectious diseases in home as well as in everyday life settings hand hygiene was central.[2]

School children's are spend much time in the school, and they very closed contacts with the each others, sharing the school material, things from desk to chair, to crayons and to germs, and touching their faces. On surfaces, about 8 hours the germs from the sneeze, cough droplet can be surviving. So the hand washing has effective method to prevention of spread of common school illnesses like the common cold, pinkeye's, flu and so many.

Integrated part of the daily life &culture is Hand washing. Hand washing and other hygienic practicewas taught to every level in the school, advocated in work places, emphasized during the medical training. Proper hand washing as one from the better way to stop the spreading of illnesses. It especially essential at the school, there are small children were in the constant contact toeach other's, often spreading the micro-organisms. While children may be wash their hand after the use of toilets, they may not wash their hand properly. Hand washing considerably important in the children, as children's are in vulnerable to the illnesses since they are every playful, exposed to the dirt, soil and source of disease cause toinfections.[1]

With soap Hand washing is important for the school-age, in improvement of the health's and diseases preventions of (E.g. Gastrointestinal Infections and the diarrhea), which turn reduce absenteeism because ofsickness. Investing HWWS aseasy and minimal, HWWS is as effective to maintain the health. The practice significant for the schoolchildren, who might be suffering as much more severe burden the hygiene-related disease as compare to the adults. [3]

The important mode of the transmission is hands, and is infectious diseases among the school-aged children. Simple hand washing along with the soap help to defend children from two common global children killer (lower respiratory infection and diarrhea), hand hygiene considerablyreducesthe illness-related absencentism in the elementary school student and by 26%·Of the Critical time, hand washing includes after the use of the toilets, and after the cleaning a child, and before handling the food. [4].

For infant and toddler, the hand washing is as extremely important. Researches has shown, infants especially at risk to transmittable disease between the age of 6 months and the age of 9 months, when protection is as being in to the utero wearis off. From this point, it takes until the children were as 2 year of age and before that their immune system is fully functioning.

Studies shown that the deficiency in hand washing for preschooler have contribute to the much outbreak of diarrhea among the children and the caregiver in child care center.Theincidence of the diarrheal illnesses has been decreased by the 50%. Other studies found that the hand washing helps to reduces cold when frequent & hand washing practice were integrated into the curriculum of child care center. To end, hand washing has done correctly by the children there can 17% reduction of respiratory infection for the young children. This translates to prevent extra than 100,000 cold per year. [5]

"Hand Hygiene Practices among School Children's In Selected Schools, At Karad, Taluka".

OBJECTIVES OF THE STUDY

1. To assess hand hygiene practices among the school children.

2. To find the association between the hand hygiene practice score with the selected demographic data.

MATERIALS AND METHODS

Descriptive evaluative approach and, design was one group pre-test used to the conduct study.

And study conducted in the Rotary Shikshan Santha, Malkapur, Karad. 60 school children under age of 6yrs - 7yrs by use of simple random sampling, to assess the hand hygiene practice of school going children, modified observational checklist was prepared.

CRITERIA FOR SELECTION OF SAMPLE

- **Inclusion Criteria:-**

1. Those who were willing to participate.
2. All children whose age group between 6 yrs. - 7yrs.
3. During data collection, Children who were present in school

- **Exclusion Criteria:-**

1. During the data collection, children who were absent

DATA COLLECTION TECHNIQUE AND INSTRUMENTS:

From institutional ethical committee of KIMSDU, Karad., the permission was obtained. And from Rotary Shikshan Santha, Malkapur, Karad. Informed consent and explanation taken from parents. for hand hygiene practices, 1 hour, daily 20 children were assessed, 5 minute was given for each child, and modified observational checklist was used.

DESCRIPTION OF TOOL:

The tool was used for the data collection in study were divided into 2 sections:

Section 1: This section consist of demographic characteristics of children, seeking information such as age, sex, education of mother, education of father, mother's occupation and thefather's occupation.

Section 2: Modified observational checklist.

DATA ANALYSIS PLAN:

• The data obtained and was analyzed by the use of descriptive &the inferential statistics by considering the objectives of the study. Experts and statistics was consulted for data analysis.

Data was analyzed in following way.

• Data on the master sheet Organization.

• Computed the frequency, mean, percentage, and standard deviation, and range to describe the data.

• Practices score as following:

• Good Practices Score (7-10) – above

Average Practices Score (5-6) – between

• Poor Practices Score (0-4)-Below

• Use inferential statistics to draw the conclusions.

Data Finding has been organize and Present under the Following

Section

• Section A: socio demographic data of the samples.

• Section B: to find association between hand hygiene score and with selected socio- demographical variables.

RESULTS

Section A: Deals with the Distribution of children according to demographical variables.

The data presented Table 1 reveals the distribution according to the demographical variables. (N=60)

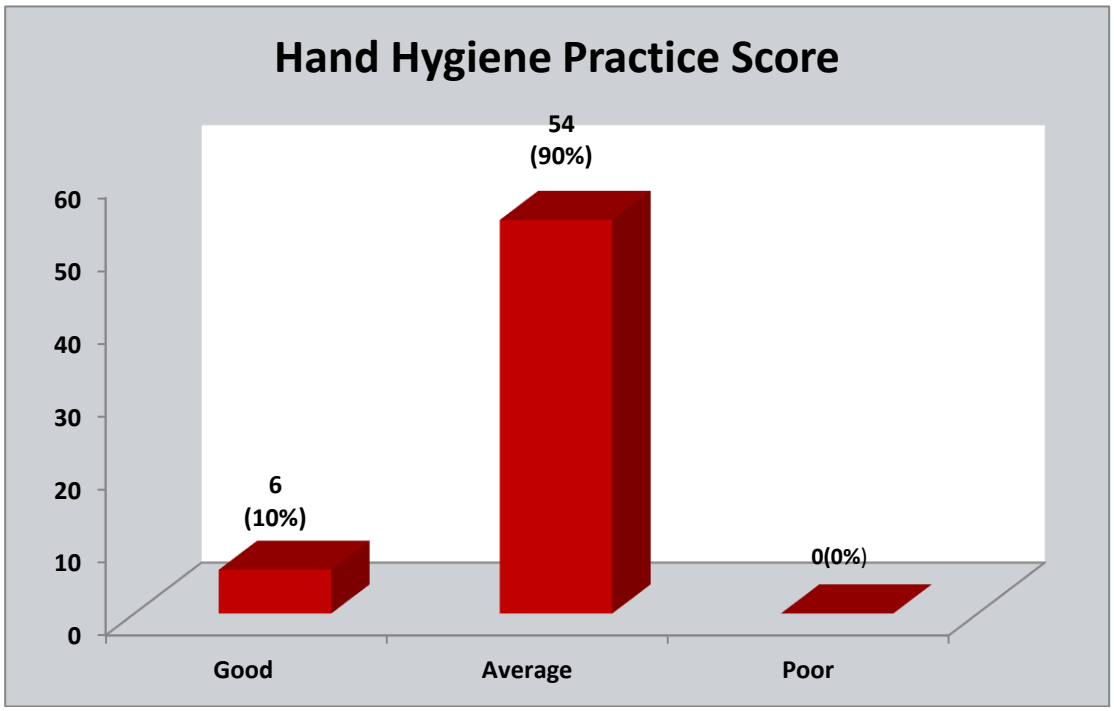
Sr. No	Characteristics	Demographical Variables.	Frequency(N)	Percentage (%)

1.	Age	6yrs	33	55%
		7yrs	27	45%
2.	Sex	Male	35	58%
		Female	25	42%
3.	Education of Mother	Illiterate	02	3%
		Primary education	10	17%
		Secondary education	12	20%
		Higher Secondary education	22	37%
		Post-graduate and above	14	23%
4.	Education of Father	Illiterate	02	3%
		Primary education	15	25%
		Secondary education	08	14%
		Higher Secondary education	20	33%
		Post-graduate and above	15	25%
5.	Occupation of Mother	House wife	30	50%
		Business	03	5%
		Service	15	25%
		Farmer	02	3%
		Any Other	10	17%
6.	Occupation Of Father	Daily wages	11	18%
		Business	13	22%
		Service	27	45%
		Farmer	09	15%
		Any of the Other	00	00%

- 33 school children were belonged in age group of 6yrs. And 27 were in 7 yrs. And 35 of them were males and 25 were females.
- Mothers educational status 10 it belonged to the primary and 12 in secondary education, 22 of the mothers were had higher secondary education status, 14 of them were postgraduate and the above, and the 2 of them mothers were illiterate.

- The father's education 15 belongs to primary education, 8 had secondary education, 20 had higher secondary education, 15 had postgraduate and above and 2 were illiterate.
- The 30 mother's occupation was the housewife, 15 were in the service, 10 were in any other, 3 were in business, and 2 were the farmer.
- The 27 father's occupation had service, 13 had the business, 11 had daily wages, 9 were the farmer, and none of them were in any other.

Graph No 1: Distribution of percentage hand hygiene practice score (N=60)



Graph no 1: Revealed that, majority 54(90%) had the average practice, 6(10%) of them had good practices and none of them had poor practices of hand hygiene.

SECTION B Association between Hand hygiene practices with selected demographic variables.

Table no 4: Association between Hand hygiene practices with the selected demographical variables. (N =60)

Study Variables	**Hand hygiene practices**			**Chi-square**	**P-values**	**Inferences**
	Good	**Average**	**Poor**			
Age						
6 Yrs.	**1**	**32**	**0**	**4.589**	**0.1008**	**NS**
7 Yrs.	**0**	**24**	**3**			
Sex						

Male	**0**	**30**	**5**	**1.486**	**0.4758**	**NS**
Female	**1**	**20**	**4**			
Education of Mother						
Primary Education	**1**	**8**	**1**	**16.436**	**0.0365**	**S**
Secondary Education	**2**	**10**	**0**			
Higher Secondary Education	**1**	**18**	**3**			
Post Graduate & above	**1**	**8**	**5**			
Illiterate	**0**	**0**	**2**			
Education of Father						
Primary Education	**3**	**11**	**1**	**23.016**	**0.0033**	**S**
Secondary Education	**2**	**6**	**0**			
Higher Secondary Education	**0**	**17**	**3**			
Post Graduate & above	**0**	**9**	**6**			
Illiterate	**0**	**0**	**2**			
Occupation of mother						
Housewife	**2**	**19**	**9**	**12.16**	**0.1442**	**NS**
Service	**3**	**4**	**8**			
Farmer	**0**	**1**	**1**			
Business	**0**	**0**	**3**			
Any other	**0**	**6**	**4**			
Occupation of Father						
Farmer	**1**	**1**	**7**	**10.307**	**0.1123**	**NS**
Service	**0**	**12**	**15**			
Business	**0**	**6**	**7**			
Daily wages	**1**	**1**	**9**			

S*-	Any other	**0**	**0**	**0**			

Significant

NS- Not Significant

DISCUSSION OF STUDY:

Descriptive study conducted to assess hand hygiene practices among school going children. The primary aim of the study was to assess the hand hygiene practices.

33 School children were belonged in age group of 6yrs. And 27 were in 7 yrs. And 35 of them were males and 25 were females. Mothers educational status 10 it belonged to the primary and 12 in secondary educations, 22 of the mothers were had higher secondary education status, 14 of them were postgraduate and the above, and the 2 of them mothers were illiterate. The father's education 15 belongs to primary education, 8 had secondary education, 20 had higher secondary education, 15 had postgraduate and above and 2 were illiterate. The 30 mother's occupation was the housewife, 15 were in the service, 10 were in any other, 3 were in business, and 2 were the farmer. The 27 father's occupation had service, 13 had the business, 11 had daily wages, 9 were the farmer, and none of them were in any other. Majority of them 90% had the average practice, 10% had a good practice and 0% none of them had poor practices of hand hygiene.

Similar study, cross-sectional study conducted 669 students, they were interviewed from trained staff. at Angolela, Participant was in the grade 1-6 Primary School, rural Ethiopia with aim was evaluate the knowledge, practices and attitudes of hygiene. Results were, approximately 52% of students were classified as having adequate knowledge of proper hygiene. Students report that hand washing before meal (99.0%), 36.2% using soap, only the 14.8% and they reported actually the following practice. Students with the adequate knowledge of the proper hygiene was more likely have clean cloth and have low risk of the parasitic infections although the statistical significances werethe not at achieved the latter. [6]

Another **supported study**, Cross-sectional observational study among 168 school children (6th, 7th & 8th standard) was conducted in Government Schools of Nalgonda, Andhra Pradesh. The result was, the association in between knowledge of student and parental education and it was found significant ($p<0.05$). Regularly washing their hands before eating and after defecation ($p<0.05$). Study concludes that there **was** wide gap in between knowledge and hand washing practices that need to be addressed. [7].

A cross-sectional study was conducted in the private school in Cardinal Gracious High School, Bandra [E], Mumbai, 512 students selected by Universal sampling technique with aimed was to assess the practice of school student regarding personal hygiene. The result was, Majority students were practicing hygienic methods. Neglected aspects were regarding teeth, nail & hair hygiene. personal hygiene education periodically **was** needed to emphasize hygienic practices. [8].

CONCLUSION:

Based on findings the result of the study showed that the total hand hygiene practice of the school going children was 5.383 which was indicates that the children had inadequate practices regarding hand hygiene. So there is need to teach proper hand washing technique to improve the children's knowledge and the practices regarding the hand hygiene.

RECOMMENDATIONS

Keeping in view the finding of present study following recommendations are made. Since this study was carried out on a small sample, the results can be used only as a guide for further studies.

1. The study may be replicated by taking a larger sample to generalize findings.
2. A similar study may be conducted with different teaching strategies such as structured teaching Programme, video assisted teaching/ computer assisted teaching.
3. The similar study can replicate on a sample with demographical variables e.g. different age group and different geographical area.
4. An experimental study can be undertaken with control group for effective comparison
5. A comparative study can be undertaken with rural, urban primary school children on knowledge and practices about hand hygiene.

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