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Original Article

Personal Hygiene of Rural People in a Selected Village of Sirajganj

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Abstract:

Context: This is a descriptive type of cross sectional study conducted in a village Telezania Sirajganj with a view to finding out personal hygiene practice of the rural people. The objective of the study was to determine the habit of personal hygiene practice & concerned diseases of rural people. **Methods:** Data were collected purposively in a preformed questionnaire from 224 respondents. All study subjects were investigated for socio-demographic character, ingredient used in tooth brushing, hand washing, cloth washing, frequency & time of tooth brushing, bathing, nail cutting prevalence of common disease associated with improper practice of personal hygiene. **Results:** In the study out of 224 respondents about 40% of people were in the age group in between 30-50 years among them two-thirds of the respondents were female & one-third of the respondents were male. It was found that most of the respondents were in below SSC which were 77.23. The income of the majority of people was about 5000 taka per month. About half (57.35%) of the respondents brush their teeth morning after rising from bed & two third of the respondents brush two times a day. About half of the respondent used soap in hand washing before meal. Majority of the respondents used soap in hand washing after using toilet where as one-third of the respondent used ashes Prevalence of daily use of soap during taking a bath was 38.39% & twice a week was 37.5%. About half of the respondents use detergent during cloth washing twice a week. About half of the respondents cut their nails weekly. Two-thirds of female respondents used normal cloth during menstrual period. Majority of the respondents were suffering from dental caries (35.7%) and scabies (22.32%). **Conclusions:** The result of the study would help the concern authority to take necessary steps to improve the personal hygiene state of the rural people of our country.

Indexing words: Personal hygiene, Rural people, Socio-demographic status

Introduction:

Personal hygiene is the principle of maintaining cleanliness & grooming of the external body. It is the quality of life renders the individual fit to live and serve best. The word hygiene is derived from Hygeia[1] (The goddess of health in Greek mythology). Hygiene is deified as the science of health and embraces all factors which contribute to healthful living. Personal hygiene or personal health care deals with measures which are the personal responsibilities of the individual for the promotion of good health. Proper maintenance of personal hygiene not only to prevent a number of diseases but also it has a socio-economic & psychological impact. So, a person who does not maintain proper personal hygiene is neglected by the society.

There is a proverb “Cleanliness is next to Godliness.”[2] Winslow in 1920 observed that personal hygiene can be improved by educating individuals in communities on basic tips of achieving personal cleanliness through the organized efforts and informed choices.[3] The focus of good personal hygiene is to prevent diseases, injuries and other health conditions through surveillance and the promotion of healthy behavior in aspects relevant to human health. It may prevent health problems from happening or reoccurring by implementing educational programs, developing policies administering services and conducting research.[4] Personal hygiene has been taught to

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families and in now being taught in schools through health education.[5] So, every person should be aware of cleanliness regarding personal hygiene. A large number of people are suffering from various diseases like dental caries, gingivitis, scabies due to improper maintenance of personal hygiene.

The people of rural area are lower middle class. They are unable to understand the beneficial effect of practicing personal hygiene. Therefore, there is every possibility to occur various disease regarding improper practice of personal hygiene but the diseases are preventable.

Bangladesh is a developing country. As it is overcrowded country people who live below the poverty line are supposed to have health problems. But personal hygiene is only the factor that can change their life.

Personal hygiene can be defined as art of maintaining cleanliness and grooming to the external body. Maintaining good personal hygiene consists of bathing washing your hands brushing teeth and sporting clean clothing. So, this was aimed at to find out the personal hygiene quality of rural people of Bangladesh.

Methods:

This was a descriptive type of cross-sectional study undertaken in Telezania village Raiganj Upazilla, Sirajganj, with a view to finding out the personal hygiene maintenance of the rural people regarding the personal hygiene data during March 2018. Data was collected by a structured questionnaire by face to face interview by the medical students from 224 respondents. Then the data was checked and verified for any omissions or inconsistency. Finally data was analyzed manually with help of a scientific calculator.

Results & Discussions

The Table 1 shows that about 40% people are between the age group of 30-50 years.

40% respondents are male and 60% respondents are female.

About 77.23% of the respondents are below SSC Followed by SSC & above which is about 13.83%.

About 31.24% respondents are housewife and 22.33% respondents are farmer and businessman.

The monthly income of more than half of the respondents is about 5000Tk.

Table 1: Socio demographic characteristics of respondents (N=224)

Variable	Number	Percentage
Age		
15-20 years	40	18
20-30 years	71	32
30-50 years	90	40
Above 50 years	23	10
Total	**224**	**100**
Sex		
Male	90	40
Female	134	60
Total	**224**	**100**
Educational Status		
Below SSC	173	77.23
SSC	31	13.83
HSC	14	6.25
Others	7	3.12
Total	224	100
Occupation		
Housewife	70	31.24
Farmer	50	22.33
Businessman	50	22.33
Service Holder	34	15.17
Others	20	8.93
Total	224	100
Income		
5000	131	58.48
10000	66	29.46
150000	16	7.14
Above	11	4.9
Total	**224**	**100**

The bar diagram in Figure 1 shows that 190 respondents out of 224 use tooth brush followed by twigs of Neem tree & ashes which are about 20%.

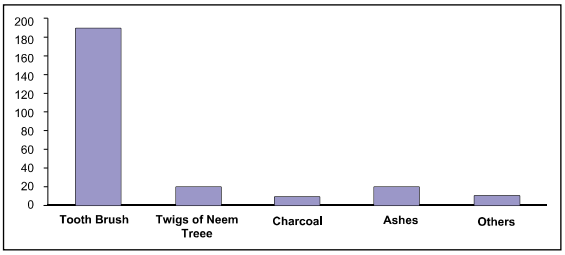


Figure 1: Ingredients used in cleaning teeth (n=224)

The Table 2 shows 61.6% respondents brush teeth single time in a day & 25.900% of the people brush teeth twice a day & about 12.5.%

of the respondents brush teeth three times a day.

Table 2: Frequency of tooth brushing of the respondents (n=224)

Times	Number	Percentage
1	138	61.6
2	58	25.90
3	28	12.5

The Table 3 shows that 100% respondents brush teeth after rising from bed. As tooth brushing ideally should be done after each meal. Health education should be given.

Table 3: Tooth brushing habit of respondents (N=224)

Times	Number	Percentage
Morning after rising from bed	224	100
After mid-day meal	58	25.90
Before going to bed	66	29.46

The Table 4 shows that 49.1% respondent use soap & water in hand wash before meal. On the other hand 42% respondent use only water. A study conducted by the Ministry of Health and Family Welfare, Bangladesh. 34% people used soap and water during hand washing in resturants[7].

Table 4: Ingredient used in hand washing before meal

Ingredient used in hand washing before meal	Number	Percentage
Only water	94	42
Soap & water	110	49.10
Others	20	8.9
Total	**224**	**100**

The Table 5 shows 75.9% respondent use soap & only 8.03% respondents use only water during hand washing after toilet use. Necessary health education should be given to improve the sanitation.

Only 53% people wash hands after toilet use in India.[8] A study conducted in Nepal, it was found that 65% of the respondents used soap with water after defecation and only 4% respondents used only water for hand washing which is consistent with the present study.[9]

Table 5: Ingredient used in hand washing before toilet use

Ingredient used in hand washing after toilet used	Number	Percentage
Ashes	30	13.4
Soap	170	75.9
Only water	18	8.03
Others	6	2.67
Total	**224**	**100**

The Table 6 shows that 38.39% respondent use soap daily & 37.5% respondents use soap twice weekly during taking of a bath. This is almost satisfactory in rural perspectives.

Table 6: Ingredient using soap during take a bath

Ingredient using soap during take a bath	Number	Percentage
Daily	86	38.89
two times weekly	82	37.9
weekly	45	20.08
Others	8	3.57
Total	**224**	**100**

The Table 7 shows that 53.57% respondent use detergent in cloth washing twice in a week. This is more or less satisfactory.

Table 7: Interval of using detergent in cloth washing of respondents

Ingredient using detergent in cloth washing	Number	Percentage
Daily	53	23.66
Two times weekly	120	53.57
Weekly	34	16.5
Quarterly	14	6.25
Total	**224**	**100**

The Table 8 shows that about 84.03% female use cloth & 14.97% use sanitary napkin during menstrual period. So health education in this respect is necessary to improve personal hygiene.

43% of Indian women don't have access to sanitary pads[10]. A study conducted in Bangladesh (Rangpur and Gopalganj District), it was found that 91% of the female respondents used cloth and only 9% female respondents used sanitary pad which is consistent with the present study[11].

Table 8: Ingredient using during menstrual period of female respondents (N=134)

Ingredient using during menstrual period	Number	Percentage
Cloth	113	84.03
Sanitary Napkin	20	14.97
Others	1	1
Total	**134**	**100**

The Table 9 shows 22.32% respondents hazing Scabies. 35.7% having dental caries. Eczema is also common which is 13.4%. This is an alarming sign of bad personal hygiene maintenance.

Table 9: Concerned disease of respondents (N=224)

Name of disease	Number	Percentage
Scabies	50	22.32
Eczema	30	13.40
Purities	14	6.25
Dental caries	80	35.7
Gingivitis	40	17.85
Taeniasis	10	4.5
Total	**224**	**100**

The Table 10 shows 57.14% out their nail weekly and 26.33% quarterly. So this habit of nail cutting is satisfactory.

A study conducted in Nigeria, it was found that 46.4% respondents cut their nail weekly which is more or less consistent with this study[12].

Table 10: Nail cutting habits of respondents (N=224)

Interval of Nail cutting	Number	Percentage
Weekly	128	57.14
Quarterly	59	26.33
Others	39	17.41
Total	**224**	**100**

Conclusion & Recommendation

Many people in rural area suffer from various diseases like dental caries, gingivitis, eczema, scabies, various fungal infection purities vulva, diarrhea etc. due to improper practice of dental hygiene. They are not aware of different health problems. This descriptive cross sectional study suggests that health education, mass media, evaluation of health program can improve this condition. This is a small study with large number of respondents. So, extensive study with large number of cases is recommended. The result of this study will help the concern authority to take necessary step to overcome common health problem of rural people of Bangladesh.

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