



## PERSONAL HYGIENE PRACTICES AMONG WOMEN OF REPRODUCTIVE AGE GROUP RESIDING IN AN URBAN SLUM OF PATNA DISTRICT.

<sup>1</sup>Shivani Sinha, <sup>2</sup>Sanjay Kumar, <sup>3</sup>Setu Sinha, <sup>4</sup>Sanjay Kumar Choudhary, <sup>5</sup>Varsha Singh, <sup>6</sup>Seema Kumari

<sup>1</sup>Senior Resident, <sup>2</sup>Professor and Head, <sup>3</sup>Assistant Professor, <sup>4</sup>Associate Professor, <sup>5</sup>Epidemiologist cum Assistant Professor, <sup>6</sup>Assistant Professor

<sup>1,2,3,4,5</sup> Department of Community Medicine, Indira Gandhi Institute of Medical Sciences (IGIMS), Patna, Bihar, India

<sup>6</sup> Department of Community Medicine, Narayan Medical College and Hospital (NMCH), Jamuhar, Sasaram, Bihar, India

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### Abstract:

Personal hygiene is the practice of maintaining cleanliness of the body. In India, only 59% urban and 22% rural people have access to improved sanitation facilities. Primary school days are the best time to learn healthful habits and practice them, because as the child grows older, these habits become permanent.

**Material and Method:** The present cross sectional study was carried out for a period of three months that is from November 2018 to February 2019, at the shashtri nagar slum near the Urban Health and Training Centre (UHTC) of IGIMS, Patna, where about 200 female were included by convenient sampling (who co-operated in our study). Study units were women of reproductive age group (18-45 years). A house to house survey was carried out two times in a week for three months and information was obtained on pre-designed and pre-tested pro-forma by interviewing the females. Verbal informed consent was taken from the respondents by explaining the purpose of the study. The questionnaire included age, socio-demographic information education and occupation of the women and about the hygienic practices. The parameters that were included in the personal habits and hygiene were frequency of bathing whether daily alternate day or occasionally.

**Result:** The higher percentage (60%) of the women belonged to the age group of 18-29. Around 35 % of the women were educated till class VIII. Bathing was seen as a regular habit in around 60% of the females.

**Conclusion:** Women in India face constraints not only in obtaining health services, but also in expressing reproductive health needs. Hygiene refers to practices associated with ensuring good health and cleanliness.

**Key words:** Urban slum, personal hygiene, menstruation, women of reproductive age group, oral hygiene, menstrual hygiene

## Introduction

Hygiene refers to practices associated with ensuring good health and cleanliness. Personal hygiene is the practice of maintaining cleanliness of the body. Primary school days are the best time to learn healthful habits and practice them, because as the child grows older, these habits become permanent<sup>1</sup>. In India, only 59% of urban and 22% of rural population have access to improved sanitation facilities<sup>2</sup>. The urban slum is a most disadvantaged section of society or the rural population which migrate to urban areas in search of employment or better conditions of living find no place to live in and end up in squatter settlements or in the unhygienic housing clusters in cities<sup>3</sup>. The morbidities arising due to poor personal hygiene practices are more evident in the slum areas because of high population density, spread of respiratory infection, inadequate water supply, lack of sanitary facility, diarrhea and worm infestation, inadequate nutrition leading to anemia, malnutrition and vitamin deficiency. Though slums has diversity, but the same universal characteristics refer to overcrowding and congestion, lack of hygiene ,extremely poor sanitation, lack of garbage disposal facilities, high density of insects and rodents makes the dwellers more prone to morbid and carriers of several diseases like gastroenteritis and other infectious disease like skin and vector borne.

Personal and menstrual hygiene both depends on individual's socioeconomic status, personal preferences, local traditions and beliefs. In India, between 43% and 88% of women re-use cotton cloths instead of using disposable pads. Re-usable materials are not sanitized properly. Cleaning is often done without soap usually with unclean water. Reusable clothes are dried away from open air and sunlight. All these practices are a result of various social taboos and restrictions which the women have been following since many years and are not ready to change them even after educating them the harmful effects of their practices. RTIs are due to poor menstrual and sexual hygiene practices which could affect her reproductive health. Menstrual hygiene is also

affected by factors such as access to places, access to the materials used during menstruation and also privacy and comfort for washing. At the household, these factors are influenced by having access to water and also sanitation facilities available in or closer to their household<sup>4</sup>.

**Objectives:** To find out the Personal hygiene practices of urban slum women.

**Methods:** The present cross sectional study was carried out for a period of three months that is from November 2018 to February 2019 , at the Shastri nagar slum near the Urban Health and training centre (UHTC) of IGIMS , Patna , where about 200 female were selected by convenient sampling technique (who co-operated in our study). Study units were women of reproductive age group (18-45 years). A House to house survey was carried out for two times in a week for four months and those who co-operated in the study were included. Those female who did not co-operate and were unwilling to participate in the study were excluded from the study. Verbal informed consent was taken from the respondents by explaining the purpose of the study. A Pilot survey and pretesting of the questionnaire was done. Necessary changes were made in the questionnaire to encompass gap so that complete information could be obtained without any difficulty. The questionnaire included age, socio-demographic information education and occupation status of the women and about their practices related to both personal as well as menstrual. The parameters that were included in the personal habits and hygiene were enquiries about the frequency of bathing whether daily alternate day or occasionally. Hand washing is considered as a very important component for prevention of diseases and so enquiries were made about hand washing before and after meals and also after defecation. Enquires were made about oral hygiene and also about the frequency and timing of brushing. Question were asked about menstrual hygiene, and material used during menstruation. Data collected was analyzed using SPSS version 17, and was presented in percentages (%).

**Observation and Results:**

**Table 1: Sociodemographic Status of Respondents**

Age of respondent	Frequency	Percentage (%)
18-29	120	60%
30-45	80	40%
<b>Educational qualification</b>		
Illeterate	50	25%
Class VIII	70	35%
High School	60	30%
Intermediate	20	10%
Graduate/Postgraduate	Nil	Nil
<b>Occupation</b>		
Housewife	120	60%
labour	30	15%
Unskilled worker	30	15%
Skilled worker	15	7.5%
Semiprofessional	5	2.5%
Professional	Nil	Nil

According to Table 1: The higher percentage (60%) of the women belonged to the age group of 18-29. Around 35 % of the women were educated till class VIII. Most (60%) of the women were Housewife.

**Table 2: Source of drinking water**

Source of drinking water	No	Percentage (%)
Public Tap	140	70%
Pipped water supply in their yards	40	20%
Tubewell	20	10%
Well	00	00%

According to Table 2: Public Tap water was the common source of drinking water, around 70% of the women used tap water as a source of drinking water.

**Table 3: Hygiene practices.**

	No	Percentage (%)
Hand washing before and after meal	70	35%
Hand washing after defecation	190	95%
Hand washing before feeding child	100	50%
<b>Tooth brushing habbit</b>		
Tooth paste	120	60%
Tooth powder	60	30%
Neem Stick	20	10%
<b>Bathing</b>		
Regular	120	60%
Irregular	80	40%

According to Table 3: About 95 % of the women washed their Hands after defecation and only 50% of them washed their hands before feeding their child. Bathing was seen as a regular habit in around 60% of the females.

**Table 4: Personal Hygienic practices during menstruation**

Variable	Practice	No (Percentage)
Taking bath during period	No	80( 40% )
	Yes	120( 60% )
Using sanitary napkin	No	150(75%)
	Yes	50(25%)
Using clothes	No	50(25%)
	Yes	150(75%)

According to Table 4: Only 60 % of the women were taking bath during their periods were as 40% of the women were not taking bath during the menstruation, and 75 % of the women were using clothes during menstruation.

**Result:**

The higher percentage (60%) of the women belonged to the age group of 18-29. Around 35 % of the women were educated till class VIII, 25% of the women were illiterate, only 10% of the women had done their intermediate. Most (60%) of the women were Housewife. About 15 % of the women were labour by occupation. Around 7.5% of the women were skilled worker, and about 2.5% were semiprofessional. Around 70% of the women used tap water as a source of drinking water, were as tube well was used as a source of water in around 10% of the women. About 95 % of the women washed their Hands after defecation and only 50% of them washed their hands before feeding their child and about 35% of the women washed their hands before and after their meal. 60% of the women used tooth paste for brushing were as 30 % of the women used tooth power for cleaning their mouth and almost 10 % of the women used Neem stick for the purpose of brushing. Bathing was seen as a regular habit in around 60% of the females. Only 60 % of the women were taking bath during their periods in which 75 % of the women were using clothes.

**Discussion:**

In our study tube well was used as a source of water by around 10% of the women. Were as

study done by Farah etal and Imtiaz etal about 60% and 90.67% of the respondents used to drink water from tube-well respectively, which was more than our study<sup>5, 6</sup>. In the present study around 95 % of the women washed their hands after defecation and about 35% of the women washed their hands before and after their meal and 60% of the women used tooth paste for brushing. Were as study done by Farah etal about 67% slum dwellers regularly practiced hand washing before taking meal and 59.2% respondents used soap after defecation. About fifty percent respondents brushed their teeth regularly with tooth paste<sup>5</sup>. In our study 60 % of the women bath regularly were as study done by Ilesanmi Oluwafemi Temitayo showed that majority of the respondents had good hygienic practices including taking bath (99.6%) , which was significantly more than our study <sup>7</sup>, It may be due to the awareness regarding handwashing practices. In our study about 60% of the women belonged to age group 18-29, were as study done by Patil PS etal about 56% of the women belong to the age group 36-44%<sup>4</sup>. However another study done by Shukla etal found that majority (48.8 %) of the women belonged to the age group 21-30<sup>8</sup>. In our study about 35% of the women were educated till class VIII th were as study done by Patil PS etal about 53% of the women had done there schooling<sup>4</sup>. In our study about 25 % of the

women were illiterate were as study done by Gupta et al about 15.45% of the women were illiterate<sup>9</sup>. In our study around 75 % of the women were using clothes, were as study done by Kotian et al about 42 % of the women were using clothes<sup>10</sup>. In our study about 60% of women were taking bath during menstruation, were as study done by shrisvastava et al found that around 92% of the women were taking bath regularly<sup>11</sup>. However study done by Gosavi et al showed that around 100% of the women were taking bath regularly<sup>12</sup>. Hygiene related practices of women during menstruation are of considerable importance as it affects health by increasing vulnerability to infection specially the infections of urinary tract and perineum.<sup>13</sup>

### Conclusion:

Women in India face constraints not only in obtaining health services, but also in expressing reproductive health needs. Hygiene refers to practices associated with ensuring good health and cleanliness. Personal hygiene is the practice of maintaining cleanliness of ones own body. It is estimated that unsafe water and lack of sanitation and hygiene leads to diarrhea. Women with poor hygienic practices mostly suffer from diarrhoea, with passage of worms in stool, head lice, scabies, and multiple boils. Therefore, there is an immediate need for enhancement of knowledge among the women, where health education program may be a useful effort in this regard. Improving the education level of mothers, can go a long way in menstrual hygiene practices.

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