

Personal Hygiene Practices among Households in Igbo-Etiti Local Government Area Enugu State Nigeria

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Abstract

The study investigated the personal hygiene practices adopted by members of households in Igbo-Etiti local Government Area, Enugu State, Nigeria. Specifically, it determined personal hygiene practices adopted by households in the area of study, their perceived constraints to their hygiene practices, and strategies for ameliorating the constraints. Questionnaire was used for data collection. Population for the study was 209, 248 members of households in the area of the study. Multi-stage sampling technique was used to select a random sample of 210 respondents. Mean and standard deviation were used for data analysis. Findings show that personal hygiene practices are poorly adopted in the area of study. The adopted poor personal care hygiene generated problems such as bad odour, bad breath, staph infection among others. These problems can be solved or reduced through adequate care of the body like use of anti-bacteria soap to take both and wash hands, wear clean clothes, lingerie/under wears among others. Based on the findings, recommendations were made, that hygiene talk programme should be organized for the members of the households in the area of study and that public awareness campaign should be carried out during August and October annual general meetings in the area of the study.

Keywords: Household, Personal Hygiene, Body Odour and Practice.

Introduction

The proliferated nature of ill-health in the rural areas necessitates for concert effort to reducing if not total eradication of spreading of contaminated diseases among rural dwellers. This without any doubt warrants a study on the personal hygiene practices adopted by members of

households. Personal hygiene involves proper care of all parts of the body to appear clean and attractive. It is a practice performed for body wellness and health preservation. Personal hygiene according to Orenstein (2018) is the principle of maintaining daily or regular care of the body to keep with once appearance and

prevent unpleasant odour and illness. This implies that personal hygiene envelops all practices that performed by an individual to take absolute care of ones wellbeing through cleanliness. Environmental Health practioner manual (2017) reported that personal hygiene involves washing the body often, cleaning the teeth, washing hands with good soap especially after going to the toilet, giving care to an infected person, cutting hair, finger and toe nails short and proper cleaning of the face. Motivations for personal hygiene practice include reduction of personal illness, healing from personal illness, optimal health, social acceptance and prevention of spread of diseases to other people. World Health Organization (WHO) (2015) reported that personal hygiene practice is a condition and practice which aids to maintain good health and prevent diseases. It promotes self sanitary practices. Beby (2017) noted that personal hygiene practices mean taking care of every aspect of ones body from keeping the body clean to looking best in appearance. The practice of personal hygiene according to Azubike (2015) is employed to prevent or minimize the incidence and spread of communicable diseases. It is a health tool practice for every member of households for prevention of diseases, promotion of health and for aesthetics values (Hansen 2017).

Johnson (2018) maintained that personal hygiene practice involves direct view on oneself hence, personal hygiene include washing and wearing clean clothes, having enough sleep in a good environment and caring for teeth and mouth as when due. Singh (2019) is of the view that practices that are generally

considered proper hygiene include showering or bathing regularly, washing hands regularly and especially before handling food, washing scalp hair, keeping hair short removing hair, brushing and flossing teeth, cutting finger nails, besides other practices. Some practices are gender-specific, such as a woman during her menstruation.

Personal hygiene therefore prevents the development and spread of infections, illness and bad Odours. It makes one to be attractive in the public and social gathering. Most communicable disease are caused by pathogens and diseases that are transmitted from one person to another through physical contacts. These communicable diseases can be controlled by keeping proper personal hygiene practices. Beby (2017) maintained that good personal hygiene practices in a family help to prevent growth of diseases and infections in homes. A personal hygiene practices in a family help to prevent growth of diseases and infections in homes. A personal hygiene practice prevents orally transmitted diseases through the fingers. Contamination of fingers during defecation, urination and even hand-shaking of infected persons is very possible hence transmission of infections and diseases.

Good hygiene practices have aesthetic values. Eze (2015) opined that general cleaning of oneself produces pride, comfort and dignity at home and in the society. Proper caring of ones appearance is one of the ways to promote self-esteem. An individual with good personal hygiene practices is also socially accepted among friends.

The component of personal hygiene as reported in *Environmental Health*

Practitioner (2017) are, oral hygiene, sleep hygiene and personal hygiene. Johnson (2018) included hand washing hygiene, clothing care hygiene and body (skin) care hygiene as components of personal hygiene. In oral hygiene as stated by Johnson (2018) healthy adult should brush and floss teeth with the correct techniques daily and replace toothbrush every few months. Johnson further stated that oral hygiene is very important because mouth cavity is full of bacteria and is a good environment for bacteria growth. Sleep hygiene according to Bloomfield (2013) is for behavioural and environmental practice that is intended to promote better quality sleep. Good sleep hygiene include, establishment of regular sleep schedule, use nap with care, not exercising physically or mentally too close to bedtime, limiting worry, not using bed for anything but sleep, have peaceful, comfortable and dark sleep environment. Body hygiene practices include; taking bath or shower twice daily, wearing appropriate clothes beside others. Hand washing hygiene involves the mechanical removal of microorganisms from contaminated hand surfaces using soap or detergent to avoid infection (Bloomfield, 2013). There are frequent outbreaks of communicable diseases like diarrhea, trachoma, cholera and so on in rural areas in Nigeria and Igbo-Etiti local government area in particular. Ibenegbu (2018) noted that thousand of people die every year in rural areas in Nigeria because inability to keep simple health rules and personal care hygiene for protection from communicable diseases. Eze (2016) noted that morbidity and mortality are high among households in rural areas because of poor hygiene practices, dirty

environment and inadequate care of household articles.

Households, according to Anyakoha (2015), are made up of people who live together in a house, cooperate with each other and share the same facilities. Iris (2012) maintained that proper maintenance of personal hygiene practice and household articles constitutes the component of good personal hygiene in a home. Most members of households, especially in the area of study, share articles such as plates, cutlery, bath towel, cups, glasses and so on in common. Infections and diseases may be transmitted through the common use of these articles by all members of household.

Washing of hands with warm water and anti-bacteria soap is one of the best ways to prevent germs spreading from hands. Heasley (2016) noted that brushing and flossing of teeth at regular bases and proper hand wash reduce the accumulation of bacteria, viruses and parasites which cause outbreak of diarrhea, tooth decay and gum diseases. Therefore, oral hygiene practices prevent diseases and helps individuals to chew and enjoy many food items.

Inadequate personal hygiene practices may course social embarrassment. People alienate themselves from individuals who develop body Odour. Orenstein (2015) maintained that individuals who have poor personal hygiene such as dislevelled bushy hair, wear dirty clothes, bad breath are unhealthy and likely to face discrimination in the public. He further stated that poor personal hygiene has serious implication on the success of job acquisition and promotion in an organization. Hanson (2017) opined that

high level of personal hygiene practices increases self-esteem, confidence and leads to perfection in an environment and occasions. American dental Association (2016) reported that influenza, hepatitis A and body odour come up as a result of inadequate personal hygiene practices.

There are frequent outbreak of diseases such as influenza, typhoid, staph infection, tuberculosis among others in rural communities in Nigeria which Igbo-Etiti Local government area is one of the rural communities. Omon (2016) noted that in proper personal hygiene practices in rural areas in Nigeria has resulted to health challenges of various diseases. The researchers observed that body odour, bad breath, athlete foot, ringworm and halitosis are not uncommon among members of households in the area of study. Moreover, inadequate care of the body and poor clothing maintenance are still on increase in rural areas in Nigeria which exposes the rural dwellers and households in Igbo-Etiti local government area inclusive to all kinds of infections and ill-health. Hygiene and environmental health (2019) reported that the prevention of communicable diseases like diarrhea, trachoma and many other diseases is highly possible through the application of proper personal hygiene worldwide. It is on the basis of the relevance of good personal hygiene that occasioned the researchers to investigate personal hygiene practice among households in Igbo-Etiti Local Government Area, Enugu State, Nigeria.

Purpose of the Study

The general purpose of the study was to investigate personal hygiene practices of households in Igbo-Etiti Local

Government Area (LGA). Specifically the study determined;

1. personal hygiene practices adopted by members of households in the area of study.
2. problems encountered by members in their hygiene practices.
3. ways to alleviate the problems encountered by members of households in their hygiene practices.

Research Questions

1. What are the personal hygiene practices adopted by members of household in Igbo-Etiti Local government area?
2. What are the problems encountered in the personal hygiene practices adopted by members of household in the area of study?
3. What are the ways to alleviate the problems encountered by members of household from adopted personal hygiene practices?

Methodology

Design of the Study: The study adopted descriptive survey research design.

The area of the Study: The area of the study is Igbo Etiti Local Government Area, Enugu State, Nigeria. It is a rural area that is made up of 14 communities. Members of households are mostly farmers and petty traders. Majority of the households live in mud houses with the roof made from grass, while few live in modern concrete houses. The area was chosen because of frequent outbreak of diseases in the local government Area which could be due to poor hygiene practices adopted by members of the households.

Population for the Study: The population was made up of all the households in

Igbo-Etiti Local Government Area (LGA). Each household is made up of persons living in one housing unit and sharing facilities and eating together. There is no available data on the population size, however, reports of Nigeria Population Census (2006) reveal there were 209, 248 household in the LGA then.

Sample for the Study: Random samples of three communities were selected from the 14 communities that made up the LGA. Out of each of the three communities, 70 households were purposively selected to yield three persons (a husband, a wife and an adult child). This gave a sample of 210 respondents for the study.

Instrument for Data Collection: The questionnaire was developed by the researchers based on the research questions. The questionnaire items was structured under 4-point response mode of strongly agree =4, agree = 3, disagree = 2 and strongly disagree = 1. The instrument was validated by three lecturers in Home Economics department

Ebonyi State University, Abakaliki. The suggestions of the experts were incorporate in the final draft of the questionnaire. The questionnaire was pre-tested using twenty one members of households in Nkume, Njaba local government, Imo state, Nigeria, to test the internal consistency of the instrument. A reliability coefficient of 0.99 was obtained.

Data Collection: Two hundred and ten copies of the questionnaire were administered by the researchers. One hundred and ninety six valid copies of the questionnaire were collected. This yielded a return of rate of 93.3 percent. Mean statistic was used to analyze the data collected.

Analysis: The data were analyzed using means, and standard deviation. Mean rating of 2.50 and above were considered agreed while below 2.50 were considered disagree.

Findings of the Study

Table 1: Mean Responses on the Personal Hygiene Practices among Household in Igbo-Etiti Local Government Area, Enugu State (No - 196)

S/N	Personal care Hygiene practice among household	\bar{x}_1	\bar{x}_2	\bar{x}_3	\bar{x}_g	SD	Remark
1	Show or bath at least once daily.	3.00	2.60	2.50	2.70	0.74	A
2	Use enough water with anti-bacteria soap to bath always.	2.10	2.07	2.40	2.19	0.75	D
3	Take regular physical body exercise	2.41	2.20	2.00	2.20	0.96	D
4	Men trim their hair weekly	2.31	2.42	2.45	2.39	0.76	D
5	Regularly shave the important area of the body that need shaving.	2.70	2.80	3.10	2.86	0.60	A
6	Women plate their hair or fix weavon regularly	2.25	2.30	2.41	2.23	0.98	D
7	Brush and floos teeth morning and night daily.	2.00	2.01	2.10	2.03	0.96	D
8	Have enough sleep of at least eight hours every night.	2.30	2.30	2.25	2.28	0.86	D
9	Finger and toe nails are trimmed with nail	2.30	2.31	2.48	2.36	0.76	D

	clipper or scissors and smoothen with nail file regularly.						
10	Wear clean clothes always	2.35	2.47	2.10	2.30	0.75	D
11	Dry while clothes sunlight	2.60	2.55	2.70	2.61	0.77	A
12	Dry coloured clothes under a shade	2.10	2.15	2.35	1.20	0.96	D
13	Wash under wears eg brazier, busers, pants, singlet after every use	2.10	2.20	2.30	2.20	0.96	D
14	Never wear sweaty or wet clothing	2.70	2.80	3.00	2.83	0.73	A
15	Wash clothes with detergent in lukewarm water after every use.	2.00	2.02	2.32	2.11	0.90	D
16	Wash clothing immediately after use	2.28	2.9	2.35	1.31	0.75	D
17	Always apply linen spray on cloths	1.10	2.35	2.35	2.26	0.85	D
18	Wash tooth stock immediately after each use	1.50	2.00	2.40	1.96	0.98	D
19	Remove stains on the clothes immediately it stains a dress.	1.50	2.00	2.00	1.83	1.94	D
20	Remove stains on clothes before washing the garment.	2.00	2.00	2.40	2.13	0.94	D
21	Always iron clothes before wearing	2.10	2.10	2.30	2.11	0.93	D

Key; \bar{x}_1 = mean for husband; \bar{x}_3 = mean for children; \bar{x}_2 = mean for wife; \bar{x}_g = overall mean; SD = Standard deviation D= Disagreed A= Agreed

Table 1 showed that out of 21 items, 17 items scored value below 2.50 cut-off point set for the study. Only four items scored mean value of 3.00 which is above cut-off point set for the study. This showed that the members of the households in the area of study do not take regular body exercise, not have enough sleep, brush and floss teeth morning and night, and so on.

Table 2: Mean responses on the problems household encounter in personal hygiene practices (N=196)

S/N	Perceived problem among members of households	\bar{x}_1	\bar{x}_2	\bar{x}_3	\bar{x}_g	SD	Remark
1	People have body Odour	2.61	2.70	3.63	2.97	0.09	Agreed
2	People have bad breath	2.73	2.80	3.18	2.90	0.07	Agreed
3	Dental diseases are not uncommon	2.50	3.00	3.56	3.02	0.13	Agreed
4	Athletes foot disease is not uncommon	2.55	2.80	3.50	2.95	0.07	Agreed
5	People usually feel run down without being sick.	2.83	2.80	3.83	3.15	0.08	Agreed
6	Many people suffer typhoid infection	2.96	2.60	3.11	2.85	0.08	Agreed
7	Hepatitis A diseases kills many people.	2.98	2.50	2.50	2.66	0.11	Agreed
8	Staph infections are common	3.63	2.70	2.45	2.92	0.09	Agreed

Table 2 reveals that all the identified problems were rated above 2.50 cut-off point set for the study. All the items are therefore, regarded as problems that could be encountered

by the members of the households due to poor personal hygiene practices adopted in area of study.

Table 3: Mean responses on the strategies of alleviating problems which households face in Igbo-Etiti Local Government Area (N =196).

S/N	Strategies for alleviating household problems in personal hygiene practices	\bar{x}_1	\bar{x}_2	\bar{x}_3	\bar{x}_g	SD	Remark
1	Members of household to take bath morning and night with good soap every day.	2.60	2.70	2.80	2.70	0.08	Agreed
2	Brush and floss teeth regularly	2.70	2.55	2.60	2.60	0.65	Agreed
3	Wear clean clothes	2.80	2.80	2.85	2.82	0.74	Agreed
4	Wash hand with warm water and anti-bacteria soap	2.70	2.80	3.00	2.83	0.92	Agreed
5	Use hand sanitizer frequently.	2.50	2.65	2.70	2.61	0.87	Agreed
6	Apply good quality linen spray	2.80	2.80	2.70	2.76	0.75	Agreed
7	Keep both finger and toe nails trimmed.	2.70	2.50	2.60	2.60	0.99	Agreed
8	Trim beard and hair regularly	2.90	2.80	2.55	2.75	0.76	Agreed
9	Wash clothes after wearing it each time.	2.80	2.90	3.00	2.90	0.78	Agreed
10	Wear under wears once and wash immediately	2.90	2.80	2.60	2.76	0.91	Agreed

Table 3 shows that all the ten items suggested were rated above 2.50 cut-off points for the study. The ten items are therefore considered strategies to alleviate perceived problems encountered by households due to improper personal hygiene practices adopted.

Discussion of Findings

Concerning personal hygiene practices among households, result in table I revealed that twenty one items raised, seventeen met the cut-off point set for the study. The members of the households do not take bath morning and night, on daily bases, use anti-bacteria soap to bath, do not trim hair regularly, do not shave armpit and beard regularly, brush and floss teeth regularly, do not use warm water and anti-bacterial soap to wash hands, apply deodorant often, use anti bacteria soap to bath among others. In line

with the result, Manuel (2017) noted that irregular bath taking and poor teeth care are observed often among rural dwellers. He further noted that men, especially those in rural areas, regard spray of linen as a waste of money and time. Manuel (2017) further stated that some workers nauseate colleagues at work because of dirty clothes and poor hygiene.

The finding also revealed that finger and toe nails are not property trimmed in a regular bases. This is in line with Hayden (2015) that women do not regard trimming of finger and toe nails as personal hygiene practice, keeping finger and toe nails trimmed and clean is very important to reduce spread of diseases and infections. Personal hygiene cut across, hair, finger feet, oral care and even choice of Cologne (Manuel 2017).

It was also revealed that the household members do not always wear clean

clothes, wash under wears after every use, wash clothing with high quality detergent in lukewarm water after every use, remove stains on clothes immediately it is noticed on a dress and so on. Environmental Health Manual (2016) reported that dirty clothing become unpleasant since people wear one garment for several days without washing it. Sweat in contact with dust and dirty stick to the body and cause body odour but clothes washed in good detergent with lukewarm water and dry under sun are free from bacteria and odour. Moreover, clean clothing improves individual's appearance and self-esteem.

Result in Table 2 showed that the respondents agreed on all the eight identified items as the perceived problems encountered as the result of personal hygiene practice adopted by households in the area of study. People have body odour, bad breath dental diseases, cold and flu, staph infections among others. This finding agreed with Hobbs and Robert (2016) who maintained that body Odour results due to interaction of bacteria and sweat produced by the apocrine glands, the unwanted sweat produce smell, commonly associated with body odour. Hobbs et al also noted that dirt body and environment produce smells and makes one uncomfortable. The findings is also in line with American Dental Association (2016) report that bad breath develops due to poor and personal mouth hygiene, that bacteria thrive on the particles of foods that stick on the teeth or that the food rot and produce stink odour. The American dental association also reported that improper care of the teeth cause irritation to the gum resulting gum inflammation and destruction of the teeth,

and formation of plaque on the teeth which damages the enamel and makes teeth unattractive.

The findings in Table 3 showed items on alleviation of perceived problems of household members from adopted personal hygiene practices in the area of study. The mean scores of the responses are all above cutoff point for the study. This means that all the items raised on the strategies to solve problems in the personal hygiene practices in the area of study were agreed upon. Members of the household should take bath at least two times daily, wear, clean clothes, wash hand with warm water and anti-bacteria soap, use hand sanitizer, apply good quality deodorant, trim both finger and toe nails often, trim hair and beard regularly, brush and floss teeth regularly among others. These findings were substantial by Hansen (2017) that the hazard caused by improper personal hygiene could be controlled to large extent by regular bath with quality soap. Hansen also maintained that night bath removes sweat and dirt's accumulated during the day.

The finding also showed that wearing of clean clothes helps to solve the problem of personal hygiene. This finding agreed with (Kimberly, 2018) who maintained that clean clothing and appropriate wear promote self-esteem and avoid social embracement. An individual is addressed the way he or she dressed in a public. Wearing of clean clothes is therefore, very important to life. (Roose, Spisma, Van Daalen and Sigeling 2010) suggested that a dentist should be visited at least once in year for proper examination of the functionality and health position of the teeth. Healthy clean teeth makes

individual to eat varieties of foods, cheerful and attractive in the society.

The finding is also in line with Cheryl (2017) that application of deodorant especially, deodorant with cologne, is very important to people at all ages in a family. He maintained that individuals should mix-up several scent to avoid being immune to one scent. Proper hand washing and trimmed hair is also important in the area of study. Centre for Disease on Control and Prevention (2015) reported that hair trimmed half an inch every three to four weeks appear healthy and attractive. Centre for Diseases control and prevention also maintained that washing of hands with clean running water and soap helps to reduce the amount of bacteria on the skin and spreading of communicable diseases.

Conclusion

Personal hygiene is not properly practiced by members of households in Igbo-Etiti local government area. People wear dirty clothes, carry unshaved hair and beard, do not have enough sleep every night, do not brush and floss teeth morning and night daily among others. Rather people wear one underwear/lingerie for several days unwashed. The implication of adoption of poor personal hygiene practices include body odour, breath and other social and psychological challenges. These problems can be alleviated through regular bath at least two times daily, proper care of the teeth and hand care.

Recommendations

Based on the findings of this study, the following recommendations were made;

1. Hygiene talk programme should be organized for house holds to sensitize

them on the need for healthy personal hygiene practices.

2. Public awareness education campaign should be carried out to educate rural dwellers on the personnel hygiene practices during annual general returns such as October and August return for men and women respectively.

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