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## **“Encouraging Personal Hygiene Practices among Primary School Children”**

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### **ABSTRACT**

*Healthcare-associated infections remain a significant concern among young children. Research indicates that possessing knowledge about hygiene does not necessarily translate into its consistent practice in daily life. To address this gap, storytelling was employed as a strategy to encourage hygienic behaviors, aiming to embed these practices into the daily routines of children under observation.*

*The intervention was carried out with children attending a state-run school in Arasinakunte, Dasanapura Hobli, Bangalore North, many of whom lived in a nearby urban slum area. The approach proved to be moderately successful, as follow-up observations revealed that the children were actively adopting desirable hygiene practices in school.*

*This study underscores the importance of conducting more interactive sessions to impart health education on critical topics such as personal hygiene and the prevention of communicable diseases. Storytelling emerged as a particularly effective educational tool, as it conveyed key concepts and values in an engaging and simple manner. In the classroom, storytelling not only entertained but also inspired children to adopt healthy habits, drawing motivation from the relatable characters and narratives.*

**KEYWORDS:** *Hygiene practices, stories, storytelling*

### **INTRODUCTION:**

Healthcare-associated infections continue to pose a significant challenge, particularly among young children. Hand hygiene has been identified as the most critical measure for preventing school-acquired infections, yet compliance among preschoolers remains notably low (Barbara CC et al., 2004). In developing countries like India, malnutrition and infection are major obstacles to optimal child growth and development. Additionally, diseases linked to inadequate water, sanitation, and hygiene are a substantial burden, with the World Health Organization (2004) estimating that 88% of diarrheal diseases are caused by unsafe water supply, poor sanitation, and insufficient hygiene.

Children attending state-run schools often come from communities with a high prevalence of waterborne and hygiene-related diseases. These health challenges not only affect their well-being but also hinder the teaching and learning process in classrooms. Studies have shown that while knowledge about hygiene is essential, it does not necessarily translate into consistent daily practice. For effective behavioral change, more than just information

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dissemination is needed. For young children, behavior change can be particularly impactful, as integrating hygiene practices into their daily lives can lead to long-lasting benefits for their families and communities.

Personal hygiene, which encompasses cleanliness and proper grooming, not only enhances appearance but also plays a crucial role in protecting individuals from infections and diseases. As Osborne (2008) noted, “When you tell a good story, you can frame important messages in ways that make them memorable for your listeners.” Storytelling is an effective tool for conveying factual information in a manner that is easily understood and retained by listeners. Its benefits for and by children are multifaceted—cognitive, social, and emotional. Singh (2005) emphasized that oral communication is rich in mnemonic devices, offering children useful strategies for intellectual growth and knowledge building.

In my work with children in primary classrooms (Rangila & Behari, 2015), I observed that storytelling within a classroom environment provided opportunities for children to explore social roles and incorporate experiential learning into formal education seamlessly. Storytelling promoted the “5 I’s”—Initiative, Imagination, Innovation, Interest, and Interactivity—while also fostering cognitive development through the “3 E’s”—Exploration, Experimentation, and Experience. This dual functionality of storytelling, both as a teaching tool and a catalyst for behavioral change, holds significant promise.

The aim of the following study was to utilize storytelling as a method to bring about positive changes in personal hygiene practices among primary school children, with the hope that these practices would become deeply ingrained in their daily lives and ripple out to influence their communities.

Health care associated infections persist as a major problem in young children. Hand hygiene has been singled out as the most important measure in preventing school-acquired infection. However, hand hygiene compliance among preschoolers remains low (Barbara CC et al; 2004). In developing countries like India, malnutrition and infection are major factors that adversely affect the optimal growth and development of children. Diseases related to inadequate water, sanitation and hygiene are a huge burden too.

It is estimated that 88% of diarrhoeal disease is caused by unsafe water supply, and inadequate sanitation and hygiene (WHO, 2004). Children coming to many state run schools come from communities that have a high prevalence of diseases caused by inadequate or unsafe water intake, sanitation and hygiene. All these reasons are enough to make teaching learning process difficult in classrooms for young children. Many researchers have found that knowledge of hygiene does not directly link to its practice in day to day life and that effective behaviour change which should be more than just communication of information is required. For young children it can work more effectively as once they integrate hygiene practices in their daily life they can bring change in their families and community as these would remain forever with them. Personal hygiene refers to the cleanliness and proper grooming of the body. Not only it improves appearance but also protects an individual from various infections and diseases.

Osborne (2008) said that “when you tell a good story, you can frame important messages in ways that make them memorable for your listeners.” This brings about factual information in a way that is quickly and easily perceived by the listeners. Benefits of storytelling for and by children can be cognitive, social and emotional. “The oral forms of communication are

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rich in mnemonic devices that enrich children with useful strategies for intellectual enhancement and knowledge building” (Singh, 2005). In my work with children in primary classrooms (Rangila & Behari, 2015), I found that a classroom environment provided children opportunities to try out social roles and storytelling is used as a way in which experiential learning is incorporated into formal learning environment effortlessly. Storytelling promoted (5 I’s) Initiative taking, Imagination, Innovation, Interest & is Interactive. It further gave opportunities for cognitive (3 E’s) Exploration, Experimentation & Experience to children in varying ways. Hence storytelling can function in a dual mode for both teaching and bringing about change. This ‘hope’ in the following study was to bring about change in the practices of maintaining personal hygiene among primary school children.

Health care associated infections persist as a major problem in young children. Hand hygiene has been singled out as the most important measure in preventing school-acquired infection. However, hand hygiene compliance among preschoolers remains low (Barbara CC et al; 2004). In developing countries like India, malnutrition and infection are major factors that adversely affect the optimal growth and development of children. Diseases related to inadequate water, sanitation and hygiene are a huge burden too. It is estimated that 88% of diarrhoeal disease is caused by unsafe water supply, and inadequate sanitation and hygiene (WHO, 2004).

Children coming to many state run schools come from communities that have a high prevalence of diseases caused by inadequate or unsafe water intake, sanitation and hygiene. All these reasons are enough to make teaching learning process difficult in classrooms for young children. Many researchers have found that knowledge of hygiene does not directly link to its practice in day to day life and that effective behaviour change which should be more than just communication of information is required. For young children it can work more effectively as once they integrate hygiene practices in their daily life they can bring change in their families and community as these would remain forever with them. Personal hygiene refers to the cleanliness and proper grooming of the body. Not only it improves appearance but also protects an individual from various infections and diseases. Information, Education, and Communication (IEC) materials were developed to emphasize the importance of maintaining personal hygiene and incorporating it into daily life. The primary objective was to encourage children to adopt appropriate hygiene behaviors and actively contribute to the upkeep of facilities in both their schools and homes. To achieve this, various mediums such as innovative and interactive games, activities, stories, and posters were utilized.

This paper focuses specifically on the use of storytelling as a tool to bring about positive behavioral changes in children. The stories were carefully designed to illustrate the consequences of various actions, encouraging listeners to reflect and draw their own conclusions. By engaging children in this way, storytelling proved to be an effective method for promoting personal hygiene and fostering long-term behavioral change.

The article highlights a research intervention that uniquely promotes health and wellness through storytelling, showcasing how this creative approach can inspire meaningful change in the daily habits of young learners.

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## **FINDINGS:**

Children greatly enjoyed listening to stories, as stories provide them with an ideal world where imagination thrives. Stories serve as a bridge between the real and imaginary, helping children construct and organize their thoughts. They act as a window into a child's mind, allowing them to relate to the narratives and connect with the characters. Whenever children listen to stories, they either try to find elements of reality within them or incorporate their existing knowledge and experiences into the story. This highlights that children often engage with content in terms of specific events and details rather than overarching principles.

The storytelling sessions effectively conveyed messages in a simple and relatable manner, as evidenced by the children's active participation. The retention of these messages and improvements in hygiene practices, as observed during follow-up visits to the school, indicated that storytelling had a lasting impact.

Furthermore, mediation played a crucial role in enhancing the effectiveness of the storytelling sessions. Discussions following the stories elevated the sessions by encouraging children to talk about desirable and undesirable hygiene practices. This interactive approach deepened their understanding and reinforced behavioral change. As observed, children interacting with their peers during these discussions were more advanced in their cognitive and social development than when working alone, underscoring the importance of collaborative learning environments.

The present study clearly demonstrated that knowledge alone does not necessarily translate into practice, a principle well-supported in health education. Additionally, the lack of essential resources—such as soap, water, and adequate sanitation facilities—was a significant barrier to maintaining personal hygiene in the slum communities with low socio-economic conditions. For instance, while a considerable number of students adopted proper hygiene practices such as washing hands before and after meals, wearing clean uniforms to school, and keeping their nails trimmed, many cited a lack of water at home as the reason for not bathing in the morning. This highlights the persistent issue of resource scarcity for certain sections of society.

Notably, an immediate behavioural change was observed following the intervention. Many children proactively demonstrated their adherence to hygienic practices, such as carrying handkerchiefs, bringing spoons from home for their midday meals, and washing their hands more frequently—before and after meals and after using the toilet. These improvements occurred despite the absence of prior communication or guidance from the school on such practices.

Interestingly, while the school had adequate water resources on its premises, the teachers were not observed instructing children to wash their hands before midday meals either before or during the intervention. This lack of active involvement from the school in promoting hygiene practices underscores the need for consistent reinforcement of these behaviours through both educational interventions and institutional support.

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## **CONCLUSION:**

The study underscored the effectiveness of storytelling as a tool for imparting concepts of hygiene and cleanliness. Unlike traditional didactic lectures, these ideas were seamlessly integrated into the children's understanding through simple, relatable stories drawn from their everyday lives. Early educational programs like this hold immense potential for reaching families that lack access to adequate resources or relevant information.

Given that children rely heavily on their parents and teachers for guidance, parents play a crucial role in shaping their hygiene habits and practices. Similarly, teachers and other family members can serve as important role models. Furthermore, children themselves can become agents of change by sharing what they have learned in school with their families and communities.

The findings of the study revealed that most parents had a low level of knowledge and practices regarding personal hygiene. Even when mothers had the knowledge, it was not consistently translated into practice, nor were their children adhering to hygiene practices. However, after implementing the health education program using the developed IEC materials, significant improvements were observed. Children began carrying handkerchiefs, washing their hands before and after meals, and presenting themselves more neatly than in the pre-intervention phase.

The results demonstrated a clear improvement in children's health knowledge, attitudes toward personal hygiene, and hygiene practices. The methods employed, including storytelling, posters, and interactive sessions, were well-received by the children. Many retained key messages, such as slogans from the posters, even in the post-intervention stage. Additionally, there was a significant increase in the proportion of children with clean and trimmed nails, tidy hair, and clean clothes. This highlights the transformative impact of the school-based IEC program in fostering sustainable hygiene practices among children.

## **FUTURE IMPLICATIONS:**

The study highlights the critical role of structured programs in imparting health education on essential topics like personal hygiene and the prevention of communicable diseases. These initiatives can be made more effective through the use of diverse audiovisual aids. Importantly, the strategies employed need to be multipronged, addressing all stakeholders—children, families, schools, and the broader environment—to ensure cohesive and comprehensive implementation without any gaps.

The programs should focus not only on the child but also on their family, school, and community. Conducting workshops and seminars for parents, along with involving them actively in the process, is essential to ensure a smooth transition of hygiene practices between school and home. This creates an effective and sustainable framework for maintaining these practices across environments.

There is an urgent need to enhance knowledge among primary school children, with teachers and parents playing pivotal roles in this process. School-based health education programs, supported by active parent-teacher associations, could serve as effective mechanisms for this purpose. Maternal education, in particular, has a direct correlation with children's personal

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hygiene practices. Continuing health education for parents through health workers, television, and other media platforms can further reinforce the importance of hygiene practices at home.

Additionally, infrastructural improvements are crucial to support the maintenance of personal hygiene. Providing access to clean water, sanitation facilities, and financial support for families can greatly enhance children's ability to adopt proper hygienic behaviors. Resources and facilities in schools, homes, and public spaces should align with the education imparted to ensure continuity in practice.

Children could also be encouraged to maintain a personal hygiene diary as a practical tool for tracking daily practices, such as brushing teeth twice a day, washing hands with soap before and after meals, wearing footwear, using toilets, washing hands after defecation, and disposing of waste in dustbins. These small but consistent actions can make a significant difference in shaping lifelong habits.

With the right knowledge, resources, and supportive environments, children are better equipped to integrate hygiene education into their daily lives. Furthermore, they can act as effective messengers and change agents within their families and communities. This collective effort can pave the way for a healthier and happier childhood, fostering well-being and resilience for generations to come.

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