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Promoting Personal Hygiene among Primary School Children: Stories of 'Hope'

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Abstract:

Health care associated infections persist as a major problem in young children. Research studies have concluded that knowledge of hygiene does not directly link to its practice in day to day life. Storytelling was used as a method to promote enabling hygienic practices with an aim that these become a day to day activity for all the children of the groups under observation. These children studying in a state run school of Delhi and were staying in a nearby urban slum area. The impact of the intervention was fairly successful with the children and during further observations they were seen practicing desirable hygienic practices in school. The study points to the implicit role of holding more such interactive sessions for imparting health education on important health matters such as personal hygiene and prevention of communicable disease. Stories became so effective because they presented essential ideas and values in a simple and entertaining form. Storytelling in classroom came up as an educational tool that inspired children's learning as they picked up the desirable hygiene habits naturally from the characters of the stories.

Keywords: Hygiene practices, stories, storytelling

1. Introduction

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 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.

To bring about an effective behavioural change along with attitudinal change the following intervention was planned. This paper is part of a larger study entitled “Promoting personal hygiene and healthy eating habits among low income group Preschoolers-A Behavioural Approach”.¹ Through this article, we present a unique research intervention that promoted healthy hygiene habits through the use of storytelling in primary classrooms of a Government run school. Four groups of class I students were part of the study (two sections from each school). The schools were located in central Delhi and the children came from a nearby urban slum. A checklist was first prepared that listed all the specific measures related to maintain hygiene. These were administered individually on all children of the four sections along with observations in school especially during recess. It was found that children had knowledge about the hygiene related behaviours but in practice that was missing for example they knew that washing hands before and after meals was important but it was observed that very few children actually washed their hands before they were served mid day meals in school. Also they used to eat with their hands as many of them usually forgot to bring a spoon from home and this way they were more prone to infections. Areas that needed to be strengthened were identified through checklists and themes were broadened and stories were constructed and were printed in form of a story book along with illustrations. The stories were in the following areas- hand washing, maintaining personal hygiene i.e. bathing, trimming nails, using handkerchief, brushing teeth, wearing clean clothes. The stories presented positive as well as negative situations and showed consequences of each; the students were then left to make their own choices. The positive story characters lived happily and fit well into their surroundings. The negative ones broke the rules and made life difficult for themselves and everyone else. Through their actions, the characters displayed certain peculiar characteristics and this way many desirable and undesirable hygiene practices were talked about. The story was followed up by a set of questions to know children’s opinion nowhere where they are given a moral of the story, but they themselves discussed and collectively came up with the message of the story and every practice was discussed in great detail.

Information Education Communication material was developed and was used to promote importance of maintaining personal hygiene along with practice of it in day to day life. The objective was that the children must adopt appropriate hygiene behaviours and play an active role in maintenance of facilities in schools and their home. Several medium such as innovative and interactive games and activities, stories and posters were planned for the same. The focus of the present paper is on the stories constructed to bring about a positive change in the behaviour of the children. The stories illustrated consequences of behaviours and invited listeners to come to their own conclusions after personal reflection. This article reports on a research intervention that is unique in promoting health and wellness through the use of storytelling.



Figure 1: Four (04) story books developed for promoting personal hygiene

2. Findings

Children really liked to listen to stories because it’s an ideal world for them. Stories help children to bridge the gap between real and imaginary worlds; to construct and organize their thoughts. They are like a window to a child’s minds. Children like stories and then they start relating themselves to these stories. Any story that children listen, they try to find the reality in it or try to incorporate their schemes into it. This highlights the fact that children can engage with content in specific events and detail rather than its principle. The messages were very easily and simply conveyed to the children as was seen through their active participation in the whole process. The retention of the message and improvement on certain indicators showed that storytelling did make an impact on them and its retention was there too as observed on later visits to the school. Further mediation played significant role as discussion followed by storytelling took the whole session to the next level wherein students had a discussion on what are desirable and undesirable hygiene practices. A child in interaction with others is always a step ahead in development of where she is alone. In this sense interactions in

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ZPD “are the crucibles of development and culture, in that they allow children to participate in activities that would be impossible for them alone, using cultural tools that themselves must be adapted to the specific activities at hand, and thus both passed along to and transformed by new generation (Rogoff et al. cited in Corsaro, 1997).” Thus the model of development is one in which children gradually approach the adult world through the communal processes of sharing and creating culture (Bruner, 1986). This way individual reflection on stories became possible. The storyteller asked questions that focused on particular issues and gave the children a chance to reflect on the stories. Hence the findings certainly point to the importance of the role of adults in facilitating cognitive functioning by supporting ways to think and by making associations. Stories became so effective because they presented essential ideas and values in a simple, entertaining form.

It was observed clearly in the present study, and the observations made also supported the principle of health education that knowledge does not necessarily lead to practice. In addition, lack of proper resources, i.e. soap and water, as well as inadequate sanitation facilities in a slum community with low socio- economic condition may negatively affect personal hygiene practices. Moreover, it was observed that a good fraction of students adapted to the right practices regarding some of the indicators i.e. washing hands before and after having meal, wearing clean uniform to school, trimmed nails. Yet many reasoned that there was no water to take bath in the morning at home. This points to the lack of resources for a certain section of society. The change was seen immediately after the intervention was given, as soon as the researchers reached the school, many children showed to them that they were carrying handkerchiefs even before being asked for the same. Some of them showed that they were carrying a spoon from home to eat their mid day meal and it was also observed that more number of children were washing their hands before and after the meals and even after using toilet. It was found that there was no such communication from the school’s side. The teachers were witness to all the activities yet during none of the observations even before intervention where they are seen instructing children to go and wash their hands before the mid day meal was served. Although the school had provision of water in its premises and the resources in this case were not lacking.

The children would from the very start of the project looked forward to meet their *didis*² who did several activities with them. The use of story booklets was the most liked and sought after activity by all the kids. Each one of them was curious to take the booklets in their hands and to glance through them. Some who could read on their own would want to read it slowly for themselves. They wanted to go through the entire story one after the other. The children also predicted what would happen in a particular story hence they knew which habit would lead to what result later on? After a gap of a fortnight the stories and their messages were again introduced to see how much the children retained from the previous sessions. It was observed that the children remembered details of most of the stories. Just by looking the cover page of a booklet they would remember the theme and shared the whole story. They even remembered the names of the characters and the message from the story. From among the stories they had their favourites too that they wanted to look at individually. Stories not only helped them all through increased attention span, improved listening, and understanding sequencing but also helped them think and reflect individually and collectively during discussions held after every story. All of them actively engaged and participated in this process. At the same time, it was felt that stories brought the exact answers which were otherwise challenging to ask from children directly as many contradictions were found in their knowledge and practice content. A story made it easier for us to convey a message and for them to express their own feelings. For example, during discussion the issue of lack of resources came up as one of the child said that if there would be no water how could he/she take bath and come to school or if there’s no cleanliness on the lane outside of the house then how can their house be clean. All this generated and raised many more issues and questions that were not coming to the fore through a question answer session. This also depicts that storytelling was not a one-way method rather it gave a voice to opinions of children and many more issues came to the fore. Hence storytelling is not a one-way practice and children’s engagement and participation is intrinsic to it. The role between the storytellers and the children needs to be shared. Paley also described story as “a shared process, a primary cultural institution, and the social art of language” (cited in Daniel, 2012).

3. Conclusion

The study clearly pointed to the role of storytelling and the idea of hygiene and cleanliness was not something that they learnt through didactic lectures, but rather concepts they imbibed through a set of simple stories from their day to day lives. Such early educational programs can reach out to families that lack access to several resources or relevant information. As children rely heavily on their parents and teachers for guidance, it’s no wonder parents play a significant role in a child’s hygiene habits and practices. In this regard, the school teachers, parents and other family members could play a vital role. Even, children can also be the agents of change subsequently by spreading what they have learned in school to their family and community members.

The findings revealed that majority of the parents had scored low on level of knowledge and practices regarding personal hygiene. Even if mothers had knowledge the same were not practiced by them and neither the children were following the same. After the intervention of Health education programme by using the developed IEC material, the impact was found to be significant on various aspects of personal hygiene for example carrying handkerchief, washing hands before and after meals, children were also much neatly dressed as compared to the pre intervention phase. The results clearly indicated that the health knowledge, attitude towards personal hygiene, and practice of personal hygiene improved amongst children in the school. The methods used were very much liked by the children and they remembered the slogans of the poster even after the post intervention stage. After the implementation of school IEC material, the proportion of children with clean and cut nails, clean hairs, and clean clothes increased significantly.

² The data was collected by the students involved in the project. These were B. Sc. (Hons.) Home science III year students– Anjali, Chahat, Chanchal, Jasleen, Lashika, Mahima, Palak, Radhika & Yashika.

4. Future Implications

The study points to the implicit role of such programmes for imparting health education on important health matters such as personal hygiene and prevention of communicable disease and can be carried out with the help of different audio visual aids. Also the strategies need to be multipronged i.e. these should be meant for all the stake holders so that all wefts and warps are tied up without any loose ends. The programmes should focus on the child, family, school and the environment that the child is growing up in. Conducting workshops and seminars with parents and involving them as handholding is very important for a smooth transition; effective and balancing way of continuation of practices from school to home and vice versa.

There is an immediate need for enhancement of knowledge among the primary school children, wherein teachers and parents too have to play a pivotal role. School based health education programs may be a useful effort in this regard. In this connection, the role of parent-teacher associations in all the schools should be emphasized. Maternal education appears to have a direct relation with the practices of personal hygiene among the primary school children. In this regard, not only the formal education, but continuing health education program of the parents by health workers, television and other media may also hold promise. Not only that, infrastructural development for proper maintenance of personal hygiene along with financial upliftment of the parents may go a long way so far to educate the students and providing them with necessary resources and facilities. This in turn will help the students in adopting proper hygienic behaviour.

Children could also be trained to maintain a personal hygiene diary to ensure that they brush their teeth twice a day, wash their hands with soap before and after food, wear footwear, use toilets, wash their hands after defecation and use dustbins. Children with the knowledge of desirable hygienic activities and who get adequate water, sanitation and hygienic conditions (at home, school and public places) are more able to integrate this hygiene education into their day to day life and can be effective messengers and the agents for change in their families and communities that they are a part of. This hope continues to strive us all leading to a happy and healthy childhood....

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