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Assessment of the Level of Awareness and Practice of Personal Hygiene among Internally Displaced Persons in Maiduguri, Borno State, Nigeria

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Abstract:

The study assessed the level of awareness and practice of personal hygiene among Internally Displaced Persons (IDPs) in the study area. Data were collected from the IDPs by means of a survey using an interview schedule that was administered on 40 randomly selected IDPs. The data were analyzed using descriptive analysis of frequency counts, percentages and means. The result of the descriptive analysis showed that eighty five percent of the respondents had small to medium family sizes. Majority (70%) of the respondents have attended programs on awareness of personal hygiene since coming to the camp. The findings suggest that the more people practiced personal hygiene, the less the incidence of particular diseases related to personal hygiene. It was recommended that more sensitization should be carried out with regard to creating awareness of the need for personal hygiene in order to improve the practice of personal hygiene, in an attempt to ring to the arrest minimum, the incident of hygiene related diseases in the camp. Water and other hygiene agents like soap and toothpaste should be provided for IDPs who are unable to afford these items on their own, in order to encourage personal hygiene practice.

Keywords: Personal hygiene, practice, awareness, internally displaced persons, Maiduguri

1. Introduction

Internally displaced persons are 'persons or groups of persons who have been forced or obliged to flee or to leave their homes or places of habitual residence, in particular as a result of or in order to avoid the effects of armed conflict, situations of generalized violence, violations of human rights or natural or human – made disasters and who have not crossed an internationally recognized state border' (Kalin, 2005). The United Nations High Commission for Refugees (UNHCR, 2004) defines IDPs as people who are also forced to flee... But they either cannot or do not wish to cross an international border. Going by the aforementioned definition of IDPs, it can be said that as a result of the Boko haram insurgency in Borno State, resulting in people becoming displaced within the state and the Country; the displaced persons have become Internally Displaced Persons, living away from their troubled homes and immediate communities. The temporary remedial measures to this displacement are the provision of camps for such persons in in various Parts of the country, including Maiduguri, the State capital to live in large numbers, where they can be safe from the violence of insurgency.

This condition of unplanned and abrupt displacement from home often deprives displaced persons access to basic needs like food, shelter and personal hygiene facilities. Personal hygiene is the principle of maintaining cleanliness and grooming of the external body (Johnson, 2020). Hygiene issues include environmental hygiene and personal hygiene. Personal hygiene is defined as self – care applications carried out by individuals in order to maintain individual health. Personal hygiene is very important for protecting and maintaining health and addressing health problems. It is also fundamental to the prevention of many diseases, particularly contagious diseases. Personal hygiene precautions include regular bathing, using soap and water, hand washing before and after eating meals and after using the toilet, hair care and washing and using one's own clothes and towels (Erkal and Sahin, 2011). Washing and bathing are the most important ways of maintaining good health and protecting people from infections, illnesses and ailments. The frequency of bathing or showering is very individual and may be dependent on culture. Hand washing should be carried out frequently throughout the day as people come in contact with many potentially harmful bacteria (Johnson, 2020). According to the World Health Organization (WHO) (2019), about 2.2 billion people globally do not have access to safe drinking water while 4.2 billion

people do not have access to any type of improved sanitation facility. Another three billion people lack basic hand washing facilities. About two million people die every year due to diarrhoeal diseases. Most of the people killed diarrhoeal diseases are children less than five years of age. One of the most recent cholera outbreaks in Borno State was in 2017 with a combined total of 5,365 cases and a final death toll of 61 people (UNICEF, 2018). Among the main problems which are responsible for this situation are lack of financial resources, lack of sustainability of water supply and sanitation services, poor hygiene behavior, and inadequate sanitation practice. Introducing sound hygiene behaviour is of grave importance in order to reduce the burden of disease caused by these risk factors.

The goal of hygiene promotion among internally Displaced Persons (IDPs) is to help these persons learn about and develop good hygiene practices to prevent diseases and develop positive attitudes towards good health practices. Lack of awareness of the need for good hygiene practices prevents hygienic practices from developing among the people living in the communities in these areas. One of the impacts of poor hygiene is the outbreak of diseases. This is because lack of awareness or low priority to hygiene as a result of low awareness prevents people from responding to these important prerequisites for healthy living. Maintaining personal and environmental hygiene is as necessary as food and water for the living beings. These IDPs need to be educated, mobilized and sensitized to adopt minimum hygiene standards to protect themselves from infectious diseases (Khisro and Rahman 2010).

Education and communication are important components of promoting hygiene; however, education and communication alone do not necessarily result in improved practices. Promoting behavioral change is a gradual process that involves working closely with communities, studying existing beliefs, defining motivation strategies, designing appropriate communication tools and finally, encouraging practical steps towards positive practices (Unicef, 2017). In the area of regular bathing and other personal hygiene issues, availability of water, as well as access to and use of socio-economic resources have a strong bearing on the personal hygiene standards of IDPs. In areas where access to such resources is limited, communities have remained relatively poor with no initiatives for economically empowering themselves. In the reconstruction of their livelihoods, displaced persons' primary focus is on survival; and it is only when survival is achieved that they get involved in different livelihood activities. The extent to which issues of personal hygiene can be considered is dependent on the means and capacity of the displaced persons (Davies, 2012).

To ensure that these people survive their stay in these IDPs camps, the need to make them aware of and practice personal hygiene is pertinent. Where Borno IDPs are not aware of personal hygiene ethics and do not properly practice personal hygiene individually, they can still end up with high morbidity and mortality rates as a result of hygiene related diseases despite escaping the insurgents. Government and Non-governmental Organizations (NGO) have made considerable effort to assist the hygiene access of IDPs by providing them with toilets, boreholes, toiletries like soap and toothpaste and the like through various water sanitation and hygiene (WASH) interventions, while creating awareness and sensitizing them on the need for personal hygiene practice. How aware they are and the extent to which the internally displaced persons in Borno State IDPs camps practice personal hygiene ethics is the aim of this study as well as its effect on disease burden among internally displaced persons.

2. Methodology

2.1. Description of the Study Area

The study was carried out in IDPs camps in Maiduguri, Borno state. Borno state is found in the North Eastern zone of Nigeria. For the purpose of this study, IDPs will be the sample population.

2.2. Sampling Technique and Sample Size

A two-stage sampling technique was used to select respondents for the study. The NYSC IDPs camp was purposely selected in the first stage because of its accessibility. In the second stage, systematic random sampling technique was used to select respondent households for the study, bringing the sample size to a total of 40.

2.3. Method of Data Collection

Data were collected from IDPs by the means of an interview schedule. The data collected include demographic characteristics of respondents, level of awareness of personal hygiene among respondents, level of practice of personal hygiene among respondents, relationship between personal hygiene practice and hygiene related disease occurrence.

2.4. Descriptive Statistics

Descriptive statistics such as frequencies and percentages were used to describe the level of awareness and practice of personal hygiene among internally displaced persons.

3. Results and Discussion

Table 2 shows the level of awareness of personal hygiene issues among the respondents in the study area. Majority (70%) of the respondents have attended programs on awareness of personal hygiene since coming to the camp. Table 1 shows the result on the demographic characteristics of the respondents. Most (55%) of the respondents were female. This may be as a result of the fact that women are usually the ones who take care of the household. With effective awareness, they can practice personal hygiene well enough thereby, reducing the rate of the occurrence of personal hygiene related diseases in their households. Ninety percent of the respondents were young people with ages ranging from 17-40 years. This implies that they are in the age range when they can be thought new skills. Where such people have the

opportunity of improved awareness of personal hygiene, they are likely to practice what they are thought. Eighty five percent of the respondents have small to medium (1-10) family members. The lower the family size, the easier it is for the household to practice personal hygiene. The respondents were mostly married people (67.5%). Married people especially women are often saddled with a lot of domestic responsibilities in the household, and this may hinder their effectiveness at practicing personal hygiene. The respondents were mostly artisans who make caps, and sell them occasionally, while a few were traders by occupation.

Characteristic	Frequency	Percentage
Sex		
Male	18	45
Female	22	55
Age		
≤20	10	25
21-30	14	35
31-40	12	30
41-50	2	5
>50	2	5
Family size		
01-May	19	47.5
06-Oct	15	37.5
Nov-15	5	12.5
>15	1	2.5
Marital status		
Single	11	27.5
married	27	67.5
Divorced	2	5
Occupation		
Farmer	2	5
Trader	6	15
Artisan	21	52.5
Unemployed	7	17.5
Others	4	10

Table 1: Demographic Characteristics of Respondents
Source: Field Survey, 2020

Character	Frequency	Percentage
Attendance of Awareness program on personal hygiene		
Attended	28	70
Not attended	12	30
Awareness of personal hygiene		
Aware	39	97.5
Not aware	1	2.5
Awareness of the inappropriateness of poor personal hygiene among humans		
Aware	37	92.5
Not aware	3	7.5
Awareness of diseases connected to lack of personal hygiene		
Aware	37	92.5
Not aware	3	7.5
Awareness of diseases related to poor personal hygiene practice		
Aware	37	92.5
Not aware	3	7.5
Specific Hygiene Related Diseases Awareness		
Awareness of diarrhea	18	45
Awareness of vomiting	12	30
Awareness of cholera	24	60
Others	4	10
Not aware of any hygiene related disease	8	20

Table 2: Level of Awareness of Personal Hygiene among Respondents
Source: Field Survey, 2019

Being small income earners, this will hinder the effective practice of personal hygiene without assistance, because the income they earn from their various occupations may not be enough to buy things like soap, toothpaste and other personal hygiene materials required for the practice of personal hygiene.

These hygiene awareness programmes were organized by various governmental and humanitarian organizations. The effect of these efforts is that they have helped to make over 97% of the respondents aware of personal hygiene. In

addition, Table 2 also shows that 92.5% of respondents were aware of the fact that poor personal hygiene was inappropriate to humans' and could result in unpleasant consequences. Among the problems arising from poor personal hygiene which the respondents were aware of was the risk of disease as indicated by 92.5% of respondents on Table 2. While most respondents were aware that poor personal hygiene could result in disease, their knowledge of the specific diseases that could result from poor personal hygiene was limited.

Table 2 shows that most (60%) of the respondents were aware that cholera is a hygiene related disease. The study also observed that 45% of the respondents were aware of diarrhea as a hygiene related disease. A lot of advocacy on Water, Sanitation and Hygiene (WASH) has touched on the issue of diarrhea by various Non-Governmental Organizations in the study area. The awareness of other hygiene related diseases was however low among the respondents. In summary, while there is a commendable awareness of personal hygiene and the tendency of its inadequacy to cause disease, the result also indicates a not so commendable awareness of possible disease that could result from poor hygiene.

4.3. Level of Practice of Personal Hygiene among Respondents

Table 3 shows the level of practice of personal hygiene among the respondents. Due to the respondents' level of awareness of disease-causing germs carried in the hands, 70% of the respondents practiced hand washing. The practice of hand washing if done effectively is a very important means of reducing incidence of disease. Eighty percent of the respondents changed their underwear and washed them on a daily basis. The respondents (67.5%) changed and washed their clothes on a daily basis too. The respondents therefore showed that they took the washing of underwear practice very seriously. Furthermore, Table 3 indicated that the practice of regularity of changing clothes among the respondents was observed to be higher than that of the regularity with which clothes were washed.

Practice of Hand Washing		
Practice	28	70
No practice	12	30
Practice of changing underwear		
Daily	32	80
Practice of teeth cleaning After 2 days		
Every other day	3	7.5
Practice of washing underwear	5	12.5
Daily	32	80
After 2 days	7	17.5
Practice of hair washing		
Practice	40	100
How often hair washing is practiced		
Daily	31	77.5
Every other day	6	15
No practice	3	7.5
Practice of bathing		
Once daily	18	45
Twice daily	17	42.5
Thrice daily	5	12.5
Once daily	21	52.5
Twice daily	15	37.5
Thrice daily	4	10
Practice of changing clothes		
Daily	27	67.5
Every other day	8	20
Twice a week	5	12.5
Practice of washing clothes		
Daily	19	47.5
Twice weekly	4	10
Thrice weekly	3	7.5
Weekly	14	35
Practice of nail cutting		
Twice weekly	3	7.5
Weekly	27	67.5
Fortnightly	4	10

Table 3: Level of Practice of Personal Hygiene among Respondents
Source: Field survey, 2019

While 87.5% of the respondents changed their clothes daily or every other day, most respondents (52.5%) washed their clothes two times or less in a week. This disparity between regularity of cloth changing and cloth washing was as a result of inadequate access to soaps for laundering dirty clothes among the respondents. Others who changed their clothes only twice a week (12.5%) were limited by insufficiency of cloths to change into and not necessarily for lack of personal hygiene.

Almost half (42.5%) of the respondents take their bath twice a day, while 45% bath once every day. This is similar to the findings of Temitayo, (2016) who carried out a similar study. The respondent stated that, not bathing regularly, will make such an individual very uncomfortable, and can also result in some kind of skin diseases. This is particularly so given the hotness of the weather in the study area. Furthermore, the camp is blessed with very good domestic water supply. All (100%) of the respondents practiced hair washing with different levels of regularity. Majority (77.5%) washed their hair daily as a part of their daily bath. Only 7.5% of the respondents did not practice regular hair washing. Different kind of diseases can be caused when the hair is not washed often. The respondents (52.5%) clean their teeth at least once a day. Washing the mouth is a very essential part in the practice of personal hygiene. Most of the respondents' use chewing sticks in place of tooth brush and toothpaste because they are not able to afford tooth paste all the time. They use the chewing stick more than once in a day; and there wasn't any incidence of tooth ache among the respondents. Germs are easily carried in the finger nails and these germs can cause diseases. This knowledge has helped 67.5% of the respondents' make nail cutting a weekly practice. The awareness of personal hygiene that the respondents have, has helped to make a large number of them practice regular nail cutting. These observations on the practice of personal hygiene among the respondent imply that the respondents were not only highly aware of personal hygiene, but also practiced various aspects of personal hygiene to a great extent.

4.4. Relationship between Personal Hygiene Practice and Hygiene Related Disease Occurrence

Table 2 earlier presented the level of awareness of hygiene related disease among respondents. The result in Table 2 showed that the awareness of hygiene related diseases among the respondents was limited to gastro intestinal diseases like cholera and diarrhea which were related to hand hygiene when introducing either food or drink to the mouth. Hand washing practice was therefore used as the proxy for personal hygiene in this section.

Occurrence of Hygiene Related Disease in Respondent Households	Frequency	Percentage	Mean
Practice of hand washing			
Yes	28	70	
No	12	30	
Incidence of disease			
Yes	8	20	
No	32	80	
Number of incidents of disease in the last one month			
0	32	80	
1	4	10	0.26
2	3	7.5	
3	1	2.5	
Number of incidents of disease among hand washing practitioners	8	28.5	0.29
Number of incidents of disease among non-hand washing practitioners	5	41.7	0.42

Table 4: Relationship between Personal Hygiene Practice and Hygiene Related Disease Occurrence
Source: Field Study, 2019

Table 4 shows the relationship between the practice of personal hygiene and occurrence of hygiene related disease of the respondents. Seventy percent of the respondents practiced hand washing. The awareness and practice of hand washing resulted in few incidences of disease occurrence (20%). The highest incident of disease was three times in the last one month, which was 2.5% occurring among non-hand washing households. The most common case of disease incident was one incident (10%) in the last one month. Over all mean incidence of disease among the respondents was 0.26 incidences per month. However, for the respondents, who practiced hand washing, the incident of disease among them was 28.5%, with a mean of 0.29. On the other hand, among the respondents who did not practice adequate hand washing, the incidence of disease was 41.75%, with a mean of 0.42 incidences monthly. In a study carried out by Istifanus et al. (2016) in an IDPs camp in Jos, the respondents had more cases of disease outbreak related to poor personal hygiene. The findings in this section suggest that the more people practice personal hygiene, the less the incidence of particular disease related to personal hygiene. This has economic implications because the lesser the incidence of disease, the less money will be spent on medication and care. It is clear from the findings also that there would have been very high

incidents of disease among the respondents were it not for the high level of awareness and practice of personal hygiene among the IDPs in the camp.

5. Conclusion

In conclusion, this study discovered that among the respondents interviewed in the IDPs camp in Maiduguri, most of them are aware of personal hygiene and their awareness has helped them to practice personal hygiene. The effect of the high level of awareness and practice of personal hygiene among the respondents is that only a few households suffered from hygiene related diseases resulting from lack of personal hygiene practice in recent times.

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