

THE IMPLEMENTATION OF HYGIENE PRACTICES IN EARLY CHILDHOOD EDUCATION CENTERS IN LONDANI SUB-COUNTY, KERICHO COUNTY

**Judy Chepkurui Kericho\* and Kabwos Rebecca**

1. Department of Education, University of Kabianga, Kenya
2. Department of Education, Kisii University, Kenya

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**ABSTRACT:** *Hygiene practices in Early Childhood Education are very essential. It helps the child to be strong, active, responsible, confident and perform well on the day to day activities. The study sought to investigate the implementation of hygiene practices in Early Childhood Education Centres. The study adopted the active learning instructional theory. The study used descriptive survey research design to investigate hygiene practices. The study was conducted in Londiani Sub-County, Kericho County. The target population comprised of eighty (80) early childhood educational centres out of which twenty four (24) were sampled for the study. The random sampling technique was used to sample twenty four (24) headteachers and forty eight (48). Research instruments included Questionnaires, Interviews and Observation schedules. Data was collected, then analyzed using descriptive statistics. The output was presented by the use of frequency tables, bar graphs and pie charts. The findings established that schools in Londiani have hygiene practices, but they are not fully implemented due to lack of proper facilities. The study concluded that toilets were dirty in majority of the centres which may affect the health status of the children causing absenteeism due to frequent sicknesses. The study recommended that County government be involved in supporting ECD centres to ensure that funding and purchase of proper facilities are made available in the schools.*

**KEYWORDS:** Hygiene, Implementation, Practices

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## INTRODUCTION

Personal hygiene is the practice of maintaining cleanliness of the body and it is done through bathing, hair grooming, and hand washing, brushing teeth, trimming nails and cleaning ears among others. Through these personal behaviours, social acceptances are gained. However, maintaining good or acceptable personal hygiene is seldom perceived and acknowledged as protection against diseases (Adams, 2007) According to the United Nations Children's Fund (2008) access to clean water and sanitation facilities does not necessarily result in improved health. There is evidence which indicates that hygiene behavior; in particular hand washing with soap at critical times, such as after visiting the toilet, and before eating and preparing food, is equally important. Hand washing with soap can significantly reduce the incidence of diarrhea, the second leading cause of death amongst children under five years old worldwide. Good hand washing practices have also been shown to reduce the incidence of other diseases, notably pneumonia, trachoma, scabies, skin and eye infections, and diarrheal-related diseases such as cholera and dysentery.

World Health Organization (2011) stress that it is important to make sure that information about health is accessible in public places. Such information should be made available in an eye-catching, uncomplicated and accurate fashion. Where appropriate, large posters, containing bright colors and well-chosen messages pertaining to health and hygiene, should be displayed in public places for the general education of the public. Schools and ECDE centres need to portray poster messages for the promotion of; Hand washing, use of refuse bins, care of toilet facilities and Protection of water supplies.

Health risks to which humans are exposed prove that good hygiene practice is essential. In fact, the spread of most new-world diseases, like bird flu and swine flu, has been attributed to a lack of hygiene (Suresh B.A, 2010). With this in mind it is clear that, if sound hygiene practices were more widespread, all people would benefit, including future generations. Good hygiene is actually a group of habitual practices that need our attention and should be inculcated in children at an early age, indeed, as early as possible.

According to WHO (2011), effective cleaning of hands and availability of clean water can go a long way in preventing of diseases in Early Childhood Centers. However, it notes that teachers seem to be lagging behind on how to teach hygiene and sanitation effectively. A study by Kelly et. al. (2014) in rural Kenya schools found out that of the 62 primary schools visited, 60% had hand washing water, 13% had washing water in latrine and 2% had soap. Latrines were structurally sound and 16% were clean. Most schools (84%) had separate latrines for girls, but the majority (77%) had no lock. Non-governmental organizations (NGOs) supported WASH by 76% of schools. Early Childhood Development Education (ECDE) globally and Kenya in particular has been recognized as a crucial program that lays a foundation for a child's holistic and integrated education that meets the cognitive, social, moral, spiritual, emotional, physical and developmental needs (Githinji & Kanga, 2011). For holistic development of children, proper hygiene practices need to be taught and practiced in the early childhood development centres. During the first three to four years of life, the child's brain is rapidly growing and adapting to the environment which makes it an important stage to learn good hygiene practices. It is therefore important to establish the implementation of hygiene practices in Early Childhood Education Centers in Londiani Sub-County, Kericho County.

## **LITERATURE REVIEW**

Water Aid America (2011) stated that good hygiene practices, such as hand washing and the safe disposal of faeces, are essential for maximizing the health benefits of safe water and sanitation facilities. According to UNICEF (2008), children's personal hygiene needs change dramatically during the early childhood stage, from something teachers do for them to something they learn to do for themselves. One of the most important self-hygiene tasks that preschool children need to master and practice is hand-washing with soap. Teachers should teach children in a very real and clear way on how germs are spread, and how hand washing kills germs.

It's important to spend time with young children practicing and teaching good hygiene at home or in school. The best way for children to learn positive health habits is by including them children's daily routine. Until children are able to do this, caregiver needs to take on the task (Elias, 2000).

Good hand washing, practiced frequently, reduces infection and remove dirt. Unwashed or improperly washed hands are the main carriers of infections. Children need guidance and reminders to wash their hands before they eat and after they toilet, play outdoors or handle animals. Set up hand washing sink with step stools children can start washing their hands or themselves. They should use liquid soap and paper towels (Kendrick, 2001).

Nails dirt and germs often hide under finger nails. Children scratch their genitals, put their hands in their diapers, pick their noses, scratch rashes, and put their hands in their mouths (Persadsign, 2008). Keeping children's nails clipped and clean, reduces the spread of germs to others. According to UNICEF (2006), it is important in developing countries to keep the mouth and teeth clean at all times. If oral hygiene is neglected, food particles caught between the teeth decay fast causing gum and tooth disease as well as bad breath. The tooth should be brushed and the mouth, flushed out with a lot of water. The water for rinsing the mouth either be clean water or with a little salt dissolved in it. In situations without proper toothbrush, traditional brushes like twigs of selected trees can be effective substitutes particularly in rural settings.

The nose, which is part of the respiratory system, contains hairs in the nostrils that filter dirt and germs from the air. The nose, therefore serves as a protecting device against the entrance of harmful substances into the lungs and circulatory system. Preschool children ought to be taught at all times to keep clean their nostrils by using a clean handkerchief or by blowing at intervals to remove the accumulated dust and spores. By doing this, the cases of infection, which most often starts in the throat can be reduced or controlled (Miguel, 2004).

## **THEORETICAL FRAMEWORK**

The theory used was active learning instructional theory. The strategies include a wide range of activities that share the regular element of involving learners in practicing (doing things) and thinking about the things they are doing (Bonwell & Eison, 1991). The theory was preferred because the implementation of hygiene practices entails the use of teaching resources and the use of practical instruction. The theory assumes that both the child and school characteristics and understanding of the process improve the teacher learner interaction. One exception to this generalization is Pollit's (1990) literature review of the relationships among school learning, malnutrition, infection, hunger, and sensory impairment. In that work, Pollit identified four determinants of school learning:

1. Student aptitude;
2. Time-on-task (including attendance and enrollment considerations);
3. Perseverance (i.e. Motivation, arousal, attention, vigilance); and, quality of instruction. He then assesses how malnutrition and

#### 4. Infection affect school achievement in terms of each of these determinants.

The model is useful for implementation of proper hygiene practices as an important contributor to educational outcomes.

### METHODOLOGY

The study adopted descriptive survey to investigate the implementation of hygiene practices in early childhood education. According to Cohen and Manion (1994) this design determines and reports things the way they are and commonly involves assessing attitudes and procedures. The researcher chose descriptive survey research design because it enabled the researcher to collect data from a wide population using questionnaires. It also allowed the researcher to use a sample of the population and generalized to the entire population with respect to the problem under study.

According to Kitchenham & Pfleeger, (2002) target population is that population to which a researcher wants to generalize the results of the study. In Londiani Sub-County, there are 80 ECDE centers both in public and private schools. The target population consisted of 80 head teachers and 160 ECD teachers from Londiani sub-county. These participants were used to generalize the results of the entire Sub-County. The researcher used questionnaires, interview and observation checklist to collect the data.

Analysis involved editing the questionnaire, tabulating and coding the responses. Qualitative analysis was used for open ended questions from questionnaires that require respondents to give their own opinions. Qualitative analysis involved making inferences from the headteachers responses from the open-ended questions. Further qualitative analysis was done on the views given by ECD teachers on hygiene practices available in their centres. This was done before editing, coding and reporting through descriptive experiences and opinion of the respondents. The raw data collected was then coded and analyzed using Statistical Packages for Social Sciences (SPSS). Open ended response was used to strengthen the findings of the study. The output was presented by the use of frequency tables, bar graphs and pie charts.

### RESULTS

Table 4.1: Hygiene Practices available

| Hygiene practice                           | F         | %          |
|--|-----------|------------|
| Handwashing with soap                      | 23        | 47         |
| Brushing of teeth                          | 4         | 9          |
| Cutting fingernails and keeping them short | 3         | 6          |
| Waste removal                              | 4         | 9          |
| Shaving of hair                            | 14        | 29         |
| <b>TOTAL</b>                               | <b>48</b> | <b>100</b> |

Source: Researcher (2016)

The respondents indicated several hygiene practices out of which 23 (47%) indicated that available activities was hand washing with soap while 14 (29%) said they taught and practiced shaving of hair or keeping hair short. Four (9%) indicated brushing of teeth and waste removal. Three (6%) said they teach and assist the pupils how to cut and keep the fingernails short. Vivas (2010) reported that diarrheal deaths occur worldwide due to inadequate hand washing and just being able to wash one's hands with soap and water can reduce the incidence of diarrhoea by 35%.

Table 4.2: Head teachers Responses on Availability of Hygiene Practices

| Respondents   | F  | %    |
|---------------|----|------|
| Available     | 21 | 87.5 |
| Not available | 3  | 12.5 |
| Total         | 24 | 100  |

Majority 21 (87.5%) of the headteachers indicated that hygiene practices were available in their schools while only 3 (12.5%) said they were unavailable.

Respondents were further given the opportunity to explain their attitudes pertaining to hygiene knowledge and practice beyond what was elicited through the questions. They were encouraged to answer the questions from a personal perspective. The findings are summarized in the table below;

Table 4.3: Teachers Responses on Knowledge of Hygiene practices

| Respondents  | Yes |    | No |    | Total |     |
|--|-----|----|----|----|-------|-----|
|  | F   | %  | F  | %  | F     | %   |
| Pupils are aware have been taught to wash hands after visiting latrines and before and after meals | 40  | 83 | 8  | 17 | 48    | 100 |
| Pupils know that keeping proper hygiene practices is for their own health benefits                 | 45  | 94 | 3  | 6  | 48    | 100 |
| They are vast with proper garbage disposals  | 30  | 62 | 18 | 38 | 48    | 100 |
| Pupils have been taught to brush their teeth   | 24  | 50 | 24 | 50 | 48    | 100 |

The results of the findings indicate that majority 40 (83%) of the respondents agreed that their pupils have been taught to wash their hands after visiting latrines and before and after meals contrary to 8 (17%) who disagreed. According to the World Health

Organization (WHO) (2011), hygiene interventions, including hygiene education and promotion of hand washing can lead to a reduction of diarrheal cases by up to 45%. By getting children to wash their hands, which is usually the first line of defense against the spread of many diseases, the rate of infection is reduced significantly. On whether pupils have knowledge of proper hygiene practices, 45 (94%) indicate that they have taught their pupils about the benefits of proper hygiene while only 3 (6%) declined. This is in agreement with UNICEF (2000) which asserts that there are a variety of ways of achieving proper hygiene goal will be achieved through hygiene lessons for children in schools and the encouragement of children to demonstrate good hygiene to their families and communities. However, on garbage disposals, it was noted that 32 (62%) agreed that the pupils are vast with proper garbage disposal while 18 (38%) do not know. This implies that the pupils may have been taught and know proper garbage disposals but they do not take it seriously that's why litter may be found anywhere. The Kenya safety standard manual Republic of Kenya, (2008) stipulates that poor disposal of liquid and solid waste can also result in health problems to learners. Twenty four (50%) of the respondents agreed that they teach their pupils on how to brush their teeth and the importance of brushing their teeth while the same number indicated that they have not taught them.

## **DISCUSSION**

The study noted that the most common hygiene practice taught and available in the region was hand washing with soap. 47% of the school activities were hand washing with soap while 29% said they taught and practiced shaving of hair or keeping hair short. A few schools had the pupils brush their teeth, cut finger nails or remove waste. On knowledge of hygiene practices, the results noted that 83% of the respondents stated that pupils have been taught to wash their hands after visiting latrines and before and after meals contrary. This contradicts the observation made by the researcher which indicated that the majority of the pupils did not wash their hands after visiting either the urinals or toilet. On pupils have knowledge of proper hygiene practices, 94% indicated that they have taught their pupils about the benefits of proper hygiene. The teachers further indicated that they teach proper hygiene practices like brushing teeth and the importance of brushing the teeth.

## **CONCLUSION AND RECOMMENDATION**

The study concluded that the most common hygiene practice being implemented in the ECDE centres in Londiani was hand-washing with soap. The hygiene and sanitation policy recognizes that effective educational systems must ensure that children are healthy and able to learn. Good health, increase enrollment, reduces absenteeism, and brings the poorest and most disadvantaged children to school. Initiatives for such children include school feeding programs, hygiene and sanitation initiatives. Leger et al (2010) argues that not only does the provision of good education, improve health outcomes, it also actively promotes health in schools. This can improve both academic and health outcomes of ECDE learners. The study recommended that the introduction of a hygienic practice in ECDE curriculum be included as an independent subject which will ensure that more time is allocated for the same.

## FUTURE RESEARCH

In relation to the findings and the conclusion of this study, the researcher recommends further studies be conducted on the best methods to teach early childhood learner hygiene practices.

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