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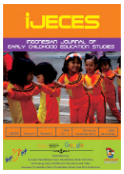

# Personal Hygiene Learning in Preschool Classroom

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## Abstract

The present study examined: what personal hygiene habits which preschool's teacher incorporated into their classroom, how they incorporated it into the daily activities, and how often such activities were done. A descriptive study was designed to examine the personal hygiene learning in preschool during August-October 2017 in Java, Indonesia. A total of 29 preschool's teacher asked to join this study. An interviewed guideline was used to collect the information. A thematic framework was sorted from verbatim transcripts. The results of the study indicate that the most incorporate activities were hand washing, showering, toilet training, cleaning the ears, and cleaning the hairs. The least incorporated personal hygiene activities were cutting the nails and cover the mouth when getting flu and cough. Personal hygiene activities such as hand washing were used to keep our body healthy and far from bacteria were the most reason used by the teacher to explain to the children how important of personal hygiene was. The study recommends the need to make personal hygiene learning education as the core component of preschool teacher's training. So, they can incorporate this learning into preschool's curriculum.
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## INTRODUCTION

Children's health is related to the body affected by the environment so that it can be safe or susceptible to disease (Aburaghif, 2015). The environment which familiarizes children to maintain good hygiene can encourage children's health both physically and psychologically. Children with poor personal hygiene can be ridiculed by other children because of the dirty bodies, the dirty clothes or the greasy hair. This type of criticism can jeopardize their self-esteem and make them increasingly negligent towards themselves (Vismita, Nishi, & Surbhi, 2014). Children may become the most at risk of getting sick. Children are most vulnerable to infectious diseases because of their low immune systems. Moreover, they like to put their fingers into their nose and mouth (Randle, et.al., 2015). Many children do not know if hand washing is needed to reduce cross-transmission. Infection can be transmitted directly through direct contact with a person or indirectly through a contaminated object. Personal hygiene activities such as hand washing. Hand washing with soap is one of an activity that can prevent diseases such as diarrhea to prevent the occurrence of bacterial infection of the body (Kariuki, et.al., 2012).

Children who follow an early care program are more likely to get sick because they exposed to the virus that other friend might bring (Augustine, Crosnoe & Gordon, 2013). Children need to get used to always keep themselves clean. Early experience will determine the future behavior. Children who are used to have clean living can develop healthy behaviors, while children who never get used to having a clean living will always have problems with health and even penetrated in social problems due to smell or unpleasant appearance. In this situation, children need caring from adults who are able to provide the right stimulation. They are usually families and teachers at school (Aydos & Tugrul, 2015). However, not all preschoolers are taught personal hygiene when at home. Different occupations, education, and parental concerns impact the children for not having the right personal hygiene learning. Educational professionals such as preschool teachers should educate the children personal hygiene. Therefore, health can serve as one of the goals of the preschool program (Brewer, 2014).

Personal hygiene learning involves hand washing, regular bath, hair hygiene, and cleaning of used clothes including shoes and sandals (Aslan, 2006; Hegde, Kar, Lekshmi, & Mathew, 2016; Yılmaz & Özkan, 2009). This behavior must be established since early years of living so it can become a routine pattern of behavior. Establishing the behavior when adults will be more difficult than when it was a child. Children aged two years have been able to learn independence so they can be taught toilet training. How to flush the vital and impurities correctly can be introduced in early years. Good personal hygiene learning in preschool can be an effective prevention of infectious diseases (Lal & Kavitha, 2016)

School is the ones who organize children's knowledge, skills, habits, and beliefs (Berns, 2010). Therefore, the importance of health should not only be addressed by those working in the health sector. From simple things, preschool teachers can provide a clean environment, area, toys (Sherriff & Golding, 2002), and familiarize children with personal hygiene correctly. However, a study has shown that preschool teachers have not fully made concerted efforts to include some health issues in early childhood learning (Obeng, 2008). The low number of teachers who have not familiarized children put toys into the mouth and close their mouths when sneezing and cough can make the spread of bacteria and allergies are easy especially in the preschool environment. Furthermore, research by Ooi, Tan, & Pau (2015) shows that not all preschool's teachers care about children's dental health. Some teachers interviewed said brushing teeth was a complicated activity to do and oral hygiene was the responsibility of a parent or dentist. Because teachers feel that their mastery of material or knowledge of dental health is limited, dentists are trusted to provide instruction to children. Preschool teachers should help the children understand that they can choose a healthy lifestyle or not since early at school. Personal habituation from an early age will be carried by the children until his old life. From the description above we can see that the children's health was associated with personal hygiene learning both at school and at home. Furthermore, early childhood education is multidisciplinary, covering a wide range of disciplines. Preschool teachers not only stimulate the six development aspects, but also health and personal safety. Therefore, scientific studies of personal hygiene learning in preschoolers are necessary. This study would be better done in the preschool classroom. Several literature reviews on child health education below show that there has been little research concerning the topic of personal hygiene or health education in preschoolers. This research can complement it.

The importance of schools providing personal hygiene learning for preschoolers has been revealed by several studies. For example, in a

research on environmental health that can be integrated into educational systems such as those done by López-Alcarria, Gutiérrez-Pérez, & Poza-Vilches (2014). The study is a descriptive study such as research to be conducted in this paper. The sample consisted of male and female teachers enabling the diversity of interview results seen from two genders. The results note that most of the participants interviewed revealed they agreed to include environmental health education in the school curriculum.

Toyama (2016) also had attracted researchers to learn more about how teachers arranged handwashing lessons in preschoolers. The study conducted by learning observation which was done in two sections, 32 days per section during lunch. Preschool teachers often asked the children to keep hygiene behavior liked hand washing but less explanation. They only used a single word or phrase liked a command line, "clean your hands, or you'll get sick". This suggests that teachers simply discipline children to wash hands, while medical explanations are less emphasized. The two studies have not revealed what health learning program should be incorporated in preschooler and how often it should do, so can be integrated into school curriculum. Therefore, emphasis should be placed on introducing hygiene and health lessons in preschools into the curriculum. This study aims to illustrate the extent to which preschool teachers have been educating children of personal hygiene by answering the following questions: (1) what personal hygiene habits which preschool's teacher incorporated into their classroom, (2) how they incorporated it into the daily activities, and (3) how often such activities were done.

## METHOD

The population of the study was preschool teachers in Yogyakarta, Indonesia. Twenty-nine (29) preschool teachers took part in this main study. All of them were female and bachelor with different working periods. Interviews for the descriptive study were conducted from August to October 2017. Before conducting the research, the researcher asked permit to the principal. Then, they gave the names of teachers who could be interviewed. The interview was done after the children went home. The researcher and the teacher conducted the interview with a quiet atmosphere in the classroom using the recording machine. Researchers use open interview guidelines on personal hygiene activities that teachers taught to preschoolers. Activities that have not been mentioned by the teacher, asked by researchers on an ongoing basis. Teachers were also asked if they had ever met a child with poor personal hygiene.

Interviews which had been recorded then were written transcripts in a file. The process of encoding for the in results was done independently by the researcher. Topics found include routine personal hygiene activities, personal hygiene issues that have been explained to children, obstacles to personal hygiene behavior in children. The analysis is done by calculating the percentage of the coding result. Qualitative analysis is conducted from the open interviews. The coding result then analyzed so it can shape a theme.

## RESULTS AND DISCUSSION

An analysis of the data shows hand-washing was the activity that incorporated by the highest number of the interviewed participant (93%). This was followed by activities on toilet training (37%), toothbrushing (34%), cleaning the ears (31%), cleaning the hairs (27%), and cutting the nails (17%). Covering the mouth when getting flu and cough were incorporated by 7% of the teachers in the population sample.

### *a. Hand-washing*

Hand-washing was the most incorporate activity which had done by all preschool. It was done before and after ate, after using the toilet, after done the motor activities, and after threw the trash. The teacher always remembered the children to get their hand washed properly with hand soap which was prepared near the water faucet. This consistent with Obeng (2008) that handwashing was the most activity incorporated by surveyed participants in her research. It included appropriate used of hand-washing soaps, handwiping towels, and let the children know when and how to actually wash their hands. In our result, before the children washed their hands, 75% teachers said that they had introduced the handwashing steps according to WHO (2009). The six steps of hand washing were introduced with a song. One teacher noted:

*"We introduce the handwashing steps with the song. The lyric was like this: there are six steps of handwashing. Start from front to back. Between fingers, fingernails, knuckles. Thumb on the wrist. Then, our children take this happily."*

Except with a song, the teacher also prepared the hand-washing poster behind the water faucet. It used for remembering the children done the steps properly. According to Vinci et al.,

(2010) poster is identified as the media which can most influence a person's behavior change. Moreover, a poster is designed by an artistic expert so that it can display interesting image. With a clear and big picture, the children could follow it easily. The teacher explained the children about the importance of hand-washing. They said that handwashing was used for ignoring our body from bacteria-caused illness. So, they underlined the importance of hand-washing before the children ate. The dirty hands could cause illness. The food held by dirty hands could enter the body. It caused pain and had to be taken to the hospital.

The hand-washing activity was not always done well. Sometimes, the children didn't want to do it because they didn't practice it at home regularly. The teacher helped them with gave the example how to wash their hands properly with soap. One teacher noted:

*"When there is a child who does not want to wash hand, we persuade her for washing hand together. Helping them. Then, the teacher gives an example how to washing hand properly."*

Habits of hand washing can be influenced by psychological factors. Aunger et al., (2010) revealed that the automatic or habitual responses, motivation or goal-driven behaviors to satisfy needs, and cognitive cases which reflect conscious concerns were three possible causes of the child willing to wash hands properly as directed by the WHO. The third thing is influenced by the environment both parents and teachers.

Second, another problem of hand-washing was the parent's role. The limit's time that parent had maybe was not enough for them to teach the children how to wash hand properly. So, they didn't accustom to keep their hands clean after and before eating. The importance of parental roles to the personal behavior of child hygiene was explained by Usfar, Iswarawanti, Davelyna, & Dillon (2010). They demonstrated that the way a mother conceptualizes children's health could determine her actions when children got sick. Their study was concern about diarrhea. Mother's perception would determine her action at home what health behavior which should be familiarized in children.

Third, school's facilities. The hand-washing facility was not completed with soap and towel. The form was also not interested in children. So, the children felt uncomfortable. Fourth, the children loved playing the water and the soap. It made another child felt worried to get wet. The children did the hand-washing properly when they get the teacher accompanied them. But if there was no teacher there, they do it fast and did not properly. One teacher noted:

" Consistencies. Sometimes, if it is waited by the teacher, they will wash hand properly. But if there is no teacher there, they always do it hurry."

Not all preschool required washing hand with a soap and used flowing water to wash the children's hands. The researcher found one school that according to the teacher, they did not learn the children washed hand with a soap. So, they just washed hand with water. Another preschool also did not use flowing water to clean the dirty hands. They used a water basin used alternately for all the children.

***b. Toilet training***

Toilet training can be learned by a child since 12-24 months they born (Nursalam, Susilaningrum & Utami, 2008). This needed physic, psychology, and intellectual readiness for controlling pee and poop. Toilet training was one of the indicators of preschooler's independencies. Because it is very important, 48% participants told that they gave the training every day. The children were accustomed to take off and wear their own pants and flushed the genital area and also the closet. But if a child could not take off yet his pants, the teacher would help. One teacher noted:

"If a child cannot take off his pant and flush his genital area by himself yet, we help them. When flushing his genital area, the left hand should be behind and the teacher help to flush."

What the teacher did call as modeling technique. Hidayat (2004) suggest that modeling technique is done by giving an example of how to flush and the children imitated how to use the toilet correctly. Teacher remembered and gave the time for the children to go to the toilet after marching in front of the class, before the lesson time, and before had a rest time. They let the children who had good independency to go toilet by their self and accompanied them who were not yet. But another teacher also said that they always accompanied the children whenever they wanted to peep or poop.

The problem the teacher found was the children did not flush their genital area when they were not accompanied by the teacher, especially for a boy. Another problem was the children were wearing pants with zippers. It made them difficult to remove and wear them on his own. The teacher suggested that the children should wear trousers. So, they can learn how to take off and wear easily.

Another problem was the children never

used to the toilet when he poops. One of the participants told that there was a child who never would go to the toilet when he felt poop. It is caused he was used to a river. Then, the teacher asked for trying used toilet. They taught him for flushing correctly with soap. The last problem was the teacher did not familiarize both girls and boys peep by squatting. One teacher noted:

*"When toilet training, the boy still do it by standing up.*

The most appropriate ways of having peep are with squatting both girls and boys (Veljovic, 2012). The squatting position gives more pressure than when standing. The pressure on the bladder make the urinary excretion increases. Increased urinary excretion can reduce the risk of urinary tract infections. Therefore, teachers should familiarize both girls and boys for poop in a squatting position.

***c. Cleaning ears***

A total 44% of participants told that they remembered the children to clean the ears once a week. The ears checking was done every Monday or Friday. Another teacher told that the ears checking were done once a month. Two participants explained that the checking was done by a doctor or healthy party. Participants who checked the cleaning of the ears by herself explained that when she checked and got the dirty ears then asked his parents to clean. It was done when the parents picked the children up. But other teacher said that some still had not cleaned their ears even though parents had been given a message. One teacher noted:

"When we check the cleaning of the ears, there is a child who never cleans up his ears. It happened for three times in a row."

The outer ear can be cleaned periodically using a clean and soft cloth (Meeks, Heit, & Page, 1996). This can help reduce the buildup of earwax in the ear canal. If the ears are already in a very dirty state filled with cerumen, then clean it with cotton buds slowly and with gentle movements. The middle ear or ear canal entering the cotton buds can hardly pierce the eardrum. The other problem the teacher found was the parent did not attentive until his ears fester. Another worse problem has had the fever because of his ears produced yellow liquid. The teacher must send him home

***d. Tooth brushing***

A study from Sun, Bernabé, Liu, Gallagher, & Zheng (2017) showed that certain early life factors were associated with childhood dental caries among Chinese pre-school children. Children who started brushing earlier had lower caries experience by age 5 years. Their research underlines that caregiver should use to tooth brushing earlier. In our result, a total of 72% participant, had taught tooth brushing to the children. For those who had the full day program, tooth brushing activity was done when the children showering. But for those who have half-day programs, they were taught how to brush on a special theme like water theme, our needs theme, and environment theme. One teacher noted:

*"We ever taught how to brush correctly to the children when in our needs theme because health is included in our needs."*

One participant said that tooth brushing was not one of the main parts of learning in preschool. It needed more time, meanwhile, the accentuation was six development aspects as cognitive, language, motor, moral, social-emotional, and art. One teacher noted:

*"The personal hygiene routines was just only hand-washing. For toothbrushing we do not do yet because it needs special time, 25 minutes is not enough. Meanwhile, this preschool must stimulate six development aspects of the children. The tooth brushing was learned on my self-theme and water theme."*

The preschool who had half day program did not practice how to brush. So, it just learned by looking at a picture or video. Other participant said that this became a routine activity that held once a week or once a month. The children asked to bring a small cup, toothpaste, and tooth brushing from home and they practiced it to gather at school. The teacher gave an example and the children follow it easily. This consistent with the result of research by Makuch, K.Reschke, & S.Rupf (2014) showed that learning about correct brushing was more effective when done directly by the child with the teacher demonstrating how to brush the teeth. Models that used humans directly have greater learning outcomes than a tooth doll. Even though the tooth brushing program had announced before, a participant said that the parents still forget and did not bring it for their child.

*"There was a child who might be never brushed his teeth because the parent did not familiarize him at home. Then, when the school had a program, he did not bring because he did not have."*

The teacher also said that the children sometimes felt pain in her teeth. It because they ate

the chocolate or candies too much and then left in their teeth. It made a toothache and they cried all day long. Therefore, it is necessary to have a limitation to bring sweet snacks that can cause tooth disease. Boundary determination of snacking can be one of the untreated dental caries prevention factors (Bonotto, Montes, Ferreira, Assuncao, & Fraiz, 2017). Another problem was that because the children brushed the teeth too strong, it made their gums bleed.

***e. Nail cutting***

A total of 45% of participant had always remembered the children to cut their nail and kept it always clean. The teacher checked it once a week by their self. They remembered the children with a song on Friday or on Saturday. Then, when Sunday came, they checked the nail. If a child did not clean it, then the teacher helped. A teacher said that it did because her mom was busy and did not have a free time to cut it. This looked like the teacher knew well how busy parent was. One teacher noted:

*"…sometimes the children's nails were long, we helped them to cut it because maybe their parents were busy."*

According to the teacher, nail cutting was done to keep cleaned and get free from germs. They also explained to the children if the nail got dirty, the germs would get into our body. One teacher noted:

*"When a child had a dirty nail, we told them that it would have many ova. You can ask the teacher or your mom to cut it at home. If you eat, you will get the stomach ache. Our explained are simple for children's understanding."*

The teacher also said that there was a child who was scared to cut his nails. He thought that the cutting will hurt his nails. So he did not want to cut it. Another problem was the long nails made a child felt pain on his skin. It because the child scratched too hard with long nails. This consistent with Dingwall (2010) that nails with dirt underneath could spread infections and nails that were not smooth could cause injury and infection. Nails should be clean, short and smooth. Nails need to be kept clean and short but not too close to the skin. Nail care can use special cutters that are used individually. The nail cutter should not be used in conjunction with others because it causes the movement of the fungus.

***f. Hair washing***

Only 27% of the participant that explained the importance of hair washing to the children. The teacher checked for the hair on Monday, once every two days, and another said that it did once a month. But another teacher said that the hair cleaning was the parent's responsibility. So, they just message the parent to clean it. The teacher explained to the children that hair must always be clean in addition to free from germs, had a good smell, and to keep it healthy. Another teacher explained that if we did not wash our hair, it can be a hair louse dorm and dandruff. One teacher noted:

*"If you do not wash your hair, it will be nice for the louse to stay there and cause itching."*

Lice can easily spread through objects such as carpets, pillows, bed sheets, hats, brushes, and ribbons from infected children (Bowden, 2012). Children affected by head lice like to scratch their heads firmly. Nits can be seen easily when the child is under bright light. However, lice always avoid the light and can crawl quickly so it will be difficult to remove (Rollins, 2010). Sometimes, nits are difficult to distinguish from dandruff. Therefore, the school as a meeting place for children from various environments and backgrounds should be vigilant if there are children who have been infected with lice and educate parents how to prevent and eliminate hair lice. Then, the teacher also said that messy hair was also a child's problem. It made them looked not neat. This consistent with Berman, Snyder, Kozier, Erb (2008) that hair washing has three benefits: stimulates blood circulation in the scalp, distributes oil throughout the hair shaft, and facilitates hair to be tidied.

***g. Behavior when get flu and cough***

A total of 7% teacher said that they taught the children how to close their nose and mouth when got flu and cough. The children must close their mouth when got a cough with their elbow, not palm because it can cause the bacteria's spread. After having cough or flu, the children washed hand. Flu and cough can spread rapidly among children and caregivers in daycare (De Perio, Wiegand, & Evans, 2012). Moreover, five-year-olds are very vulnerable and have limited ability to practice hand hygiene properly. Viruses pass through the air and can enter into healthy body children through the nose or mouth. In addition, the virus can also stick to things that have been held by a child who had wiped snot. School is one of the highest environments in which children can catch flu or a cough (David, 2004)

The low number of teachers who have introduced ethics when coughing and flu should be a concern when arranging school's curriculum.

The disease prevention strategy in the school curriculum can significantly improve understanding of children's behavior while being sick in addition to improve personal and community health. By Koep et al., (2014) it is called "Prescription Education" where the curriculum also contains themes about how to prevent infectious diseases such as ethics when flu and cough and the importance of maintaining hand hygiene.\

## CONCLUSION

The results showed that all participants had attempted to incorporate personal hygiene learning in preschool. Hand washing was the most personal hygiene activity that had been widely taught. Researchers also highlighted issues of nail hygiene and appropriate behavior when getting flu and cough although most participants have not yet incorporated it into learning. This can have implications for practice. Children who were involved in early care have a higher chance of getting sick because infected with the virus that might be brought by their friend (Augustine, Crosnoe, & Gordon, 2013). Especially, when the classroom used air conditioning. If one child got sneezing or coughing, it can be quickly transmitted to another friend due to the air flow by the air conditioner in one room. The right attention to incorporate personal hygiene in preschool learning will help children get the healthy lifestyle. It is not only beneficial to the child's self but also to those around him.

The above issues also have considerable implications for practice. In particular, educational policyholders may invite directors, principals, and all stakeholders to ensure that teachers include and apply health education in the preschool curriculum. Preschool teachers must understand that their job is not just an academic knowledge giver but also as a shaping of early childhood behavior that will be the foundation of for child's adult life. Therefore, health education is recommended as one of the core components when there is teacher training (Obeng, 2008). Future research should also investigate the factors that cause preschool teachers have not fully educated personal hygiene to children properly.

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