

# Attitudes Towards Personal Hygiene Among Elderly Male and Female Buddhists in Kuleshwar, Kathmandu

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## ABSTRACTS

*This study presents the attitudes on personal hygiene practices among the male and female elderly Buddhists. The main objective of this study was to analyze and compare the attitude of male and female elderly Buddhists towards the personal hygiene practices. The study was completely based on descriptive research design as well as in quantitative nature. Total 70 respondents including 35 male and 35 female elderly Buddhists were selected purposively. In this study, the Likert's attitude scales with five alternatives separately for male and the female elders were used to collect the data and attitudes. It was found that most of the male and female elders had positive attitude towards the personal hygiene practices. It is concluded that there is no significant difference on male and female elders' attitudes towards the personal hygiene practices. Both have similar attitudes in terms of this perspectives.*

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**Keywords:** Buddhists, elders, personal hygiene, health care, attitudes.

## Background of the Study

Health is major concern for human beings. "Health is not mainly an issue of Doctors, social services and Hospitals. It is an issue of social services and Hospitals. It is an issue of social justice" ( Park 1994: 392 ). Majority of people are poor in knowledge, attitude and practice about health, hygiene and sanitation. Similarly, there are so many socio-economic and cultural factors which determine the level of health of the people.

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Community people cannot develop their every aspects of life without personal hygiene and healthy environment. Personal hygiene and sanitation is essential for all the human beings (Tuladhar, 2019). In Nepal, the distribution of pure drinking water is very poor in village areas as well as in town. Sewage system is poor. Most of the people have no knowledge about community health and hygiene. Ageing is a privilege and a societal achievement. It is also a challenge, which will influence all aspects of 21st century of society. It is a challenge that cannot be addressed by the public or private sectors in isolations. It requires joint approaches and strategies (WHO, 1998, cited in Bohara, 24, 2000).

Ageing is a natural outcome of demographic transition from higher fertility and mortality to low fertility and mortality, an increase in the longevity of the individuals or an increase in the average length of life pertaining to a population resulting from improvements in the quality of the environment and from medical advances. Among other factors, the old age is a relative concept. Demographic analysis considers 65 years of age as the old age for international comparison of elderly people. The World Assembly on Ageing adopted as its focus of concern on population the aged 60 or over as elderly population. The age 60 is also convenient one for its statistical analysis. The United Nations considers 60 years as the boundary of old ages (Marcoux, 2001: 134).

In a scenario of the country like Nepal, old aged population was 5.19 percent (CBS, 1961), 5.62 percent (CBS, 1971), 5.74 percent (CBS, 1981), 5.8 percent (CBS, 1991), 6.5 percent (CBS, 2001) and 8.13 percent (CBS, 2011) which indicates the growth rate of old age population was in increasing trend. In a country like Nepal, early age retirement and low salaries with a life expectancy might not support old age people for the successful old age. An elder redirects has old age consists age hearing or surpassing the average life span of human life cycle (CBS, 2011).

At present, elder age people are affected by modernization. Therefore, modernization is good for most people but it may not be equally good for all especially for the elderly people. However, our societies cannot withstand the force of modernization trends reinforced through increased rural-urban migration, urbanization, international conflict and social change, these have not only increased physical distance but also the social distance. However, this situation has directly and indirectly affected the elder people's life style and daily activities (Singh, 2019).

Hygiene is defined as science of health for healthful living which is close relative of epidemiology. Its aim not only at preserving health, but also to live in healthy relationship with the environment. Health and hygiene of every human being are vital in overall development of a country. The problems of health and hygiene are more in the third world countries. Nepal is one of the least developed country, so, it faces many serious problems including health hygiene and sanitation (WHO, 1080).

Hygiene is a way of life, it is a quality of living that is expressed in the clean home, clean farm, clean business, clean neighborhood and the clean community. Being a way of life, it most comes from within the people; it is nourished by knowledge and grows as an obligation and an ideal in human relation (Park, 1994: 392).

Hygiene deals with practices that helps in the maintenance and promotion of individual health physically, mentally, emotionally, socially and spiritually. Personal hygiene helps in maintaining a good and clean physique, good muscle strength and also to maintain clean mouth and teeth, free from carries etc. Similarly, sanitation and hygiene comprise of keeping eyes, ears and nose in a healthy condition and free from all types of infections (Shrestha, 2018).

Sanitation and hygiene behavior is an important aspect of human life. It refers the individual's health practices which promotes his/her health status (GTZ, 1999).

Health is a huge amount of wealth. Health is a normal condition of body and well- being of physical, mental, psychological and social. Therefore, we have to pay affection to keep our body clean, good looking and healthy. If we can pay attention to our personal health and personal hygiene, we will be able to stay free from several diseases. Personal hygiene includes taking care and cleanliness of the body, skin hair, eyes, ear, nose, mouth, teeth, legs as well as our clothes. It is necessary to pay attention to cleanliness of our bodies, clothes and our homes; if proper attention is not given to personal hygiene, we may get sick. Therefore, prevention is better than cure for well- being of health. The unhealthy behaviour will make people's life more difficult and painful (Sharma, 1993).

Attitude is a qualitative subject and numbers or symbols that are provided for the measurement of qualitative subject. Thus, various scales can be used for the measurement of attitude of human beings. There are different methods of attitude scales that can be used but among the various scales Likert's attitude scale is widely used method in educational research (Kothari, 2009).

Present study emphasizes on the attitudes of male and female elders on personal hygiene practices. The study intends to answer as, is there any positive or negative attitude of male elders towards the personal hygiene practice? Is there positive or negative attitude of female elders towards the personal hygiene practice? Is there any difference in attitudes between male and female elders towards the personal hygiene practices?

### **Objectives of the Study**

The main objective of this study was to analyze and compare the attitude of male and female elders towards the personal hygiene practices.

## Research Hypothesis

- There is a positive attitude of male and female elders towards the personal hygiene practices.
- There is a significant difference between male and female elders attitudes towards personal hygiene.

## Statistical Hypothesis of the Study

- H0: There is a negative attitude of male elders towards the personal hygiene.
- H1: There is a positive attitude of male elders towards the personal hygiene.
- H0: There is a negative attitude of female elders towards the personal hygiene.
- H1: There is a positive attitude of female elders towards the personal hygiene.
- H1:  $\mu_1 = \mu_2$  (null Hypothesis)
- H0:  $\mu_1 \neq \mu_2$  (alternative Hypothesis)

Here,  $\mu_1$  and  $\mu_2$  are parametric means of the attitude of male and female elders respectively.

## Methods and Procedures

This research is based on descriptive design as well as qualitative and quantitative in nature. This study was conducted to investigate the attitudes of male and female elderly Buddhists towards the personal hygiene practices. Thus, the populations of the study consisted of Buddhists community elders of Kuleshwar, Kathmandu and all total 70 respondents including of 35 male elders and 35 female elders were selected by using purposive sampling method.

In this study, two sets of Likert's attitude scales with five alternatives such as: Strongly Agree, Agree, Undecided, Disagree and Strongly Disagree were used to determine the attitude of male and female elders towards the personal hygiene practices. The scale consisted of 10 statements for male elders and 10 statements for female elders. Self administrative technique was applied for data collection. The researcher has used statistical test device t-test at significant difference. The t-test was used to investigate significant difference between mean score attitude of all male and female elders towards the personal hygiene. If the mean score stands similar, than there is no significant difference.

## Result and Discussion

There were altogether 10 statements for male elders and 10 similar statements for female elderly Buddhists for the study. The following statistical techniques were applied to verify the hypothesis of the study.

- The t-test was used to test the significant difference between mean attitude scores of the male and female elders towards the personal hygiene.
- All tests were tested at 0.05 level of significances.

## Male Elderly Buddhist's Attitudes towards the Personal Hygiene

There were altogether 35 male elderly Buddhists considered for the study. The attitudes of the male elders were measured in total percentage score. The scale was categorized into five alternatives.

**Table 1: Male Elders Attitudes towards the Personal Hygiene (n=35)**

SN	Hygiene Practices	SA	A	UD	D	SD	T-Score
1	Daily exercises/ yoga is needed	20%	20%	30%	20%	10%	100%
2	Regular hands and foot cleaning	30%	40%	10%	10%	10%	100%
3	Clean water for cleaning	20%	10%	40%	20%	10%	100%
4	Daily teeth brush is needed	10%	10%	40%	20%	20%	100%
5	Clean clothes is necessary	10%	30%	30%	20%	10%	100%
6	Daily bathing is needed	10%	10%	40%	20%	20%	100%
7	Filtered water is needed	10%	20%	30%	30%	10%	100%
8	Always using toilet	20%	30%	20%	20%	10%	100%
9	Timely cutting nail and hair	20%	20%	30%	20%	10%	100%
10	Hand wash before/ after eating	10%	20%	40%	20%	10%	100%

The first statement- 'daily exercises and yoga' indicated that 40% sampled male elders were agreed to this statement and only 30% had opposite attitude to the statement. So, it is concluded that daily exercises and yoga are needed in elderly ages. Although, health sciences had also recommended that exercises and yoga are good for all ages.

The second statement- 'regular cleaning of hands and foot' indicated that 70% respondents had positive attitude towards regular cleaning of hands and foot and only 20% had opposite attitude. So, it is concluded that regular hands and foot cleaning process is good for healthy being in the elderly age. Medical science says that more than 40% communicable diseases can be prevented by regular cleaning of hands and foot.

The third statement- 'use of clean water' indicated that 30% were agreed, 30% were disagreed and 40% were neutral to this statement. So, it is concluded that they may have less awareness towards the clean water due to water supply system in Kathmandu.

The fourth statement- 'daily teeth brush' indicated that only 20% elders had positive attitude on daily teeth brush similarly 40% respondents had opposite attitude to this statement and rest 40% were neutral. So, it is concluded that they had practiced unhygienic oral health behavior due to less awareness on regular teeth brush twice a day.

The fifth statement- 'clean cloths' indicated that 40% elders agreed with this statement and only 30% had opposite attitude towards the need of clean clothes due to improper facilities of water supply system in Kathmandu. So, it is concluded that clean cloth are needed for being health and hygienic forever.

The sixth statement- 'daily bathing' indicated that only 20% elders had positive attitude and rest 40% had opposite attitude and 40% were neutral. So, it is concluded that age, care, cold and insufficient water supply are the main reason of negative attitude.

The seventh statement- 'need of filtered water' indicated that only 30% had positive attitude and 40% had opposite attitude on use of filtered water. So, it is concluded that they had less awareness toward filtered water. While filtered or treatment water is necessary for healthy being.

The eighth statement- 'using toilet' indicated that 50% elders were agreed with the statement and only 30% had opposite attitude to the statement. So, it is concluded that the use of toilet is necessary for all people. Health science is also favor of use of toilet for the prevention of communicable diseases.

The ninth statement- 'cutting nail and hair' indicated that 40% respondents were favor of regular cutting of nail and hair and only 30% had opposite attitude to the statement. So, it is concluded that the properly cutting of nail and hair is good for health.

The tenth statement- 'hand wash before and after eating' indicated that 30% elders were agreed and 30% were disagreed. Similarly, 40% were neutral to the statement. So, it is concluded that they had less practices of hand washing. While hand washing is necessary for healthy being.

### Female Elderly Buddhist's Attitudes towards the Personal Hygiene

There were altogether 35 female elderly Buddhists considered for the study. The attitudes of the female elders were measured in total percentage score. The scale was categorized into five alternatives.

**Table 2: Female Elders Attitudes towards the Personal Hygiene (n=35)**

SN	Hygiene Practices	SA	A	UD	D	SD	T-Score
1	Daily exercises/ yoga is needed	10%	20%	30%	30%	10%	100%
2	Regular hands and foot cleaning	30%	30%	20%	10%	10%	100%
3	Clean water for cleaning	20%	30%	20%	20%	10%	100%
4	Daily teeth brush is needed	10%	20%	40%	20%	10%	100%
5	Clean cloth is necessary	20%	20%	30%	20%	10%	100%
6	Daily bathing is needed	10%	20%	30%	20%	20%	100%
7	Filtered water is needed	10%	20%	30%	30%	10%	100%
8	Always using toilet	20%	30%	20%	20%	10%	100%
9	Timely cutting nail and hair	10%	20%	40%	20%	10%	100%
10	Hand wash before/ after eating	20%	20%	30%	20%	10%	100%

The first statement- 'daily exercises and yoga' indicated that only 30% sampled female elders were agreed to this statement and 40% had opposite attitude to the statement. So,

it is concluded that daily exercises and yoga are needed in elderly ages. Although, health sciences had also recommended that exercises and yoga are good for all ages.

The second statement- 'regular cleaning of hands and foot' indicated that 60% respondents had positive attitude towards regular cleaning of hands and foot and only 20% had opposite attitude. So, it is concluded that regular hands and foot cleaning process is good for healthy being in the elderly age. Medical science says that more than 40% communicable diseases can be prevented by regular cleaning of hands and foot.

The third statement- 'use of clean water' indicated that 50% were agreed, 30% were disagreed and 20% were neutral to this statement. So, it is concluded that they may have well awareness towards the clean water.

The fourth statement- 'daily teeth brush' indicated that only 30% elders had positive attitude on daily teeth brush similarly 30% respondents had opposite attitude to this statement and rest 40% were neutral. So, it is concluded that they had practiced unhygienic oral health behavior due to less awareness on regular teeth brush twice a day.

The fifth statement- 'clean cloths' indicated that 40% elders agreed with this statement and only 30% had opposite attitude towards the need of clean cloths due to improper facilities of water supply system in Kathmandu. So, it is concluded that clean cloth are needed for being health and hygienic forever.

The sixth statement- 'daily bathing' indicated that only 30% elders had positive attitude and rest 40% had opposite attitude and 30% were neutral. So, it is concluded that age, care, cold and insufficient water supply are the main reason of negative attitude.

The seventh statement- 'need of filtered water' indicated that only 30% had positive attitude and 40% had opposite attitude on use of filtered water. So, it is concluded that they had less awareness toward filtered water. While filtered or treatment water is necessary for healthy being.

The eighth statement- 'using toilet' indicated that 50% elders were agreed with the statement and only 30% had opposite attitude to the statement. So, it is concluded that the use of toilet is necessary for all people. Health science is also favor of use of toilet for the prevention of communicable diseases.

The ninth statement- 'cutting nail and hair' indicated that 30% respondents were favor of regular cutting of nail and hair and only 30% had opposite attitude to the statement. So, it is concluded that the properly cutting of nail and hair is good for health.

The tenth statement- 'hand wash before and after eating' indicated that 40% elders were agreed and 30% were disagreed. Similarly, 30% were neutral to the statement. So, it is concluded that they had less practices of hand washing. While hand washing is necessary for healthy being.

## Comparison of Male and Female Elderly Buddhists' Attitudes towards the Personal Hygiene Practices

Another main part of objective was: to compare the male female elders' attitude towards the personal hygiene practices. The following hypothesis was formulated in order to achieve this objective.

There is no significant difference between male and female elders' attitudes towards the personal hygiene practices. The mean attitude score of male elders are compared with those of female elders by applying t-test. The results of this analysis are presented below.

**Table 3: Comparison of Male and Female Elders' Attitudes towards the Personal Hygiene**

Group	Samples (n)	Mean ( $\bar{X}$ )	Standard Deviation	t-value	Conclusion
Male	35	3.613	0.56	0.7869	Not-Significant
Female	35	3.658	0.53		

The result from the table shows that the calculated t-value is significant at 0.03 level. Implies that there is no significant difference between male and female elders' attitude towards the personal hygiene practices, hence the null hypothesis is accepted. Thus, it is interpreted that the male and female elderly Buddhists have same attitude towards the personal hygiene practices.

## Conclusion

On the basis of the findings, it can be concluded that the both male and female elderly Buddhists had a positive attitude towards the personal hygiene practices. The mean attitude score seems almost equal it indicates that there is no significant differences on male and female elders' attitudes towards the personal hygiene practices.

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