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***The level of health and hygiene habits with girls and boys aged 5 and 6***

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**Poziom nawyków higieniczno-zdrowotnych dziewcząt i chłopców w wieku 5 i 6 lat**

A habit is ‘. . . an automated activity (manner of behaviour or reaction) which is acquired as a result of exercise, particularly by repetition; as a rule, a habit is connected with an activity of a motor character (mobile), we deal with habits concerned with thinking, perception, language; adaptation of a habit takes many stages where a given activity becomes automated and at the same time gradually ceases being consciously controlled; with a child, the process of learning of basic habits connected with walking, writing, reading etc. requires the acquisition of a certain developmental maturity’ (Wielka Encyclopedia PWN, 2003, pp. 410 – 411).

A child undertakes work on habit formation from the youngest age, depending on his/her possibilities. The first environment where habits and health attitudes ought to be developed is a family home.

A kindergarten is another home for a child where she/he lives with a life which is full, there the child enters into social relations, gains versatile knowledge of the world, plays and even eats and sleeps. Therefore, we deal here with a whole complex of situations connected with education and health and it constitutes an organised life with a full awareness of pedagogical influence on things, persons and the way of organising activities.

Unfortunately, we can see a visible disharmony between the kindergarten and the school. The skills and behaviours which are acquired in the kindergarten are not developed in the school, but quite contrary – they decline. In the school, which is drowned in didactics, the kindergarten habits become extinct and the attitudes which were worked out there are destroyed. A characteristic feature of the contemporary school is the growing role of its educational function. Demel wrote: ‘Young people cannot be an object of ‘farming’, a passive subject of health protection and hygienic and medical care. We wish to educate a student as to the health principles, introduce him into a world of health culture (Demel 1980, p. 5).

We ought to recall that the evolution in the concepts of health education consists in the transfer from ‘hygienic instructions and consulting as to disease prevention to the education through a change in the human awareness (I am responsible for my health’, ‘health is not a fight against the disease’) and formation of a personality which is health conscious (Woynarowska 1999, p. 15).

School teachers forget that habits are formed gradually and consequently, reflexes require constant repetition and renewal, otherwise, they became extinct.

Therefore, what we need is ‘a teacher advisor and a wise translator of the surrounding reality – able to accept the role of a guide in the world of somatic, health and cultural values’ (Maszczak 2000, p. 33). Teacher ‘creator of health’ – of his own health and the young people’s as well (Zukowska 1999, p. 174).

In practical terms, the health education of an average Pole as a matter of fact is finished at the kindergarten age. It is kindergarten that has a wide programme of health education which is realised in a satisfactory way.

It is commonly thought that the habit of correct blowing one’s nose and careful washing hands ought to be formed at the age of 5 and 6 and at least at a good level (Demel 1980).

But is it really so? Do children at the kindergarten age have fully formed basic habits of hygiene and health?

In order to find an answer to this question, we decided to start research whose aim was to determine the level of acquiring two basic habits connected with hygiene and health: correct washing of hands and careful cleaning of the upper airways by the children aged 5 and 6.

### METHOD AND RESEARCH MATERIAL

In order to acquire reliable data as to correct washing of hands and careful cleaning of the upper airways we employed the method of direct observation of children who performed the task set before them.

The examination took place in a kindergarten bathroom where we prepared special stands for the realisation. First, the children were subjected to the test of blowing one's nose, next, washing hands. All the children participating in the examination performed the tests separately.

In the examination we employed previously designed observation sheets which took into account, previously singled out as significant, the particular elements of the performance of the activity of blowing one's secretion from the nose and washing hands.

In the observation sheet for cleaning the upper airways we included the following elements: is the child in possession of a tissue, does he spread the tissue, put it towards the nose, blocks one of the nostrils and blows the other one, carefully wipes the nose, throws the tissue away.

In the case of washing hands, the observation sheet consisted of the following elements: does the child turn the tap on, gets the hands wet, uses the soap, washes hands, rinse hands carefully, turns the tap off, dries hands until they are completely dry.

The research was conducted in the autumn of 2004 in three randomly chosen kindergartens in Wrocław. Our research comprised 44 children aged 5 (22 girls and 20 boys) and 58 children aged 6 (35 girls and 23 boys).

#### Results of the examinations

The observation we conducted revealed that among the five year olds, both girls and boys alike, the level of the acquisition of the ability to clean the upper airways is unsatisfactory (tab.1). In a group of 44 children aged 5 only three were in possession of a tissue (2 girls, 1 boy). This means that over 90% of the examined 5 year olds did not have their own tissues. Only 7 girls (32%) and 5 boys (25%) could correctly spread the tissue before use. Elements 3 and 6 of the whole procedure of blowing one's nose were best performed by the examined children. Here belong as follows: putting the tissue towards the nose and blowing the nose. All the boys could correctly put the tissue towards the nose, and in the case of blowing, only one boy performed this task incorrectly. With the examined girls, as many as 90% correctly put the tissue towards the nose, and 78% carefully blew their noses. The remaining three elements of the procedure of cleaning the upper airways, i.e. blocking the right nostril and blowing, blocking the left nostril and blowing and throwing the tissue away were performed by the girls on a similar level. Only 18% performed these activities correctly. With boys it was even worse. Only 5% correctly performed elements 4 and 5 and 10% element 7, which was throwing the tissue after completing the activity of blowing one's nose (tab. 1).

**Table 1. Results of observation of cleaning the upper airways by children aged 5 and 6 (%)**

No.	Observed elements of blowing one's nose	Girls		Boys	
		5 years old	6 years old	5 years old	6 years old
1.	Possession of tissue	9	17	5	13
2.	Spreading of tissue	32	94	25	96
3.	Putting tissue towards the nose	90	100	100	100
4.	Blocking one nostril and blowing	18	26	5	21
5.	Blocking the other nostril and blowing	18	26	5	21
6.	Careful wiping of the nose	78	97	95	96
7.	Throwing tissue away	18	48	10	40

With children aged 6, the level of the acquisition of the ability to clean the upper airways is on a slightly higher level (tab. 1). It is especially true with elements 2, 3, 6 and 7 of the performed activity,

namely: spreading the tissue, putting it towards the nose, separately blowing the nose channels and throwing the tissue away. Among girls, 94% of the examined correctly spread the tissue, everyone correctly put it towards the nose and 48% threw it away after use. Moreover, 17% of the girls were in possession of the tissue and 26% blocked the right nostril while they were blowing the left one and vice versa.

With boys, similarly as with girls, everyone correctly put the tissue towards the nose, 96% of the examined spread it and correctly blew their noses, whereas 40% threw the tissue into the dustbin. Moreover, only 13% of the boys had the tissue while 21% blew the nose channels separately (tab. 1).

In the case of careful washing hands, it turned out that the level of the acquisition of this activity is higher than in the case of the skill of cleaning the upper airways both in the group of children 5 year old and 6 year old (tab. 2).

Out of the seven elements of which the procedure of careful washing hands consists, three of them, i.e. turning the water on, washing hands and turning the water off were performed by most of the children correctly. All the children, both 5 and 6 year olds performed the first element of the procedure, i.e. they turned on the water before washing hands, although the order of turning water on was not always correct.

Also all the boys aged 6 turned the water off after washing hands. In the other groups there were two persons or one person who did not perform this activity (tab. 2).

Eighty per cent of the examined boys at the age of 5 washed their hands correctly and all the girls aged 5 and 55% of boys aged 6 and 91% of girls aged 6 (tab. 2).

The weakest elements in the range of washing hands were: correct soaking of hands, soaping and drying. Their incorrectness consisted in that the children forgot to get their hands wet before taking the soap and the fact that they did not dry them thoroughly – they did it too quickly. Incorrectness in soaping hands was a consequence of incorrect getting them wet before washing.

**Table 2. Results of observation of washing hands by children aged 5 and 6 lat (in %)**

No.	Observed elements of washing hands	Girls		Boys	
		5 years old	6 years old	5 years old	6 years old
1.	Turning water on	100	100	100	100
2.	Getting hands wet	18	29	30	35
3.	Soaping hands	18	29	30	35
4.	Washing hands	100	91	80	55
5.	Careful rinsing of hands	64	60	45	43
6.	Turning water off	95	94	90	100
7.	Thorough drying hands	45	46	15	43

## DISCUSSION OF THE RESULTS OF THE EXAMINATIONS

Cleaning the upper airways and washing hands are generally perceived as activities which are not too complicated. Each one of us thinks that has the high level of the acquisition of these activities. So the children also think like this because these activities accompany them since very early stages of their lives. But is it really so? The research shows that the reality is different.

It can be concluded from the data we obtained that the majority of the examined children perform the basic hygienic activities, i.e. blowing their noses and washing hands incorrectly. It happens so because some significant elements of these activities are neglected. Children blow their noses and wash their hands very quickly and with little care. Many of them do not wash their hands; instead, they only splash water. A small percentage knows how to use a tissue correctly. Most often, they blow their noses under a high pressure and secretion is removed simultaneously from both nostrils through a short and yet wide with children Eustachian tube, which contributes to frequent infections of middle ear. This behaviour is the evidence that this group of children has not formed yet basic health habits with regard to hygiene.

Similar view was expressed by Więckowski (1998) who maintained that, although the XX century came to an end, not only children but also an army of adults do not have formed the habits which are necessary to keep a good state of health.

Another opinions were voiced by: Żuchelkowska and Wojciechowska (2000) as well as Żuchelkowska (2004). The recent research by Żuchelkowska shows that 93,47% of girls and 86,11% of boys have formed hygienic and health habits and also cultural habits. In her opinion, the children care about personal hygiene and hygiene of rooms and also remember about frequent hand washing during the day, especially on leaving the toilet, after play, before meals, before classes. They remember, but do they employ these rules in practice? It is difficult to form an opinion on the data above because we do not know exactly the research tool. It can only be assumed that it was a test which checked hygienic and pro-health habits by means of points 'zero-one'. It was not a test of skills but rather of knowledge because the child did not get a point for the answer incorrect, incomplete or lack of answer. Therefore, we are inclined to think that the level of the basic hygienic and pro-health habits with children aged 5 and 6 is not satisfactory. .

This situation might be connected with an insufficient impingement from the parents, unsatisfactory educational activity or health service or teachers. Therefore, the results of the research presented in this work ought to influence many persons to take advantage of all the possible opportunities to form these habits, especially among children. We cannot count on forming these health habits if the child does not acquire the relevant skills and master them until reaching a good level of ability.

### CONCLUSIONS

On the basis of the conducted examinations, we have formulated the following conclusions:

1. Girls and boys aged 5 and 6 are characterised by a low level of the basic hygienic and health skills. This observation is true for both the abilities of correct washing hands and for blowing one's nose.
2. Among the examined mobile skills in the range of blowing one's nose, one which is the least acquired is the correct blowing of the nasal secretion. It is also worth pointing out that children very often are not in possession of a tissue and they usually do not throw it into the dustbin. In the range of washing hands – forgetting to get their hands wet before reaching for the soap and insufficient drying of hands.
3. Education of the basic skills with regard to hygiene and culture belongs to the basic parental duties in the educational and upbringing process. The low level of the basic hygienic and health skills with children proves that parents were negligent in the realization of pro-health education.
4. The conducted examinations also prove that the teachers at the kindergarten level do not devote enough attention to compensate for deficiencies and to form health attitudes with the children, although they are obliged to do so by the existing rules in programme basics.

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### SUMMARY

The aim of our research was to determine the level of acquiring two basic habits connected with hygiene and health: correct washing of hands and careful cleaning of the upper airways by the children

aged 5 and 6. In order to acquire reliable data as to correct washing of hands and careful cleaning of the upper airways we employed the method of direct observation of children who performed the task set before them. The examination took place in a kindergarten bathroom. First, the children were subjected to the test of blowing one's nose, next, washing hands. In the examination we employed previously designed observation sheets. The research was conducted in the autumn of 2004 in three randomly chosen kindergartens in Wrocław. Our research comprised 44 children aged 5 (22 girls and 20 boys) and 58 children aged 6 (35 girls and 23 boys). On the basis of the conducted examinations, we have formulated the following conclusions:

1. Girls and boys aged 5 and 6 are characterised by a low level of the basic hygienic and health skills. This observation is true for both the abilities of correct washing hands and for blowing one's nose.
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3. Education of the basic skills with regard to hygiene and culture belongs to the basic parental duties in the educational and upbringing process. The low level of the basic hygienic and pro-health skills with children proves that parents were negligent in the realization of health education.
4. The conducted examinations also prove that the teachers at the kindergarten level do not devote enough attention to compensate for deficiencies and to form health attitudes with the children, although they are obliged to do so by the existing rules in programme basics.

#### STRESZCZENIE

Celem badań było określenie stopnia opanowania przez dzieci w wieku 5 i 6 lat dwóch podstawowych nawyków higieniczno-zdrowotnych: właściwego mycia rąk oraz dokładnego czyszczenia górnych dróg oddechowych. Aby uzyskać miarodajne dane odnośnie tych umiejętności zastosowano metodę bezpośredniej obserwacji wykonania przez dzieci postawionego zadania. Badanie odbywało się w łazience przedszkolnej. W pierwszej kolejności dzieci poddane były próbie czyszczenia nosa a następnie mycia rąk. W badaniu wykorzystano zaprojektowane uprzednio arkusze obserwacyjne. Badania przeprowadzono jesienią 2004r. w trzech losowo wybranych przedszkolach we Wrocławiu. Objęto nimi 44 dzieci w wieku 5 lat (22 dziewczęta i 20 chłopców) oraz 58 dzieci w wieku 6 lat (35 dziewcząt i 23 chłopców). Na podstawie przeprowadzonych badań sformułowano następujące wnioski:

1. Dziewczęta i chłopcy w wieku 5 i 6 lat charakteryzują się niskim poziomem podstawowych umiejętności higieniczno - zdrowotnych. Spostrzeżenie to dotyczy zarówno umiejętności poprawnego mycia rąk, jak i czyszczenia nosa.
2. Najslabiej opanowanymi elementami badanych umiejętności ruchowych w zakresie czyszczenia nosa jest właściwe wydychywanie wydzieliny nosowej. Należy wspomnieć również, że nagminne jest nie posiadanie przez dzieci chusteczki oraz nie wyrzucanie jej po użyciu. W zakresie mycia rąk natomiast - zapominanie o namoczeniu rąk przed wzięciem mydła oraz niedokładne ich wycieranie.
3. Nauczanie podstawowych umiejętności higieniczno - kulturalnych należy do podstawowych obowiązków rodziców w procesie dydaktyczno - wychowawczym. Niski poziom badanych umiejętności higieniczno - zdrowotnych u dzieci świadczy o zaniedbaniach w rodzinie w realizacji wychowania zdrowotnego.
4. Z przeprowadzonych badań wynika również, że nauczyciele uczący na poziomie nauczania przedszkolnego byt mało uwagi poświęcają wyrównywaniu braków i kształtowaniu postaw zdrowotnych u swoich wychowanków, choć są do tego zobligowani zapisami w podstawach programowych.