

## LETTER TO EDITOR

# Are We Educating, Our Children, About Hygiene? Are We Talking, With Them, About It?

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## Abstract

Cancer screening has always focused on screening lone individuals even when sexually transmitted diseases (STDs) have been traditionally known to require concurrent treatment of all current sexual partners. This shared responsibility towards the sexual partners cannot be limited only to the prevention and treatment of STDs, especially when human papillomavirus (HPV), which is a STD, has been implicated in the etio-pathogenesis of cervical, penile and anal cancers besides other perineal cancers. Concurrently, educating Indian population about our personal perineal hygienic practices is of utmost importance to help curtailing the non -“contagious” spread of cancers. Consequently, the resolve for educating our descendants prompted to develop a perineal cleanliness awareness program among our contemporaries and resulted in the development of penile cleanliness score which may help regarding the required recognition of and the wanted reinforcement for our Indian population’s special health promotion needs as pertaining to their perineal hygiene and their toilet hygiene considering these aspects’ potential contributions to potentially preventable diseases like sexually transmitted diseases and perineal cancers.

## Keywords

Hygiene; Toilet Training; Toilet Facilities; Perineum; Health Promotion; Health Education; Penile Neoplasms; Uterine Cervical Neoplasms; Anus Neoplasms.

## Letter

It all started with the idea of being uncircumcised comes great responsibility, more so in the “monogamous” societies for the sake of one-and-only beloved. Cancer screening has always focused on screening lone individuals even when sexually transmitted diseases (STDs) have been traditionally known to require concurrent treatment of all current sexual partners which has even led Centers for Disease Control and Prevention to advocate expedited partner therapy, i.e., prescriptions or

medications given to the patients with STDs for their sexual partners’ consumption (treatment) as well (1-4). This shared responsibility towards the sexual partners cannot be limited only to the prevention and treatment of STDs (5), especially when human papillomavirus (HPV), which is a STD, has been implicated in the etio-pathogenesis of cervical, penile and anal cancers besides other perineal cancers (6-12). Although HPV has been delineated as the leading cause of perineal cancers and therefore protective sexual practices as well as vaccination against HPV have been considered the ideal health

promotion strategies against perineal cancers by preventing the infections and controlling their spread among sexual partners thus curtailing the non-“contagious” spread of cancers, still the appropriate maintenance of personal perineal hygiene can never be overstated whether it is for the sake of keeping the sexual practices cleaner/safer or preventing the spread of infections among the sexual partners or avoiding the environment/medium “creating” cancers within own selves or among the sexual partners (13-15).

One of the major areas of health promotional education wherein educating Indian population attains magnitude of utmost importance is our personal perineal hygienic practices. Two particular avenues contributing to the gravity of Indian population’s personal perineal hygienic practices are (a) the primary use of cleansing water over wiping paper for post-defecation perineal cleansing (16), and (b) the majority male population being uncircumcised as corresponding to their religious beliefs being the followers of Indian religions (Dharmic faiths) (17). To further complicate the situation, questioning, discussing and correcting our toilet practices and our sexual practices were considered unwritten taboos in the Indian society well-knitted within our traditions’ fabric until very recently. This recent blooming of essential health promotion strategies happening through mass awareness programs via potentially the most popular mass media in India, “Bollywood” (18-19), still needs to take one step further and address the deficiencies which I as the conceptualizing volunteer and my altruistically collaborating team have finally had the “courage” to devise and initiate its inculcation among our Indian population starting with immediately accessible, our rural and semi-urban populations, for one-to-one or one-to-few awareness programs.

The text of the educational materials along with the closed captions of locally circulated awareness video is as follows:

### ***Maintaining Perineal Area Hygiene***

Perineal area (uro-genital area plus peri-anal area) hygiene is important because not only perineal

area’s infections can be prevented but also perineal area cancers may be prevented too.

Therefore, all men-women and children in the society must know and understand that post-defecation, how they should keep their perineal area clean.

Feces are a kind of contaminating product which can cause many types of infections in our body. Therefore, post-defecation, peri-anal area and adjacent uro-genital area must be sequentially cleaned.

There are so many objects (fomites) in our toilets which can further increase the transmission of contamination (infections)

- Bottle, mug, lota used in toilets
- Taps and soaps used in toilets
- Toilet doors’ handles and knobs
- Undergarments
- Toilet flush buttons

Therefore, it is essential that post-defecation, peri-anal area and adjacent uro-genital area must be sequentially cleaned as described hereafter

1. All women, children and girls must clean their peri-anal area and uro-genital area with clean water.
2. Similarly, men and boys must clean their penis as follows.
  - a. Retract back the foreskin of penis (if uncircumcised).
  - b. Thereafter, appropriately clean glans penis with clean water.
  - c. Finally, reposition back the foreskin of penis into its original state (if uncircumcised).

If the foreskin of penis is not retracting back or if after retracting, it is not repositioning back to its original state, immediately consult doctor.

The additional benefit of perineal area cleaning will be that abnormal lesions on glans penis and penile foreskin can be recognized early and doctor can be consulted sooner because these lesions may be early signs of cancer.

3. All must understand that peri-anal area and uro-genital area must be cleaned every day.
4. Post-defecation and before cleaning hands, the hand which has been used to clean peri-anal area, without washing that contaminated hand

(usually left hand), that hand must not touch fomites (which spread contamination) such as

- Bottle, lota, mug etc.
- Taps and soaps used in toilets
- Toilet doors' handles and knobs
- Toilet flush button
- Undergarments
- Electricity switches in toilets

These fomites can be touched by the non-contaminated clean hand (usually right hand).

5. Post-defecation, contaminated (left) hand should not touch (i.e., contaminate) clean (right) hand

- Soak the clean hand (usually right hand) with clean water.
- Pick the soap with right hand, rub soap within the right hand and then put the soap back.
- Now thoroughly rub the soaped right hand onto the left hand and thereafter wash both hands; Do ensure that no contaminating material is still present on the hands.
- Once more wash both hands with soap and water thoroughly.
- After washing the hands, wear the undergarments.

If we ourselves understand these small and yet very important habits' importance to incorporate them in our lives, and teach these habits to children as well, then we may save ourselves from perineal area related diseases and cancer but also we may be able to save our life partners from these perineal area related diseases and cancer.

Without searching for and exploring any available scoring systems on the world wide web called internet, an interesting tidbit independently dawned during the development of this educational initiative which is Gupta "Layman" Score recognizing that it is the time for concurrent cancer screening among sexual partners especially considering the potential need to assess the grade of uncircumcised penile cleanliness whenever the sexual partners are being screened for perineal (urogenital with peri-anal) cancers. The envisaged score can have three sub-categories which can then be appropriately numbered for totaling from 0-5 as follows:

Foreskin Retraction      Painless (0)      Painful (1)

Penile Cleanliness      Clean (0)      Unclean (1)  
 Penile Lesions      Absent (0)      Present (2)  
 Impossible Retraction & Impossible To Quantify Cleanliness or Presence of Lesions (5)

Summarily, the resolve for educating our descendants prompted to develop a perineal cleanliness awareness program among our contemporaries and resulted in the development of penile cleanliness score which may help regarding the required recognition of and the wanted reinforcement for our Indian population's special health promotion needs as pertaining to their perineal hygiene and their toilet hygiene considering these aspects' potential contributions to potentially preventable diseases like sexually transmitted diseases and perineal cancers.

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