



KNOWLEDGE OF HIGHER SECONDARY STUDENTS ON THEIR PERSONAL HYGIENE

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ABSTRACT

Personal hygiene involves those practices performed by an individual to care for one's bodily health and well being, through cleanliness. Personal hygiene is a routine of personal care that keeps you clean and healthy. The best place to teach personal hygiene is the school. It is only the school with its sequential health curriculum that can provide continuous learning experience for millions of students. The aim of the present study is to analyse the knowledge of higher secondary students on their personal hygiene in Coimbatore District. Data were collected from a sample of 300 students using a tool of questionnaire. The results revealed that the knowledge of higher secondary students on their personal hygiene is influenced by the variables gender, locality of school, and father's education. Medium of instruction has no effect on the knowledge of higher secondary students on their personal hygiene.

KEY WORDS: Knowledge, Personal Hygiene, Higher Secondary Students, Gender.

INTRODUCTION

Hygiene is very important for living a healthy life free from diseases. Poor hygiene practices and inadequate sanitary conditions play major roles in the increased burden of communicable diseases within developing countries. Personal hygiene involves those practices performed by an individual to care for one's bodily health and well being, through cleanliness. It involves regular care of your hair, skin, face, teeth, ears, hands, nails, and feet. Health education is needed for all ages and both sexes throughout the world. Motivations for personal hygiene practice include reduction of personal illness, healing from personal illness, optimal health and sense of well being, social acceptance and prevention of spread of illness to others.

Personal hygienic practices would include covering one's mouth when coughing, disposal of soiled tissues appropriately, making sure toilets are clean, and making sure food handling areas are clean, besides other practices. Children should be taught the importance of hygiene as early as possible, with oral care, washing, toilet hygiene and hair care being taught as part of everyday routines. Singing songs or making a game out of the activities will help to ensure that they enjoy looking after themselves. In the modern era of health system, health education has become the most important tool in maintaining health. Health education plays a very important role in delivering health services.



Health education is concerned with promoting health as well as reducing behaviour-induced diseases. Thus, health education attempts to bring about changes in health behaviour of every individual and to maintain good health (Manelkar, 1997). Health education is the most cost effective interventions. A large number of diseases could be prevented with little or no medical intervention if people were adequately informed about them and if they were encouraged to take necessary precautions in time. Recognizing this truth, the W.H.O's constitution states that "the extension to all people of the benefits of medical, psychological and

related knowledge is essential to the fullest attainment of health” (Park, 2002).

REVIEW OF RELATED LITERATURE

1. **Komal *et al.* (2016)** conducted a study entitled “Morbidity Pattern and its Association with Personal Hygiene among School Going Children (11 to 15 years of age group) in Surendranagar, Gujarat, India. A cross sectional study was conducted in both private and government schools selected by simple random sampling. They found that the awareness regarding personal hygiene practices was maximum for daily bath (84%), 49.8% of students had knowledge regarding health related problems and about 24.4% children had health related problems.
2. **Ashish *et al.* (2015)** performed a study on “Personal Hygiene of School Going and Non-School Going Children in Ahmedabad District, Gujarat”. Majority of non-school going urban children have poor personal hygiene when compared to school going children of urban and rural area. Statistical difference for poor personal hygiene among school going and non-school going children of urban area was highly significant. They concluded that there was huge difference on overall occurrence of personal hygiene and it was found almost double among non-school going children when compared to school children. Non-school children were the most vulnerable group.
3. **Hala *et al.* (2016)** conducted a study on Knowledge, Attitude and Practice Regarding Personal Hygiene among Preschool Children in Tanta city, Gharbia Governorate, Egypt. They found that there was a moderate positive correlation between knowledge score with both the attitude and practice scores. Male and older children had a significant better knowledge, attitude and practice than female and younger ones. Residence had no significant effect on children knowledge, attitude and practice. They concluded that the preschool children knowledge, attitudes, and practices about personal hygiene were deficient in some aspects.
4. **Mohammed *et al.* (2016)** conducted a study on “Knowledge, attitude, and practice (KAP) of food hygiene among schools students' in Majmaah city, Saudi Arabia”. Results show that knowledge levels was less in primary school students compared to high school students. Attitude level was high in primary school students compared to intermediate school students. No significant difference was observed between groups with regard to practice levels. They concluded that the students exhibited good practice levels, despite fair knowledge and attitude levels.

STATEMENT OF THE PROBLEM

“Knowledge of Higher Secondary Students on their Personal Hygiene”

OBJECTIVES

1. To construct and standardize tool for measuring knowledge of higher secondary students on their personal hygiene
2. To find out the knowledge of higher secondary students on their personal hygiene
3. To find out the effect of background variables namely, gender, locality of the school, medium of instruction, and father’s qualification on the knowledge of higher secondary students on their personal hygiene

NULL HYPOTHESES

1. There is no significant difference on knowledge of higher secondary school students with regard to their gender
2. There is no significant difference on knowledge of higher secondary school students with regard to the locality of the school
3. There is no significant difference on knowledge of higher secondary school students with regard to their medium of instruction
4. There is no significant difference on knowledge of higher secondary school students with regard to the type of the school

5. There is no significant difference on knowledge of higher secondary school students with regard to their father's qualification

METHOD OF STUDY

The investigator adopted survey method for the present study. In the process of sample selection, stratified random sampling technique was adopted by the investigator.

SAMPLE FOR THE STUDY

For the final study, the investigator has collected data from nine schools in Coimbatore District. A sample of three hundred students was involved in this study. The investigator has used stratified random sampling techniques in the selection of the students.

TOOL USED

The tool used for the present study was, Knowledge on Personal Hygiene scale constructed and standardized by the Investigator

STATISTICAL TECHNIQUES USED

The following statistical techniques have been used in the present study for the analysis of collected data.

1. Descriptive Analysis
2. Differential Analysis

RESULTS

Knowledge on Personal Hygiene: Gender

The following table gives the mean, standard deviation and 't' value of knowledge on personal hygiene scores of higher secondary students with reference to gender;

KNOWLEDGE ON PERSONAL HYGIENE: GENDER

Gender	Mean	S.D.	N	't' value	Table Value	Remarks at 5% significance
Male	33.98	2.241	145	5.798	1.96	Significant
female	35.48	2.252	155			

From the above table, it is inferred that there is a difference in the mean scores of male and female students. The mean score of male students (33.98) is lower than that of female students (35.48). To find out the significant difference, 't' test was applied. 't' value calculated was found to be 5.798 which is higher than the table value (1.96) at 5% level of significance. Therefore, the null hypothesis is rejected. So, there is significant difference between male and female students in the knowledge on their personal hygiene.

Knowledge on Personal Hygiene: Locality of the School

The following table gives the mean, standard deviation and 't' value of knowledge on personal hygiene scores of higher secondary students with reference to locality of the school;

KNOWLEDGE ON PERSONAL HYGIENE: LOCALITY OF THE SCHOOL

Locality	Mean	S.D.	N	't' value	Table Value	Remarks at 5% significance
Rural	35.17	2.074	126	2.660	1.96	Significant
Urban	34.46	2.521	174			

From the Table 2, it is inferred that there is a difference in the mean scores of rural and urban schools in the knowledge of personal hygiene. The mean score of the rural schools (35.17) is higher than that of urban

schools (34.46). To find out the significant difference, ‘t’ test was applied. The ‘t’ value calculated was found to be 2.660 which is higher than the table value (1.96) at 5% level of significance. Hence, the null hypothesis is rejected. So, there is significant difference between the higher secondary students of rural and urban schools in the knowledge on their personal hygiene.

Medium of Instruction

The following table gives the mean, standard deviation and ‘t’ value of knowledge on personal hygiene scores of higher secondary students with reference to the medium of instruction;

KNOWLEDGE ON PERSONAL HYGIENE: MEDIUM OF INSTRUCTION

Medium	Mean	S.D.	N	‘t’ value	Table Value	Remarks at 5% significance
Tamil	34.48	2.713	95	1.257	1.96	Not Significant
English	34.88	2.182	205			

From the above table, it is inferred that there is a minute difference in the mean scores between Tamil and English medium students in the knowledge on their personal hygiene. The mean score of Tamil medium students (34.48) is slightly lower than the mean score of English medium students (34.88). ‘t’ test was applied to find out the significant difference. The ‘t’ value calculated was found to be 1.257 which is lower than the table value (1.96) at 5% level of significance. Therefore, the null hypothesis is accepted. Hence, “there is no significant difference between Tamil and English medium students in the knowledge on their personal hygiene”.

Knowledge on Personal Hygiene: Education of Father

Three groups of higher secondary students whose Father’s educational qualifications were illiterate, school level and college level have been subjected for study, as per the analysis given in Table. The table gives the N (no. of students), mean, S.D., sum of squares, mean square, df and ‘F’ value of knowledge on personal hygiene scores of higher secondary students with reference to education of father.

KNOWLEDGE ON PERSONAL HYGIENE: EDUCATION OF FATHER

Father’s Education	N	Mean	S.D.	Source of variation	Sum of Squares	df	Mean Square	‘F’ value	Table Value	Remarks at 5% significance
Illiterate	32	33.22	2.66	Between groups	101.442	2	50.72	9.58	3.04	Significant
School Level	225	34.83	2.23	Within Groups	157.79	297	5.29			
College Level	43	35.51	2.38	Total	1673.23	299				

Results in the Table show that, the calculated F value (F=9.58) is significant at 5% level. Hence, the null hypothesis is rejected. It shows that there existed a significant difference of knowledge on personal hygiene among the students with reference to their father’s education. Mean values show that the students whose fathers were educated at college level possess better knowledge on their personal hygiene when compared to illiterate and school level educated fathers.

Post ANOVA- Scheffe’s Procedure

Category	Pair	Scheffe’s Result	Remarks at 5% significance
Illiterate (A)	A vs B	0.001	Significant

School Level (B)	A vs C	0.000	Significant
College Level (C)	B vs C	0.208	Not significant

The results in the above Table, show that there existed a significant difference in the knowledge on their personal hygiene among the students on the basis of illiterate and school level (A vs B), illiterate and college level (A vs C) and school level and college level (B vs C) education of fathers. The other students whose fathers had school level education and college level education did not differ in the knowledge on their personal hygiene.

CONCLUSION & RECOMMENDATIONS

Knowledge of higher secondary students on their personal hygiene was deficient in some aspects. The need for more health education concerning personal hygiene to ensure that all children learn at the school age how to protect themselves and others from preventable exposure to illness and other hazards related to poor hygiene. This can be carried out through formal and informal health education messages.

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