RESEARCH ARTICLE

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Personal Hygiene Attitude Among School Students - A Comparative Introspection

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Abstract

Health and hygiene is an essential part of our everyday life. Someone rightly quoted it that '*Cleanliness is next to Godliness*'. Cleanliness is imperative in all human communities. In fact, a healthy mind resides in a healthy body. Entailing the last statement, the World Health Organization (WHO, 2006) defined health as "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. It is an essential activity that everyone must perform to have a healthy living standard for themselves and others. Sometimes it is believed that families and schools are the primary agents for the inculcation of healthy habits among children. Inevitably, significant adults play a vital role in passing on good personal hygiene practice to the younger generation. The formidable years happen to be the most pronounced time period in imbibing the good hygiene habits showcased by the adults to the young ones. And thereof the cultivation of proper health and hygiene becomes an integral part in human lives. Despite of conscious hygiene habit formation, acts of negligence and oblivious behaviour are found to be quite common among people. Inadvertent hygiene errors are also quite observed quite frequently among students. In spite of teaching and disciplining students about good habit formations, students forget some and prohibit hygiene taboos. The present study targets to find out the status of personal hygiene among students studying at the higher secondary level of formal school education.

Objective: The study focussed on finding out the differences in personal hygiene among students in relation to gender, locality of the schools (urban and rural) and streams of study.

Hypotheses: Based on the objectives, null hypotheses were constructed.

Tools: Standardised questionnaire was used to collect data.

Data collection: Random simple sampling method was employed to pool information from the participants:

Sample: the sample size for the present study was 248(n=248).

Statistics: Differential and Inferential statistics were used as per suitability.

Result: The study outcome showed much-varied result. As per which the status of the hypotheses were determined.

Keywords: Personal hygiene, students, gender, locales, streams of study.

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Introduction

Health and hygiene is an essential part of our everyday life. Someone rightly quoted it that '*Cleanliness is next to Godliness*'. Cleanliness is imperative in all human communities. In fact, a healthy mind resides in a healthy body. Entailing the last statement, the World Health Organization (WHO, 2006) defined health as "A state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity." Moreover, it was said that 'Health' is the functional and metabolic efficiency level of a living organism. It cannot be denied that health depends on various other factors. For being healthy, certain healthy and hygienic disciplined practices matter to the optimum. In the opinion of WHO certain determinants count immensely in shaping up good health. Inevitably, they are: - income and social status; Social support networks; Education and literacy; Employment/working conditions; Social environments; Physical environments; Personal health practices and coping skills; Healthy child development; Biology and genetics; and health care services.

Review

It was reported by Mukherjee et al. (2014) lack of sanitation and hygiene were the main cause of deaths for many. Poor maintenance of cleanliness and unhygienic ways of living was a major problem in certain developing countries. Loss of human resources was lost due to deaths, especially, caused by improper sanitation habits and issues of cleanliness were a prime reason in developing and underdeveloped countries (Van Wijk et al, 2003). A report presented by UNICEF (1998), said that people succumbed to fatal diseases mostly due to lack of sanitation and hygiene maintenance. Since, the present study revolves around the issue of personal hygiene, it would be important to throw light on the definition of the very term 'Hygiene'. Personal hygiene is an essential global public health concern since decades. As per Temitayo (2016) hygiene refers to practices associated with ensuring good health and cleanliness. Personal hygiene pertains to the practice of keeping own clean. It is the act of regularizing the practice of keeping and maintaining a sound as well as healthy ways of cleaning ones' body. A good healthy life is necessary for maintaining a healthy living for own self and the community.

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It was found out by Raghava (2005) that morbidities and pathological cases were more prevalent among people who dwelled in slum areas. In Indian perspective, overpopulation was one major cause for unhealthy lifestyles among people, who were gain less educated. A correlation among poor health, high population density and education level play a major role. In densely populated places, especially the slum, Raghava (2005) found out that the spread of respiratory infection, inadequate water supply, lack of sanitary facility, diarrhea and warm infestation, inadequate nutrition leading to anemia, malnutrition and vitamin deficiency were mostly common aliment. Education and awareness programs could be the only weapon that could slay people's ignorance about health and hygiene. Apart from the awareness programs designed by the government and non-governmental organizations to enlighten the people living in slums, students at schools are another target group who needs to be imbibed with education related to health and hygiene. Firstly, the students constitute to be the future of any nation. Information about hygiene and health would pass on to the next generation. Secondly, education regarding health and hygiene could be also handed over to the people in slums as social service and community programs as act of humanity In a similar way Oyibo (2012) also acknowledged that schools were the best venues to disburse health and hygiene to promote better health and hygiene related behavior. A keen observation forwarded by Wills et al. (2005) stated that once good habits on hygiene could be formed among students at a young age, the effect would be long-lasting and difficult to erase in early or later adulthood. Therefore, children who were given effective training and education about personal hygiene could also practice, profess and propagate good habits to others. In Greek mythology, 'Hygeia' means hygiene in English and indicates it as a science of health. According to (Park, K., 2002), hygiene is of utmost importance as because it is the base on which a healthy living is dependent. Generally, personal hygiene includes bathing, wearing clean and washed clothes, washing hands after toilet, doing proper pedicure and manicure, and taking care of teeth. These basic habits are expected to follow by individuals. In one of the studies administered on school students in one of the Indian states, Khatoon, Khan and Srivastava (2017) drew conclusion on cleanliness status among students' livelihood and found that the practise of change of clothes on alternate days was found among 79.5% of students. Likely, most of the students were also found to wash hair at least once a week (72.5%) and 70% students washed hands before meal.

A very keen observation was also stated that poor mental health led to poor personal hygiene. The prime role of teachers, parents, healthcare workers, and adults should be to report and take care of any abnormality observed in adolescents. Untidiness and oblivion regarding personal care over certain period of time is an indication of something abnormal in an individual's mind. Reduced mental health in adolescents led to worse personal hygiene conditions (Ranasnghe, Ramesh, Jacobsen, 2016).

To speak from the standpoint of gender and sanitation and personal hygiene issues, it was found that women (in rural areas and some places in cities) suffered immensely due to lack of proper toilet facilities. Sanitary latrines were seldom found to help women relieve themselves. It was and still is an acute problem. Kumar and Jena (2013) found out that students irrespective of their city or rural locales hardly washed hands with soap before taking any meal. UNICEF and IRC in the year 1998 also reported that mostly children were prone to illness and aliments due to unsanitary personal hygiene habits. Much endeavour was put forward by the Ghana Government to streamline gender differences in hygiene and sanitation arena. Countries like South Africa, Zambia and Zimbabwe were also found to work in tandem with the idea.

Table 1: Data structuring

Categories	*Gender*	*N*
Gender	Male	37
	Female	39
School Locales	Urban	36
	Rural	40
Stream of Formal education	Arts	35
	Science	30
	Commerce	31
Total:		248

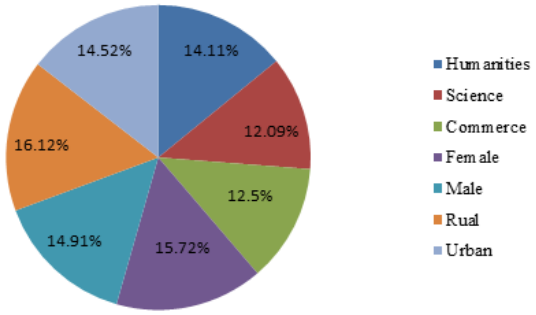

Figure 1: Data percentage demonstration

Objectives

- To find out the difference in personal hygiene status among male and female students studying at the higher secondary level of education.
- To find out the difference in personal hygiene status among urban and rural students studying at the higher secondary level of education.
- To find out difference in the status of personal hygiene among students studying at the higher secondary level of education in different streams i.e. Arts, Science and Commerce. The data percentage demonstration is shown in Figure 1.

Hypotheses

Basing on the objectives of the study, the null hypotheses were constructed as:

Ho 1: There is no difference in personal hygiene status among male and female students studying at the higher secondary level of education.

Ho 2: There is no difference in personal hygiene status among urban and rural students studying at the higher secondary level of education.

Ho 3: There is s no difference in status of personal hygiene among students studying at the higher secondary level of education in different streams i.e. Arts, Science and Commerce.

Method

The methods followed for the study is delineated below:

Research Design: To conduct the study survey type research design was used. This research design helped in acquiring the data that helped in quantifying the responses and further helped in making conclusions based on significant numerical outcome.

Table 2: Difference based on Gender

Category of Gender	*N*	*Mean*	*SD*	*t-value*	*p-value*
Female senior secondary students	37	28.27	6.73	-1.693	0.099
Male senior secondary students	39	30.14	4.35		

Significant at 0.05 level.

Table 3: Differences among urban and rural school students

Category of School locales	*N*	*Mean*	*SD*	*t-value*	*p-value*
Students of Government Schools	36	30.14	4.55	-2.91*	0.01
Students from Private schools	40	33.05	4.75		

Significant at 0.05 level.

Table 4: Differences among students in relation to streams of formal education

	Stream of the formal education at the senior secondary level	*N*	*Means*	*Standard Deviation*	*F*	*Sig*
1.	Science	35	26.50	8.66	4.065	0.020
2.	Humanities	30	31.13	7.22		
3.	Commerce	31	28.13	5.27		

Significant at 0.05 level.

Statistical Methods

As per pertinence both descriptive and inferential statistics was employed.

Data Collection

Simple random sampling was used to collect data from students studying in urban and rural schools in the s tae of West Bengal. The data structuring is provided in table 1. Prior permission was taken from the school authorities to administer the standardised tools on the students studying the higher secondary level of formal school education. The total number of participants were 248 (n=248).

Tool

A tool was used to detect the status of personal hygiene among students at the higher secondary level of formal school education. The tool was a questionnaire formerly constructed by researchers (Ciobanu, Dodosand and Adamonyte, 2016)to find out the status of personal hygiene knowledge , attitude and practice among students across certain European countries. The questionnaire is comprised of Part I and Part II. The first eight items pertained to overall sense of personal hygiene. The second part (Part II) consisted of hygiene habits within the school premise. The questionnaire is a 4 point Likert type scale, with the response options 'Always'; 'Fairly Often'; 'Sometimes' and' Never'. Where, Always =1; Fairly Often=2; Sometimes=3 and Never=4, respectively. The scale was set under

Table 5: Differences among students in the three stream of study

Stream of the formal education at the senior secondary level	*N*	*Subset for Alpha=0.05*	
		1	*2*
Science	35	26.50	
Commerce	30	28.13	28.13
Humanities	31		31.13
Sig		0.585	0.168

Significant at 0.05 level.

Table 6: Tukey Homogenous subset Displayed (Differences among students in the three stream of study)

Stream of the formal education at the senior secondary level	*N*	*Subset for Alpha =0.05*	
		1	2
Science	35	26.50	
Commerce	30	28.13	28.13
Humanities	31		31.13
Sig		0.585	0.168

Significant at 0.05 level.

Table 7: Hypotheses status

Hypotheses	*Status*
Ho 1: There is no difference in the status of personal hygiene among male and female students studying at the higher secondary level of education.	Accepted
Ho 2: There is no difference in the status of personal hygiene among urban and rural students studying at the higher secondary level of education.	Not Accepted
Ho 3: There is s no difference in status of personal hygiene among students studying at the higher secondary level of education in different streams i.e. Arts, Science and Commerce.	Accepted

Cronbach Alpha reliability test. The Cronbach Reliability value was found to be as high and as good as 0.81.

Result

After applying t-test to find out the difference between two independent samples i.e. the male and female students, the result showed no difference in status of personal hygiene between male and female students, where p> 0.05 (p= 0.099) level of significance. The descriptive outcome also showed quite less difference in the means between the male and female students i.e. 28.27 and 30.14. Table 2 shows the outcome.

As per the differences was concerned among student living in urban and rural areas, significant differences was noticed. As per the result outcome, p < 0.05 level of significance, where p= 0.020. The mean values of the two independent groups of sample i.e., students of urban and rural schools also showed much differences, as 30.14 and 33.05. Table 3 shows the result outcome.

There was significant differences found among science, humanities and arts stream students after applying ANOVA. Here, p < 0.05 level of significance (p= 0.20). However, to detect

the differences between the streams Table 4 demonstrates the differences among the streams of study. In order to find out the differences between streams of study, Tukeys Post Hoc Test was administered on the data. The Tukey Post Hoc test gave a clearer idea about the differences underlying among separate groups. Table 5 shows the differences.

The differences among the students pertaining to different streams of formal education were computed. There was much significant difference noticed between humanities and commerce students, where $p<0.025$ level of significance ($p= 0.016$). Differences between science and commerce students was also notices, $p<0.0.5$ level of significance ($p= 0.012$). There was no difference in personal hygiene status between science and humanities students, $p>0.05$ level of significance ($p=0.168$). Table 4 illustrates the outcome.

But overall, no difference was noticed in the status of personal hygiene among students belonging to different steams of study. The reason to apply Tukey Pot hoc test on the data was because ANOVA shows the significant result of differences in an overall manner. But ANOVA never divulges where the differences exist. In this case, Tukey' Honest Significant Difference (HSD) helps detect the differences in every possible pair of mean values.

There are no significant differences among the three streams of study because the Tukey homogenous subset clarified the 'p'value to be more than the 0.05 level of significance , where $p=0.168$ (Table 6).

As per the result output, the null hypotheses were accepted and refuted. A concise view of the status of the hypotheses is provided in Table 7, below.

The above table clearly demonstrates that there exists a difference in personal hygiene maintenance among students belonging to schools situated in different locales i.e., urban and rural places.

Significance of the study

As per the outcome of the present study, the acceptance and refutation of the null hypotheses compels to ponder upon issues concerning the infrastructure and cleanliness supervision in schools. Even though this study does not clearly demarcate the rural and urban schools in terms of quality of hygiene maintenance, an in depth study and specification study could be conducted in the future.

Personal hygiene maintenance is an imperative part on everyone's life. Several awareness programs get organised by World Health Organisation every now and then. Volunteers from both the governmental and non-governmental sectors participate and undertake to propagate agendas concerning health and hygiene. Various health related intervention programs are No matter at what stage of formal education a student belongs to, the role of parents and teachers never ends in educating a child about personal care. Ghanim et al (2016) also concluded the some. A very interesting findings in their research stated that compared to boys, the ability to define personal hygiene was more among girls at the very primary stage of education. The cultivation of personal hygiene habits are essential part of growing up. Even though the present study reflects the status of personal hygiene maintenance among the students, extensive research is imperative on a huger data set to get a more accurate view of several students' awareness and maintenance of personal hygiene across the country. A more in–depth introspective and cross-sectional study would help gauge the development or deterioration of the personal hygiene consciousness among the children in our country.

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