

Impact of socio-economic and educational factors on personal hygiene

■ SERENE SHEKHAR, SARITA SANWAL AND S. AHLAWAT

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See end of the paper for authors' affiliations

Correspondence to :

SERENE SHEKHAR

Department of Extension and Communication Management, ASPEE College of Home Science and Nutrition, S.D. Agricultural University, S.K. Nagar (GUJARAT) INDIA
Email: serene.shekhar.msc@gmail.com

■ **ABSTRACT** : A study on two hundred rural women from randomly chosen ten villages of RKVY was undertaken to assess status of personal hygiene. Information on socio- economic, educational and communicational background of rural women was collected and attempt was made to find out the possible influence of various factors on personal hygiene. Interview schedule was developed and data was collected by personal interview technique. Statistical analysis was done by computing frequencies, percentages, co-relation coefficient test. The results showed that personal hygiene of rural women was affected by age, education, annual income, occupation and mass media exposure. Raising awareness on personal hygiene would help to increase hygiene practices among rural women.

■ **KEY WORDS** : Personal hygiene, Social, Economic and communication

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Millions of deaths take place globally due to diarrhea, malaria, dengue, plague etc. Challenge in addressing hygiene issue is that it requires not only the provision of adequate water and sanitation hardware, but also the effective promotion of hygiene behaviour on a large scale.

The idea of hygiene during ancient time was to set routines that aimed to keep the individual in balance with the internal and external environment because cleanliness was pleasing to God.

The first step to good health is to maintain personal hygiene. Every external part of the body such as hair, skin, teeth, eye, ear, hands, feet etc. demands a basic amount of attention on a regular basis. Elementary cleanliness is common and in knowledge to people but its negligence causes problems that one may not even be aware off.

The present study is conducted with the objective to find out the existing personal hygiene practices being followed by rural women of villages adopted by S. D. Agricultural University, Gujarat under RKVY project.

■ RESEARCH METHODS

The Present study is conducted in randomly selected ten villages of RKVY (Under this project University has adopted 16 villages). Two hundred women respondents from

randomly chosen ten villages were selected by proportionate random sampling method. The names of villages are as follows: Dantiwada, Dhaneri, Jagol, Marvada, Kheda, Lodpa, Malivas, Moti-Bhakhar, Nilpur and Vagharol.

The personal, socio-economic and communicational characteristics of rural women were taken as independent variable and personal hygiene practices followed by the respondents were taken as dependent variables.

Interview schedule was developed for collecting data on personal, socio-economic, communicational and personal hygiene practices followed by respondents.

Data was collected by personal interview technique. Statistical analysis was done by computing frequencies, percentages, co-relation coefficient test and Standard deviation.

■ RESEARCH FINDINGS AND DISCUSSION

The results of the present study have been discussed and presented under the following heads:

Personal profile of the respondents:

It included the personal trait of the respondents, *i.e.* age, education, category, family type, annual income, occupation and mass media exposure. Data shown in Table 1

Table 1 : Personal traits of the respondents (n=200)

Traits	Frequency (%)
Age	
<18 years	026 (13.0)
18-35 years	136 (68.0)
36-55 years	028 (14.0)
>55 years	010 (05.0)
Educational status	
Illiterate	153 (76.5)
Primary	032 (16.0)
Secondary	010 (05.0)
Higher Secondary	005 (02.5)
Category	
General	021 (10.5)
OBC	130 (65.0)
SC/ ST	049 (24.5)
Family type	
Joint	68 (34.0)
Nuclear	132 (66.0)
Annual income	
Low (Rs. 50,000- Rs. 1,50,000)	115 (57.5)
Medium (Rs. 1,50,001- Rs. 2,50,000)	076 (38.0)
High (Rs. 2,50,001- Rs. 3,50,000)	009 (04.5)
Occupation	
Home making only	032 (16.0)
Farm labour	079 (39.5)
Animal husbandry and/or farming / Self-employed	085 (42.5)
Service/ Gov. employed	004 (02.0)
Mass media exposure level	
Low exposure (8-20)	076 (38.0)
Medium exposure (22-35)	105 (52.5)
High exposure (36-48)	019 (09.5)

Figure in parentheses indicate percentages

indicated that 68 per cent of the respondents belonged to the age group of 18-35 years, 76 per cent of the respondents were illiterate, 65 per cent belonged to OBC category, 66 per cent of respondent reside in nuclear family type, 57.5 belonged to the families of having income from Rs. 50,000- 1, 50,000 per annum, 39.5 per cent of respondents were engaged in farm labour work along with household work and 52.5 per cent of respondent have medium exposure to mass media.

Personal hygiene practices followed by respondents:

The table above shows that almost Seventy eight

Table 2 : Distribution of respondents according to body hygiene practices followed (n=200)

Level of hygiene	Frequency	%
Low (6-13)	38	19
Medium (14-21)	157	78.5
High (22-29)	5	2.5

percent of respondents follow medium level of body hygiene.

The highest body hygiene was observed regarding- “bathing daily” and lowest hygiene was observed regarding- “using clean towel”

Table 3 : Distribution of respondents according to hand and feet hygiene practices followed (n=200)

Level of hygiene	Frequency	%
Low (14-27)	46	23
Medium (28-41)	151	75.5
High (42-54)	03	1.5

The table above shows that 75.5% of the respondents are hygienic up to medium level regarding hand and foot cleanliness.

Among various hand and feet hygiene the highest hygiene was observed regarding- “washing hands after toilet” and lowest hand hygiene was observed regarding- “washing hand before meal” and “washing hands before food preparation”; followed by “washing hand after cleaning nose”

Table 4 : Distribution of respondents according to hair hygiene practices followed (n=200)

Level of hygiene	Frequency	%
Low (5-8)	43	21.5
Medium (9-12)	149	74.5
High (13-26)	08	04.0

The table above shows that approximately seventy four percent of respondents follow medium level of hair hygiene.

The highest hair hygiene was observed regarding- “combing hair daily” and lowest hygiene was observed regarding- “using clean comb for combing”

Table 5 : Distribution of respondents according to tooth hygiene practices followed (n=200)

Level of hygiene	Frequency	%
Low (4-7)	25	01.5
Medium (8-11)	165	75.5
High (12-15)	10	23.0

The table above shows that maximum (75.5%) respondents follow medium level of tooth hygiene.

The highest tooth hygiene was observed regarding- “brushing tooth daily” (but observation showed poor tooth condition due to smoking and tobacco consumption) and lowest hygiene was observed regarding- “cleaning mouth with water after meal”

Table 6 : Distribution of respondents according to nose, eye and ear hygiene practices followed (n=200)

Level of hygiene	Frequency	%
Low (7-11)	121	60.5
Medium (12-16)	063	31.5
High (17-21)	016	08.0

The table above shows majority (60.5%) respondents follow low level of nose, eye and ear hygiene.

The highest hygiene was observed regarding- “washing eye daily with water after getting up” and lowest hygiene was observed regarding- “cleaning nose” and cleaning ear with ear-bud”

Different hygiene practices	Score	%	Rank
Hand and feet hygiene	6191/10600	58.40	III
Hair hygiene	2235/4200	53.21	IV
Body hygiene	3297/5600	58.88	II
Tooth hygiene	1815/3000	60.50	I
Nose, eye and ear hygiene	1260/5200	24.23	VI
Cloth hygiene	1196/6400	18.69	VII
House hygiene	4988/15600	31.97	V

Based on the scores value given in the above table for different hygiene practice, it can be inferred that the highest hygiene was followed for “Tooth” followed by Body hygiene. Cloth Hygiene is ranked last in hygiene practice followed.

Level of hygiene	Frequency	%
Low (36-71)	32	16
Medium (72-107)	150	75
High (108-143)	18	9

It can be inferred from above table that majority of respondent follow medium personal hygiene.

Age, Education, Annual income, occupation and mass media exposure showed positive and significant association with personal hygiene. Whereas category, family size and social participation showed non-significant association followed at personal hygiene.

Table 8 : Association between dependent and independent variables (n=200)

Sr. No.	Independent variable	Dependent variable
		Coefficient of co-relation 'r' value Y ₁
1.	Age (X ₁)	0.428**
2.	Education (X ₂)	0.180*
3.	Category (X ₃)	0.071 ^{NS}
4.	Family type (X ₄)	0.172*
5.	Family size (X ₅)	0.045 ^{NS}
6.	Annual income (X ₆)	0.285**
7.	Occupation (X ₇)	0.206**
8.	Mass media exposure (X ₈)	0.310**
9.	Social participation (X ₉)	0.093 ^{NS}

* and ** indicate significance of values at P=0.05 and 0.01, respectively
NS= Non-significant

Conclusion:

The present study shows that improvements in personal hygiene practices are required and it can be achieved through training.

Authors’ affiliations:

SARITA SANWAL AND S. AHLWAT, Department of Human Development and Family Studies, S.D. Agricultural University, S.K. Nagar (GUJARAT) INDIA

REFERENCES

www.webhealthcentre.com
<http://www.encyclopedia.com>
<http://heapol.oxfordjournals.org>
