IJCRT.ORG ISSN : 2320-2882

INTERNATIONAL JOURNAL OF CREATIVE RESEARCH THOUGHTS (IJCRT)

An International Open Access, Peer-reviewed, Refereed Journal

Knowledge Of Health And Hygiene Among Secondary School Students In Lucknow District Of Uttar Pradesh

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ABSTRACT:

Personal hygiene is focused on the improvement of person's health. Personal hygiene benefits health, looks, comfort of the person. Clean hands equal clean books and higher grades (Yalcin and Altin, 2004). This research could help the "Ministry of Public Health and Sanitation, Ministry of Education, World Food Programme (WFP)," and other development partners in charge of school-age children's education and wellness-structure mediations to enhance practices relating to nutrition.

This study aims to investigate Secondary school students in the Uttar Pradesh district of Lucknow, India, regarding their awareness of personal hygiene and the many forms of cleaning practices. Everyone knows that children's health is directly related to personal cleanliness. As a result, this type of research is required in nearly every corner of the world. We are also making a little attempt in the Lucknow district to do such a study. In our study, we included 60 students, of which 30 were boys (50.0%) and 30 were girls (50.0%). The data was gathered using a questionnaire. This study aims to evaluate secondary school student's knowledge of personal hygiene and various hygiene practices.

Keywords: Health knowledge, Hygiene practices, Secondary school students

INTRODUCTION

"A healthy body in a healthy mind" is entirely accurate. Without proper health, no one can accomplish significant goals. Health is a man's greatest asset and companion. Lack of health prevents the appearance of knowledge, art, and science, as well as the fight for power and the valuation of money. The importance of "good nutrition, sanitation, and education in the global agenda" has been demonstrated by numerous research.

"Good hygiene" is a broad concept. The Greek goddess Hygeia, associated with cleanliness and health, is the source of the word hygiene. Essentially, it refers to maintaining the cleanliness of your complete body, including your hands, feet, and lips. As everyone is aware, personal cleanliness is closely linked to health of person and the best time to start teaching kids to practice good personal hygiene is in secondary school.

Emphasis is placed on practices:

1. Hand washing before eating.
2. Hair combing.
3. Brushing your teeth.
4. Taking a bath every day.
5. Putting on clean clothes.
6. Putting on shoes is preferable.

This phrase is to be promoted in schools: "Cleanliness is Godliness." Because, due to a lack of knowledge and guidance, school-children often neglect proper nutrition, personal hygiene and risks of infection while playing. In addition, some misconceptions also influence behaviour, such as the belief that handwashing is detrimental to growth. According to Sheikh Ahmad (2020), the content is important but the classroom setting should also encourage practice and learning. Hygiene demonstrations such as simple teachings about nail care and handwashing, etc., are essential to help children develop healthy habits at an early age. Furthermore, students should be taught cleanliness, self-cleaning techniques, and proper restroom habits. Many people avoid drinking water at school in order to avoid using the restroom, which puts them at risk for bladder infections. Girls require menstrual hygiene education with useful advice since they experience additional hygiene issues.

Personal hygiene:

1. Cleaning the body and hair with water daily.
2. Washing hands and face regularly.
3. Brushing your teeth daily.
4. Cleaning clothes using detergent.
5. Staying away from dirty people.
6. Discouraging habits like touching eyes, face, nose, etc.
7. Avoiding the habit of biting nails.
8. Washing hands before eating.

Personal health and hygiene activities:

1) Taking a bath in clean water.
2) Clean Food before cooking it.
3) Trim your nails once a week.
4) Maintaining oral hygiene. Dirty teeth cause bad breath.
5) Wash and dry the garments in cold water.
6) Hair washing and grooming.
7) Establishing regular eating habits.
8) Avoid putting dirty fingers in your mouth, nose, or ears.
9) When you are sick, get lots of rest.
10) Mostly breathing through the nose.
11) Only drink pure water.
12) Use restrooms instead of field.
13) Washing fruits and vegetables before eating.
14) Avoiding the use of stale food.
15) Adequate sleep is beneficial for health.

Our study aims to educate secondary school students in Lucknow, Uttar Pradesh, about hygiene and to examine several hygiene practices (including hand, body and dental hygiene). This study is a small attempt to conduct a comparable study in the Lucknow district.

REVIEW OF LITERATURE

Aiello *et al.* (2008) conduct study on **"Personal health Bringing good hygiene home**" stress how preventing infectious infections at home can be achieved by surface cleaning and handwashing. In order to improve both individual and societal health, they emphasize that good cleanliness can reduce the risk of infection by 50% and advocate for increased education and awareness.

Lopez-Quintero & Neumark (2009) conducted a study on "**Hand Washing Among School Children in Bogotá, Colombia"** came to the conclusion that the lack of adequate facilities in the majority of schools in Bogotá hinders attempts to promote health and prevents kids from developing proper hygiene habits. Bogota's public schools are currently undergoing renovations, offering a special chance to address the issues of creating a welcoming environment for the adoption of healthy behaviours.

Olde wage-Theron (2010) conducted a study on **Nutrition knowledge and nutritional status of primary school children in QwaQwa** assess the nutritional status and understanding of primary school students attending a purposefully chosen school in rural QwaQwa. This study found that there were several knowledge gaps regarding topics including the function of the main food groups in the diet and appropriate hygiene practices, as well as malnutrition and average nutrition knowledge.

Goyal (2016) conducted a study on **"Scope and Opportunities for Menstrual Health and Hygiene Products in India"** examines the need for better knowledge, more reasonably priced goods, and better

cleanliness as well as the social shame associated with menstruation in India. The report promotes innovation and public-private collaborations to solve menstrual health issues and identifies development possibilities in the menstrual hygiene market.

Pal & Pal (2017) conducted a study on **"Knowledge, attitude and practice of personal hygiene and its predictors:A school-based study among adolescent girls in an urban slum"** determine the knowledge, attitude, and practice (KAP) of food habits and personal cleanliness among school-going adolescent females in a slum neighborhood of Kolkata. They came to the conclusion that programmers for behavioral change communication and ongoing health education are required to improve adolescent girls' basic personal hygiene practices and prepare them for adulthood in a healthy society.

STATEMENT OF THE PROBLEM

OBJECTIVES

- To find out the level of knowledge regarding the health and hygiene of secondary school students.
- To study the difference in the basic knowledge regarding the health and hygiene of secondary school students for demographics.

HYPOTHESIS

There is no significant difference in the basic knowledge regarding the health and hygiene of secondary school students for demographics, i.e.

- Gender
- Age
- Class
- Board

RESEARCH DESIGN OF THE STUDY

The present study was a descriptive survey in nature. A simple random sampling technique was incorporated.

POPULATION

The population for the present study was secondary school students from Uttar Pradesh.

SAMPLE

The current research considers the practicality of data experiments and data gathering, and the sample was chosen intentionally. The present study sample was 60 secondary school students selected randomly. The sample was chosen from the Lucknow districts of Uttar Pradesh.

TOOLS FOR DATA COLLECTION

The researcher developed a self-constructed questionnaire based on the concepts of Health & Hygiene for secondary school students. The rating scale consists of two parts. Part one is dedicated to the demographic variables such as Class, Age, Gender and Board of Secondary school students. The second part pertains to the knowledge related to Health & Hygiene followed by secondary school students.

DATA ANALYSIS

1. ***Significance of Students' knowledge of the health and hygiene with respect to Gender:***

Gender	N	Mean	S.D.	t	df	p-value	Reference
Male	30	56.27	7.362	0.826	58	0.049	S* (0.05)
Female	30	54.73	7.007				

S*= Significant at 0.05 level

The above table specifies that the calculated t-value is 0.826, and the p-value (0.049) is less than the significance level (0.05), indicating statistical significance. Therefore, we reject the null hypothesis and conclude that there is a significant difference in the knowledge of health and hygiene among secondary school students in the Lucknow district of Uttar Pradesh with respect to Gender.

2. ***Significance of Students' knowledge of the health and hygiene with respect to Board:***

Board	N	Mean	S.D.	t	df	p-value	Reference
UP Board	41	56.85	6.981	2.219	58	0.030	S* (0.05)
CBSE	19	52.58	6.850				

S*=Significant at 0.05 level

The above table indicates that the calculated F/t value of the class is 2.219, and the p-value (0.030) is less than the significance level (0.05), indicating statistical significance. Therefore, we reject the null hypothesis and conclude that there is a significant difference in the knowledge of health and hygiene among secondary school students in the Lucknow district of Uttar Pradesh with respect to the Board.

3. ***Significance of Students' knowledge of the health and hygiene with respect to Class:***

Class	Sum of Squares	df	Mean Square	F	Sig.	Reference
Between Groups	227.849	2	113.924	2.317	0.033	S* (0.05)
Within Groups	2803.151	57	49.178			

S*=Significant at 0.05 level

The above table indicates that the calculated F value of the Class is 2.317, and the p-value (0.033) is less than the significance level (0.05), indicating statistical significance. Therefore, we reject the null hypothesis and conclude that there is a significant difference in the knowledge of health and hygiene among secondary school students in the Lucknow district of Uttar Pradesh with respect to Class.

4. ***Significance of Students' knowledge of the health and hygiene with respect to Age:***

Age	Sum of Squares	df	Mean Square	F	Sig.	Reference
Between Groups	292.951	2	146.476	3.049	0.055	NS
Within Groups	2738.049	57	48.036			

The above table indicates that the calculated F value of the Class is 3.049, and the p-value (0.055) is slightly more significant than the significance level (0.05), indicating statistical insignificance. Therefore, we accept the null hypothesis and conclude that there is no significant difference in the knowledge of health and hygiene among secondary school students in the Lucknow district of Uttar Pradesh with respect to Age.

FINDINGS

The study's findings reveal several key insights into the distribution of the sample and the knowledge of health and hygiene among secondary school students in Lucknow district, Uttar Pradesh. The sample consisted of 60 students, with an equal distribution of male (50%) and female (50%) students. In terms of Age, most students (51.7%) belonged to the 14-15 years age group, followed by 35% in the up-to-13-years category and 13.3% in the 16 years and above category. Regarding class distribution, 38.3% of students were from class 8^{th}, 35% from class 9^{th}, and 26.7% from class 10^{th}. The school board-wise distribution indicated that 68.3% of students were from the Uttar Pradesh (UP) Board, whereas 31.7% were from the Central Board of Secondary Education (CBSE).

Regarding health and hygiene, 40% of students had a high level of knowledge, while 35% demonstrated a moderate level, and 25% exhibited a low level. The study also identified statistically significant differences in students' knowledge levels based on Gender, school board, and Class. The gender-wise analysis showed that male students (Mean= 56.27) had a slightly higher knowledge level than female students (Mean= 54.73), with a significant difference observed (p= 0.049). Similarly, students from the UP Board (Mean= 56.85) had significantly higher knowledge levels than those from the CBSE Board (Mean= 52.58), with a p-value of 0.030. Additionally, a significant difference (p= 0.033) was found in knowledge levels among students of different classes, indicating variability in knowledge based on educational level. However, when analysed with respect to Age, no significant difference (p= 0.055) was observed, suggesting that students' knowledge levels remained relatively consistent across different age groups.

Overall, these findings emphasize that while knowledge of health and hygiene among secondary school students varies significantly based on Gender, school board, and Class, it does not show considerable variation with Age. These results highlight the need for targeted awareness programs to enhance students' understanding of health and hygiene, focusing on groups with relatively lower knowledge levels to ensure a more comprehensive understanding among all students.

CONCLUSION

Important information about health and hygiene knowledge among Lucknow, Uttar Pradesh, secondary school students is revealed by the study. It discovered disparities according to class, school board, and gender. The knowledge of male students was marginally superior to that of female students, indicating the need for focused efforts. Perhaps as a result of different curricula, UP Board students were more conscious than CBSE students.

The findings indicate that students' understanding of health and hygiene varies significantly across grades, most likely as a result of curriculum and instructional strategies. The fact that age wasn't a significant factor suggests that education is more important than age. This emphasizes how important it is for schools

to regularly teach health education. Particularly for students with less understanding, the study emphasizes the necessity of focused health awareness initiatives. Gender-neutral health education should be provided in schools, and existing approaches should be reviewed to identify and address any gaps.

In conclusion, developing lifetime healthy behaviours requires increasing health and hygiene awareness in secondary schools. By addressing disparities by class, school board, and gender, better, more inclusive programs can be developed. Future research should examine additional variables, such as family history and resource accessibility, in order to develop more effective therapies.

REFERENCES

1. Charles, K., & Gopal, R. (2011). *Health education: Teachers from a doctor's perspective.* Neelkamal Pvt. Ltd.
2. Davies, M. B. (1954). *Hygiene and health education for training colleges.* Longmans, Green and Co.
3. Deb, S., Dutta, S., Dasgupta, A., & Misra, R. (2010). Relationship of personal hygiene with nutrition and morbidity profile: A study among primary school children in South Kolkata. *Indian Journal of Community Medicine.*
4. Food and Agriculture Organization of the United Nations. (2005). *The state of food and agriculture.* Editorial Publication and Design Group Publishing Management Service. Retrieved December 10, 2024, from https://www.fao.org/4/a0050e/a0050e_full.pdf
5. Gall, N. (1978). *Foundation and principles of health education.* John Wiley & Sons.
6. Gupta, S., & Aggarwal, J. C. (2007). *Early childhood: Education & care.* Shipra Publications.
7. Gutkowska, K., Czarniecka-Skubina, E., & Hamulka, J. (2024). Is nutritional education in primary schools needed in the light of teachers' diagnosis of the state of knowledge about food and nutrition of 7–12-year-old primary school pupils? The Focus Group Interview (FGI)-Junior-Edu-Żywienie (JEŻ) Project. *Annals of Agricultural and Environmental Medicine, 31(3).*
8. Jenan, M. Al-Rifaai, et al. (2018). Personal hygiene among college students in Kuwait: A health promotion perspective. *Journal of Education and Health Promotion, 7.* https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6052777
9. Majorin, F., Freeman, M. C., Barnard, S., Routray, P., Boisson, S., & Clasen, T. (2014). Child feces disposal practices in rural Orissa: A cross-sectional study. *PLoS ONE, 9(2),* e89551. https://doi.org/10.1371/journal.pone.0089551
10. Yalçin, S. S., Yalçin, S., & Altin, S. (2004). Hand washing and adolescents: A study from seven schools in Konya, Turkey. *International Journal of Adolescent Medicine and Health*