



Status Of Personal Hygiene Among Adolescents: An Age - Specific Study (15-17 Years)

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Abstract

Background: For female students, maintaining good personal cleanliness is essential to preventing numerous illnesses. Maintaining personal cleanliness is beneficial for women's health. Poor personal hygiene increases the risk of infection. Self-awareness is fostered and taught from an early age through good hygiene practices. **Materials and methods:** The purpose of this study was to evaluate the personal hygiene practices of female students in the 15-17 years age range at located in Kulasekharam, Tamil Nadu, India, is the Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital. Female students between the ages of 15 - 17 made up the study units. A questionnaire is used for the study, and female students are given it. By outlining the goal of the study, the female students gave their verbal agreement. Hundred students participated in the study in all. Thirty questions make up the questionnaire, which also asked about sociodemographic data and hygienic practices, which include cloth hygiene, skin hygiene, oral hygiene, hair hygiene, hand hygiene, urogenital hygiene, ear hygiene,

bowel hygiene, and mental hygiene. **Conclusion:** Students that were female showed greater awareness of genital hygiene. They therefore require greater education regarding sleep, water consumption, and scalp hygiene. Wearing clean clothes and taking regular head baths are examples of personal hygiene practices that this survey found to be good, but scalp hygiene, water intake, and sleep are extremely poor; as a result, female students require greater education regarding these topics.

Keywords: Personal hygiene, health behaviour, Menstrual hygiene, Sanitation, cleanliness, hygiene adolescents.

INTRODUCTION

The Greek term for "hygeia," the goddess of health, is where the word "hygiene" originates. Her followers, who followed hygienic practices for their own health, were known as hygienists. Maintaining personal hygiene is the science of health and encompasses all elements that lead to a healthy lifestyle. In traditional Indian medicine, hygiene is valued highly. One of the "Laws of Manu" was a system of personal cleanliness. There are two components to cleanliness, according to health education: environmental and personal hygiene¹. Environmental hygiene encompasses both personal and public hygiene. The goal of personal hygiene is to encourage people to maintain high standards of cleanliness in their living environments. Personal hygiene encompasses things like clothes, hand and toilet washing, nail, foot, and tooth care, spitting, coughing, sneezing, and personal hygiene². Appearance instillation of hygienic practices in the youth. Personal hygiene education must start at a very young age and continue until school age. In order to prevent several illnesses, female students must practice good personal cleanliness. Women's health is maintained by personal cleanliness. An increased risk of vulnerable infection results from poor personal hygiene. Good hygiene habits help them develop self-awareness and are taught from an early age.

MATERIALS AND METHODS

In July 2025, a descriptive cross-sectional study was carried out to evaluate the fundamentals of personal hygiene. Female students in the 15–17 age range who attended Sree Ramakrishna Medical College of Naturopathy and Yogic Sciences and Hospital in Kulasekharam, Tamil Nadu, India, served as the study units. The study's questionnaire was distributed to female pupils. The female students gave their verbal assent after being informed of the study's objectives. A cross-sectional study design was employed for the study. A sample size of 100 participants was used. A structured questionnaire containing close-ended questions was used for data collection regarding personal hygiene behavior and practices. There were thirty study participants in total. There are thirty questions in the survey. The questionnaire's parameters covered sanitary practices and sociodemographic data. The sanitary practices include routines, urogenital, ear, bowel, and mental hygiene, in addition to cloth, skin, mouth, hair, and hand hygiene. The study omitted the female participants who refused to participate and did not cooperate.

DATA COLLECTION AND ANALYSIS

The study took place in the month of March 2025. The study employed a structured, closed-ended questionnaire to gather both quantitative and categorical information from participants. The study included 30 questions that asked about personal hygiene habits, sociodemographic information, and obstacles to personal hygiene, respectively. Age, sex, residence, boarding status, father's educational status, and academic background of the participants were all disclosed in the sociodemographic section. Participants were asked questions on their oral, nail, bathing, hair, trousers and hand hygiene habits, and their answers were scored. Every question about personal hygiene routines uses a standard scoring system to quantify the information gathered. In order to describe the data, the mean ($\bar{x}$) and standard

deviation (SD) were computed. Additionally, differences between categorical variables including age, gender, and educational attainment were examined.

RESULTS

Table: 1

S.NO	CONTENT	YES(%)	NO (%)
1	Wake - up regularly in early morning	50%	50%
2	Brush teeth twice a day	50%	50%
3	Regular habit of defecation	100%	Nil
4	Head bath regularly	84%	16%
5	Have tartar teeth	29%	71%
6	Have tooth decay	25%	75%
7	Have gingivitis	13%	87%
8	Clean tongue regularly	90%	10%
9	Have dandruff on scalp	80%	20%
10	Symptom of Hair fall	100%	Nil
11	Lice on scalp	46%	54%
12	Apply oil on scalp regularly	36%	64%
13	Eye boogers after wake up	44%	56%
14	Acne on face	46%	54%
15	Wash face frequently	70%	30%
16	Clean ears regularly	77%	23%
17	Have ear discharge	Nil	100%
18	Wash hands often	100%	Nil
19	Trim nails regularly	86%	14%
20	Urinate 5- 6 times daily	67%	33%
21	Drink 3-4 liters of water daily	13%	86%
22	Habit of wearing clean clothes	100%	Nil
23	Wear cotton innerwear	90%	10%
24	Change innerwear twice daily	93%	7%
25	Change sanitary pads often	100%	Nil
26	Have urinary infection symptoms	Nil	100%
27	Have white discharge	60%	40%
28	Have fungal infections symptoms	30%	70%

29	Have sleep 8 hours daily	37%	63%
30	Have a good sound sleep	Nil	100%

Table 1 Shows that Personal hygiene among adolescents age 15-17 Years

The frequency distribution of the sample's different sociodemographic attributes is shown in Table 2. Seventy percent of the responses were between the ages of sixteen and older. The demographic with the lowest representation (30%) was the 15-year-old age group. In the sample, all responders (100%) were female. Furthermore, the bulk of people (61%) lived in rural areas, whilst only 39% did so in urban areas. Furthermore, the majority of respondents' parents (63%) had completed intermediate-level or higher education, whilst only 2% had completed basic school or less.

Table :2

Sociodemographic background of respondents			
S.NO	Variables	N	Percentage (%)
1	Age 15 years	30	30%
	16 years and above	70	70%
2	Residence rural	61	61%
	urban	39	39%
3	Parents educational status Primary or below	2	2%
	Secondary or below	35	35%
	Higher studies	63	63%

Table 2 shows, Sociodemographic background of respondents

The obstacles to the respondents' hygienic routines are shown in Table 3. Laziness was cited by 30% as a primary reason for not practicing good hygiene. The next two most common responses were insufficient time (30%) and inadequate education (10%). Merely 10% of the respondents said that traditional beliefs hindered their ability to maintain proper hygiene.

Table:3

Barriers to personal hygiene		
S.NO	Variables	Percentage(%)
1	Lack of education	10
2	Time Constraints	30
3	Ancestral believes	10
4	Indolence	30

Table 3 shows that barriers of personal hygiene

DISCUSSION:

Worm infestations, cholera, diarrhoea, and dysentery are only a few of the severe illnesses linked to poor hygiene and health habits. Adopting fundamental hygiene habits and providing basic sanitary facilities can readily avoid all of these diseases. The evaluation of hygiene behaviour serves as the foundation for both predictive and preventive medicine and is a crucial part of the formula for producing precise estimates of illness prevalence in communities. It enables us to evaluate the public's attitude towards personal health as well as their mental state and personal convictions on the subject ³. These opinions are well-researched, deeply ingrained in communities, and frequently the result of numerous, varied influences. This paper's ultimate purpose is to assess teenage personal hygiene habits in order to make better targeted interventions for young people in the future. Young people today are the future's torchbearers, thus maintaining good personal hygiene is crucial since it shapes and influences both the general health and well-being of the individual and society as a whole⁴. Numerous factors, including developmental stage, cultural background, social condition, personal habits, and health state, influence personal hygiene practices. For all of the tasks listed in this survey, the majority of respondents practiced appropriate hygiene (Table 1). Head washing on a regular basis (84%), tooth decay (25%), tartar teeth (29%), and wearing clean clothes (100%) were the habits (Table 1) that were usually strong among study participants. Young people today are the future's torchbearers. Thus, maintaining good personal hygiene is crucial since it shapes and influences both the general health and well-being of the individual and society as a whole. Numerous factors, including developmental stage, cultural background, social condition, personal habits, and health state, influence personal hygiene practices. For all the tasks listed in this survey, the majority of respondents practiced appropriate hygiene (Table 1). Head washing on a regular basis (84%), tooth decay (25%), tartar teeth (29%), and wearing clean clothes (100%) were the habits (Table 1) that were usually strong among study participants. The majority of participants in this study were 16 years of age or older. As a result, the majority of responders are recent adolescents. They should have learnt and implemented good personal hygiene practices. The study also studied (Table 2) the association between hygienic practices, age, gender, and residential status. Age-related declines in the practices were noted. Interestingly, we observed that the female individuals practiced higher personal hygiene. According to the study's findings (Table 3), respondents' top three reasons for not practicing good personal hygiene are laziness (30%), lack of time (30%), and lack of education (10%). It is alarming that the vast majority of people view indolence and inertia as the main obstacles to maintaining personal hygiene habits. There is also an urgent need to address the dearth of knowledge and understanding about this topic. Most of the people who responded were either teenagers or young adults. Good hygiene practices were practiced by a significant majority of responders across all groups. It was evident that women's techniques were superior. The results did not significantly correlate with urbanity. We come to the conclusion that in order to improve predictive and preventive healthcare and lower morbidity and mortality, a thorough awareness and education campaign is required.

CONCLUSION

We come to the conclusion that predictive and preventive healthcare are related to the significance of putting in place a complete program aimed at educating people about a certain topic and increasing awareness of it. This emphasises how important it is to remove barriers to the best possible hygiene practices. In order to improve predictive and preventive healthcare and, eventually, lower rates of morbidity and death, this promotes the adoption of an extensive awareness and education campaign. In order to equip people with the information and abilities necessary to make wise decisions regarding their health and well-being, such a program can include a variety of initiatives, including workshops, public awareness campaigns, community outreach, and collaborations with healthcare providers.

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REFERENCE

1. The Meaning of “Hygiene” and Its Linked Practices in a Low-Income Urban Community in Bangladesh. Rebeca Sultana , Nazmun Nahar , Nadia Ali Rimi , Sayed Tasnuva Swarna , Shifat Khan , Md Khaled Saifullah , Humayun Kabir , Peter Kjær Mackie Jensen. 2022.
2. Knowledge of Personal Hygiene among Undergraduates Akorede Seun Nurudeen, Atanda Toyin.2020.
3. Assessment of Water Supply and Sanitation Facilities in Public Primary Schools in Calabar South Local Government Area. Alain S. Inah,Vivianne Ephraim Ntekim,Elizabeth Libuo-Beshel,Darlington Egbe Egbonyi. 2020.
4. An Assessment of Personal Hygiene Practices Among Young Adults: A Cross-Sectional, Descriptive Study.Pramod Singh , Abdul Rafae Faisal , Mohammad Maaz Alam , Ahmad Saeed , Tauqeer Haider , Hafiz Muhammad Awais Asif , Jeevan Rauniyar , Niraj Rai , Muhammad Asad Khan Janjua, Abdul Rafay Pasha.2023.
5. Importance of understanding the need of personal hygiene: A comprehensive review.Satish Kumar BP, Meghana A Reddy, Prolay Paul, Lipika Das, Darshan JC, Berlin P Kurian, Sayantan Ghosh,Ravindra BN.2020.
6. An analytical study of Hygiene Practices and its Impact of Health status of the household Dr. S. S. Apate, Mr. Nishant Kamble. 2019.
7. Knowledge,attitude and practice of personal hygiene among medical students of a private medical college: A crosssectional study.Mohammed Majeed , Pissey Sai Kiran Santosh , Gangapatnam Sravan Kumar, Naidana Partha Sarathy , Uthakalla Vijaya Kumar , Yendapu Raja Sekhar , Devireddi C U Sivakumar.2025.
8. Knowledge of Personal Hygiene among Undergraduates Akorede Seun Nurudeen, Atanda Toyin.2020.
9. Effects of Health Education on Knowledge of Personal Hygiene Practices Among Public Senior Secondary School Students in Bayelsa State Nigeria.Prof.innime Righteous, Eni-Bongilli Goodness Phd, Samuel G.K.Phd. 2025.
10. Personal Hygiene Practices and Food Sanitation Awareness as Correlates to Students' Health.Bravo, Vi M., Albezo, Bridget Nicole G., Asidero, Jhaezza Kate C., Collado, Jharel Kennt B., Colindres, Nathaniel Ben T., Domingo, Mariel N., Grasparil, Ashley P., Maglasang Jacquilyn L.,

Maravillas, Daisy Jane M., Sorila, Marco Polo G., Sunodan, Jean Rose B., Tormis, Desiree B. , Krystal Joy M. Clamares, PhD, Anna Marie O. Pelandas, MAEd. 2025.

11. The Use of Personal Hygiene Hands-On Activities to a Learner with Down Syndrome Rizza Lyza C. Alcazaren , Wenefredo E. Cagape, EdD, PhD , Shiela Mae C. Ferolino, Grazel Mae O. Languido, Gilyn R. Meneses, Lhea Helena D. Rosima. 2023.

12. Development and reliability of a quantitative personal hygiene assessment tool. Maryann Delea,Jedidiah Snyder,Mulat Woreta,Kassahun Zewudie. 2020.

13. Effects of Personal Hygiene Habits on Self-Efficacy for Preventing Infection, Infection-Preventing Hygiene Behaviors, and Product-Purchasing Behaviors. Hyun Jung Yoo and Eugene Song. 2021.

14. An Assessment of Personal Hygiene Practices Among Young Adults: A Cross-Sectional, Descriptive Study. Pramod Singh , Abdul Rafae Faisal , Mohammad Maaz Alam , Ahmad Saeed , Tauqeer Haider , Hafiz Muhammad Awais Asif , Jeevan Rauniyar , Niraj Rai , Muhammad Asad Khan Janjua, Abdul Rafay Pasha. 2023.

