



A STUDY OF HEALTH –HYGIENE AND CLEANLINESS HABITS OF SECONDARY SCHOOL STUDENTS OF MUMBAI.”A SURVEY.

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INTRODUCTION

“We can no more gain god's blessing with an unclean body than with an unclean mind. A clean body cannot reside in an unclean city.”- Mahatma Gandhi

All over the world people are seriously affected every day by diseases that are caused by consuming unhygienic and unsafe habits. This trend is especially notable in developing countries where acute respiratory and intestinal infections are the primary causes of morbidity and mortality among young children. Inadequate sanitary conditions and poor hygiene practices play major roles in the increased burden of communicable disease within these developing countries. We have to give due emphasis to good hygienic practices to prevent and control diseases. The habits which are learnt or followed at a young age get embedded into one's personality. For children, maintenance of personal hygiene helps to improve the quality of life and longevity. This is of particular importance in a slum community with compromised living situation.

Hygiene is a science that deals with the promotion and preservation of health. The term Hygiene is reference to Hygieia the Greek goddess of health cleanliness and sanitation. Thus the origin of preventive medicine is dated back to 460-136 BC the classic period of Greek Medicine. Hygiene is very important for living a healthy life free from diseases. Majority of the health problems affecting school children are preventable by promotion of hygienic practices through proper health education by the teachers, who are the first contacts. Hygiene plays a vital role in preventing some of the common communicable disease which spread mainly through water, food, personal contact and surrounding environment. Many diseases spreading from Virus, Bacteria, and Protozoa microorganisms can be prevented, if we practice good hygiene. Teaching children the importance of good hygiene can install habits, which will improve their health for a lifetime. Beginning healthy hygiene habits at a young age will help your older children transition into adult hygiene

The millennium development goals have firmly established the issues of “water, sanitation, and hygiene” on the global agenda. Neglect of hygiene goes a long way in explaining why water and sanitation programs have often not brought the expected benefits. Public health importance of hand washing as well as its importance in reduction of communicable diseases such as diarrhea and acute respiratory infection (ARI) has been highlighted in many studies. This study is a humble attempt to assess the hygiene status of school children.

Need of the study

Poor health among school children is resulted from the lack of awareness of the health benefits of personal hygiene. Diarrhoeal diseases, skin diseases, worm infestations and dental diseases are most commonly associated with poor personal hygiene. One of the major problems faced by school children are infections. The primary causes of infections are contaminated water and poor sanitation, as well as poor hygienic practices. Lack of personal hygiene coupled with poor sanitation favor person-to-person transmission of infection. Infection and malnutrition form a vicious circle and retard children's physical development. Repeated attacks of infections often compound the existing poor health of children, compromising children's attendance and performance at school and not uncommonly, can result in death. The importance of school health has been acknowledged across countries since the beginning of 20th century. School health services have tended to focus on nutritional support and clinical assessment. These inputs are absolutely necessary, but so is the need to assess the state of personal hygiene, which is directly or indirectly related to the above-mentioned factors, especially in a developing country like India. To prevent health issues awareness is must and its school responsibility to make aware each and every students.

AIM OF THE STUDY

The following was the broad aim of the study:

1. To study the health -hygiene and cleanliness habits of secondary school students.

\Objectives of the Study

1. To study the health -hygiene and cleanliness habits of secondary school students.
2. To compare the following variable among secondary school students on the basis of their gender:
 - i) health–hygiene
 - ii) cleanliness habits

Hypothesis: (Null Hypothesis):

The following null hypotheses have been formulated for the study:

1. There is no significant gender difference in the following variable among secondary school students:
 - i) health –hygiene
 - ii) Cleanliness habits
2. There is no significant difference in the following variable among secondary school students on the basis of the type of management of the school:
 - i) health –hygiene
 - ii) cleanliness habits

METHODOLOGY

In the present study, an attempt has been made to investigate health –hygiene and cleanliness habits of boys and girls of Secondary school students in Mumbai. In order to achieve the pre-determined objectives of the study, the researcher has planned the entire process of the work in terms of research design.

DESIGN OF THE STUDY

A survey type study will designed to find out significant differences among male and female students in secondary school, of Mumbai as related to their health –hygiene and cleanliness habits variables. An attempt also made to study health-hygiene and cleanliness habits in term of physical fitness of secondary school students.

SAMPLE

For the purpose of the study, 345 secondary school students (Boys and Girls) studying in 5schools were selected randomly from Mumbai. The sample of the study has been depicted as below: All secondary school children in grades V to VIII from the selected school, where the students come mainly from the neighboring slum locality.

TESTS USED AND THEIR DESCRIPTION

The researcher used questionnaire made by her.

PROCEDURE OF DATA COLLECTION

After collecting the test scales along with the scoring keys, the investigator contacted the Secondary School students personally for the purpose of data collection. Most of them were contacted individually at their places of posting. A brief description of test scales along with the objectives and importance of the study were explained to the subjects to ensure their honest, correct and sincere responses. They were asked to give responses as per the first reply that

comes to their mind after reading each question carefully. They took their own time and were encouraged to give the appropriate responses. Whenever they felt any difficulty in understanding any item, the researcher tried his best to help them in making them understand, so that they could give the correct response. The subjects were also ensured that their responses would be kept confidential and would be used only for research purpose.

STATISTICAL PROCEDURE

Mean score and standard deviation of Boys students (N=145), Girls students (N=200), and schools (N=05) and the sample (N=345) were calculated in one variable i.e. health –hygiene, cleanliness habits. One-way analysis of variance was applied to find out the significance of mean difference among unaided School (N=3), aided school (N=2), and school (N=05) students of the variable. This was followed by Significance Difference Test (L.S.D.) to determine the significance of difference between ordered paired means at 0.05 & 0.01 levels.

INFERENTIAL ANALYSIS.

Testing Hypothesis 1

The null hypothesis states that there is no significant gender difference in the health- hygiene habits and cleanliness habits among secondary school students:

The technique used to test this hypothesis is the 't' test, Variables: Self Esteem

Groups	N	d-f	Mean	Standard Division	t-ratio	Table Value		Significance level
						0.05	0.01	
Boys	145	343	44.64	0.92	0.51	1.97	2.59	NS
Girls	200		44.38	0.49				

Interpretation

From the table it can be seen that the obtained t- ratio are less than the table value. Thus 't' is not significant. Hence the null hypothesis is accepted. It can be concluded that there is no significant difference in health hygiene and cleanliness habits of secondary school students on the basis of gender. Thus from the findings it can be said that secondary school students from different gender i.e. girls and boys are not having much difference in health and hygiene and cleanliness habits

Conclusion

There is no significant difference between girls and boys in the health – hygiene and cleanliness habits.

Testing Hypothesis 2

The null hypothesis states that there is no significant difference in health-hygiene and cleanliness habits among secondary school students on the basis of type of management.

The technique used to test this hypothesis is the't' test,

Groups	N	d-f	Mean	Standard Division	t-ratio	Table Value		Significance level
						0.05	0.01	
Aided	105	343	45	0.75	0.53	1.91	2.59	NS
Unaided	240		43	0.73				

Interpretation

From the table it can be seen that the obtained t- ratio are less than the table value. Thus't' is not significant. Hence the null hypothesis is accepted. It can be concluded that there is no significant difference in health-hygiene and cleanliness habits of secondary school students on the basis of type of management. Thus from the findings it can be said that secondary school students from different type of management i.e. aided secondary school students are not having much difference in health –hygiene and cleanliness habits.

Finding

- There is significant difference between aided and unaided school students in health-hygiene and cleanliness habits.
- There is no significant gender difference between girls and boys school students in the health –hygiene and cleanliness habits.
- There is no significant difference among secondary school students in the health –hygiene and cleanliness habits on the basis of type of management.
- There is lack of awareness due to various reasons.

Conclusion:

In many schools there exists a high incidence of water and sanitation related diseases, causing many people, children in particular, to fall ill or even die. Improved hygiene practices are essential if transmission routes of water and sanitation related diseases are to be cut. Whereas appropriate hygiene

education can bring about the intention to change hygiene behaviour, for most hygiene behaviours appropriate water and sanitation facilities are needed to allow people to transform intention to change into real change.

School sanitation and hygiene deals with both hardware and software aspects needed to bring about changes in hygiene behaviour of students and, through these students, in the community at large. The hardware is the total package of sanitary conditions and facilities available in and around the school compound. The software is the activities aiming to promote conditions at school and practices of school staff and children that help to prevent water and sanitation-related diseases.

References:

www.unwater.org/downloads/EHB_Sanitation_EN_lowres.pdf

becleanbehealthy.weebly.com/acknowledgement.html

Best, j.W. and Kahn, J.V. Research in Education. (7th ed).New Delhi:Prentice Hall of India Pvt. Ltd.1995. P308

Sharma, R.A. Advanced Statistics in Education and Psychology. Meerut:Surya Publication. 1998.P182.

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