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Personal Hygiene Practices among In-School Adolescents in Nsukka Local Government Area, Enugu State

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Abstract
This study ascertained personal hygiene practices among in-school adolescents in Nsukka Local Government Area of Enugu State. Four objectives, four corresponding research questions and three hypotheses were posed to guide the study. The descriptive survey design was adopted for the study. The population for the study was secondary school students in Nsukka LGA. Multi-stage sampling technique was used to draw the sample of 480 in-school adolescents for the study. A researcher's designed Personal Hygiene Practices Questionnaire-PHPQ was the instrument used for data collection. Face validity of the instrument was established by three experts from the Department of Human Kinetics and Health Education, University of Nigeria Nsukka. The Percentages and frequencies were used to answer the research questions. The null hypothesis was tested using chi-square at .05 level of significance. The study revealed that a higher proportion (59.91%) of in-school adolescentspractice good personal hygiene. The proportion of female (64.65%) in-school adolescents that practiced good personal hygiene based is higher than that of male (55.00%). The proportion of in-school adolescents in different classes are; SS2 (71.91%), SS1 (69.46%), JSS2 (55.17%), JSS1(39.42%); Proportion of in-school adolescents aged 15-19years (71.10%) practice good personal hygiene than those aged 10-14years(49.91%). The study recommended among others that sensitization and health education programme should be organized by schools, religious groups and non-governmental organizations to educate in-school adolescents on the need to practice good personal hygiene.
Keywords: Personal Hygiene, Practices, In-school Adolescents, Personal Hygiene Practices

Introduction

Personal hygiene is an important global health issue. Globally, over one billion people lack basic access to adequate water supply; more than twice as many lack basic sanitation and proper personal hygiene practices (World Health Organization [WHO], 2006). Inadequate sanitation and poor personal hygiene practices account for an estimated 9.1 percent of the global burden of disease and 6.3 percent of all deaths (WHO, 2006). Poor hygiene behaviour is a major problem in developing countries (Van Wijk & Tineke, 2003). It is also described by the authors as the behaviours and measures which are adopted so as to break the chain of transmission of infections both at home and in school. Worldwide, 5.3 per cent of all deaths and 6.8 per cent of all disability are caused by poor sanitation, unsafe water and poor personal hygiene (Rajiv, Buna, & Nilambar, 2011).

Personal hygiene is also a major issue in Africa. Sixty-two percent and thirty one percent of all deaths in Africa and Southeast Asia respectively are caused by infectious diseases resulting from many factors including poor personal hygiene (Curtis, Danquah & Aunger, 2009). The morbidities arising due to poor personal hygiene practices are more evident in slum area because of high population density, spread of respiratory infection, inadequate water supply, lack of sanitary facility, diarrhoea and worm infestation among others (Raghava, 2005). Inadequate sanitary conditions and poor hygiene practices play major roles in the increased burden of communicable diseases within African countries including Nigeria.

In Nigeria, studies have shown that most communicable diseases result from poor hygiene. According to Word Health Organisation (2009) lack of safe water, sanitation and prevalence of poor hygiene practices are the

major cause of death among students in developing countries. The author further stated that a contaminated environment and poor personal hygiene practices account for over sixty percent of the total burden of diseases among students in these countries including Nigeria. Oloruntoba, Folarin, and Ayede (2014) stated that poor hygiene and sanitation are the leading causes of diarrhoea disease. The Nigeria Demographic and Health Survey [NDHS] (2004) revealed that diarrhoea and cholera outbreakwhich are common occurrences in Nigerian schools as a result of practising poor personal hygiene.

Personal hygiene is the process of maintaining cleanliness of one's own body. Good hygienic care as well as practices in terms of personal hygiene contributes to a large extent on factors relating to healthful living and prevention of hazards from diseases. Personal hygiene refers to the act or principle of caring for ones bodily health and well-being, through cleanliness (Hassan, 2012). Personal hygiene according to Gbenga, Femi and Edegbai (2003) involves those activities performed by an individual to care for ones bodily health and well-being, through cleanliness. These activities can be achievedthrough constant practices.

Practice is the actual performance or application of knowledge. Funk and Wagnalls (2003), defined practice as any customary action or proceeding regarded as individual's habit. Sally (2004) further defined practice as an established way of doing things especially one that develops through experiences and knowledge. Also practice is regarded as the application of rules and knowledge that leads to action (Dong, 2015).

Several studies have shown that Personal hygiene practices involve those practices such as seeing a doctor, seeing a dentist, regular bathing or washing of the body, washing of clothes, regular hand washing, brushing and flossing of teeth, cutting of nails and menstrual hygiene practices (Ali et al, 2013 & Bastos, 2010). Personal hygiene practices are very important during adolescent stage, as they begin to mature and physiological changes may start to occur. Hormonal changes in adolescents result in growth of pubic and axillary hair in both male and female adolescents.

Adolescents are group of people in their stages of maturity. Adolescents as defined by Nworah (2004) are people undergoing rapid developmental changes. These changes as the author noted, culminated in the attainment of sexual maturity marked by onset of puberty. Adolescents are also regarded as young people within the range of 10-19years in schools (WHO, 2003).

In-school adolescents are essentially individuals within the ages of 10-19years who are currently enrolled in various schools.In the view of Siziya, Muula, Kazembe, Rudatsikira (2008), in-school adolescents are individuals passing through a critical period for physical, social, and emotional development. They undergo all the usual phases associated with the adolescence during their growth and development. In-school adolescents, according to Ramadugu, Ryali, Srivastava, Bhat and Prakash (2012) are defined as school going individuals aged 10-19 years of age. For the purpose of the present study, in-school adolescents are those within the ages of 10 and 19 years who are currently enrolled in secondary schools in Nsukka LGA.

Nsukka LGA is one of the seventeen LGAs in Enugu state. There are various secondary schools in Nsukka LGA, comprising of a total of 30 schools whose majority of their population are adolescents (PPSMB, 2017/2018 session). Majority of the schools in Nsukka LGA may lack the basic facilities to enhance good personal hygiene practices among in-school adolescents in Nsukka LGA. Most of the schools may have their play grounds as bare floors, and this makes it easier for the in-school adolescents to dirty themselves and school uniforms when they play in such areas due to dust. Also, there may be inadequate supply of water and soap for the in-school adolescents to wash their hands and their body after visiting the toilet and after engaging in sporting or recreational activities. As a result of this, these in-school adolescents may move into their classes with their dirty and sweaty bodies. This is due to poor personal hygiene practices, which is the major reason for this present study.

In-school adolescents should adopt proper personal hygiene practices such as proper hand washing with soap and water, regular bath or washing of the body at least twice daily, proper oral hygiene, cutting of the nails, cutting of the hair and keeping it clean, proper washing of clothes and proper menstrual hygiene. This is to help them in elimination of spread of diseases and other negative effects such as body odour and also mouth odour, which could result through practicing poor personal hygiene. But despite the efforts made by teachers in health educating the in-school adolescents on the need for good personal hygiene practices, in-school adolescents in Nsukka LGA fail to adopt good personal hygiene practices. Some of them look dirty, therefore, may not be taking their bath regularly and washing their clothes properly. Literature also shows that many adolescents do not practice proper hand washing with soap and water, resulting to morbidity and easy spread of communicable diseases among in-school adolescents.

This study therefore seeks to find out personal hygiene practices of in-school adolescents in Nsukka LGA.

Purpose of the Study

The purpose of the study was to ascertain personal hygiene practices among in-school adolescents in Nsukka LGA of Enugu State. Specifically, the study seeks to determine the proportion of in-school adolescents in Nsukka LGA that:

1. Practice good personal hygiene.
2. Practice good personal hygiene based on gender.
3. Practice good personal hygiene based on class of study.
4. Practice good personal hygiene based on age.

Research Questions

The following research questions were posed to guide the study;

1. What is the proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene?
2. What is the proportion of in-school adolescents in Nsukka LGA that practise goodpersonal hygiene based on gender?
3. What is the proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene based on class of study?
4. What is the proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene based on age?

Hypotheses

The following null hypotheses were postulated and were tested at .05 level of significance:

1. There is no significant difference in proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene based on gender.
2. There is no significant difference in proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene based on class of study.
3. There is no significant difference in proportion of in-school adolescents in Nsukka LGA that practise good personal hygiene based on age.

Methods

The descriptive survey research designwas adopted for the study. The population for the study comprised of 11,149 in-school adolescents in Nsukka LGA of Enugu State. Multi-stage sampling technique was used to select the sample size of 480 respondents. The first stage involved stratification of 30 secondary schools in Nsukka LGA of Enugu State into Boys' only, Girls' only and co-educational secondary schools. The second stage involved the use of simple random sampling technique of balloting without replacement to draw 15 (3 boys' only, 4 girls' only & 8 co-educational) secondary schools out of the 30 secondary schools in Nsukka LGA. The third stage involved simple random sampling technique of balloting without replacement to draw 32 in-school adolescents (4 boys and 4 girls in each of JSS1, JSS2, SS1 & SS2 classes) from each of the 15 selected secondary schools. The instrument for data collection was the researcher-designed Personal Hygiene Practices Questionnaire (PHPQ). The instrument was validated bythree experts all from the Department of Human Kinetics and Health Education, University of Nigeria Nsukka. A letter of introduction duly signed by the Head, Department of Human Kinetics and Health Education, University of Nigeria, Nsukka, seeking permission to carry out the study on personal hygiene practices among in-school adolescents in Nsukka LGA was presented to each principal of the selected secondary schools that was used for the study. Copies of the questionnaire were administered to the respondents in the secondary schools by the researcher and with the help of the form teachers who assisted in the distribution and collection of the instruments. The completed copies of the instruments were collected from the respondents at the spot. The information from copies of the questionnaire were coded and analysed using Statistical Package for Social Science (SPSS) batch system. Frequencies and percentages were used to answer the research questions. Chi-Square statistics was used to test the null hypothesis.

Results

The results are hereby presented in the tables as they relate to the research questions and hypothesis.

Table 1
Respondents' Socio-demographic Characteristics of Respondents (n=476)

S/N	Variables	F	%
1	**Gender**		
	Male	235	49.4
	Female	241	50.6
2	**Class of Study**		
	JSS1	113	23.7
	JSS 2	101	21.2
	SS1	139	29.2
	SS2	123	25.8
3	**Age**		
	10-14years	252	52.9
	15-19years	224	47.1

Table 1 shows the socio-demographic characteristics of respondents. The result shows the percentage of female respondents (50.6%) is greater than that of males (49.4%). The percentage ofrespondentsin SS1 (29.2%) is greater than those in other classes. JSS1 (23.7%), JSS2 (21.2%), SS2 (25.8%).Those aged 10-14years has higher percentage (52.9%) than those in the age bracket 15-19years (47.1%). The result further shows that those between the ages of 10-14years were the major respondents.

Table 2
Proportion of the In-school Adolescents in Nsukka LGA that Practice Personal Hygiene (n=476)

S/N	Items	Yes		No	
		F	%	f	%
1	Take bath at least twice a day	354	74.4	122	25.6
2	Use soap and water to take your bath	404	84.9	72	15.1
3	Wash hands with soap and water	388	81.5	88	18.5
4	Wash hands before and after eating food	362	76.1	114	23.9
5	Wash hands after using toilet facilities	350	73.5	126	26.5
6	Wash hands after playing games	263	55.3	213	44.7
7	Wash clothes (school uniform) everyday	250	52.5	226	47.5
8	Wear dirty clothes after taking your bath	120	25.2	356	74.8
9	Wash inner wear every day	306	64.3	170	35.7
10	Cut nails when they are over grown	340	71.4	136	28.6
11	Use nail cutter to cut your nails	313	65.8	163	34.2
12	Cut hair when they are grown	367	77.1	109	22.9
13	Comb hair regularly	354	74.4	122	25.6
14	Brush teeth at least twice a day	264	55.5	212	44.5
15	Visit a dentist when you have teeth problem	283	59.5	193	40.5
16	Wash hairs with water and shampoo regularly	222	46.6	254	53.4
17	Change sanitary pad at least three times daily	124	26.1	352	73.9
18	Wear used sanitary pad after taking your bath	68	14.3	408	85.7
	Overall Percentage		**59.91**		**40.08**

Table 2 shows the overall percentage of in-school adolescents that practice good personal hygiene (59.91%) and (40.08%) of those who do not practice good personal hygiene. The majority respondents indicated that the method of personal hygiene practiced is use soap and water to take their bath (84.9%) and the least

practiced personal hygiene method is wearing used sanitary pad after taking their bath (14.3%).The table further shows other most practiced personal hygiene methods; wash hands with soap and water (81.5%); cut their hairs when they are grown (77.1%); wash hands before and after eating food (76.1%); take their bath at least twice a day and comb hair regularly (74.4%); wash hands after using toilet facilities (73.5%) among others.

Table 3
Proportion of the In-school Adolescents in Nsukka LGA that Practice Personal Hygiene based on Gender (n=476)

S/N	Items	Male				Female			
		Yes		No		Yes		No	
		f	%	f	%	f	%	f	%
1	Take bath at least twice a day	173	73.6	62	26.4	181	75.1	60	24.9
2	Use soap and water to take your bath	199	84.7	36	15.3	205	85.1	36	14.9
3	Wash hands with soap and water	182	77.4	53	22.6	206	85.5	35	14.5
4	Wash hands before and after eating food	169	71.9	66	28.1	193	80.1	48	19.9
5	Wash hands after using toilet facilities	161	68.5	74	31.5	189	78.4	52	21.6
6	Wash hands after playing games	115	48.9	120	51.1	148	61.4	93	38.6
7	Wash clothes (school uniform) everyday	124	52.8	111	47.2	126	52.3	115	47.7
8	Wear dirty clothes after taking your bath	76	32.3	159	67.7	44	18.3	197	81.7
9	Wash inner wear every day	138	58.7	97	41.3	168	69.7	73	30.3
10	Cut nails when they are over grown	165	70.2	70	29.8	175	72.5	66	27.4
11	Use nail cutter to cut your nails	146	62.1	89	37.9	167	69.3	74	30.7
12	Cut hair when they are grown	183	77.9	52	22.1	184	76.3	57	23.7
13	Comb hair regularly	159	67.7	76	32.3	195	80.9	46	19.1
14	Brush teeth at least twice a day	110	46.8	125	53.2	154	63.9	87	36.1
15	Visit a dentist when you have teeth problem	121	51.5	114	48.5	126	67.2	79	32.8
16	Wash hairs with water and shampoo regularly	106	45.1	129	54.9	116	48.1	125	51.9
17	Change sanitary pad at least three times daily	0	0.00	235	100	124	51.5	117	48.5
18	Wear used sanitary pad after taking your bath	0	0.00	235	100	68	28.2	173	71.8
	Overall percentage		**55.00**		**44.99**		**64.65**		**35.33**

Table 3 shows the overall percentage of males (55.00%) and females (64.65%) that practice personal hygiene whilethe percentage of in-school adolescents that do not practice personal hygiene is, males (44.99%) and females (35.33%). The Table further shows that (73.6%) of malesand (75.1%) of females take their bath at least twice a day, 84. 7% male and 85.1% female use soap and water to take their bath, 77.4% male and 85.5% female wash hands with soap and water, 71.9% male and 80.1% female wash hands before and after eating food, 70.2% male and 72.5% female cut nails when they are grown, 77.9% male and 76.9% female cut hair when they are grown, while 67.7% male and 81.7% female do not wear dirty clothes after taking bath, 51.1% male and 38% female do not wash hands after playing games, 41.3% male and 30.3% female do not wash inner wear every day, 53.2% male and 36.1% female do not visit dentist when they have teeth problem.

Table 4
Proportion of the In-school Adolescents in Nsukka LGA that Practiced Personal Hygiene based on Class of Study (n=476)

S/N	Items	JSS 1				JSS 2				SS 1				SS 2			
		Yes		No		Yes		No		Yes		No		Yes		No	
		f	%	f	%	f	%	f	%	f	%	f	%	f	%	f	%
1	Take bath at least twice a day	47	41.6	66	58.4	80	79.2	21	20.8	119	85.6	20	14.4	108	87.8	15	12.2
2	Use soap and water to take your bath	88	77.9	25	22.1	70	69.3	31	30.7	136	97.8	3	2.2	110	89.4	13	10.6
3	Wash hands with soap and water	84	74.3	29	25.7	80	79.2	21	20.8	118	84.9	21	15.1	106	86.2	17	13.8
4	Wash hands before and after eating food	61	54.0	52	46.0	74	73.3	27	26.7	119	85.6	20	14.4	108	87.8	15	12.2
5	Wash hands after using toilet facilities	45	39.8	68	60.2	70	69.3	31	30.7	126	90.6	13	9.4	109	88.6	14	11.4
6	Wash hands after playing games	34	30.1	79	69.9	46	45.5	55	54.5	91	65.5	48	34.5	92	74.8	31	25.2
7	Wash clothes (school uniform) everyday	32	28.3	81	71.7	34	33.7	67	66.3	99	71.2	40	28.8	85	69.1	38	30.9
8	Wear dirty clothes after taking your bath	23	20.4	90	79.6	17	16.6	84	83.2	43	30.9	96	69.1	37	30.1	86	69.9
9	Wash inner wear every day	32	28.3	81	71.7	63	62.4	38	37.6	111	79.9	28	20.0	100	81.3	23	18.7
10	Cut nails when they are over grown	55	48.7	58	51.3	71	70.3	30	29.7	118	84.9	21	15.1	96	78.0	27	22.0
11	Use nail cutter to cut your nails	46	40.7	67	59.3	61	60.4	40	39.6	107	77.0	32	23.0	99	80.5	24	19.5
12	Cut hair when they are grown	72	63.7	41	36.3	52	81.2	19	18.8	118	84.9	21	15.1	95	77.2	28	22.8
13	Comb hair regularly	54	47.8	59	52.2	72	71.3	29	28.7	120	86.3	19	13.7	108	87.8	15	12.2
14	Brush teeth at least twice a day	26	23.0	87	77.0	56	55.4	45	44.6	92	66.2	47	33.8	90	73.2	33	26.8
15	Visit a dentist when you have teeth problem	37	32.7	76	67.3	57	56.4	44	43.6	92	66.2	47	33.i	97	78.9	26	21.1
16	Wash hairs with water and shampoo regularly	27	23.9	86	76.1	32	31.7	69	68.3	81	58.3	58	41.7	82	66.7	41	33.3
17	Change sanitary pad at least three times daily	13	11.5	100	88.5	14	13.9	87	86.1	37	26.6	102	73.4	60	48.8	63	51.2
18	Wear used sanitary pad after taking your bath	26	23.0	87	77.0	24	23.8	77	76.2	11	7.9	128	92.1	7	5.7	116	94.3
	Overall Percentage		**39.42**		**60.57**		**55.17**		**44.82**		**69.46**		**30.53**		**71.77**		**28.22**

Table 4 shows the overall proportion of in-school adolescents who practiced personal hygiene based on class of study JSS1 (39.42%), JSS2 (55.17%), SS1 (69.46), SS2 (71.77%) while those that do not practice personal hygiene JSS1 (60.57%), JSS2 (44.82%), SS1 (30.53%), SS2 (28.22%). The Table further shows that SS2 (71.77%) practiced personal hygiene more, followed by SS1 (69.46%) then JSS2 (55.17%) and JSSI (39.42%) Therefore personal hygiene practices increased with class of study among in-school adolescents.

Table 5
Proportion of the In-school Adolescents in Nsukka LGA that Practiced Personal Hygiene based on Age (n=476)

S/N	Items	10 – 14 year				15 – 19 year			
		Yes		No		Yes		No	
		F	%	f	%	f	%	f	%
1	Take bath at least twice a day	158	62.7	94	37.3	196	87.5	28	12.5
2	Use soap and water to take your bath	204	81.0	48	19.0	200	89.3	24	10.7
3	Wash hands with soap and water	193	76.6	59	23.4	195	87.1	29	12.9
4	Wash hands before and after eating food	169	67.1	83	32.9	193	86.2	31	13.8
5	Wash hands after using toilet facilities	148	58.7	104	41.3	202	90.2	22	9.8
6	Wash hands after playing games	105	41.7	147	58.3	158	70.5	66	29.5
7	Wash clothes (school uniform) everyday	99	39.3	153	60.7	151	67.4	73	32.6
8	Wear dirty clothes after taking your bath	48	19.0	204	81.0	72	32.1	152	67.9
9	Wash inner wear every day	123	48.8	129	51.2	183	81.7	41	18.3
10	Cut nails when they are over grown	158	62.7	94	37.3	182	81.3	42	18.8
11	Use nail cutter to cut your nails	135	53.6	117	46.4	178	79.5	46	20.5
12	Cut hair when they are grown	189	75.0	63	25.0	178	79.5	46	20.5
13	Comb hair regularly	156	61.9	96	38.1	198	88.4	26	11.6
14	Brush teeth at least twice a day	105	41.7	147	58.3	159	71.0	65	29.0
15	Visit a dentist when you have teeth problem	117	46.4	135	53.6	166	74.1	58	25.9
16	Wash hairs with water and shampoo regularly	82	32.5	170	67.5	140	62.5	84	37.5
17	Change sanitary pad at least three times daily	36	14.3	216	85.7	88	39.3	136	60.7
18	Wear used sanitary pad after taking your bath	39	15.5	213	84.5	29	12.9	195	87.1
	Overall Percentage		**49.91**		**50.08**		**71.1**		**28.86**

Table 5 shows that the overall percentages of age brackets of the respondents that practice personal hygiene; 10-14year(49.9%) and 15-19 years(71.13%) those that do not practice personal hygiene: 10-14years (50.08%) and 15-19years (28.86%).. The table further shows that the proportion of in-school adolescents who

practice personal hygiene was more among 15-19years old 71.13%. The response showed that older in-school adolescents practice personal hygiene more than the younger adolescents, hence, personal hygiene practices increase with age.

Table 6
Chi-Square Analysis of Proportion of In-school Adolescents in Nsukka LGA that Practice Personal Hygiene Based on Gender

Variable	N	Yes O(E)	No O(E)	χ2	Df	p-value
Gender						
Male	235	153(164.4)	82(70.6)	5.198	1	.023*
Female	241	180(168.6)	61(72.4)			

*Significant (p<.05)

Table 6 shows the Chi-Square (χ2=5.198) value with the corresponding p-value of .023. Since the p-value was less than .05 level of significance, the null hypothesis was therefore rejected. This implies that there was a statistically significant difference in proportion of in-school adolescents in Nsukka LGA that practice personal hygiene based on gender. Therefore, the proportion of in-school adolescents of in-school adolescent in Nsukka LGA that practice personal hygiene is not the same for male and female.

Table 7
Chi-Square Analysis of Proportion of In-school Adolescents in Nsukka LGA that Practice Personal Hygiene Based on Class of Study

Variable	N	Yes O(E)	No O(E)	χ2	Df	p-value
Class of Study						
JSS 1	113	31(79.1)	82(33.9)			
JSS 2	101	69(70.7)	32(30.3)			
				142.261	3	.000*
SS 1	139	123(97.2)	16(41.8)			
SS 2	123	110(86.0)	13(37.0)			

* Significant (p<.05)

Table 7 shows the Chi-Square (χ2 = 142.261) value with the corresponding p-value of .000. Since the p-value was less than .05 level of significance, the null hypothesis was therefore rejected. This implies that there was a statistically significant difference in proportion of in-school adolescents in Nsukka LGA that practise personal hygiene based on class of study. However, class one belongs to has influence on personal hygiene practice among in-school adolescents.

Table 8
Chi-Square Analysis of Proportion of In-school Adolescents in Nsukka LGA that Practiced Personal Hygiene based on Age

Variable	N	Yes O(E)	No O(E)	χ2	df	p-value
Age						
10 – 14 years	252	128(176.3)	124(75.7)	93.58	1	.000
15 – 19 years	224	205(156.7)	19(67.3)			

* Significant (p<.05)

Table 8 shows the Chi-Square (χ2 of 93.58) value with the corresponding p-value of .000. Since the p-value was less than .05 level of significance, the null hypothesis was rejected. This implies that there was a statistically significant difference in proportion of in-school adolescents in Nsukka LGA that practice good personal hygiene based on age. However age has influence on personal hygiene of in-school adolescents.

Discussion

The findings of the study are hereby discussed under the following headings:
Proportion of in-school adolescents that practice personal hygiene.
Proportion of in-school adolescents that practice personal hygiene based on gender, class of study and age.

Proportion of in-school adolescents that practice good personal hygiene

This study considered personal hygiene practices among in-school adolescents based on gender, class and age. The findings in Table 2 showed that the proportion of in-school adolescents that practice good personal hygiene was 59.91 per cent. This finding was expected because majority of the in-school adolescents are aware of the benefits of good personal hygiene practices together with their negative consequences through the knowledge they acquire in health education, that those practicing good personal hygiene are always healthy. This conforms with the report of Gleen (2003) that human actions and practices can either be positive or negative and that each action has its consequences. This is in consonant with the findings of Ilesnmi (2016) that majority of in-school adolescents (98.2%) had good personal hygiene practice and could accurately identify the components and some of the harmful consequences of not engaging in sufficient personal hygiene practices. The implication of this finding is that proportion of in-school adolescents that practice good personal hygiene are more than those that do not practice good personal hygiene. This will improve their health and also prevent them from being infected with diseases associated with poor personal hygiene practices such as gastro-intestinal tract infection, pathogens etc.

Proportion of in-school adolescents that practice good personal hygiene based on gender, class of study and age

The findings in Table 3 based on gender revealed that higher proportion of female in-school adolescents 64.65 per cent practice good personal hygiene than male 55.00 per cent. This finding was expected because females tend to show more concern about their health and can go extra-miles in seeking for knowledge about way to improve their health and well-being and ways to prevent unfavourable health conditions. They also tend to have products used for personal hygiene such as soap, comb, perfume, shampoo, nail cutter, body cream available in their rooms, unlike males who do not care or make out time for themselves as females do. This is in agreement with Jenan, AI-Rifaai, Aneesa, Haddad and Jafar (2018) who asserted that female in-school adolescents take personal hygiene practices more serious more than male in-school adolescents. The authors further explained that females tend to be more particular in removing hair from different body parts, and in using a personal razor, shavers for removing hair more than men. This is in conformation with Anderson (2008) in a report that there is a significant association between gender and hand washing practices, which agrees with the findings in Table 3 which shows that more female students wash their hands compared with their male peers. The implication of these findings show that the male students may be predisposed to diseases, body odour, unkept pubic hair and that of their head as a result of poor personal hygiene practices.

The findings in Table 4 based on class of study showed that a greater proportion of in-school adolescents in senior secondary schools practice good personal hygiene than those in junior classes. The findings wereexpected because in-school adolescents in senior class are more acquainted with good personal hygiene practices because of their level of maturity both in age and advancement in knowledge. This agreed with Ilesamni (2016) who opined that senior students have good personal hygiene practices compared with their junior counterparts in Ambassadors College, Ile-Ife, Nigeria.

The findings in Table 5 based on age shows the proportion of in-school adolescents who practiced good personal hygiene was more among those ages of 15-19years old more than those 10-14years old. It is expected that older in-school adolescents practice good personal hygiene more than those younger ones. This may be due to the fact that older in-school adolescents are at their prime of life and are more likely to move with their peers, thereby emulating each other in neatness due to their levels of maturity unlike the younger ones. This agreed with ALbashtawy (2015) which reported that the prevalence of cleanliness and neatness among school children was higher among older pupils. Thus older in-school will have a better understanding of the need for good personal hygiene practices and will seek to practice it effectively.

Conclusion

Based on the findings and discussions, it was concluded that: Greater per cent of in-school adolescents practice personal hygiene. 64.65 per cent of female in-school adolescents practice personal hygiene more than male. In-school adolescents in SS2 practice personal hygiene more than those in other classes. In-school adolescents within the age bracket of 15-19 years practice personal hygiene more than those in other age brackets.

However, gender, class of study and age were significant factors in personal hygiene practices among in-school adolescents in Nsukka Local Government Area of Enugu State.

Recommendations

Based on the findings and conclusions, the following recommendations were made:

1. Attention should be given to the monitoring of personal hygiene practices of adolescents in secondary schools especially among males by the class teachers and health educators.
2. Increase of the public awareness about the importance of personal hygiene particularly for adolescents through mass media, by the public health educators.

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