



## **Personal Hygiene Practices among Senior Secondary School Students in Ezza South Local Government Area of Ebonyi State**

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### **Abstract**

Health issues related to poor personal hygiene practices in the schools are on the increase. Therefore, this study focused on personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State. The study was guided by four purposes of the study, four research questions and three hypotheses. The study adopted descriptive survey research. The population of this study consisted of all the 35,236 SS1 and SS2 students in Government Schools in Ezza South Local Government Areas. The sample size of 199 determines using Taro Yamane formula participated in the study. However, multi-stage sampling procedure was adopted to draw the participants. The instrument for data collection was self-developed structured questionnaire entitled: Personal Hygiene Practices Questionnaire (PHPQ). Cronbach Alpha procedure was used to determine the reliability of the instrument and overall reliability coefficient  $r=0.83$  was obtained. Mean and standard deviation were used to answer all the research questions. Furthermore, t-test statistic was used to test all the hypotheses. The entire hypotheses were tested at 0.05 level of significance. The study found that Senior secondary school students in Ezza South Local Government Area had poor personal hygiene practices ( $2.43 \pm 0.36$ ), Both male ( $2.40 \pm 0.36$ ) and female ( $2.46 \pm 0.35$ ) secondary school students in Ezza south Local Government in Ebonyi State had poor personal hygiene practices. Secondary school students age 14-15years ( $2.41 \pm 0.36$ ) and 16years and above ( $2.44 \pm 0.36$ ) had poor personal hygiene practices in Ezza South Local Government Area. Both SS1 ( $2.43 \pm 0.43$ ) and SS2 ( $2.42 \pm 0.31$ ) Government secondary school students in Ezza South Local Government Area had poor personal hygiene practices. Furthermore, There were no significant differences in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by gender ( $t\text{-val}=1.283$ ,  $p\text{-val}=0.201$ ), age ( $t\text{-val}=0.459$ ,  $P=0.674$ ) and class level ( $t\text{-val}=0.266$ ,  $P=0.799$ ). The study concluded that senior secondary school students in Ezza South Local Government Area had poor personal hygiene practices. The study recommended among others that attention should be given to the monitoring of personal hygiene practices of secondary school students both males, females ages and all the class level by health educators in the schools.

**Keywords:** Personal hygiene, Personal hygiene practices, Healthcare workers



## Introduction

Good personal hygiene practices among school children have been deeply entrenched as a matter of concern in the school curriculum. The school lays the foundation for making children to know the importance of good personal hygiene practices. Ejifugha and Ibhafidon, (2014) stated that children need to be taught the importance of personal hygiene practices so that they can live well in future. But, despite this, health issues related to poor personal hygiene practices in the schools are on the increase. For example, globally cases of cholera linked to poor school hygiene practices has been estimated at 3 million yearly (WHO, 2014) and 500 million people are at risk of suffering from blindness from trachomas globally (Centre for Disease Control and Prevention [CDC], 2017). The estimated prevalence of ascariasis was 25% globally (Haburchark, 2014). Poor personal hygiene is among the risk factors for contacting the infections among others. Good personal hygiene in relation to preventing epidemics or even pandemic outbreaks is very significant (Lucas & Gilles, 2012). In Nigeria, five common health problems of school children are fever/typhoid (56%), headache (43%), stomach ache (29%), cough/catarrh (38%) and malaria (40%) (Federal Ministry of Education [FMoE], 2016). About 30% of adolescents have low body Mass Index (BMI), 0.2% have lice on their heads, 3% have skin rashes, about 20% do not have normal visual acuity, lip sores were observed in 0.8% and 0.5% of the residents respectively, dental plaque was observed in more than 10% of adolescent, 0.4% have sores on their tongue, about 19% do not have normal hearing (FMoE, 2016)

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 (Bastos, 2010). Personal hygiene practices refer to the principles of maintaining cleanliness and grooming of the external body parts (Nwonye et al., 2022). Personal hygiene practices involve those practices performed by an individual to care for one's bodily health and well-being, through cleanliness (United Nations, 2023). The focus of personal hygiene practices is to prevent diseases, injuries and other health conditions through surveillance and the promotion of healthy behaviour in aspects relevant to health. Good personal hygiene practices forms primary health prevention strategy because it has been found to be effective in reducing morbidity and mortality especially in children (Ahmadu et al., 2013). Other personal hygiene practices include such 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 (Okonkwo et al., 2019).

Personal hygiene practices may differ based on personal variables such as gender, age and class level. Nwonye et al. (2022) found that primary school pupils have good personal hygiene practices in Delta North senatorial district. That there was a significant difference in the personal health practices of primary three and six pupils by sex. Sultana et al. (2024) reported good personal hygiene practices among Secondary School Children. Ghose (2018) result showed that secondary school students have poor personal hygiene practices by sex.

Study by Paliwa (2014) reported good personal hygiene practices among school-going children in rural areas of Jaipur, Rajasthan, India, though significant difference exist by age, as older age have higher practice compared to younger ones. Tambekar and Shirsat (2012) found poor personal hygiene practices among primary school students based on age. Result from Ahmadu (2013) showed poor personal hygiene among primary school children in the community of Sudan.



Regarding class level, Ghanim (2016) study showed poor personal hygiene practices among primary school students in Sharjah-UAE. Elsabagh et al. (2016) study indicated poor personal hygiene practices among preschool children in Tanta city, Gharbia Governorate, Egypt.

Several studies reported personal hygiene practices. For example, Kumar et al. (2017) reported good personal hygiene practices among dental and medical students in eastern India. In Nigeria, Omu et al. (2011) results revealed poor personal hygiene practices among nursing students. Innocent, Obani et al., (2022) reported that every year, it is estimated that diarrhoea kills more than 1.5 million school-aged children due to unclean water, a lack of sanitation, and a lack of cleanliness. Poor hygienic habits among schoolchildren raise a huge concern in underdeveloped nations. In Nigeria, Snow et al. (2018) reported that personal hygiene inadequacies have been highlighted as a serious public health concern, with schoolchildren being particularly affected in Nigeria. This has contributed to the spread of germs, gum infections, a higher risk of infectious illnesses, the incidence of food-borne outbreaks, and reproductive tract infections. These have been linked to the kids' lack of understanding of personal hygiene and related activities in Nigeria (World Health Organization, 2017).

In Africa and South Asia, it has been reported that 62% and 31% of all death respectively are due to infectious diseases in the schools. According to WHO 3.8 million children under five years die from diarrhea and acute respiratory tract infection per year. Out of total diarrheal death 88% death were estimated due to unsafe water, inadequate sanitation and due to poor hygiene practices both at home and school (WHO, 2023). Hygiene practices are employed as preventative measures to reduce the incidence and spreading of disease.

In Ezza South Local Government Area, senior secondary school students were seen carrying any hairstyle, torn clothes and most often wear dirty school uniform to school. It has been noted that many of them are in the habits of keeping long nails, sometimes fix artificial nails and refuse to allow water to touch their hands always because of fashion. A great number of them are in the habits of chewing gums, biscuits and snacks but fail to brush their teeth regularly in order to remove unwanted particles deposited in between teeth. Such unhealthy practices are dangerous. In view of these problems, and in an effort towards providing lasting solution to them, it has become imperative to study personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State.

### **Purpose of the Study**

The main purpose of this study was to determine personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State. Specifically, the study determine level of:

1. personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State;
2. personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by gender;
3. personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by age; and
4. personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by class level;.



## Research Questions

The following research questions guided this study

1. What is the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State?
2. What is the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by gender?
3. What is the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by age?
4. What is the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by class level?..

## Research Hypotheses

1. There is no significant difference in the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by gender
2. There is no significant difference in the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by age
3. There is no significant difference in the level of personal hygiene practices among senior secondary school students in Ezza South Local Government of Ebonyi State by class level?..

## Methods and Materials

The study adopted descriptive survey research. According to MaCombes, (2023), descriptive design is a process of documenting the nature, scope, relationship, dimensions and direction of events, behaviour, attitudes, interest about persons or things which help the researchers to collect information using questionnaire and using a relatively large number of students for information. This study was conducted in Public Secondary schools in Ezza South Local Government Area of Ebonyi State. Ezza South Local Government Area of Ebonyi State is one of the 774 local government area in Nigeria. It was created in 1996 following the creation of Ebonyi State in the same year. It is one of the 13 Local Government Area in Ebonyi State. Ezza South Local Government Area has its headquarters at Ebiaja town. It has an area of 305 Km<sup>2</sup> and a population of 145,619 at the 2006 Census.

The Local Government has a total of 9 Government secondary schools namely Saint Aidan's Secondary school Umuezeokoha, Community secondary school Oshiegbe, Community secondary school Nkomoro, Community Secondary School Umuezeokoha, Community secondary school, Inyere, Community secondary school Onunworie, Ndiagu Eketekwe, Izzo High School, Ndiagu Azu Umuoghara, Community secondary school Umuoghara, Community secondary school Ekka, Achara Agu Road. These public secondary schools are where some students which enrolled in the schools go to school and study and they are expected to have good personal hygiene practices so as to improve their health.

The population of this study consisted of all the senior Secondary Schools students in Government Schools in Ezza South Local Government Areas. According to Ebonyi State Secondary Education Board (2023) the population of senior secondary schools in Ezza South both SSI and SS 2 was 35,236. Therefore, the population of this study was 35,236 SS1 and SS2 Government Secondary School Students in Ezza South Local Government Area of Ebonyi State.



The sample size for this study was 199 SS1 and SS2 Government senior Secondary School Students in Ezza South Local Government Area of Ebonyi State. The sample size was determined using Taro Yamane formula of sample determination. However, multi-stage sampling procedure was adopted to select the participants. In the first stage, the researcher identified all the senior Government secondary schools in Ezza North LGA. In the second stage, the participants were stratified into senior and junior classes. In the final stage, the researcher used simple random techniques to select 23 students from each of the 9 Government secondary schools in Ezza South (Senior and Junior). This procedure yielded a total sample of 207 students used in this study. The instrument for data collection was self-developed structured questionnaire entitled: Personal Hygiene Practices Questionnaire (PHPQ). The instrument had total 19 items and contained two sections A and B. Section A consisted of three (3) items which sought information on the personal characteristics of the respondents, Section B contained 16 items which elicited information on the personal hygiene practices. The respondents were required to indicate on the options by ticking Always (AL) =4, Often (OF)=3, Sometimes (ST) and Never (2) on the level of personal hygiene practices.

The face validity of the questionnaire was done by three experts in the field of Human Kinetics and Health Education. The experts were required to help to ensure the clarity of instruction to the respondents, proper wording of items in addressing the objectives of the study. The corrections and suggestions made by the experts were incorporated in the final draft of the instrument and used for the study. In order to determine the reliability of the instrument, Personal Hygiene Practices Questionnaire (PHPQ) was administered on 20 senior secondary schools in Ezza North. The internal consistency of the instrument was computed using Cronbach Alpha procedure. Thus, overall reliability coefficient  $r=0.83$  and the instrument was considered reliable. This is because the reliability coefficient obtained was above 0.60 based on Ogbazi and Okpala (2014) suggestion that if the correlation coefficient obtained in an instrument is up to 0.60 and above, the instrument should be considered good enough to be used for a study. In order to facilitate easy access to the schools and subsequently the respondents, consent note with the explanation for the research purpose, method of response and assurance of anonymity was attached to each copy of the Personal Hygiene Practices Questionnaire (PHPQ). The researcher administered the questionnaire with the help of four research assistants from the selected secondary schools that were used for the study. The questionnaire was distributed during break period for a period of 3 weeks with the help of research assistants in the schools. The completed copies of the questionnaire were collected from the respondents immediately after completion. This procedure yield 96.1% return rate. Mean and standard deviation were used to answer all the research questions. The mean responses were weighted using the four point rating scale of 4, 3, 2, 1, represented always, often, sometimes and never. The mean score for each item was obtained by adding all the scores assigned to the four responses options of a statement or item and divided by the number of possible responses to that statement. The mean scores of 2.50 was adjudged good personal hygiene practices while below 2.50 was regarded as poor personal hygiene practices. Furthermore, t-test statistic was used to test all the hypotheses. The entire hypotheses were tested at 0.05 level of significance





## Results

**Table 1: Mean and Standard Deviation of Personal Hygiene Practices among Senior Secondary Schools in Ezza South Local Government Areas of Ebonyi State (n=199)**

S/N	Items	$\bar{x}$	SD	Decision
1	Take bath at least twice a day	2.84	1.08	Good Practice
2	Use soap and water to take bath	2.42	0.07	Poor Practice
3	Wash clothes (school uniform) everyday	2.24	1.11	Poor Practice
4	Brush teeth at least twice a day	2.22	1.04	Poor Practice
5	Wash inner wear every day when you comes back from school	2.09	1.02	Poor Practice
6	Wash hands with soap and water	2.41	1.13	Poor Practice
7	Wash hands before and after eating food	3.07	1.00	Good Practice
8	Wash hands after using toilet facilities	2.36	1.09	Poor Practice
9	Wash hands after playing games	2.40	1.08	Poor Practice
10	Not wearing dirty clothes after taking bath	2.47	1.12	Poor Practice
11	Cut nails when they are over grown	2.36	1.02	Poor Practice
12	Use nail cutter to cut nails	2.24	1.07	Poor Practice
13	Cut hair when they are grown	2.55	1.00	Good Practice
14	Comb hair regularly	2.26	0.96	Poor Practice
15	Visit a dentist when you have teeth problem	2.46	1.00	Poor Practice
	<b>Overall</b>	<b>2.43</b>	<b>0.36</b>	<b>Poor Practice</b>

Data on Table show that only item 1, 7 and 13 score a criteria mean of 2.50 and above while all other items score below 2.50 set for this study. Overall  $2.43 \pm 0.36$  is also below 2.50 criteria set for this study. This means that senior secondary school students in Ezza South Local Government Area have poor personal hygiene practices  $2.43 \pm 0.36$



**Table 2: Mean and Summary of t-test Analysis of Personal Hygiene Practices among Senior Secondary Schools in Ezza South Local Government Areas of Ebonyi State by Gender**

S/N	Items	Male(n=190)		Female(n=90)		t-val	Df	P-val	Decision
		$\bar{x}$	SD	$\bar{x}$	SD				
1	Take bath at least twice a day	2.90	1.06	2.27	1.10	0.843		0.400	NS
2	Use soap and water to take bath	2.39	0.92	2.45	0.95	0.458	197	0.647	NS
3	Wash clothes (school uniform) everyday	2.26	1.09	2.21	1.13	0.346	197	0.729	NS
4	Brush teeth at least twice a day	2.12	1.01	2.34	1.06	1.460	197	0.146	NS
5	Wash inner wear every day when you comes back from school	2.10	1.03	2.08	1.01	0.082	197	0.934	NS
6	Wash hands with soap and water	2.46	1.18	2.43	1.08	0.761	197	0.447	NS
7	Wash hands before and after eating food	2.98	1.02	3.18	0.98	1.445	197	0.150	NS
8	Wash hands after using toilet facilities	2.29	1.10	2.45	1.08	1.037	197	0.301	NS
9	Wash hands after playing games	2.43	1.11	2.36	1.05	0.416	197	0.678	NS
10	Not wearing dirty clothes after taking bath	2.33	0.12	2.65	1.11	2.042	197	0.042	S
11	Cut nails when they are over grown	2.33	1.97	2.40	0.09	0.474	197	0.636	NS
12	Use nail cutter to cut nails	2.22	0.07	2.25	1.07	0.171	197	0.865	NS
13	Cut hair when they are grown	2.44	0.96	2.68	1.03	1.749	197	0.082	NS
14	Comb hair regularly	2.19	0.94	2.35	0.97	1.191	197	0.235	NS
15	Visit a dentist when you have teeth problem	2.50	0.99	2.41	1.01	0.653	197	0.515	NS
	<b>Overall</b>	<b>2.40</b>	<b>0.36</b>	<b>2.46</b>	<b>0.35</b>	<b>1.283</b>	197	<b>0.201</b>	NS

Results in Table 2 show that male secondary school students in Ezza south Local Government in Ebonyi State score 2.50 only on item 1, 7 and 15 but score below on all other items. Female score below 2.50 on all the items except on item 7,10 and 13. Overall male ( $2.40 \pm 0.36$ ) and female ( $2.46 \pm 0.35$ ) were below 2.50 set for this study. This implies that male ( $2.40 \pm 0.36$ ) and female ( $2.46 \pm 0.35$ ) secondary school students in Ezza south Local Government in Ebonyi State have poor personal hygiene practices. Furthermore, Data on Table show that no significant different exist on all the items except on not wearing dirty clothes after taking bath ( $p < 0.05$ ). Overall ( $t\text{-val} = 1.283$ ,  $p = 0.201$ ) indicate no significant difference at  $P > 0.05$ . This means that the hypothesis which stated that there is no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by gender is thus accepted.



**Table 3: Mean and Standard Deviation of Personal Hygiene Practices among Senior Secondary Schools in Ezza South Local Government Areas of Ebonyi State by Age**

S/N	Items	14-15years (n=112)		Age 16years & above (n=87)		t-val	Df	P-val	Decision
		$\bar{x}$	SD	$\bar{x}$	SD				
1	Take bath at least twice a day	2.84	1.05	2.85	1.12	0.015	197	0.988	NS
2	Use soap and water to take bath	2.47	0.91	2.35	0.96	0.876	197	0.382	NS
3	Wash clothes (school uniform) everyday	2.05	1.08	2.48	1.10	2.747	197	0.007	S
4	Brush teeth at least twice a day	2.08	0.95	2.40	1.12	2.121	197	0.035	S
5	Wash inner wear every day when you comes back from school	2.05	0.96	2.14	1.09	0.655	197	0.513	NS
6	Wash hands with soap and water	2.42	1.16	2.39	1.10	0.232	197	0.817	NS
7	Wash hands before and after eating food	3.00	1.03	3.17	0.97	1.196	197	0.233	NS
8	Wash hands after using toilet facilities	2.39	1.05	2.33	1.14	0.379	197	0.705	NS
9	Wash hands after playing games	2.39	1.07	2.41	1.10	0.134	197	0.893	NS
10	Not wearing dirty clothes after taking bath	2.42	1.04	2.52	1.22	0.565	197	0.572	NS
11	Cut nails when they are over grown	2.43	1.01	2.26	1.05	1.178	197	0.240	NS
12	Use nail cutter to cut nails	2.22	1.07	2.26	1.08	0.267	197	0.789	NS
13	Cut hair when they are grown	2.64	1.02	2.43	0.97	1.442	197	0.151	NS
14	Comb hair regularly	2.45	1.03	2.02	0.79	3.222	197	0.001	S
15	Visit a dentist when you have teeth problem	2.36	0.98	2.58	1.01	1.440	197	0.125	NS
	<b>Overall</b>	<b>2.41</b>	<b>0.36</b>	<b>2.44</b>	<b>0.36</b>	<b>0.459</b>	<b>197</b>	<b>0.674</b>	<b>NS</b>

Data on Table 3 indicate that senior secondary school students age 14-15years score 2.50 on items 1,3 and 13 while 16years and above score 2.50 on item 1,7,10 and 15,. Overall, students from age 14-15years ( $2.41 \pm 0.36$ ) and 16years and above score below ( $2.44 \pm 0.36$ ). This suggests that secondary school students age 14-15years ( $2.41 \pm 0.36$ ) and 16years and above score below ( $2.44 \pm 0.36$ ) have poor personal hygiene practices in Ezza South Local Government Area.





Data show that no significant difference exist on all the items except on Wash clothes (school uniform) everyday, Wash inner wear every day when you comes back from school and Comb hair regularly ( $p < 0.05$ ). However, Overall ( $t\text{-val} = 0.459$ ,  $p = 0.674$ ) is not significant at  $p > 0.05$ . This implies that the hypothesis which stated that there is no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by age is hence, accepted

**Table 4: Mean Summary of and Standard Deviation of Personal Hygiene Practices among Senior Secondary Schools in Ezza South Local Government Areas of Ebonyi State by Class Level**

S/N	Items	Class Level							
		SS1(n=190)		SS2 (n=87)		t-val	Df	P-val	Decision
		$\bar{x}$	SD	$\bar{x}$	SD				
1	Take bath at least twice a day	2.75	1.14	2.94	1.01	1.259	197	0.210	NS
2	Use soap and water to take bath	2.33	0.95	2.51	0.90	1.379	197	0.170	NS
3	Wash clothes (school uniform) everyday	2.26	1.15	2.21	1.07	0.305	197	0.760	NS
4	Brush teeth at least twice a day	2.14	0.10	2.30	0.97	1.099	197	0.273	NS
5	Wash inner wear every day when you comes back from school	2.12	0.07	2.06	0.96	0.451	197	0.652	NS
6	Wash hands with soap and water	2.36	1.13	2.46	1.11	0.626	197	0.532	NS
7	Wash hands before and after eating food	2.98	1.07	3.17	0.93	1.364	197	0.174	NS
8	Wash hands after using toilet facilities	2.26	1.13	2.47	1.05	1.350	197	0.179	NS
9	Wash hands after playing games	2.68	1.05	2.10	1.04	3.919	197	0.000	S
10	Not wearing dirty clothes after taking bath	2.50	1.26	2.45	0.96	0.289	197	0.773	NS
11	Cut nails when they are over grown	2.50	1.05	2.21	0.03	1.955	197	0.052	S
12	Use nail cutter to cut nails	2.28	1.11	2.19	0.99	0.580	197	0.563	NS
13	Cut hair when they are grown	2.56	1.01	2.53	0.99	0.228	197	0.820	NS
14	Comb hair regularly	2.22	1.93	2.30	1.04	0.614	197	0.540	NS
15	Visit a dentist when you have teeth problem	2.54	0.96	2.37	1.01	1.251	197	0.212	NS
	<b>Overall</b>	<b>2.43</b>	<b>0.40</b>	<b>2.42</b>	<b>0.31</b>	<b>0.255</b>	<b>197</b>	<b>0.799</b>	<b>NS</b>

Result on Table 4 indicate that SS1 students score 2.50 criteria set for this study on item 1, 7,9,11,13 and 15 but score below 2.50 on all other items. Moreso, SS 2 students score 2.50 set for this study on item 1,2,7 and 13. Overall, SS1 ( $2.43 \pm 0.43$ ) and SS2 ( $2.42 \pm 0.31$ ) score



below 2.50 set for this study. This implies that both SS1 ( $2.43 \pm 0.43$ ) and SS2 ( $2.42 \pm 0.31$ ) secondary school students in Ezza South Local Government Area have poor personal hygiene practices. Moreso, result on the Table indicate no significant different exist on all the items except on Wash hands after playing games and cut nails when they are over grown ( $<0.05$ ). Furthermore, overall ( $t\text{-val}=0.266, P=0.799$ ) is not significant at  $p>0.05$ . This implies that the hypothesis which stated that there is no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by class level is therefore, accepted

## Discussion

Results in Table 1 indicated that senior secondary school students in Ezza South Local Government Area had poor personal hygiene practices ( $2.43 \pm 0.36$ ). This finding is in agreement with Omu et al. (2011) results which revealed poor personal hygiene practices among nursing students in Nigeria. But the finding disagree with other studies outside Nigeria, For example, Innocent et al. (2022) found that primary school pupils have good personal hygiene practices in Delta North senatorial district. Kumar et al. (2017) reported good personal hygiene practices among dental and medical students in eastern Indi.

Table 2 showed that both male ( $2.40 \pm 0.36$ ) and female ( $2.46 \pm 0.35$ ) secondary school students in Ezza south Local Government in Ebonyi State had poor personal hygiene practices. Also, on the hypothesis, there was no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by gender ( $t\text{-val}=1.283, p\text{-val}=0.201$ ). This finding disagrees with Nwonye et al. (2022) found that primary school pupils have good personal hygiene practices in Delta North senatorial district. That there was a significant difference in the personal health practices of primary three and six pupils by sex. Sultana et al. (2024) reported good personal hygiene practices among Secondary School Children. Ghose (2018) result showed that secondary school students have poor personal hygiene practices by sex

Results on Table 3 showed that secondary school students age 14-15years ( $2.41 \pm 0.36$ ) and 16years and above ( $2.44 \pm 0.36$ ) had poor personal hygiene practices in Ezza South Local Government Area. On hypothesis 2, there was no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by age ( $t\text{-val}=0.459, P=0.674$ ). This finding is in line with Tambekar and Shirsat (2012) whose study found poor personal hygiene practices among primary school students based on age. Also, Ahmadu (2013) result which showed poor personal hygiene among primary school children in the community of Sudan. Finding in This result did not collaborate with study carried out by Paliwa (2014) which found good personal hygiene practices among school-going children in rural areas of Jaipur, Rajasthan, India and significant difference exist by age, as older age have higher practice compared to younger ones.

Data on Table showed that both SS1 ( $2.43 \pm 0.43$ ) and SS2 ( $2.42 \pm 0.31$ ) Government secondary school students in Ezza South Local Government Area had poor personal hygiene practices. Hypothesis indicated no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by class level ( $t\text{-val}=0.266, p=0.799$ ). The finding supported the result of Ghanim (2016) study which showed poor personal hygiene practices among primary school students in Sharjah-UAE. Elsabagh et al. (2016) agree with the finding of this study which indicated



poor personal hygiene practices among preschool children in Tanta city, Gharbia Governorate, Egypt.

### Conclusion

Based on the findings, the study concluded that senior secondary school students in Ezza South Local Government Area had poor personal hygiene practices. Moreso, senior secondary school students in Ezza South Local Government Area had poor personal hygiene practices based on gender, age and class level. On the hypotheses, results equally indicated no significant difference in the level of personal hygiene practices among senior secondary schools in Ezza South Local Government Areas of Ebonyi State by class level.

### Recommendations

The study made the following recommendations

1. Attention should be given to the monitoring of personal hygiene practices of secondary school students especially among males by the class teachers and health educators.
2. Increase of the public awareness about the importance of personal hygiene to all class level through mass media, by the public health educators.
3. Governmental Bodies to provide sanitation facilities and effective water supply at various schools in order to promote basic sanitation practices.
4. Strict guidelines on hand washing and posters should be made at various corners of the classrooms by Public health Educators to help improve adherence to this practice by students.

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