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developed on Personal Hygiene for Homemakers of Selected  
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**Research Guide-** Ms. Rakhi Dasgupta

**ASSESSMENT OF EFFICACY OF  
EDUCATIONAL MODULE DEVELOPED  
ON PERSONAL HYGIENE FOR  
HOMEMAKERS OF SELECTED RURAL  
AREAS OF PANCHKULA DISTRICT,  
HARYANA**

**APRIL 2025**

**TANVI SAINI**

**ASSESSMENT OF EFFICACY OF EDUCATIONAL  
MODULE DEVELOPED ON PERSONAL HYGIENE FOR  
HOMEMAKERS OF SELECTED RURAL AREAS OF  
PANCHKULA DISTRICT, HARYANA**

A Dissertation

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By

**TANVI SAINI**



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Accredited Grade "A+" by NAAC

DEPARTMENT OF FAMILY AND COMMUNITY RESOURCE MANAGEMENT  
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Institutional Ethics  
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Research  
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FACULTY OF FAMILY AND COMMUNITY SCIENCES  
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### Ethical Compliance Certificate 2024-2025

This is to certify Ms. Tanvi Saini study titled; "Assessment of Efficacy of Educational Module developed on Personal Hygiene for Homemakers of selected rural areas of Panchkula District, Haryana." from Department of Family and Community Resource Management has been approved by the Institutional Ethics Committee for Human Research (IECHR), Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda. The study has been allotted the ethical approval number IECHR/FCSc/M.Sc./10/2024/24.

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## CERTIFICATE

This is to certify that the thesis entitled "ASSESSMENT OF EFFICACY OF EDUCATIONAL MODULE DEVELOPED ON PERSONAL HYGIENE FOR HOMEMAKERS OF SELECTED RURAL AREAS OF PANCHKULA DISTRICT, HARYANA" submitted for partial fulfilment of the requirement for the degree of Masters in the Faculty of Family and Community Sciences (Family and Community Resource Management) to the Maharaja Sayajirao University of Baroda, carried out by **Ms. Tanvi Saini**, is her original bonafide work.

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DEDICATED TO MY  
FAMILY & MYSELF





# INTRODUCTION



# CHAPTER-I

## INTRODUCTION

### 1.1 Introduction

According to the World Health Organisation (WHO), “Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases”<sup>(1)</sup>. Whereas, “Personal hygiene refers to maintaining cleanliness of one's body and clothing to preserve overall health and well-being”<sup>(2)</sup>. In rural areas, Personal hygiene has a critical importance among rural homemakers as it is inherently linked to their living conditions, particularly when living close to others and potential sources of contamination like livestock and agricultural activities. In rural areas, households usually share limited resources and space, complicating efforts to keep personal and environmental hygiene. Infectious diseases can spread faster in close living spaces, making hygiene standards even more important.

Rural homemakers frequently manage multiple responsibilities, including cooking, cleaning, childcare, and often agricultural work. This proximity to livestock, which can be a source of various infectious diseases, necessitates strict hygiene practices. For example, ensuring proper handwashing after handling animals, using separate footwear for animal-related activities, and maintaining clean living quarters are essential steps in preventing the transmission of diseases from animals to humans. Personal hygiene among rural homemakers is a multifaceted issue with significant implications for individual, family, and community health.

During the COVID-19 pandemic, personal hygiene was a key component of public health measures to slow the virus's spread. This increased emphasis on personal hygiene not only served to minimize the spread of COVID-19, but also emphasized the importance of such practices in preventing other infectious diseases.

### 1.2 Importance of Personal Hygiene

Personal hygiene is crucial in maintaining health and well-being, playing a key role in disease prevention, health promotion, enhancing physical appearance, mental and emotional well-being, and fulfilling social responsibilities. The primary purpose of personal hygiene is disease prevention. Routine practices like hand washing, bathing, and keeping one's surroundings clean are vital in reducing the risk of spreading infectious diseases. Such habits help to prevent the transmission

of harmful bacteria and viruses that can cause common illnesses such as colds, flu, and gastrointestinal diseases. By reducing the spread of pathogens, personal hygiene serves as a primary defence mechanism against a wide range of infectious diseases, protecting both individuals and communities <sup>(3)</sup>.

In addition to preventing diseases, personal hygiene is essential for promoting overall health. Consistent hygiene practices, such as regular bathing, brushing teeth, and washing hands, contribute to a stronger immune system. The immune system is the body's natural defence against infections, and maintaining cleanliness can bolster its function, making it more efficient in combating diseases. A healthy immune system, supported by good hygiene habits, enables the body to fight illnesses more effectively, leading to improved overall health and well-being <sup>(3)</sup>.

Personal hygiene also significantly impacts physical appearance. Regular grooming and hygiene practices, such as bathing, hair care, and oral hygiene, helps to maintain a neat and attractive appearance, which not only improves how one is perceived by others but also boosts self-esteem and confidence. Feeling good about one's appearance can lead to more positive social interactions and a higher sense of self-worth <sup>(3)</sup>.

Beyond physical health, personal hygiene contributes to mental and emotional well-being. The act of cleaning oneself, such as taking a shower or brushing teeth, can have an immediate positive effect on mood. Feeling clean and fresh enhances self-esteem, confidence, and overall happiness which creates sense of well-being and is critical for mental health, as it can reduce stress, anxiety, and depression. The psychological benefits of personal hygiene extend beyond the individual, influencing their interactions with others and their ability to cope with daily challenges <sup>(3)</sup>.

Moreover, personal hygiene carries a social responsibility. By maintaining good hygiene, individuals contribute to the well-being of the larger community. This is particularly important in shared living spaces and public environments, where the spread of germs can have widespread consequences. Practicing proper personal hygiene is a form of responsible behaviour that demonstrates respect for others' health and safety. Additionally, maintaining cleanliness is socially acceptable and often expected, leading to more positive social interactions and acceptance within various communities <sup>(3)</sup>.

In short, personal hygiene is essential for preventing diseases, promoting health, enhancing appearance, improving mental and emotional well-being, and fulfilling social responsibilities. These benefits highlight the importance of regular hygiene practices not only for individual health but also for the health and well-being of the broader community <sup>(3)</sup>.

### **1.3 Knowledge regarding Personal Hygiene among Rural Homemakers**

The inadequate knowledge of personal hygiene among rural homemakers significantly impacts health outcomes. Poor hygiene practices are closely associated with an increased risk of infectious diseases, particularly in children and elderly family members who are more vulnerable. Studies indicate that a notable percentage of women in rural settings are unaware of critical hygiene protocols, particularly in relation to handwashing and sanitation (Uddin et al., 2021). This gap in understanding is concerning as it directly impacts health outcomes, including increased susceptibility to infectious diseases <sup>(4)</sup>.

The knowledge of personal hygiene among rural homemakers is significantly influenced by various factors such as education levels of household heads, availability of health education, and family discussions about hygiene topics. Higher levels of formal education often correlate with better hygiene awareness and practices. Additionally, regular discussions within families regarding health and sanitation can promote enhanced understanding and adherence to hygiene practices (Gizaw et al., 2023). Studies indicated that several barriers restrict the spread of personal hygiene knowledge among rural communities. Poverty, cultural norms regarding hygiene practices, and a lack of educational resources were the reasons to lack in having knowledge regarding personal hygiene (Akter & Ali 2015). In many cases, traditional practices that are not based on scientific understanding are passed down through generations, making it difficult to introduce new, healthier habits. Encouraging open discussion about personal hygiene within families can help break down cultural barriers and promote better hygiene practices. Access to health education, whether through community health workers, government initiatives, or non-governmental organizations, plays a pivotal role in increasing homemakers' knowledge about personal hygiene. In regions where health education is regularly provided, either through workshops, school programs, or community-based campaigns, rural homemakers are more likely to adopt effective hygiene practices. By empowering rural homemakers with

the knowledge and resources needed, it is possible to create healthier households and reduce the burden of preventable diseases in rural communities. Until the socio-economic and education status of rural people improved, the overall status of personal hygiene cannot be improved (Chandrashekhar 2014).

#### **1.4 Practices regarding Personal Hygiene followed by Rural Homemakers**

Rural homemakers are central to the health and well-being of their families, as they often manage household duties, including food preparation, child care, and health practices. Despite their importance, many rural homemakers in areas like India still struggle with the adoption of adequate personal hygiene practices due to various barriers. In various studies, personal hygiene varies significantly, influenced by factors such as availability of resources, education, and cultural perceptions surrounding cleanliness (Geethaa and Buvaneshwari 2016). Poverty is a major barrier to the adoption of proper personal hygiene practices in rural areas. Rural homemakers often have to make choices between purchasing hygiene products and meeting other basic needs like food and shelter that may resort to less effective traditional practices, like using ash instead of soap for washing hands. Rural homemakers often face financial constraints that limit their access to sanitary products during menstruation <sup>(5)</sup>. In a study it was found that a significant percentage of households reported washing hands before preparing foods (87.2%) and before and after eating (98.7%). However, many still relied on water alone for handwashing, indicating a gap in using soap or other agents. Unfortunately, many rural homes lack improved sanitation facilities, worsening hygiene challenges (Gizaw et al., 2023).

Rural homemakers with restricted access to healthcare services often lack important information about the connection between personal hygiene and overall health, which can diminish the motivation to improve hygiene habits. Additionally, cultural beliefs related to menstruation can significantly limit women's personal hygiene practices. Many rural homemakers follow restrictive practices during menstruation, such as avoiding bathing, using unclean cloths instead of sanitary pads, or isolating themselves. These practices are often rooted in misconceptions about menstruation being impure or shameful (Kaur et al., 2018). Improving personal hygiene practices among rural homemakers is essential for enhancing the health and well-being of rural families. By addressing socio-economic barriers,

cultural norms, and educational gaps, rural communities can achieve significant improvements in hygiene practices.

### **1.5 Types of Daily Personal Hygiene Practices**

Personal hygiene encompasses various practices that individuals follow to maintain their physical health and well-being through cleanliness. While often associated with cleanliness, hygiene is a broader concept that includes habits like bathing, handwashing, nail trimming, and changing clothes. It also involves keeping one's environment clean and free of pathogens. Key aspects of personal hygiene include body, oral, hand, face, nail, ear, hair, armpit, foot, clothes, and menstrual hygiene <sup>(6)</sup>.

Body hygiene, particularly skin care, is essential as poor hygiene can lead to skin diseases such as scabies and ringworm. Regular bathing with soap, ideally daily, is crucial. Oral hygiene is equally important, as the mouth is prone to bacterial growth, leading to plaque, tartar, and tooth decay if not properly maintained through regular brushing and flossing. Hand hygiene, particularly proper handwashing with soap, is vital in preventing the spread of infections, especially those transmitted through contact with faecal matter and oral fluids. Face hygiene includes keeping the face clean, especially the eyes, to prevent infections like trachoma. Regular face washing, particularly for children, is recommended, and sharing face towels should be avoided. Nail hygiene involves keeping nails trimmed and clean to prevent the accumulation of dirt and bacteria, which can cause infections. Ear hygiene requires regular cleaning of the outer ear with soap and water to remove earwax and prevent buildup that could affect hearing. However, inserting objects into the ear canal should be avoided as it can cause harm <sup>(6)</sup>.

Hair hygiene is crucial to prevent dandruff and scalp infections. Regular washing, ideally every other day, helps maintain healthy and strong hair. Armpit hygiene is important, especially after puberty, as the area tends to sweat and produce odour. Daily washing and cleansing are necessary to maintain hygiene and prevent skin irritation. Foot hygiene is vital for preventing diseases and foot problems. Healthy feet are essential for physical activities and reducing the risk of injuries. Clothes hygiene, including changing into clean clothes regularly, is important for maintaining personal dignity. In poor households, it is advised to change internal

wear at least twice a week and outerwear more frequently, depending on the climate and activity level <sup>(6)</sup>.

Lastly, menstrual hygiene is crucial for women. While the vagina is self-cleaning, regular washing of the external genital area is necessary. Changing sanitary products like tampons or pads regularly and washing hands before and after handling these products are important practices. In cases where sanitary pads are not available, clean and soft cloths can be used, but the use of dirty cloths should be avoided. Proper disposal of menstrual products is also essential for maintaining hygiene <sup>(6)</sup>.

Overall, personal hygiene is fundamental to health and well-being, requiring consistent and mindful practices across various aspects of daily life.

### **Justification of the Study**

In the present scenario personal hygiene among rural homemakers is an important public health concern. Despite initiatives like the Swachh Bharat Mission and awareness campaigns by NGOs to promote hygienic living, many rural regions continue to struggle with adopting consistent hygiene practices. This is largely due to lack of availability of resources, education, and cultural perceptions surrounding hygiene that prioritize short-term survival over long-term health considerations, which further sustain the problem. The enhancement of knowledge and practices of homemaker related to personal hygiene in rural regions is crucial, as it has the potential to provide numerous advantages. Primarily, this type of research aims to reduce the incidence of illnesses that are common in rural areas, which is an essential public health priority.

The current study associating the Sustainable Development Goals (SDGs) such as SDG 3 (Good Health and Well-being) and SDG 6 (Clean Water and Sanitation). According to SDG 3 (Good Health and Well-being) enhancing personal hygiene practices among rural homemakers will significantly reduce the incidence of hygiene-related diseases like skin, gastrointestinal, and respiratory infections, contributing to better community health. Educating them on hygiene during pregnancy, childbirth, and child-rearing will also reduce infection risks and improve health outcomes. Promoting hygiene awareness encourages long-term behavioural changes, benefiting not only individuals but the entire community.

With reference to the SDG 6 (Clean Water and Sanitation), the study highlighting the importance of sanitation facilities, such as clean water, toilets, and waste disposal systems, in reducing environmental contamination and promoting better hygiene practices. The study advocates for better community hygiene infrastructure, including handwashing stations, clean toilets, and menstrual hygiene management facilities <sup>(7)</sup>.

The present study covering the above-mentioned sustainable development goals highlighting its importance in the lives of rural homemakers and their families and the communities associated with them.

While reviewing the literature, the researcher came across various studies related to Personal Hygiene which were Knowledge and Hygiene among homemakers of Makkasar village of Hanumangarh District (Joshi 2013), Factors influencing Knowledge and Practices of hygiene in Water, Sanitation and Hygiene programme areas of Bangladesh Rural Advancement Committee (Akter & Ali 2015) Practice of Personal Hygiene among rural women of a selected community in Bangladesh (Imtiaz et. al, 2015), A study on Personal Hygiene among rural women in Perambalur district (Geetha & Buvaneshwari, 2016), “Assessment of Knowledge and Practices regarding personal hygiene among students of Government schools of Jaipur City: A cross-sectional survey” (Saini et al., 2018), A Cross-Sectional Study on Personal Hygiene among Rural School Students in Southern Rajasthan (Mangal et.al, 2019), Hand Hygiene Practices and Associated Factors among rural communities in Northwest Ethiopia (Gizaw et al., 2023)., and many more. It was found that the locale selected for the present study was unexplored.

As the researcher belongs to the Panchkula District, Haryana, close observations were made by the researcher regarding the inadequate Personal Hygiene practices of homemakers in rural areas. The review of literature made the researcher to conduct the study and elicit information in this less explored area. The present study will be beneficial to the rural homemakers to gain knowledge regarding the personal hygiene practices. The study will also be beneficial to the other home makers as well, whether residing in slums or urban areas. In addition, by developing appropriate curriculum and programs, the research may efficiently promote changes in habits and encourage the adoption of sustainable personal hygiene

practices that will benefit rural communities in the long run. By providing evidence-based recommendations, the research findings will assist in the development of targeted interventions and policies that will successfully address public health issues and advance rural communities' sustainable development. Cooperation between academics, decision-makers, and community members will help put these initiatives into action and open the door to the growth of stronger, healthier communities.

As 'Personal Hygiene' comes under the 'Sanitation and Hygiene', which is the part of FCRM curriculum, the educational package will be developed under the research, can be used to enhance the knowledge of the students. The developed curriculum can be combined with other pertinent courses including public health, environmental studies, biology, and sociology because sanitation and hygiene are interdisciplinary fields. By educating people with a multifaceted point of view, this multidisciplinary approach promotes a deeper knowledge of the connections between health, sanitation, hygiene, the environment, and society.

### **Statement of the Problem**

The present study aims to assess the efficacy of Educational Module developed on Personal Hygiene for homemakers of selected rural areas of Panchkula District, Haryana.

### **Objectives**

1. To assess the Extent of Knowledge of Homemakers regarding Personal Hygiene Practices in selected rural areas of Panchkula District, Haryana.
2. To find out the Practices followed by the homemakers regarding Personal Hygiene in selected rural areas of Panchkula District, Haryana.
3. To assess the efficacy of need based Educational Module developed by the researcher on Personal Hygiene.

### **Delimitations**

1. The study was limited to selected rural areas of Barwala Block of Panchkula District, Haryana.
2. The study was limited to the selected villages (Shyamtoo, Ratte Wali, Khet Purali, Toka) of Barwala Block of Panchkula District, Haryana.

3. The study was limited to the homemakers of Barwala Block of Panchkula District, Haryana.

### **Hypotheses of the Study**

1. There exists a variation in the Extent of Knowledge of Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)].
2. There exists a variation in the Practices followed by Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)].
3. There exists a relationship in the Extent of Knowledge of Respondents regarding Personal Hygiene and Practices followed by Respondents regarding Personal Hygiene.
4. There exists a difference in the Extent of Knowledge of Respondents regarding Personal Hygiene before and after Awareness Programme.



# REVIEW OF LITERATURE



## **CHAPTER II**

### **REVIEW OF LITERATURE**

The present section includes a description, review, and critical assessment of each work, as well as the main areas of associated literature, surveys, scholarly papers, books, and other resources significant to linked topics, fields of study, or theories. To make the review easier to understand, the chapter has been divided into the following sections:

#### **2.1 Theoretical Orientation**

**2.1.1** Definition of Personal Hygiene

**2.1.2** Types of Personal Hygiene

**2.1.3** Factors affecting Personal Hygiene

**2.1.4** Precautions to be taken regarding Personal Hygiene

**2.1.5** Sustainable Development Goals related to Personal Hygiene

#### **2.2 Empirical Researches**

**2.2.1** Researches Conducted Outside India

**2.2.2** Researches Conducted Within India

#### **2.3 Conclusion**

## **2.1 Theoretical Orientation**

### **2.1.1 Definition of Personal Hygiene**

- Personal hygiene can be defined as the practice of maintaining cleanliness and promoting and preserving body health (Qasem et al., 2018).
- Personal Hygiene refers to regularly washing parts of the body and hair with soap and water (including washing your hands and feet), grooming nails, facial cleanliness, covering coughs and sneezes, and menstrual hygiene <sup>(8)</sup>.
- Personal hygiene involves caring for oneself and keeping clean the hands, eyes, mouth, skin, armpits, nose, clothes and beddings as well as private parts to avoid bad odour and reduce the risk of disease <sup>(9)</sup>.
- Personal Hygiene refers to the practices of cleanliness that an individual adopts to care for his/her health and well-being. It involves cleaning all the areas of the body regularly to maintain good health <sup>(10)</sup>.
- Personal Hygiene is defined as a condition promoting sanitary practices to the self <sup>(11)</sup>.

### **2.1.2 Types of Personal Hygiene**

Personal hygiene involves those practices performed by a person to care for their bodily health and well-being through cleanliness <sup>(12)</sup>. Personal hygiene involves maintaining the cleanliness of our body and clothes <sup>(6)</sup>. There are different types of Personal Hygiene as mentioned below:

#### **2.1.2.1 Body Hygiene (Skin care)**

Body Hygiene refers to regular bathing or showering to cleanse the skin and remove body odour. It keeps the skin healthy, removes sweat, dirt, and bacteria, and prevents body odour <sup>(6)</sup>.

#### **2.1.2.2 Face Hygiene**

Face Hygiene involves keeping the face clean and free from dirt, oil, and other pollutants by regular washing with soap and water <sup>(6)</sup>.

#### **2.1.2.3 Hand Hygiene**

The practice of keeping hands clean by regular washing them with clean water and soap or hand sanitizer when soap and water are not available. This prevents the spread of infections by removing dirt, bacteria, and viruses from hands <sup>(6)</sup>.

#### **2.1.2.4 Oral hygiene (Oral care)**

Oral hygiene refers to the practices which helps to maintain the health and cleanliness of the mouth, teeth, and gums. This involves brushing teeth, flossing, and rinsing the mouth regularly <sup>(6)</sup>.

#### **2.1.2.5 Ear hygiene**

Ear Hygiene involves the care and cleaning of the ears to prevent infections and maintain hearing health. To maintain ear hygiene safe practices, need to be followed to avoid infections and damage to hearing <sup>(6)</sup>.

#### **2.1.2.6 Hair hygiene (Hair care)**

Hair cleaning is important to ensure that hair remains healthy and strong. Hair hygiene involves cleaning and care of the hair and scalp <sup>(6)</sup>.

#### **2.1.2.7 Foot Hygiene (Foot Care)**

Foot hygiene involves washing feet regularly and keeping toenails trimmed as it prevents fungal infections, bad odour, and other foot-related health issues <sup>(6)</sup>.

#### **2.1.2.8 Armpit Hygiene**

Armpit hygiene is essential for maintaining overall cleanliness and preventing issues like body odour, skin irritations, and infections. Regularly washing your armpits with soap and water removes sweat, bacteria, and dead skin cells, which are the primary causes of unpleasant odours <sup>(6)</sup>.

#### **2.1.2.9 Clothes hygiene**

Cloth Hygiene involves wearing clean clothes and washing them regularly which helps to prevent skin infections and maintains overall personal cleanliness <sup>(6)</sup>.

#### **2.1.2.10 Menstrual hygiene (Personal hygiene for women)**

The practice of maintaining hygiene of oneself especially genital areas and health during menstruation. This helps in to reduce the issues like infections, rashes and other skin and health related issues <sup>(6)</sup>.

### **2.1.3 Factors affecting Personal Hygiene**

Personal hygiene is influenced by a variety of factors, each playing a significant role in shaping an individual's hygiene practices. These factors can be broadly categorized into different categories as mentioned below:

#### **2.1.3.1 Sociocultural Factors**

- **Cultural beliefs and Practices:** Traditional beliefs and cultural norms might influence hygiene practices, such as the adoption of particular products or methods.
- **Gender Roles:** In some cultures, women and men may have independent cleanliness expectations, which are typically influenced by cultural norms.
- **Religious Practices:** Some religions have certain hygienic rituals or practices that must be followed <sup>(13)</sup>.

#### **2.1.3.2 Economic Factors**

- **Income Level:** Low-income households may not have access to basic hygiene goods such as soap, toothpaste, or sanitary pads.
- **Affordability of Hygiene goods:** The price of hygiene goods and access to inexpensive healthcare can have a substantial impact on personal hygiene.
- **Occupational Hazards:** Jobs that require exposure to dust, chemicals, or other toxins may necessitate stricter personal hygiene standards <sup>(13)</sup>.

#### **2.1.3.3 Educational Factors**

- **Health Education:** It is essential to be aware of and understand proper hygienic habits. Lack of education might result in poor personal hygiene.
- **Access to Information:** The availability of information about personal hygiene through schools, community programs, or the media might influence behaviours.
- **Misconceptions:** Myths and misconceptions regarding cleanliness can lead to harmful behaviours <sup>(13)</sup>.

#### **2.1.3.4 Environmental Factors**

- **Water Availability:** Access to clean, safe water is critical for good hygiene. Maintaining personal hygiene can be difficult in locations with limited access to clean water.
- **Sanitation Facilities:** The availability of adequate sanitation facilities, such as toilets, handwashing stations, and waste disposal systems, influences personal hygiene.
- **Climate:** Maintaining personal hygiene in hot and humid regions may involve more work due to increased sweating and the risk of infection <sup>(13)</sup>.

#### **2.1.3.5 Psychological Factors**

- **Self-esteem:** People with higher self-esteem may prioritize personal hygiene over those with lower self-esteem.
- **Mental Health:** Depression and anxiety may affect someone's ability to maintain personal hygiene <sup>(13)</sup>.

### **2.1.4 Precautions to be taken regarding Personal Hygiene**

#### **2.1.4.1 Body Hygiene**

Body hygiene is essential to maintain by bathe or shower daily using soap, as this helps remove dirt, sweat, and bacteria from the skin. Wearing clean, dry clothes is also important to prevent the buildup of bacteria and reduce the risk of skin infections. Additionally, moisturizing the skin regularly helps prevent dryness and cracking. It's also advisable to check the body for any signs of skin infections, rashes, or other abnormalities, and seek medical attention if necessary. In such cases avoid sharing soaps and towels because of the danger of cross-infection <sup>(6)</sup>.

#### **2.1.4.2 Face Hygiene**

Face hygiene requires washing the face at least twice daily with a gentle cleanser that suits the skin type. This practice helps remove dirt, oil, and other pollutants that can clog pores and lead to skin problems. If wearing makeup, it's crucial to remove it before sleeping to prevent clogged pores and skin irritation. Applying sunscreen daily protects the skin from harmful UV rays, which can cause premature

aging and skin cancer. It's also important to avoid touching the face frequently, as this can transfer germs and oils from your hands to your face, leading to breakouts and infections. Regular exfoliation is recommended to remove dead skin cells and keep the skin looking fresh and healthy <sup>(14)</sup>.

#### **2.1.4.3 Hand Hygiene**

Proper hand hygiene involves washing hands with soap and water for at least 20 seconds, especially before eating, after using the restroom, and after coming into contact with potentially contaminated surfaces. When soap and water are not available, using a hand sanitizer with at least 60% alcohol is an effective alternative. Keeping nails trimmed and clean is also important to prevent the accumulation of dirt and bacteria under the nails. It's important to avoid biting nails or touching the face with unwashed hands, as these habits can introduce germs into the body and increase the risk of illness <sup>(6)</sup>.

#### **2.1.4.4 Oral Hygiene**

Oral hygiene is essential for preventing tooth decay, gum disease, and bad breath. It involves brushing your teeth at least twice a day with fluoride toothpaste to remove plaque and food particles. Flossing daily is also crucial, as it helps clean the spaces between teeth that a toothbrush cannot reach <sup>(6)</sup>. Using mouthwash can further help in killing bacteria and freshening breath. Regular dental check-ups and cleanings are recommended to maintain oral health and catch any issues early. Limiting the consumption of sugary foods and drinks can also help protect your teeth from cavities and other dental problems.

#### **2.1.4.5 Ear Hygiene**

Ear hygiene is vital for preventing infections and maintaining good hearing health. To clean your ears, it is sufficient to wipe the outer ear with a damp cloth; inserting objects like cotton swabs into the ear canal can push wax deeper and potentially damage the eardrum <sup>(6)</sup>. If experiencing ear pain, hearing loss, or unusual discharge, it's important to consult a doctor rather than attempt to treat it yourself. Keeping the ears dry, especially after swimming or bathing, can help

prevent infections, as moisture can create an environment where bacteria thrive.

#### **2.1.4.6 Hair Hygiene**

Maintaining hair hygiene involves washing your hair regularly with a shampoo that is appropriate for your hair type to remove dirt, oil, and sweat. Conditioning your hair helps keep it moisturized and prevents damage such as split ends and breakage. It's important to avoid sharing personal hair care items like combs, brushes, or towels to reduce the risk of spreading lice or infections. Regularly trimming your hair helps keep it healthy and promotes growth <sup>(6)</sup>. Additionally, protecting your hair from excessive heat, chemicals, and harsh treatments will help maintain its overall health and appearance.

#### **2.1.4.7 Foot Hygiene**

Proper foot hygiene includes washing your feet daily, with particular attention to the spaces between your toes, and thoroughly drying them afterward to prevent fungal infections such as athlete's foot. Keeping toenails trimmed and clean helps prevent ingrown nails and infections. It's important to wear clean socks each day and choose breathable footwear to reduce moisture buildup, which can lead to odour and infections. If you are prone to fungal infections, using an antifungal powder can help keep your feet dry and prevent the growth of fungi <sup>(15)</sup>.

#### **2.1.4.8 Armpit Hygiene**

Armpit hygiene involves washing your armpits daily with soap and water to remove sweat, bacteria, and odour-causing substances. Using a deodorant or antiperspirant can help control sweating and odour throughout the day. Shaving or trimming armpit hair can also help reduce sweat buildup, but it's important to choose a method that does not irritate your skin. Wearing clothes made from breathable fabrics can help keep the armpit area dry and comfortable. Avoid using harsh or heavily scented products that may irritate the sensitive skin in the armpit area <sup>(16)</sup>.

#### **2.1.4.9 Clothes Hygiene**

Maintaining clothes hygiene involves washing clothes regularly to remove dirt, sweat, and bacteria that accumulate from daily wear. Using appropriate detergents ensures that stains and bacteria are effectively removed. It's important to store clean clothes in a dry, clean place to avoid contamination. Avoid wearing tight clothes for extended periods, as they can cause skin irritation and restrict airflow, which may lead to skin problems. Properly drying clothes after washing is crucial to prevent mould and mildew growth, which can lead to unpleasant odours and potential skin issues <sup>(17)</sup>.

#### **2.1.4.10 Menstrual Hygiene**

Menstrual hygiene is critical for preventing infections and maintaining comfort during menstruation. It's essential to change sanitary pads, tampons, or menstrual cups regularly, approximately every 4 to 8 hours, to prevent the buildup of bacteria. Washing the genital area with water and mild soap regularly, without using harsh chemicals, helps maintain cleanliness and prevents irritation. Proper disposal of used menstrual products is important for both personal hygiene and environmental sanitation. Wearing comfortable, breathable underwear during menstruation helps reduce moisture and irritation. It's important to monitor for any signs of infection, such as unusual discharge, itching, or odour, and seek medical advice if necessary <sup>(17)</sup>.

#### **2.1.5 Sustainable Development Goals related to Personal Hygiene**

'The 2030 Agenda for Sustainable Development', which is a global framework adopted by all United Nations Member States in 2015 outlines a comprehensive plan to achieve sustainable development in its three dimensions as economic, social, and environmental by 2030. The agenda is centred around 17 Sustainable Development Goals (SDGs) and 169 associated targets, which together aim to address the world's most pressing challenges, such as poverty, inequality, climate change, environmental degradation, peace, and justice <sup>(7)</sup>.

The current study associating the Sustainable Development Goals (SDGs)

- SDG 3: Good Health and Well-being

- SDG 6: Clean Water and Sanitation

According to SDG 3 (Good Health and Well-being) enhancing personal hygiene practices among rural homemakers will significantly reduce the incidence of hygiene-related diseases like skin, gastrointestinal, and respiratory infections, contributing to better community health. Educating them on hygiene during pregnancy, childbirth, and child-rearing will also reduce infection risks and improve health outcomes. Promoting hygiene awareness encourages long-term behavioural changes, benefiting not only individuals but the entire community <sup>(7)</sup>.

With reference to the SDG 6 (Clean Water and Sanitation), the study highlighting the importance of sanitation facilities, such as clean water, toilets, and waste disposal systems, in reducing environmental contamination and promoting better hygiene practices. The study advocates for better community hygiene infrastructure, including handwashing stations, clean toilets, and menstrual hygiene management facilities <sup>(7)</sup>.

## 2.2 Empirical Researches

### 2.2.1 Researches conducted Outside of India

The study carried out on "Safe Hygiene Practices in a Rural Municipality of the Eastern Cape, South Africa" by **Phaswana (2008)**, aims to explore the factors influencing the adoption of safe hygiene practices in a rural municipality. The research involved 494 villagers, mostly males aged 26 to 50, married, employed, and with secondary education. The study found that three key factors for successful adoption were increased hardware access, hygiene promotion, and upgrading the enabling environment. Communication, social mobilization, social marketing, community participation, and advocacy were used to promote hygiene. The study provides valuable insights for governments, organizations, and the corporate sector in developing strategies for promoting safe hygiene practices and improving knowledge. A comprehensive, integrated, and inclusive approach is needed to ensure the adoption of safe hygiene practices.

**Imtiaz et al., (2015)** undertaken a study on "Practice of personal hygiene among rural women of a selected community in Bangladesh" to assess

practice of personal hygiene among rural women of a selected community in Bangladesh. A descriptive cross-sectional study was undertaken on 150 women of various ages from Jessore District's Garibpur and Tangurpur villages to assess two essential components of personal hygiene: hand washing and safe drinking water. The non-probability convenient sampling technique was used, and data were obtained through face-to-face interviews utilizing a pretested, self-administered, semi-structured questionnaire. The findings revealed that, 87.34% practiced hand cleaning before eating. Among them, 86.26 % practiced hand washing before meals, but just 13.74% did so before breakfast, and none cleansed their hands before eating any dry foods. 95.34% washed their hands after urinating and stool pass, with 82% using soap, 16% using ash, and 2% using soil. In this study, 90.67% utilized a tubewell that was not labelled red, 6% used a pond, and 3.33% used a river as their source of drinking water. It was concluded that while personal hygiene practices such as hand washing before meals were adequate, hand cleaning during snacks and other dry foods was extremely bad. Women were concerned of washing after defecation and used soap mostly. Therefore, regular health education campaigns should inspire the people of Bangladesh to adopt proper personal hygiene.

The study on "Gender Differences in Hand Hygiene among Saudi Nursing Students" by **Cruz et al., (2015)**, was a cross-sectional investigation aimed at examining gender differences in knowledge, attitude, practices, and performance related to hand hygiene among Saudi nursing students. Data were collected using a four-part questionnaire that assessed knowledge, attitude, practices, and self-reported performance of the "5 Moments of Hand Hygiene." The findings revealed that both male and female nursing students had moderate knowledge of hand hygiene. However, female students demonstrated a better attitude towards hand hygiene and reported higher adherence to the "5 Moments of Hand Hygiene" than their male counterparts. Conversely, male students exhibited better hand hygiene practices. The study found statistically significant differences in attitude and practice between genders at the  $p < 0.05$  level. The results highlighted the need to improve the knowledge of hand hygiene among both genders and suggested that gender-

specific educational interventions are necessary to address the unique needs of male and female students in this area.

**Waheed et al., (2017)** conducted the study "Awareness and Practices of Oral Hygiene among Female Undergraduates in a Malaysian University", aimed to evaluate the awareness and practices related to oral hygiene among female undergraduate students residing in a college at a Malaysian university, as well as to assess the need for oral hygiene awareness programs. The research was conducted using a self-administered questionnaire, with a sample of 100 female Malay undergraduate students selected through convenience sampling. The findings revealed that most respondents used toothpaste and a toothbrush as their primary tools for cleaning their teeth twice daily, and none had ever used Miswak (a wooden teeth-cleaning stick made from tree twigs). The students demonstrated sufficient knowledge about periodontal and gingival health and understood the importance of regular dental visits; however, the majority only visited a dentist when experiencing a toothache. Additionally, the respondents expressed a need for oral hygiene awareness programs to be organized by the college administration. While the study found that the students generally had good oral hygiene knowledge and practices, it also identified some inadequate practices and highlighted the lack of organized awareness programs, for which recommendations were made.

**Odonkor et al., (2019)** on the study "Self-Assessment of Hygiene Practices towards Predictive and Preventive Medicine Intervention: A Case Study of University Students in Ghana" aimed to assess personal hygiene practices among university students as a foundation for developing preventive and predictive medical interventions. The study's goal was to guide future efforts in improving targeted interventions for young people. A cross-sectional study design was employed, using validated instruments to gather quantitative data from 412 students across seven universities in Accra, Ghana. The data was analysed using IBM-SPSS, version 23. The study had a higher proportion of female respondents (54.4%) compared to male respondents (45.6%). The majority of respondents were aged 19-24 years (59.7%). Students from urban areas demonstrated better hygiene practices than those from rural areas, with a significant association between residence and hygiene practices ( $\chi^2=17.8$ ,

$P \leq 0.001$ ). Interestingly, students from the upper class exhibited poorer hygiene practices compared to those from the lower and middle classes. A lack of education (63.1%) was identified as the main barrier to personal hygiene among the respondents. The study emphasized that the future of society hinges on the health of its youth and concluded that a significant number of students are not practicing good hygiene. Therefore, there is a need to deploy preventive medicine interventions aimed at young people, improve hygiene education methods in tertiary institutions, and incorporate hygiene into school curricula.

**Uddin et al., (2021)** studied on "Knowledge and Practice of Personal Hygiene among Rural Women in Northern Bangladesh" to assess the current state of knowledge and practices of basic health hygiene and sanitation among rural farm families in Northern Bangladesh with the goal to set the groundwork for development initiatives aimed at improving health and sanitation systems. The study also sought to uncover regional variations in health and sanitation systems in Northern Bangladesh, with the goal of providing policy support and development. The multistage cluster sampling approach resulted in a sample size of 386 households (HH) from 24 different villages. Trained assistants collected data following a face-to-face interview with a structured interview plan. The table of findings was organized using descriptive statistics. The geographical differences in hygiene and sanitation knowledge and practice were assessed using the chi-square test. The study found that over 70% of families use unsafe latrines, with a large number of them being open pit types (33%) with no latrines floor (32%) or wall (75%). More than half of child-bearing mothers have limited understanding; therefore, they throw the faeces outside and do not properly wash their hands after cleaning the defecated children and toilets/potties. Many of them are unaware that they should wash their hands before breast feeding (50%), food preparation (77%), animal cleaning (79%), and after any activity (97%). The findings of the study suggested that more awareness programs and subsidy policies should be implemented to improve sanitation and hygiene, taking into account the geographical differences in hygiene practices among these rural women in Northern Bangladesh.

A study was conducted on "Hand Hygiene Practices among Medical Students" by **Al Kadi & Salati (2021)**, regarding the awareness and compliance with hand hygiene protocols among undergraduate medical students in their clinical phase at Qassim College of Medicine, Saudi Arabia, were evaluated. The study utilized a questionnaire based on the World Health Organization's "Five Moments for Hand Hygiene" to assess students' awareness of when hand hygiene is required, and compliance was observed during Objective Structured Clinical Examination (OSCE) sessions. A total of sixty students, including thirty-six males i.e. 60% and twenty-four females i.e. 40% participated voluntarily. The findings revealed that, on average, 56% of the students were aware of the correct indications for hand hygiene, while the remaining 44% were either unsure or unaware. Only 29% of the students could correctly identify all five indications for hand hygiene on the questionnaire. Additionally, compliance with hand hygiene practices during OSCE sessions was observed to be only 17%, with no significant gender differences. The study concluded that substantial efforts are necessary to enhance hand hygiene practices among medical students.

A community-based cross-sectional study conducted on "Knowledge and Practice on Menstrual Hygiene among Urban Adolescent Girls in Bangladesh" by **Haque et al. (2022)** to evaluate the knowledge and practices related to menstrual hygiene among urban adolescent girls in Bangladesh. The research involved 495 urban adolescent girls who were purposively selected. Data collection was carried out using a semi-structured, interviewer-administered questionnaire. The study found that 57.2% of the respondents were older than 15 years, with 93.3% being Muslim. Most girls (82.5%) experienced menarche between the ages of 12-15 years, and 52.32% were informed about menstruation prior to menarche, with mothers being the primary source of information. Among the participants, 70.9% had good knowledge about menstruation, and 82% used commercially made sanitary pads. Additionally, 35.2% of the girls changed their pads or cloths more than three times a day during menstruation. Overall, 70.9% of the adolescent girls demonstrated good knowledge of menstruation, and 73.3% practiced good menstrual hygiene. The study highlights the need to design and implement

universal awareness and advocacy programs to enhance knowledge of safe and healthy menstruation management, as well as to promote good hygiene practices by fostering a supportive home and social environment for all adolescent girls.

**Gizaw et al., (2023)**, conducted a community-based cross-sectional study “Hand hygiene practice and associated factors among rural communities in northwest Ethiopia”, among 1190 randomly selected rural households in northwest Ethiopia to assess hand hygiene practice and associated factors. Hand hygiene practices were evaluated based on frequency of handwashing with rubbing agents, drying mechanisms, and fingernail condition. A multivariable binary logistic regression analysis was conducted to discover characteristics associated with hand hygiene. Statistically significant associations were identified based on adjusted odds ratio (AOR) with 95% confidence interval (CI) and p-values < 0.05. The results showed that 28.8% (95% CI 26.2, 31.4%) of the households practiced adequate hand hygiene. Good hand hygiene practice was significantly associated with formal education received by household heads (AOR 1.79, 95% CI 1.33, 2.40), family sanitation discussions (AOR 1.56, 95% CI 1.08, 2.26), health education provision (AOR 2.23, 95% CI 1.62, 3.06), and water availability (AOR 3.51, 95% CI 1.02, 12.05). In conclusion, approximately one-third of rural households in the study area practiced good hand hygiene, while more than two-thirds practiced poor hand hygiene, implying that hands in the area may play a role in the transmission of illnesses within the community. As a result, people must be educated on the importance of maintaining proper hand hygiene.

**Bishoge et al., (2023)**, carried out a study on "Hand Hygiene Practices among Primary and Secondary School Students in Sub-Saharan Africa: A Systematic Review”, with the objectives to comprehensively evaluate and synthesize research on hand hygiene practices among students in primary and secondary schools across sub-Saharan Africa. The review included studies involving a total of 4,054 male and 3,976 female participants. Among these, eight studies focused on secondary school students, while eighteen studies involved primary school children. The findings highlighted varying levels of

hand hygiene practices, including hand washing frequency, hand cleaning after defecation, and hand washing before and after eating or changing menstrual products. The review identified several key factors influencing hand hygiene practices among students, such as knowledge of hand hygiene, availability of hand washing facilities and materials at schools and homes, and the influence of parents, teachers, and other relatives. Additionally, personal and social factors like illness prevention, forgetfulness, odour, media (e.g., television, radios, newspapers), gender, and age also played a role in shaping these practices. The study noted an increase in hand hygiene practices during and after the COVID-19 pandemic, driven by the recognition of hand washing as a crucial measure to prevent the spread of the virus and by fear of infection. Overall, the review demonstrated that a wide range of factors, including knowledge, access to facilities, parental and teacher influence, personal and social considerations, media exposure, gender, age, place of residence, attitudes, and the modernity of schools, can significantly impact hand hygiene practices among school students.

A comparative study of the knowledge and practices related to menstrual hygiene among adolescent girls in urban and rural areas of Sindh, Pakistan: A cross-sectional study” conducted by **Aziz et al., (2024)** to assess the menstrual-related knowledge and practices of adolescent girls (10–18 years) attending urban and rural public schools of district Khairpur of province Sindh of Pakistan. The research design was an analytical cross-sectional study. Adolescent girls (n = 310), 159 girls from urban and 159 girls from rural schools, were enrolled. Data were collected through self-administered questionnaires. Participants with scores  $\geq 12/20$  were regarded to have adequate knowledge, whereas scores  $< 12/20$  were considered poor. Practice scores were categorized as good ( $> 10$ ) or bad ( $< 10$ ). Data was analysed using the Statistical Package for Social Sciences (SPSS) version 20.0. Descriptive statistics like mean and standard deviation were computed. The chi-square test was used to measure and compare variations in menstrual hygiene management habits and knowledge among urban and rural teenage schoolgirls. It was discovered that about two-thirds of the school girls believed that school administration lacked enough resources and bathroom

facilities (rural: 76% versus urban: 62%). Mothers were the primary source of knowledge for teenage rural and urban females regarding menstruation. More girls (81%) in the urban school were aware of using sanitary pads during menstruation. The majority of girls in urban areas demonstrated satisfactory understanding, but just 38% of rural girls had satisfactory outcomes. When compared to rural girls (12%), nearly 71% of urban girls demonstrated positive practices. It was found that in areas where women's health is traditionally undervalued, strategies addressing the reproductive health of female adolescents should be implemented in the curriculum.

### **2.2.2 Researches conducted in India**

The study "Assessment of the Knowledge and Practice Regarding Personal Hygiene among School Children from an Urban Area" by **Ansari and Warbhe (2014)** aimed to assess the knowledge and hygiene practices of school children aged 8 to 9 years in a private school. Using a closed-ended questionnaire, the study interviewed 512 students, with 57% being male. The findings showed that while the majority of students practiced good hygiene, there were some gaps in certain areas. For instance, 90% bathed with soap and water, 95% brushed their teeth with toothpaste, and 78% washed their hands with soap and water. However, only 3% bathed every alternate day, 29% washed their hair once a week, and 52% visited the dentist due to dental problems. Although 83% of students received hygiene education in their curriculum, neglected areas included dental, nail, and hair care. The study emphasized the need for periodic personal hygiene education to address these gaps and promote better hygiene practices among students.

**Chaudhari et al., (2015)** conducted "A Study on Personal Hygiene of School Going and Non-School Going Children in Ahmedabad District, Gujarat" aimed to compare the personal hygiene of children aged 10-18 years between school-going and non-school-going children in both urban and rural areas of Ahmedabad district. The research involved 1,378 school-going and 697 non-school-going children. The results showed that 24.86% of non-school-going urban children exhibited poor personal hygiene, while 20.79% of non-school-going rural children also had similar issues. In contrast, only 9.77% of school-going urban children and 13.43% of rural school-going children

were found to have poor personal hygiene. The statistical analysis revealed a highly significant difference in the rates of poor personal hygiene between school-going and non-school-going children in urban areas. Overall, the prevalence of poor personal hygiene was nearly double among non-school-going children compared to their school-going counterparts, indicating that non-school-going children are the most vulnerable group in terms of personal hygiene.

**Joshi and Aggrawal (2016)** carried out a study on “A Comparative Study on Sanitation Among Government and Private School Students of Rural Bikaner” to evaluate the knowledge and practices related to sanitation among school students in rural Bikaner. The study involved 1,280 students from 32 schools, consisting of 16 government and 16 private institutions, selected through multistage sampling. A self-administered closed-ended questionnaire was developed for data collection. To determine if there were significant differences in knowledge and practices regarding sanitation between the two groups, a test of proportions was conducted, analysing responses using the z-test statistic. For the knowledge level concerning the disposal of human excreta, the calculated z-value (1.32) was lower than the critical z-value (1.96), indicating no significant difference. However, for the practice level, the calculated z-value (7.46) was significantly higher than the critical z-value (1.96), suggesting a notable difference in sanitation practices between government and private school students. The findings revealed that while both groups demonstrated good knowledge about the disposal of human excreta, their actual practices were inadequate, primarily due to a lack of resources. Issues such as limited water access in rural areas, inadequate sanitation services, and the unavailability of soap and toothpaste contributed to poor practices. The study concluded that enhancing awareness and knowledge can potentially lead to improved behaviours and practices in sanitation among students.

The study “Assessment of Need for an Effective Health Education Programme for Improvement of Personal Hygiene Among Adolescent Girl Students in a Slum Area of Kolkata: A School-Based Intervention Study” by **Pal and Pal (2017)** aimed to assess the effectiveness of a health education

programme in improving personal hygiene among adolescent girls in two government secondary schools in a Kolkata slum. A quasi-experimental design was used, with a baseline survey assessing socio-demographic data and existing knowledge, attitude, and practices (K.A.P) of personal hygiene. This was followed by a six-month intervention involving weekly lectures and demonstrations in the study school. Post-test assessments showed a statistically significant improvement in K.A.P scores among students in the study school compared to the control school. However, a decline in scores at the nine-month follow-up highlighted the need for sustained reinforcement. The study concluded that regular revision and reinforcement of health education programmes are essential to ensure long-term improvement in personal hygiene and overall well-being.

A cross-sectional descriptive study was conducted on “Impact of school health education program on personal hygiene among school children of Lucknow district” by **Khatoun et al., (2017)**, to assess the current knowledge and practices of personal hygiene among primary school children, while also identifying any misconceptions about maintaining personal hygiene and the understanding of health-related conditions. Additionally, the study seeks to educate and promote good personal hygiene behaviours among the school children to improve the overall health and well-being. The study was conducted with 800 school children from the Lucknow district. All participants were initially interviewed using a structured questionnaire (pretest). A visual presentation highlighting good and bad personal hygiene practices was then shown via projector, emphasizing the benefits of maintaining good hygiene. Following this, the school children were given the same structured questionnaire (post-test). The majority of the school children were in the 10–12 years age group. After the intervention, the school children's knowledge about general body cleanliness increased to 87.5% in the post-test, compared to 53.8% in the pretest. Regarding personal hygiene, 38.0% of school children considered keeping their hair well-trimmed important. Knowledge about consuming less food during diarrhoea was positively acknowledged by 80% of the school children. Initially, only 12.5% of school children understood that diarrhoea could be fatal for children, but

this awareness increased to 100% after the intervention. In practice, 79.5% of the school children reported changing clothes every other day. Additionally, 72.5% of school children washed their hair once a week, and 70% of them washed their hands before meals.

**Saini et al., (2018)** studied on “Assessment of Knowledge and Practices regarding personal hygiene among students of Government schools of Jaipur City: A cross-sectional survey” to assess the status of knowledge and practices of hygiene among students of government schools of Jaipur city. The study was conducted among 1,385 students from six selected schools in Jaipur city. The findings revealed that 98.4% of the students were aware of body and clothing hygiene, 95.2% knew about brushing their teeth, 92.5% were informed about regularly washing their clothes, 89.2% understood the importance of using soap in personal hygiene, 50.3% were aware of the use of toilet paper, 78.8% knew about using a nail cutter, and 37.1% had knowledge about sanitary pads. Additionally, 97.3% of the students bathed and brushed their teeth daily, 95.1% washed their hands before meals, 74.3% washed their hands before cooking, 66.6% washed their hands after cooking, 90.2% washed their hands after using the toilet, 87.8% washed their hands after handling garbage, 75.7% washed their hands after handling animals, 73.6% trimmed their nails within seven days, 80.8% got a haircut within one month, 70.1% used soap as a hygiene product, 42.7% used facial tissues, and 50.1% used cotton swabs as part of their hygiene routine. From the study, it can be concluded that children had strong knowledge about various aspects of personal hygiene, including body and clothing hygiene, teeth brushing, regular clothes washing, the use of soap in personal care, and nail cutting. However, their knowledge about the use of toilet paper and sanitary pads was not as strong. In terms of hygiene practices, over 70% of the children regularly engaged in daily bathing and teeth brushing, washing hands before meals, before cooking, after using the toilet, after handling garbage or animals, getting a haircut within a month, cutting nails regularly, and using soap as a hygiene product. On the other hand, 66.6% practiced handwashing after cooking, 42.7% used facial tissues, and 50.1% used cotton swabs as part of their hygiene routine. Overall, the knowledge and practice of personal

hygiene among school children were found to be in poor condition during the pretest. However, the post-test results showed a significant improvement and were highly satisfactory.

**Mangal et al., (2019)** conducted a study on "A Cross-Sectional Study on Personal Hygiene among Rural School Students in Southern Rajasthan" with the objectives to evaluate the level of personal hygiene among rural school students and its associated factors, as well as its impact on the morbidity of these children. Conducted from November 2018 to February 2019, the cross-sectional study involved 250 students in classes VIII to XII from three different schools in southern Rajasthan. Data were collected through interviews using a pretested questionnaire that included socio-demographic factors, hygienic practices, and health outcomes, all framed as dichotomous questions. Statistical analysis, including Chi-square tests, correlation, and regression techniques, was employed to assess the associations. The findings revealed that only 22% of students scored above 75%, classifying them as good practitioners of personal hygiene. Factors such as the students' age, parental literacy, and household income were significantly linked to personal hygiene practices. The study also noted that common health issues, like head lice and dental caries, showed gender sensitivity within the community. A negative correlation between disease scores and personal hygiene scores indicated that improving personal hygiene practices could help reduce the disease burden among children. The study concluded that systematic efforts to raise awareness about the importance of personal hygiene among school children and their parents, along with enhancing parental literacy and economic empowerment of rural families, could significantly improve students' personal hygiene status and reduce their morbidity rates.

**Mahindru (2019)** carried out "A study of menstrual hygiene and absenteeism among adolescent girls in relation to sanitation facilities in the schools of Chandigarh and its adjoining areas" to explore various aspects of menstrual hygiene among adolescent girls, to investigate the link between menstrual hygiene knowledge and socio-demographic factors such as caste, parents' education levels, family structure, and household income. Additionally, the study examines where adolescent girls receive information

about menstrual hygiene and also explores the relationship between menstrual hygiene practices during menstruation and school absenteeism, as well as the difficulties girls encounter in managing menstrual hygiene while at school. Moreover, the study considers the broader effects of menstruation on the daily school activities of adolescent girls. It also assesses the current state of sanitation facilities in schools and how these impact attendance during menstruation. Finally, the study identifies specific needs for maintaining menstrual hygiene on school campuses based on the perceptions of the girls. The findings of the study reveal a lack of knowledge about the topic and its relationship with socio-demographic factors. The study found that only 19.6% of girls correctly identified menstruation as a physiological process, while 80.4% believed it was a sin or a result of disease. Poor menstrual hygiene practices were observed, with only 37.6% using disposable sanitary pads and 62.4% using reusable cloth or paper/toilet paper. Discomfort during menstrual periods was reported by a significant number of respondents. The study also found that menstrual hygiene management was linked to absenteeism, with 37.2% reporting issues such as lack of concentration, sickness, psychological effects, and fear of stains. The study also highlighted the need for comprehensive menstrual hygiene education at the community level, with health professionals and schools improving their sanitation facilities to support better menstrual hygiene management.

The study was conducted on "Dental Caries and Oral Hygiene Practices Among School Children in Chennai, India: A Cross-Sectional Study" by **Ramesh and Sundari (2019)** to assess the prevalence of dental caries among school children and investigate their oral hygiene practices related to the occurrence of dental caries. The cross-sectional study involved 307 school children aged 10 to 15 years, who were surveyed about their dental hygiene practices and examined for the presence of caries. The findings revealed that the prevalence of dental caries among the children was 48.9%, with a 95% confidence interval of 43.3% to 54.4%. The study found a higher prevalence of dental caries in children aged 10 to 12 years (53.6%) compared to those aged 13 to 15 years (42.3%), with a significance level of  $p=0.05$ . Additionally, daily consumption of sweets was significantly associated with

a higher prevalence of dental caries, affecting 63.5% of those who consumed sweets regularly ( $p=0.01$ ). Children who did not eat fruits and vegetables daily showed a prevalence of 76.5% for dental caries ( $p=0.03$ ). Furthermore, the study noted that children who did not practice night brushing had a prevalence of 52.8% for caries ( $p=0.04$ ). Only 17.3% of the children reported visiting a dental healthcare service. The researchers concluded that the prevalence of dental caries was notably high among the study population. They emphasized the importance of health education focused on good oral hygiene practices, including night brushing, dietary modifications, and regular dental visits, as essential measures for preventing dental caries among school children.

“Determinants of personal hygiene among school children: a community based cross-sectional study from Sonapat, northern India” by **Ranga and Majra (2020)** was conducted, enrolling 1,462 randomly selected students from Grades 6 to 12 across 50 schools. The study used a pre-tested, structured proforma to record personal hygiene practices during morning health inspections. Chi-squared tests were applied to assess the statistical significance of differences, with a  $p$ -value of  $\leq 0.05$  considered significant. The study found adequate personal hygiene in the following areas: hand hygiene (56%), body hygiene (75.1%), oral and dental hygiene (49.7%), nail hygiene (83.7%), and clothes hygiene (80.3%). Despite these figures, 780 participants (53.4%) exhibited an overall poor level of personal hygiene. Girls demonstrated a higher level of good personal hygiene (13.9%) compared to boys (9.5%) ( $p$ -value =  $<0.001$ ). Better hygiene practices were also observed in students from schools where teachers had received health training (14.5%) versus those without trained teachers (10.8%) ( $p$ -value =  $<0.023$ ), and in schools where teachers’ knowledge of school health practices was rated as moderately adequate or above ( $p$ -value =  $<0.006$ ). The study highlighted generally poor levels of personal hygiene among the schoolchildren and recommended that schools employ adequately trained teachers for school health. The teachers can provide health education on personal hygiene, helping to integrate good hygiene practices and healthy

habits among schoolchildren, which may then extend to the families and communities.

The study “A Cross-Sectional Study to Assess the Knowledge, Attitude and Practice on Personal Hygiene among School Children in Rural Primary School of Kheda District, Gujarat” conducted by **Nagar et al., (2021)** with the objectives to assess the Knowledge regarding personal hygiene among primary school children, to assess the Attitude regarding personal hygiene among primary school children, to assess the practice regarding personal hygiene among primary school children and to prepare and distribute a health education pamphlet on personal hygiene. The study employed a descriptive survey approach using a cross-sectional research design with a sampling method of non-probability, specifically using a convenience sampling technique. The study population consisted of primary and middle school children from 5th, 6th, and 7th grades in a rural primary school in Kheda District, with a sample size of 100 school children. The study results concluded that the majority of primary school children have adequate knowledge and good practices regarding hand hygiene. However, 17.3% of the children did not use a cloth or tissue paper while sneezing or coughing. Apart from this, most other hand hygiene parameters showed that the children had good habits. Overall, the findings suggested that the level of hygiene practices, including knowledge, attitudes, and behaviors among government primary school children, was satisfactory. Most students demonstrated good hygiene practices, such as using filtered water for drinking, regular bathing, washing clothes and school uniforms, maintaining hand hygiene, and brushing their teeth. Intervention programs focused on raising awareness about personal hygiene among younger students through structured education by teachers and printed hygiene flyers were recommended. Based on the study's results, it was suggested that higher authorities and the education department at the state and national levels should take initiatives to develop policies and guidelines for health awareness and personal hygiene in schools. All primary school teachers need to be well-informed and actively promote regular health checkups to reduce minor ailments among children, as they represent the future of the nation.

"A Study to Assess the Knowledge and Practice Regarding Sanitation and Hygiene among Women in Parts of Delhi, India" was carried out by **Khan et al., (2023)** to evaluate the knowledge, attitude, and practices related to drinking water and sanitation facilities among the urban slum population in various areas of Delhi. This cross-sectional study involved 297 women from different slum areas, and data were collected using a previously validated questionnaire. The analysis was conducted using MS Office (Excel). The participants were primarily housewives with an average age of 34.14 years, mostly living in joint families with a monthly income between 6,000 and 12,000 INR. The findings revealed that 76.4% of households had access to toilets, but there was a lack of proper water disposal systems. The study indicated that 42% of participants had average knowledge about sanitation and hygiene, while 75% engaged in unsafe practices concerning water, sanitation, and hygiene. Overall, the knowledge and practices related to hygiene and sanitation among slum households in Delhi were found to be satisfactory. The study identified significant associations between knowledge, practices, age, education, occupation, and monthly family income. It was noted that younger women tended to have better knowledge, but financial constraints were a significant limiting factor.

**Anju (2023)** conducted a study titled "Awareness of Hygienic Menstrual Absorbents: A Detailed Study of Females in Haryana," to analyze the awareness levels of menstrual health and the barriers to maintaining hygiene among women. The study also examined perceptions of various aspects of menstrual hygiene and government initiatives aimed at raising menstrual awareness among women. Primary data was collected through structured, self-administered questionnaires using the interview method. The questionnaire explored topics such as the socio-economic conditions of the respondents, awareness levels of menstrual hygiene, socio-economic factors influencing the choice of absorbent materials for menstrual hygiene, and perceptions of government schemes related to menstrual hygiene. The study encompassed the entire state of Haryana, with a focus on five districts—Jind, Hisar, Panipat, Palwal, and Mewat—which were purposefully selected based on their composite health index being below 50%. Two blocks from each

district and two villages from each block were randomly selected. Sample sizes were determined according to the female population in each district: 140 from Panipat, 150 from Jind, 160 from Hisar, 130 from Mewat, and 120 from Palwal. The findings revealed that a majority of women in Haryana experienced menstrual disorders, such as excessive bleeding, irregular periods, sexually transmitted infections (STIs), reproductive tract infections (RTIs), urinary tract infections (UTIs), cervical cancer, and dysmenorrhea. However, the respondents had limited knowledge of the health issues associated with menstrual disorders, such as the fact that excessive bleeding can lead to anemia. The study highlighted significant differences in the use of different types of menstrual absorbents based on economic status. Most women from lower economic backgrounds used cloth or husk pads, while those from middle or upper economic classes preferred sanitary pads, tampons, or menstrual cups. Family occupation also influenced the choice of absorbent material, with most respondents from farming families using cloth pads, and those from business families opting for sanitary pads. Additionally, the education level of the mother impacted the choice of absorbent material, with respondents whose mothers were graduates more likely to use tampons or menstrual cups, and those whose mothers had higher secondary education more likely to use sanitary pads. A majority of respondents from government schools used cloth pads, while those with no formal education often used pads made from husk or sand. The type of housing also influenced the choice of pads, with most respondents living in huts using pads made from husk or sand during menstruation. Moreover, respondents over the age of 40 were more likely to believe that they are considered impure or unclean during menstruation compared to younger respondents.

Water, sanitation, and hygiene practices among rural households and related health impacts: a case study from some North Indian villages was carried out by **Malan, A., et al., (2023)**, to assess water availability, hygiene practices, and sanitary conditions in households of open defecation-free (ODF) villages after achieving ODF status. Monitoring was carried out in 360 households from 9 ODF villages across 3 blocks in the Kurukshetra district of north India, using a questionnaire. The results revealed that 78.33% of the surveyed

population relied on water supplied from government borewells, and 65.55% of respondents believed their water was safe for drinking, as they had not experienced any water-related illnesses. However, 57.2% of respondents reported that a family member had suffered from a waterborne disease in the past year. About 42.8% of households treated their drinking water at home using methods such as boiling, chlorination, and reverse osmosis systems. Additionally, 90.8% of respondents had access to a functional latrine, but 5% still preferred open defecation in fields. Logistic regression analysis indicated that the presence of garbage, litter, or stagnant water near the household was associated with a higher risk of disease occurrence. The findings emphasized the need for maintaining good sanitation and hygiene in household surroundings to prevent health issues.

A Study to Assess the Effectiveness of Personal Hygiene Module in Order to Maintain Menstrual Hygiene among Female Students of Selected Institute of University of Vadodara was carried out by **Machava, A. D. G., et al., (2024)** to evaluate the effectiveness of a Personal Hygiene Module in maintaining menstrual hygiene among 100 female nursing students at Parul Institute of Nursing, Vadodara, using a quantitative pre-experimental research design. A structured knowledge questionnaire was administered before and after the intervention. Results indicated that 90% of participants had prior knowledge, but only 21% demonstrated excellent knowledge in the pre-test, which significantly increased to 99% post-intervention. The mean knowledge score improved from 13.68 (SD = 2.174) in the pre-test to 18.44 (SD = 1.149) in the post-test, with a statistically significant test value of -19.36 ( $p < 0.0001$ ). The study concludes that the Personal Hygiene Module effectively enhanced menstrual hygiene awareness, highlighting its importance in preventing reproductive tract infections and related complications.

### **2.3 Conclusion**

The review of the literature revealed that studies carried out outside of India tended to focus on a variety of topics, including menstrual hygiene, knowledge and practices among urban adolescent girls, safe hygiene practices, personal hygiene routines, gender differences in hygiene behaviours, awareness and practices of oral hygiene among female undergraduates, knowledge and practices of personal

hygiene among rural women, and hand hygiene practices among medical students. On the other hand, research conducted in India has primarily focused on the topics Hand Hygiene Practices among healthcare workers, Personal Hygiene of school going and non-school going children, Sanitation among government and private school students, personal hygiene among rural school students, Menstrual hygiene among adolescent girls, Personal Hygiene and sanitation practices, knowledge and practice regarding sanitation and hygiene among women.

There was a dearth of research on personal hygiene among rural homemakers, as the researcher has not found any similar study in the selected locale on particular topic, the present research was undertaken focused on the assessment of efficacy of educational module developed on personal hygiene for rural homemakers.



# METHODOLOGY



## **CHAPTER III**

### **METHODOLOGY**

This chapter provide an overview of the research design, sample size, sampling method, data collection tool and operational definition of the study. The main purpose of the study was to find out the extent of knowledge and practices regarding personal hygiene followed by homemakers. It also aims to develop an infographic for homemakers.

The present chapter is divided into the following sections:

3.1 Research Design

3.2 Variables and Conceptual Framework under Study

3.3 Operational Definitions

3.4 Locale of the Study

3.5 Unit of Inquiry

3.6 Sampling Size and Sampling Procedures

3.7 Selection, Development and Description of the Tool

3.8 Data Collection

3.9 Data Analysis

3.10 Ethical Consideration

3.11 Development of an Educational Module and Infographic

### **3.1 Research Design**

The main purpose of a research design was to describe the present situation. The current study was descriptive in nature in order to gather information about homemakers' knowledge regarding personal hygiene and practices followed by them.

### **3.2 Variables and Conceptual Framework under Study**

There are two sets of variables in the present research i.e. independent and dependent variables.

#### **3.2.1 Independent Variable:**

The following are the independent variables for the present study:

- **Personal Variables**
  1. Age (in years)
  2. Educational Qualification
  3. Occupation
  4. Personal Monthly Income (in ₹)
- **Family Variables**
  1. Type of Family
  2. Number of Family Members
  3. Family Monthly Income (in ₹)

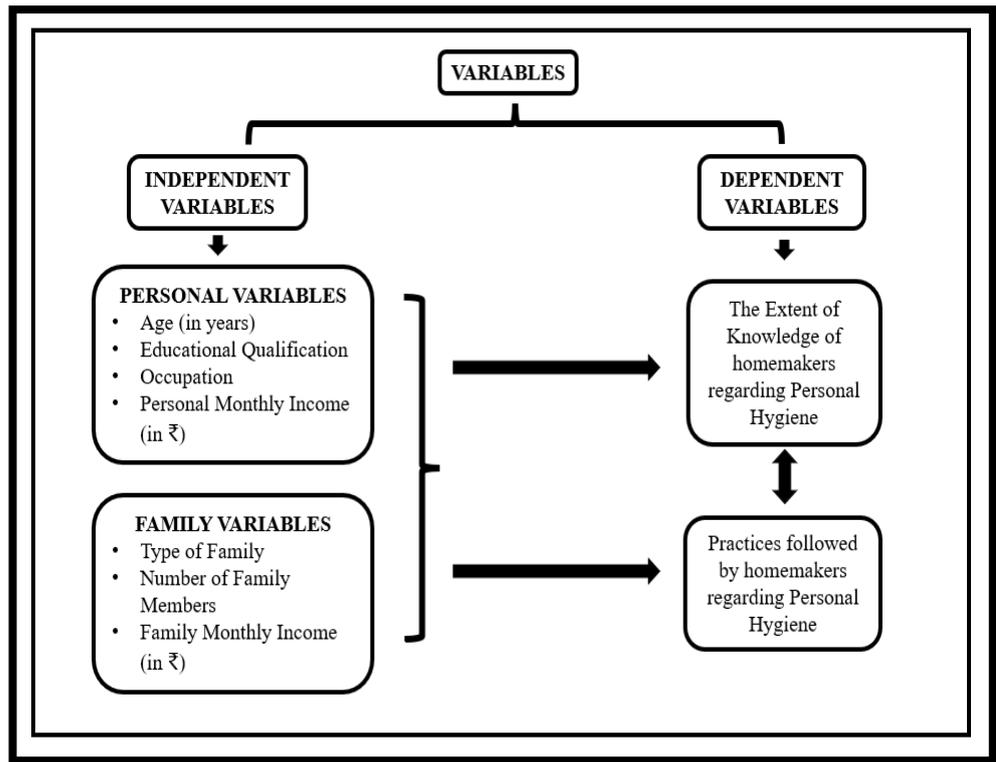
#### **3.2.2 Dependent Variable:**

The following are the dependent variable for the present study:

- Extent of Knowledge of homemakers regarding Personal Hygiene.
- Practices followed by homemakers regarding Personal Hygiene.

#### **3.2.3 Hypothetical Relationship between Variables:**

The following figure showed a schematic diagram illustrating a hypothetical relationship between selected variables:



**Figure 1: A schematic framework to show hypothetical relationships among variables under study.**

### **Explanation of Conceptual Framework**

It was theorized that personal variables such as age (in years), educational qualification, occupation and personal monthly income (in ₹) and family variables such as type of family, number of family members and family monthly income (in ₹) influence the extent of knowledge and practices followed by homemakers regarding personal hygiene. There was a relationship between extent of knowledge and practices followed by homemakers regarding personal hygiene.

### **3.3 Operational Definitions**

The operational definitions for the present research are provided below:

#### **3.3.1 Personal Hygiene:**

For the present research, personal hygiene was operationally defined as the practice any individual follow to maintain self-cleanliness. Body, hair, face, foot, armpit, hands, ear, oral, clothes and menstruation were the aspects of personal hygiene.

### **3.3.2 Knowledge regarding Personal Hygiene:**

For the present study, knowledge regarding personal hygiene, was operationally defined as women who manage rural families should have awareness and understanding regarding cleanliness in terms of body, hair, face, foot, armpit, hands, ear, oral, clothes and menstruation and personal health.

### **3.3.3 Practices regarding Personal Hygiene:**

For the present study, it was operationally defined that personal hygiene practices referred to the everyday habits, routines, and behaviours that rural women follow to keep themselves clean and healthy.

## **3.4 Locale of the study**

The study was conducted in the selected villages (Shyamtoo, Ratte Wali, Khet Purali, Toka) of Barwala Block of Panchkula District, Haryana.

## **3.5 Unit of Inquiry**

The unit of inquiry for the present study was homemakers of selected villages of Barwala Block of Panchkula District, Haryana.

## **3.6 Sampling size and Sampling Procedure**

The sample size for the present study was 125 homemakers belonging to the selected villages of Barwala Block of Panchkula District, Haryana. The data was collected through purposive sampling method.

### **3.6.1 Inclusion Criteria**

- Respondents i.e. homemakers who belongs to rural areas of Barwala Block of Panchkula District, Haryana was considered for the present study.
- Shyamtoo, Ratte Wali, Khet Purali, Toka of Barwala Block of Panchkula District, Haryana were included.
- Respondents who had given consent to participate in the study.

### **3.6.2 Exclusion Criteria**

- Respondents i.e. homemakers who do not belongs to selected rural areas of Barwala Block of Panchkula District, Haryana.

## **3.7 Development and Description of the Tool**

### **3.7.1 Selection of the Tool**

The data was collected using an interview schedule, which included questions related to the knowledge of homemakers regarding different

aspects of personal hygiene and the practices followed by them. This data collection tool focused on identifying the extent of knowledge of homemakers and the practices followed by them regarding personal hygiene.

### **3.7.2 Development of the Tool**

Based on the objectives of the present study, an interview schedule was developed. To attain the objectives of the study, it was taken care to include all the questions that would gather the required information.

### **3.7.3 Description of the Tool**

For the present study various sections of the tool was developed which were described in detail as follows:

#### **3.7.3.1 Interview schedule for respondents:**

The data collection tool for the present study consisted of three sections which were:

**Section I Background Information of the respondents:** This section consisted of the questions regarding the background information of the respondents and their family such as name, age (in years), educational qualification, occupation, personal monthly income (in ₹), type of family, number of family members, family monthly income (in ₹) and the availability of clean water supply.

**Section II Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme:** This section comprised of statements to find out the knowledge of homemakers regarding personal hygiene before Awareness Programme. The respondents were asked to respond on a 3-point continuum scale in terms of “Aware”, “Undecided” and “Unaware”, which was scored 3 to 1 respectively.

**Section III Practices followed by Homemakers regarding Personal Hygiene:** This section comprised of statements about the practices followed by homemakers regarding personal hygiene. The respondents were asked to respond on a 3-point continuum scale in terms of “Always”, “Sometimes” and “Never”, which was scored 3 to 1 respectively.

**Section IV Extent of Knowledge of Homemakers regarding Personal Hygiene after Awareness Programme:** This section

comprised of statements to find out the knowledge of homemakers regarding personal hygiene after Awareness Programme. The respondents were asked to respond on a 3-point continuum scale in terms of “Aware”, “Undecided” and “Unaware”, which was scored 3 to 1 respectively.

### 3.7.4 Establishment of Content Validity

The tool prepared by the researcher for the present study was given to the panel of 11 judges from the Department of Family and Community Resource Management, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara. They were requested to check the clarity and relevance of the content. It was also asked to give suggestions to improve the tool. Judges’ opinion was considered and all changes were incorporated into the tool.

### 3.7.5 Establishment of Reliability

**Pretesting:** A pilot study was carried out to assess the feasibility and clarity of developed scales. To achieve this, the scales were pre-tested on a sample of 60 respondents from the selected rural area of Panchkula District, Haryana who shared similar characteristics with the final study respondents.

**Reliability of the Scales:** The reliability of the scale was established through the split-half method. For split half method the scales were divided equally in two parts. The coefficient of the correlation was found between the two halves. The spearman-Brown correction formula was applied to estimate the reliability coefficient for the entire scale. The reliability values were found to be reliable for all the scales reported here. The reliability values of extent of knowledge and practices regarding Personal Hygiene were found to be 0.96 and 0.88 respectively. These scores reflected the high reliability of the tool.

**Table 1: Overview of the scale with Reliability Value**

Sr. No.	Scales Reliability	Reliability Value
1.	Extent of Knowledge of Homemakers regarding Personal Hygiene	<b>0.96</b>
2.	Practices followed by Homemakers regarding Personal Hygiene	<b>0.88</b>

### 3.8 Data Collection

Data was collected personally by researcher from selected locations through interview schedule to find out the extent of knowledge and the practices followed regarding different aspects of personal hygiene by homemakers. Consent was taken from the respondents before data collection.

### 3.9 Data Analysis

The data was analysed by calculating frequencies and percentages using descriptive and relational statistics.

#### 3.9.1 Categorization of Data

The following categories were made to enable the researcher to analyse the data.

**I. Age of the Respondent (in Years):** The obtained range of the age of the respondents at the time of data collection was categorized as follows:

- 21-35 Years
- 36-50 Years
- 51-65 Years

**II. Educational Qualification:** The formal education obtained by the respondents at the time of data collection was categorized as follows:

- Illiterate
- Primary
- SSC
- HSC
- Graduate

**III. Occupation:** The occupation of the respondents was categorized as follows:

- Employed
- Self-Employed
- Pensioner
- Unemployed

**IV. Personal Monthly Income (in ₹):** It referred to the monthly income of the homemakers acquired from various sources in the duration of a month.

- Below ₹2500
- ₹2501-₹4500
- ₹4501-₹6000

- ₹6001-₹8000

**V. Type of Family:** The family of the homemakers was categorized based on the following type:

- Joint
- Nuclear

**VI. Number of Family Members:** The obtained range of the family members at the time of data collection was:

- 3-5
- 6-9

**VII. Family Monthly Income (in rupees):** The monthly income of the family of homemakers:

- ₹14,000 - ₹26000
- ₹26,001 - ₹38000
- ₹38,001 - ₹50,000

**VIII. Availability of Clean Water Supply:**

- Yes
- No

**IX. Extent of Knowledge regarding Personal Hygiene before Awareness**

**Programme:** It was referred to the extent of knowledge homemakers had regarding personal hygiene before Awareness Programme. It comprises of 3-point continuum scale having statements related to knowledge about the various aspects of personal hygiene. After reviewing the literature, the researcher selected ten dimensions as subsections of personal hygiene: Body Hygiene, Face Hygiene, Hand Hygiene, Oral Hygiene, Ear Hygiene, Hair Hygiene, Foot Hygiene, Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene. The respondents were asked to state whether they were “Aware”, “Undecided”, or “Unaware” about these aspects through statements. The scale consisted of 138 statements which were positive. For each positive statement, the scores assigned were 3 to 1 respectively. Higher scores reflected a high extent of knowledge regarding personal hygiene.

**Table 2: Distribution of Range of scores for Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme**

Sr. No.	Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme	Range of Scores
1.	High Extent	322–414
2.	Moderate Extent	230–321
3.	Low Extent	138-229

For knowledge regarding personal hygiene before Awareness Programme, the minimum score and the maximum score was 211 and 253.

**X. Practices followed regarding Personal Hygiene:** It referred to the personal hygiene practices followed by homemakers. It comprises of a 3-point continuum scale having statements related to practices of personal hygiene. The respondents were asked to response in terms of “Always”, “Sometimes” and “Never” for the statements. The scale consisted of 124 statements and all the statements were positive. For each positive statement, the scores assigned were 3 to 1, respectively. Higher scores reflected good level of practices.

**Table 3: Distribution of Range of scores for Practices followed by Homemakers regarding Personal Hygiene**

Sr. No.	Practices followed by Homemakers regarding Personal Hygiene	Range of Scores
1.	Good	290-372
2.	Moderate	207-289
3.	Poor	124-206

For personal hygiene practices, the minimum score and the maximum score was 188 and 249, respectively.

**XI. Extent of Knowledge regarding Personal Hygiene after Awareness Programme:** It was referred to the extent of knowledge homemakers had regarding personal hygiene after Awareness Programme. It comprises of 3-point continuum scale having statements related to knowledge about the various aspects of personal hygiene which are Body Hygiene, Face Hygiene, Hand Hygiene, Oral Hygiene, Ear Hygiene, Hair Hygiene, Foot Hygiene,

Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene. The respondents were asked to state whether they were “Aware”, “Undecided”, or “Unaware” about these aspects through statements. The scale consisted of 138 statements which were positive. For each positive statement, the scores assigned were 3 to 1 respectively. Higher scores reflected a high extent of knowledge regarding personal hygiene.

**Table 4: Distribution of Range of scores for Extent of Knowledge of Homemakers regarding Personal Hygiene after Awareness Programme**

<b>Sr. No.</b>	<b>Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme</b>	<b>Range of Scores</b>
1.	High Extent	322–414
2.	Moderate Extent	230–321
3.	Low Extent	138-229

For knowledge regarding personal hygiene after Awareness Programme, the minimum score and the maximum score was 414.

### **3.9.2 Statistical Analysis**

**Descriptive statistics:** The data was presented in frequencies, percentages, mean, standard deviation and weighted mean.

**Relational Statistics:** ANOVA(f-test), t-test and correlation coefficient test were computed to test the hypotheses postulated for the study.

**Table 5: Relational statistics applied to test the hypotheses**

<b>Test</b>	<b>Independent</b>	<b>Dependent Variable</b>
<b>ANNOVA (f-test)</b>	<b>Personal Variable</b> <ul style="list-style-type: none"> <li>• Age (in years)</li> <li>• Education Qualification</li> <li>• Occupation</li> <li>• Personal Income (in ₹)</li> </ul> <b>Family Variable</b> <ul style="list-style-type: none"> <li>• Family Income (in ₹)</li> </ul>	<ul style="list-style-type: none"> <li>• Extent of knowledge of homemakers regarding personal hygiene</li> <li>• Practices followed by homemakers regarding personal hygiene</li> </ul>
<b>t-test</b>	<b>Family Variable</b> <ul style="list-style-type: none"> <li>• Type of Family</li> <li>• Number of Family Members</li> </ul>	<ul style="list-style-type: none"> <li>• Extent of knowledge of homemakers regarding personal hygiene</li> <li>• Practices followed by homemakers regarding personal hygiene</li> </ul>
<b>Correlation coefficient (r-test)</b>		Extent of knowledge of homemakers regarding personal hygiene  <b>With</b> Practices followed by homemakers regarding personal hygiene
<b>t-test (Paired)</b>		<ul style="list-style-type: none"> <li>• Extent of knowledge of homemakers regarding personal hygiene before Awareness Programme</li> <li>• Extent of knowledge of homemakers regarding personal hygiene after Awareness Programme</li> </ul>

### **3.10 Ethical Consideration**

The ethical consideration for the present research consisted of Consent Form and Permission Letter. The Consent Form was signed by the respondents before data collection. The content of the consent form included the basic information regarding the research and their consent of willing to participate in the data collection. Permission Letter was signed by the authorities i.e. Gram Panchayat and Municipal Corporation of the selected villages, gave permission to held Awareness program which was part of the research.

### **3.11 Development of an Educational Module and Infographic**

The one objective of the study was to assess the efficacy of need based educational module, which was developed by the researcher to increase the awareness of personal hygiene and related practices among homemakers of selected rural areas of Panchkula District, Haryana. The educational module was developed through a PowerPoint presentation, which contained all the necessary information regarding personal hygiene and related practices to increase the awareness level. An infographic was also developed under the study for the homemakers, which includes the information regarding the personal hygiene and related practices to be followed. Highlighting the importance of personal hygiene in preventing diseases and promoting health, the infographic offered practical tips to motivate homemakers to follow and consistently practice proper personal hygiene practices.



# FINDINGS AND DISCUSSIONS



## **CHAPTER IV**

### **FINDINGS AND DISCUSSIONS**

The current study intended to collect information about the extent of knowledge regarding personal hygiene and the practices followed by the respondents. This chapter focused on presenting, interpreting, and discussing the findings derived from the analysis of data collected through interviews. This chapter was divided into following sections:

**Section I: Background Information of the Respondents**

**Section II: Extent of Knowledge of Respondents regarding Personal Hygiene before Awareness Programme**

**Section III: Practices followed by Respondents regarding Personal Hygiene**

**Section IV: Development of need based Educational Module to Assess the Efficacy of Extent of Knowledge of the respondents regarding Personal Hygiene**

**Section V: Extent of Knowledge of Respondents regarding Personal Hygiene after Awareness Programme**

**Section VI: Testing of Hypotheses**

**Section VII: Development of an Infographic**

## SECTION I

### 4.1 Background Information of the Respondents

This section contains background information about the respondents of selected rural areas. It includes the personal data and the family data of the respondents. The result regarding personal variables viz. age (in years), educational qualification, personal monthly income (in ₹), occupation and family variables such as type of family, number of family members and family monthly income (in ₹) were presented here. This information was gathered to find out their impact on dependent variables selected under study. The data regarding availability of clean water supply was also collected.

#### 4.1.1 Information of the Respondents related to Personal Variables

Personal Information of the respondents includes the data regarding their age (in years), educational qualification, occupation, personal monthly income (in ₹) and area of residence.

**Table 6: Distribution of the respondents according to their Personal Variables**

Sr. No.	Personal Variables	Respondents (n=125)	
		f	%
<b>1.</b>	<b>Age (in years)</b>		
(i)	21-35	15	12
(ii)	36-50	59	<b>47.20</b>
(iii)	51-65	51	40.80
	<b>Mean Value</b>	<b>48.02</b>	
	<b>Sd</b>	<b>10.17</b>	
<b>2.</b>	<b>Educational Qualification</b>		
(i)	Illiterate	37	<b>29.60</b>
(ii)	Primary	31	24.80
(iii)	SSC	28	22.40
(iv)	HSC	27	21.60
(v)	Graduate	2	1.60
<b>3.</b>	<b>Occupation of the Respondents</b>		

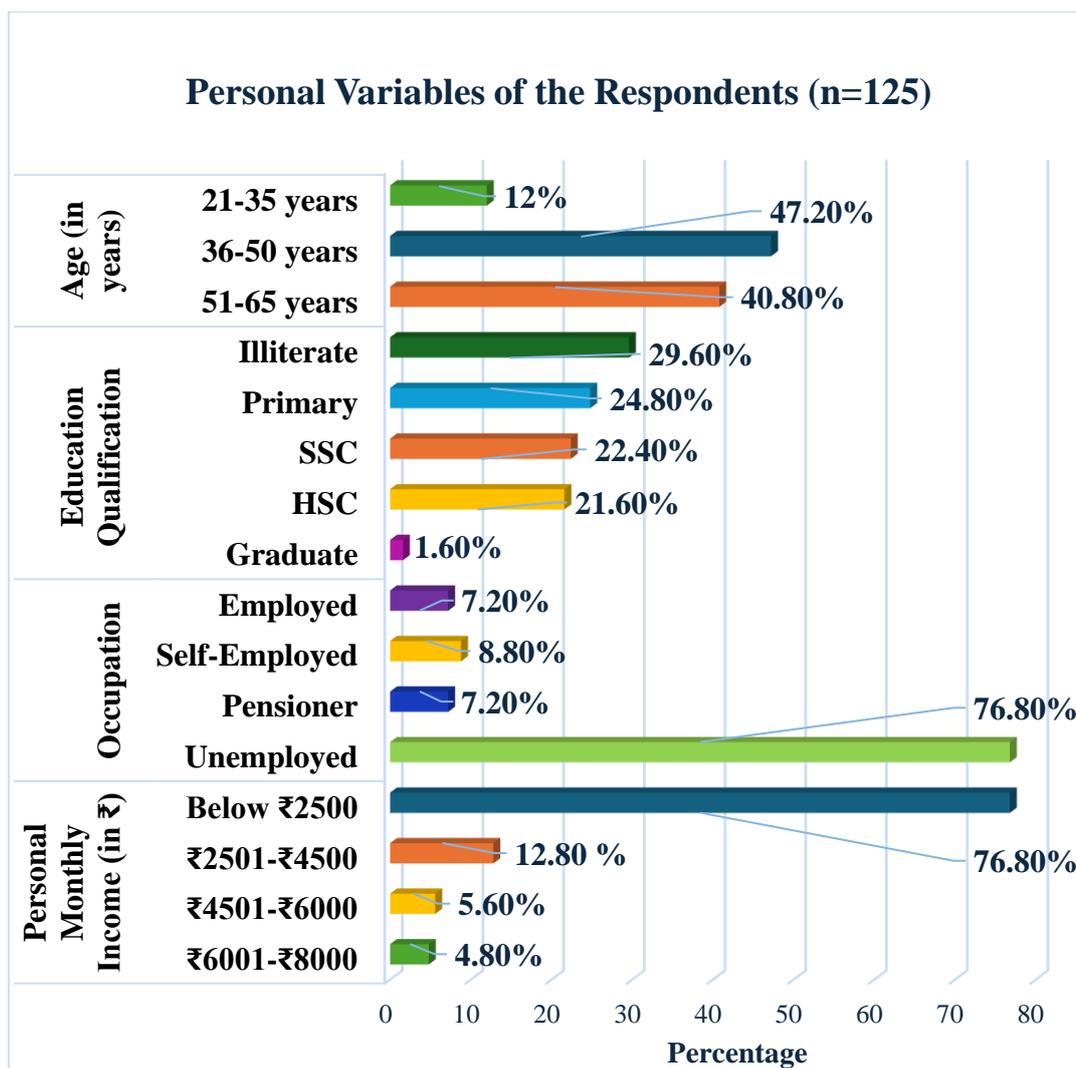
(i)	Employed	9	7.20
(ii)	Self- Employed	11	8.80
(iii)	Pensioner	9	7.20
(iv)	Unemployed	96	<b>76.80</b>
<b>4.</b>	<b>Personal Monthly Income (in ₹)</b>		
(i)	Below ₹2500	96	<b>76.80</b>
(ii)	₹2501-₹4500	16	12.80
(iii)	₹4501-₹6000	7	5.60
(iv)	₹6001-₹8000	6	4.80
	<b>Mean Value</b>	<b>₹ 1038.40</b>	
	<b>Sd</b>	<b>2083.06</b>	

**Age of the respondents:** The respondents for this study were categorized into three age groups: 21–35 years, 36–50 years, and 51–65 years. The mean age of the respondents was 48.02. Among them, around 47.20 per cent of the respondents were aged between 36 and 50 years, 40.80 per cent were aged between 51 and 65 years and 12 per cent were aged between 21 and 35 years.

**Educational Qualification of the respondents:** The educational qualification of the respondents revealed that 29.60 per cent of the respondents were illiterate and 24.80 per cent of the respondents had education till primary followed by 22.40 per cent with SSC. 21.60 per cent of the respondents had education till HSC and 1.60 per cent of the respondents were graduates.

**Occupation of the respondents:** The occupational status of the respondents showed that 76.80 per cent were unemployed. 8.80 per cent of the respondents were self-employed and 7.20 per cent were employed followed by 7.20 per cent of the respondents which were pensioner.

**Personal Monthly Income (in ₹) of the respondents:** The personal monthly income of the respondents ranged between ₹0 to ₹8000 with a mean of ₹1038.40. 76.80 per cent of the respondent's income ranged below ₹2500/-. 12.80 per cent of the respondent's income ranged between ₹2501/- to ₹4500/- followed by 5.60 per cent of the respondent's income ranged between ₹4501/- to ₹6000/-.

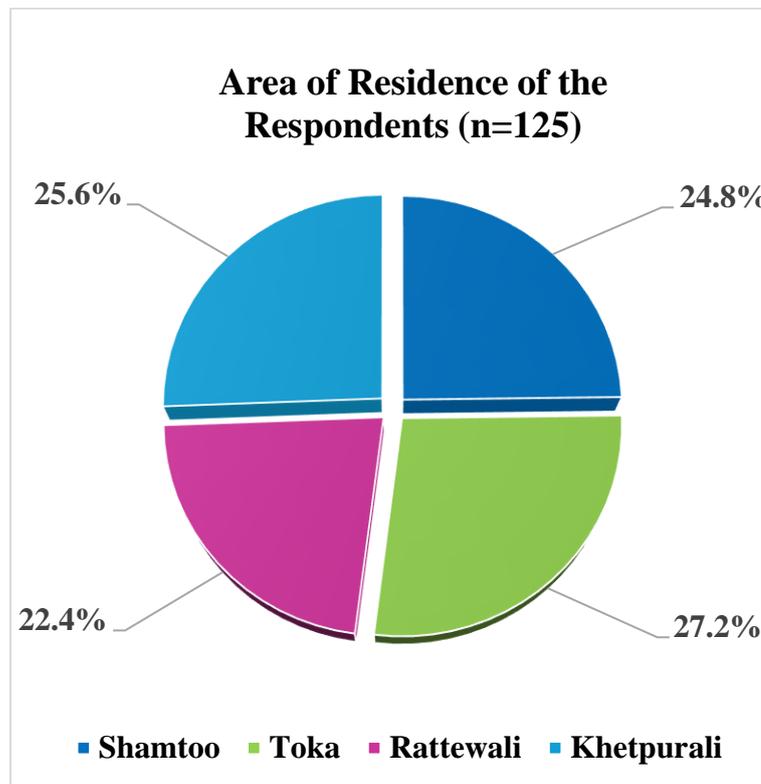


**Figure 2: Percentage Distribution of the respondents according to their Personal Variables**

**Area of Residence of the respondents:** The area of residence of the respondents was from four selected villages: Shamtoo, Toka, Rattewali, and Khetpurali. 27.20 per cent of the respondents were from Toka village and 25.60 per cent from Khetpurali village. 24.80 per cent of the respondents were from Shamtoo village and 22.40 per cent of the respondents were from Rattewali village.

**Table 7: Distribution of the respondents according to their Area of Residence**

Sr. No.	Area of Residence of the Respondents	Respondents (n=125)	
		f	%
1.	Shamtoo	31	24.80
2.	Toka	34	<b>27.20</b>
3.	Rattewali	28	22.40
4.	Khetpurali	32	25.60



**Figure 3: Percentage Distribution of the respondents according to their area of residence**

#### 4.1.2 Information of the Respondents related to Family Variables

The present study incorporated family variables consisting of the type of family, number of family members and family monthly income (in ₹).

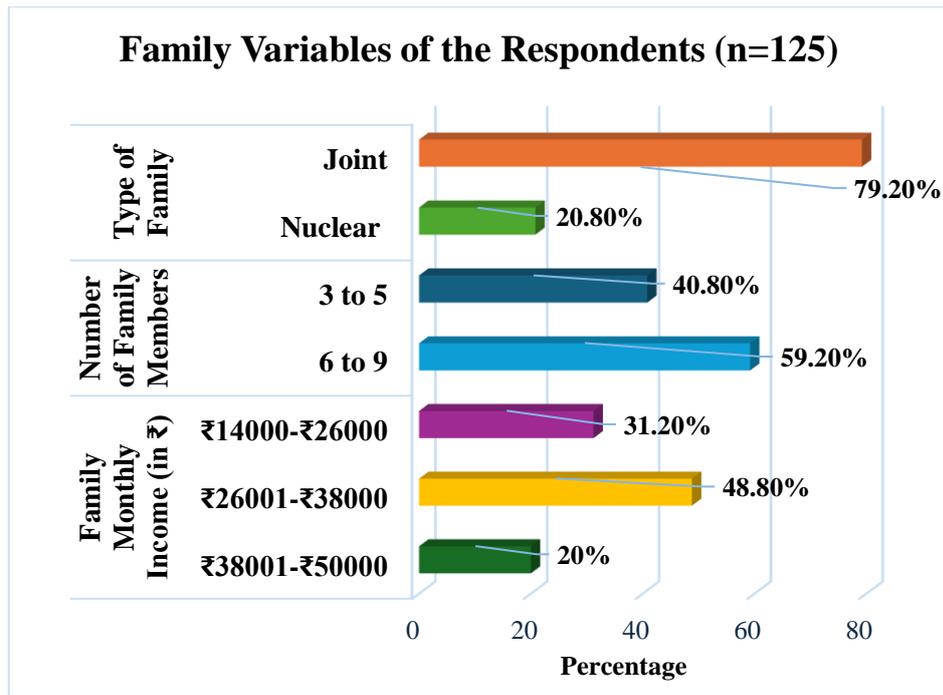
**Table 8: Distribution of the respondents according to the Family Variables**

Sr. No.	Family Variables	Respondents (n=125)	
		f	%
<b>1.</b>	<b>Type of Family</b>		
(i)	Joint Family	99	<b>79.20</b>
(ii)	Nuclear Family	26	20.80
<b>2.</b>	<b>Number of Family Members</b>		
(i)	3-5	51	40.80
(ii)	6-9	74	<b>59.20</b>
<b>3.</b>	<b>Family Monthly Income (in ₹)</b>		
(i)	₹14,000 – ₹26,000	39	31.20
(ii)	₹26,001 – ₹38,000	61	<b>48.80</b>
(iii)	₹38,001 – ₹50,000	25	20
	<b>Mean Value</b>	<b>₹30,656</b>	
	<b>Standard Deviation</b>	<b>8,958.78</b>	

**Type of Family of the respondents:** The family type of the respondents revealed that 79.20 per cent of the respondents, lived in joint families. On the other hand, 20.80 per cent of the respondents belonged to nuclear families.

**Number of Family Members of the respondents:** The number of family members of the respondents showed that 59.20 per cent had 6 to 9 members, while 40.80 per cent of families comprised 3 to 5 members.

**Family Monthly Income (in ₹) of the respondents:** The family monthly income of the respondents was ranged between ₹14000/- to ₹50000/-. 48.80 per cent of the respondents had family income between ₹26,001/- to ₹38,000/-. 31.20 per cent of respondent's families were earning between ₹14,000/- to ₹26,000/-, while 20 per cent were earning between ₹38,001/- to ₹50,000/- with the mean value of ₹30,656.



**Figure 4: Percentage Distribution of the respondents according to Family Variables**

#### 4.1.3 Availability of Clean Water Supply

Availability of clean water supply refers to the consistent and reliable access to water that is safe for human consumption and use. The findings revealed that 93.6 per cent of the respondents had availability of clean water supply into their households.

## SECTION II

### 4.2 Extent of Knowledge of Respondents regarding Personal Hygiene before Awareness Programme

The data in this section deals with the extent of knowledge of homemakers regarding personal hygiene before Awareness Programme. The scale consisted of statements related to knowledge about different aspects of personal hygiene. The respondents were asked to state whether they were “Aware”, “Undecided” or “Unaware” about the aspects through these statements. The scale consisted of 138 positive statements. For each statement, the score assigned were 3 to 1 respectively. Higher scores reflected a higher extent of knowledge regarding personal hygiene.

#### 4.2.1 Knowledge of Respondents regarding Body Hygiene

Table 9 represents the data of Knowledge of Respondents regarding Body Hygiene. The findings revealed that 100 per cent of the respondents were unaware that avoiding harsh chemicals and perfumes in body care products reduces the risk of skin irritation and allergies. Additionally, 89.60 per cent of the respondents were unaware that using neem leaves in bathing water prevents allergies/rashes and 88.80 per cent of the respondents was found to have been unaware that sharing personal hygiene items such as towels, loofahs, or razors could spread skin infections. It was also found that 80.80 per cent of the respondents have been unaware that in case of fungal infection, appropriate treatment needs to be taken and 77.60 per cent of the respondents were unaware about the importance of covering wounds to avoid the spread of skin infections. On the other hand, 100 per cent of the respondents were aware that bathing with clean water is important for body hygiene and bathing after sweating helps prevent body odour and skin irritation. However, 88.80 per cent of the respondents were aware that wearing clean and washed clothes daily is essential for body hygiene. Furthermore, it was found that 85.60 per cent of the respondents had been aware that scrubbing with soap while bathing is important for removing dirt and bacteria. Additionally, 84.80 per cent of the

respondents were aware that regular bathing removes dirt, sweat, and bacteria from the body.

**Table 9: Distribution of the respondents according to Knowledge regarding Body Hygiene**

Sr. No.	Knowledge regarding Body Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Regular bathing removes dirt, sweat, and bacteria from the body.	106	84.80	19	15.20	0	0	2.84
2.	Scrubbing with soap while bathing is important for removing dirt and bacteria.	107	85.60	3	2.40	15	12	2.73
3.	Wearing clean and washed clothes daily is essential for body hygiene.	111	88.80	14	11.20	0	0	2.88
4.	Bathing with clean water is important for body hygiene.	125	100	0	0	0	0	3
5.	Using clean towel after bathing is important to prevent infections/allergies.	35	28	10	8	80	64	1.64
6.	Using neem leaves in bathing water prevents allergies/rashes.	6	4.80	7	5.60	112	89.60	1.15
7.	Using perfume or deodorant helps to cover the body odour.	43	34.40	9	7.20	73	58.40	1.76
8.	Avoiding harsh chemicals and perfumes in body care products reduces the risk of skin irritation and allergies.	0	0	0	0	125	100	1
9.	Maintaining clean bedding and pillowcases reduces the transfer of dirt and oils to the skin.	34	27.20	13	10.40	78	62.40	1.64
10.	Avoiding tight clothing reduce the risk of skin irritation and infections in areas prone to sweat.	37	29.60	11	8.80	77	61.60	1.68
11.	Moisturizing daily is good practice to maintain body hygiene.	39	31.20	14	11.20	72	57.60	1.73

12.	Bathing after sweating helps prevent body odour and skin irritation.	125	100	0	0	0	0	3
13.	Not sharing personal hygiene items like towels, loofahs, or razors prevents the spread of skin infections.	14	11.20	0	0	111	88.80	1.22
14.	It is important to cover the wounds to avoid spread of skin infections.	28	22.40	0	0	97	77.60	1.44
15.	In case of fungal infection, it is important to take appropriate treatment.	11	8.80	13	10.40	101	80.80	1.28
<b>Average Weighted Mean</b>								<b>1.94</b>

#### 4.2.2 Knowledge of Respondents regarding Face Hygiene

Table 10 represents the data of Knowledge of Respondents regarding Face Hygiene. It was found that 100 per cent of the respondents were unaware that by avoiding excessive touching of the face helps to reduce the spread of germs and bacteria, using facial products suitable for the skin type ensures optimal skin care results, avoiding hot water while washing the face helps to prevent dryness and irritation and before touching the face, the hands need to be washed properly. Additionally, 93.60 per cent of the respondents were unaware that using a separate towel for the face reduces the risk of transferring bacteria and oils from other parts of the body while 87.20 per cent of the respondents were unaware that removing makeup before sleeping is essential for skin health. However, 86.40 per cent of the respondents were unaware that avoiding harsh soaps and scrubs on the face prevents skin damage and 77.60 per cent of the respondents were unaware that changing pillowcases regularly prevents the accumulation of oils and bacteria that may cause pimples. On the other hand, 100 per cent of the respondents were aware that washing the face regularly helps in maintaining face hygiene, using a clean cloth to wipe the face is essential and using clean water and mild soap is important for face hygiene.

**Table 10: Distribution of the respondents according to Knowledge regarding Face Hygiene**

Sr. No.	Knowledge regarding Face Hygiene	Respondents (n=125)						
		Aware		Undecided		Unaware		Weighted Mean Scores (3-1)
		f	%	f	%	f	%	
1.	Washing the face regularly helps in maintaining face hygiene.	125	100	0	0	0	0	3
2.	Using clean water and mild soap is important for face hygiene.	125	100	0	0	0	0	3
3.	Removing makeup before sleeping is essential for skin health.	16	12.80	0	0	109	87.20	1.25
4.	Using clean cloth to wipe your face is essential.	125	100	0	0	0	0	3
5.	Using moisturizer to keep facial skin hydrated is a good practice.	14	11.20	20	16	91	72.80	1.38
6.	Regular scrubbing removes dead skin cells from face.	22	17.60	23	18.40	80	64	1.53
7.	Avoiding harsh soaps and scrubs on face prevents skin damage.	7	5.60	10	8	108	86.40	1.19
8.	Before touching face, the hands need to be washed properly.	0	0	0	0	125	100	1
9.	Changing pillowcases regularly prevents the accumulation of oils and bacteria that may cause pimples.	10	8	18	14.40	97	77.60	1.3
10.	Using a separate towel for your face reduces the risk of transferring bacteria and oils from other parts of the body.	8	6.40	0	0	117	93.60	1.12
11.	Avoiding hot water while washing your face helps prevent dryness and irritation.	0	0	0	0	125	100	1
12.	Avoiding excessive touching of your face helps reduce the spread of germs and bacteria.	0	0	0	0	125	100	1

13.	Using facial products suitable for your skin type ensures optimal skin care results.	0	0	0	0	125	100	1
<b>Average Weighted Mean</b>								<b>1.6</b>

### 4.2.3 Knowledge of Respondents regarding Hand Hygiene

Table 11 represents the data of Knowledge of Respondents regarding Hand Hygiene. The findings revealed that 95.20 per cent of the respondents were unaware that hands should be washed before dressing wounds and 90.40 per cent of the respondents were unaware that it is necessary to wash hands after returning home from outside while 83.20 per cent of the respondents were unaware that cleaning nails regularly is essential for hand hygiene. Additionally, 79.20 per cent of the respondents were unaware that hands should be washed well before serving food and 78.40 per cent of the respondents were unaware that using a clean hand towel is important for drying hands after washing. On the other hand, 100 per cent of the respondents were aware that handwashing should be done after giving care to an infected person, handwashing is necessary after changing a baby's diaper (nappy) and disposing of faeces, and after contact with blood or body fluids such as vomit. Additionally, 90.40 per cent of the respondents were aware that washing hands with soap is important after using the toilet while 64.80 per cent of the respondents were aware that washing hands is important before preparing food and 63.20 per cent of the respondents recognized its importance while preparing food.

**Table 11: Distribution of the respondents according to Knowledge regarding Hand Hygiene**

Sr. No.	Knowledge regarding Hand Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Washing hands before meals is crucial for preventing illness.	20	16	24	19.20	81	64.80	1.51
2.	Washing hands after meals is important for cleanliness and preventing illness.	49	39.20	45	36	31	24.80	2.14

3.	Washing hands is important before preparing food.	81	64.80	0	0	44	35.20	2.29
4.	Washing hands is important while preparing food.	79	63.20	0	0	46	36.80	2.26
5.	Washing hands with soap is important after using the toilet.	113	90.40	0	0	12	9.60	2.8
6.	For handwashing, mild soap and water is more effective than using water alone.	61	48.80	0	0	64	51.20	1.97
7.	Hand sanitizers are good substitute when water and soap are not available.	7	5.60	25	20	93	74.40	1.31
8.	Trimming nails is important to maintain hand hygiene.	66	52.80	11	8.80	48	38.40	2.14
9.	Cleaning nails on regular basis is essential for hand hygiene.	12	9.60	9	7.20	104	83.20	1.26
10.	Using clean hand towel is important for drying hand after washing.	14	11.20	13	10.40	98	78.40	1.32
11.	Handwashing is important after changing a baby's diaper (nappy) and disposing of the faeces.	125	100	0	0	0	0	3
12.	It is necessary to wash hands after returning back home from outside.	12	9.60	0	0	113	90.40	1.19
13.	Hands should be washed before feeding children.	55	44	0	0	69	55.20	1.87
14.	Hands should be washed well before serving food.	26	20.80	0	0	99	79.20	1.41
15.	Handwashing with soap is important after handling pets and domestic animals.	9	7.20	24	19.20	92	73.60	1.33

16.	Handwashing is necessary after wiping or blowing the nose or sneezing into the hands.	11	8.80	32	25.60	82	65.60	1.43
17.	Handwashing to be done after giving care to an infected person.	125	100	0	0	0	0	3
18.	Before dressing wounds, it is necessary to wash hands.	6	4.80	0	0	119	95.20	1.09
19.	After dressing wounds, it is necessary to wash hands.	30	24	0	0	95	76	1.48
20.	After contact with blood or body fluids (e.g. vomit), it is necessary to wash hands.	125	100	0	0	0	0	3
21.	Recommended duration for washing hands with soap and water is 20 seconds.	3	2.40	40	32	82	65.60	1.36
<b>Average Weighted Mean</b>								<b>1.86</b>

#### 4.2.4 Knowledge of Respondents regarding Oral Hygiene

Table 12 represents the data of Knowledge of Respondents regarding Oral Hygiene. It was revealed that 100 per cent of the respondents were unaware that using tooth floss is important for oral hygiene, proper oral hygiene helps prevent tooth decay and gum diseases like gingivitis and periodontitis, chewing sugar-free gum helps maintain oral hygiene by stimulating saliva production and using mouthwash is a beneficial addition to an oral hygiene routine as it helps kill bacteria and provides fresh breath. Additionally, 100 per cent of the respondents were unaware that regular use of a tongue cleaner helps removes bacteria and particles that create bad breath, baking soda can help remove stains from teeth and neutralize acids in the mouth, eating crunchy fruits and vegetables like apples and carrots helps clean teeth naturally and neglecting oral hygiene leads to painful dental problems and costly treatments. However, 92 per cent of the respondents were unaware that

salt water helps kill bacteria, reduce inflammation, and soothe sore gums while 88.80 per cent of the respondents were unaware that smoking or chewing tobacco can stain teeth and 80.80 per cent of the respondents were unaware that smoking or chewing tobacco increases the risk of gum disease. Furthermore, it was also found that 76 per cent of the respondents were unaware that regular dental check-ups are important for maintaining oral hygiene and smoking or chewing tobacco can cause bad breath. On the other hand, 100 per cent of the respondents were aware that using toothpaste is essential for cleaning teeth properly, using clean water for brushing and rinsing is essential for maintaining oral hygiene.

**Table 12: Distribution of the respondents according to Knowledge regarding Oral Hygiene**

Sr. No.	Knowledge regarding Oral Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Brushing teeth twice a day is essential for oral hygiene.	16	12.80	20	16	89	71.20	1.41
2.	Using toothpaste is essential for cleaning teeth properly.	125	100	0	0	0	0	3
3.	Using teeth-cleaning twig (Dahun) can be a good substitute if brush and toothpaste is not available.	39	31.20	0	0	86	68.80	1.62
4.	Regular dental check-ups are important for maintaining oral hygiene.	0	0	30	24	95	76	1.24
5.	Using tooth floss is important to maintain oral hygiene.	0	0	0	0	125	100	1
6.	Oral rinsing is important after having every meal.	20	16	26	20.80	79	63.20	1.52
7.	Smoking or chewing tobacco	20	16	10	8	95	76	1.4

	can cause bad breath.							
8.	Smoking or chewing tobacco can stain your teeth.	14	11.20	0	0	111	88.80	1.22
9.	Smoking or chewing tobacco increase risk of gum disease.	0	0	24	19.20	101	80.80	1.19
10.	Regular use of a tongue cleaner helps in the removal of bacteria and particles that create bad breath.	0	0	0	0	125	100	1
11.	Baking soda can help remove stains from teeth and neutralize acids in the mouth.	0	0	0	0	125	100	1
12.	Salt water helps kill bacteria, reduce inflammation, and soothe sore gums.	10	8	0	0	115	92	1.16
13.	Proper oral hygiene helps prevent tooth decay and gum diseases like gingivitis and periodontitis.	0	0	0	0	125	100	1
14.	Healthy dietary choices, like reducing sugary foods and drinks, contribute to better oral hygiene.	0	0	32	25.60	93	74.40	1.25
15.	Chewing sugar-free gum helps in maintaining oral hygiene by stimulating saliva production.	0	0	0	0	125	100	1
16.	Neglecting oral hygiene leads to painful dental problems and costly treatments.	0	0	0	0	125	100	1
17.	Using mouthwash is beneficial addition for oral hygiene routine, helps in killing bacteria and gives fresh breath.	0	0	0	0	125	100	1

18.	Regular replacement of toothbrushes, approximately every three months, is important for effective oral hygiene.	8	6.40	26	20.80	91	72.80	1.33
19.	Eating crunchy fruits and vegetables like apples and carrots helps in cleaning teeth naturally.	0	0	0	0	125	100	1
20.	Using clean water for brushing and rinsing is essential for maintaining oral hygiene.	125	100	0	0	0	0	3
<b>Average Weighted Mean</b>								<b>1.36</b>

#### 4.2.5 Knowledge of Respondents regarding Ear Hygiene

Table 13 represents the data of Knowledge of Respondents regarding Ear Hygiene. The findings revealed that 100 per cent of the respondents were unaware that it is important to clean hearing aids and earphones regularly to prevent ear infections, home remedies should not be practiced for ear infections without medical advice, excessive ear cleaning removes protective wax leading to infections, earwax is a natural barrier that protects the ear from dust and bacteria and regular hearing checks are essential for maintaining ear health. Additionally, 91.20 per cent of the respondents were unaware that to reduce the risk of ear infections, earphones or earbuds sharing should be avoided. 90.40 per cent of the respondents were unaware that using a soft cloth to clean the ear is essential and inserting sharp objects into the ears causes damage. Furthermore, it was also found that 83.20 per cent of the respondents were unaware that it is important to dry ears after swimming or bathing and 80.80 per cent of the respondents were unaware that cleaning ears regularly helps in preventing ear infections.

**Table 13: Distribution of the respondents according to Knowledge regarding Ear Hygiene**

Sr. No.	Knowledge regarding Oral Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Cleaning ears regularly helps in preventing ear infections.	8	6.40	16	12.80	101	80.80	1.25
2.	Inserting sharp objects into ears causes damage.	12	9.60	0	0	113	90.40	1.19
3.	It is important to dry ears after swimming or bathing.	7	5.60	14	11.20	104	83.20	1.22
4.	Using soft cloth to clean ear is essential.	12	9.60	0	0	113	90.40	1.19
5.	Earwax is a natural barrier that protects the ear from dust and bacteria.	0	0	0	0	125	100	1
6.	Regular hearing checks are essential for maintaining ear health.	0	0	0	0	125	100	1
7.	To reduce the risk of ear infections earphones or earbuds sharing should be avoided.	0	0	11	8.80	114	91.20	1
8.	It is important to clean hearing aids and earphones regularly to prevent ear infections.	0	0	0	0	125	100	1
9.	Home remedies should not be practiced for ear infections without medical advice.	0	0	0	0	125	100	1
10.	Excessive ear cleaning removes protective wax, leading to infections.	0	0	0	0	125	100	1
<b>Average Weighted Mean</b>								<b>1.09</b>

#### **4.2.6 Knowledge of Respondents regarding Hair Hygiene**

Table 14 represents the data of Knowledge of Respondents regarding Hair Hygiene. It was found that 100 per cent of the respondents were unaware that conditioning hair after shampooing helps to keep it moisturized and prevents breakage, that keeping hair dry and well-maintained prevents scalp infections, using a clean towel is important to tie and dry hair and using lukewarm water instead of hot water for hair washing helps to retain natural oils and prevent dryness. It was also found that 100 per cent of the respondents were unaware that avoiding excessive use of hair products like gels, sprays, and creams prevents product buildup on the scalp, and that scalp massages during hair washing improve blood circulation, promoting healthier hair growth and hygiene. Additionally, 89.60 per cent of the respondents were unaware that regularly cleaning hairbrushes and combs helps to remove accumulated dirt and oil, preventing scalp infections and regularly cleaning hair accessories like clips, bands, and scrunchies helps to prevent dirt and oil buildup. However, 87.20 per cent of the respondents were unaware that avoiding excessive use of heat styling tools helps to prevent hair damage and maintain hygiene and 83.20 per cent of the respondents were unaware that washing hair after heavy sweating, such as after exercise, is important to remove sweat and bacteria from the scalp and avoiding tight hairstyles that pull on the scalp can prevent hair loss and maintain scalp health. 80 per cent of the respondents were unaware that tying hair up while cooking or working in dusty environments helps to keep it clean and free from contaminants. On the other hand, 100 per cent of the respondents were aware that using shampoo is important for keeping hair clean and keeping the scalp moisturized with natural oils prevents dryness and flakiness, promoting better hair hygiene. The findings also revealed that 93.60 per cent of the respondents were aware that washing hair regularly helps in maintaining hair hygiene, while 88.80 per cent of the respondents were aware that avoiding the sharing of hair tools like brushes, combs, and hair ties helps to prevent the spread of lice and infections. 86.40 per

cent of the respondents recognized that brushing hair regularly helps to distribute natural oils, promoting a healthy scalp and hair.

**Table 14: Distribution of the respondents according to Knowledge regarding Hair Hygiene**

Sr. No.	Knowledge regarding Hair Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Washing hair regularly helps in maintaining hair hygiene.	117	93.60	0	0	18	14.40	2.95
2.	Using shampoo is important for keeping hair clean.	125	100	0	0	0	0	3
3.	Conditioning hair after shampooing helps to keep it moisturized and prevents breakage.	0	0	0	0	125	100	1
4.	Keeping hair dry and well maintained prevents scalp infections.	0	0	0	0	125	100	1
5.	Using clean towel is important to tie and dry your hair.	0	0	0	0	125	100	1
6.	Avoiding excessive use of heat styling tools to prevent hair damage and maintain hygiene.	0	0	16	12.80	109	87.20	1.12
7.	Brushing hair regularly helps to distribute natural oils, promoting a healthy scalp and hair.	108	86.40	17	13.60	0	0	2.86
8.	Regularly cleaning hairbrushes and combs helps to remove accumulated dirt and oil, preventing scalp infections	10	8	3	2.40	112	89.60	1.18
9.	Avoid sharing hair tools like brushes, combs, and hair ties to prevent the spread of lice and infections.	111	88.80	9	7.20	5	4	2.84
10.	Tying hair up while cooking or working in dusty environments helps to keep it clean and free from contaminants.	17	13.60	8	6.40	100	80	1.33

11.	Avoiding excessive use of hair products like gels, sprays, and creams to prevent product buildup on the scalp.	0	0	0	0	125	100	1
12.	Scalp massages during hair washing improves blood circulation, promoting healthier hair growth and hygiene.	0	0	0	0	125	100	1
13.	Keeping the scalp moisturized with natural oils prevents dryness and flakiness, promoting better hair hygiene.	125	100	0	0	0	0	3
14.	Regularly cleaning hair accessories like clips, bands, and scrunchies helps to prevent dirt and oil buildup.	13	10.40	0	0	112	89.60	1.2
15.	Washing hair after heavy sweating, such as after exercise, is important to remove sweat and bacteria from the scalp.	21	16.80	0	0	104	83.20	1.33
16.	Avoiding tight hairstyles that pull on the scalp can prevent hair loss and maintain scalp health.	0	0	21	16.80	104	83.20	1.16
17.	Using lukewarm water instead of hot water for hair washing helps to retain natural oils and prevent dryness.	0	0	0	0	125	100	1
<b>Average Weighted Mean</b>								<b>1.64</b>

#### 4.2.7 Knowledge of Respondents regarding Foot Hygiene

Table 15 represents the data of Knowledge of Respondents regarding Foot Hygiene. It was found that 100 per cent of the respondents were unaware that castor oil is good for treating cracked heels and proper foot hygiene is important for individuals with diabetes to prevent complications like foot ulcers while 92.80 per cent of the respondents were unaware that trimming toenails and removing dirt from them regularly is an essential part of foot hygiene. Additionally, 81.60 per

cent of the respondents were unaware that regularly washing insoles and shoe linings reduces odour and improves overall foot hygiene while 80 per cent of the respondents were unaware that wearing well-fitted shoes helps to prevent foot blisters and calluses, contributing to overall foot hygiene. 78.40 per cent of the respondents were unaware that using clean and comfortable footwear is important for foot health. On the other hand, 100 per cent of the respondents were aware that keeping feet dry and clean is important for foot hygiene, while 78.40 per cent of the respondents were aware that wearing clean socks daily is essential for maintaining foot hygiene.

**Table 15: Distribution of the respondents according to Knowledge regarding Foot Hygiene**

Sr. No.	Knowledge regarding Foot Hygiene	Respondents (n=125)						Weighted Mean Scores (1-3)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Regular foot washing with soap and water is essential to prevent infections and maintain foot hygiene.	13	10.40	22	17.60	90	72	1.38
2.	Keeping feet dry and clean is important for foot hygiene.	125	100	0	0	0	0	3
3.	Wearing clean socks daily is essential for maintaining foot hygiene.	98	78.40	27	21.60	0	0	2.78
4.	Changing socks daily is important for maintaining good foot hygiene and avoiding bacterial growth.	10	8	24	19.20	91	72.80	1.35
5.	Using clean and comfortable footwear is important for foot health.	14	11.20	13	10.40	98	78.40	1.32
6.	Moisturizing feet after washing prevents dry, cracked skin and maintain foot softness.	8	6.40	26	20.80	91	72.80	1.33
7.	Trimming toenails and removing dirt from them regularly is essential part for foot hygiene.	9	7.20	0	0	116	92.80	1.14

8.	Castor oil is good to treat cracked heels.	0	0	0	0	125	100	1
9.	Wearing well-fitted shoes helps to prevent foot blisters and calluses, contributing to overall foot hygiene.	5	4	20	16	100	80	1.24
10.	Avoiding walking barefoot in public areas reduces the risk of contracting foot infections.	28	22.40	33	26.40	64	51.20	1.71
11.	Soaking feet in warm water with rock salt soothes tired feet and improves foot hygiene.	17	13.60	21	16.80	87	69.60	1.44
12.	Using antifungal powder or spray helps in maintaining foot hygiene.	15	12	14	11.20	96	76.80	1.35
13.	Proper foot hygiene is important for individuals with diabetes to prevent complications like foot ulcers.	0	0	0	0	125	100	1
14.	Regularly washing insoles and shoe linings reduces odour and improves overall foot hygiene.	12	9.60	11	8.80	102	81.60	1.28
15.	Avoiding tight shoes that restrict airflow helps in maintaining good foot hygiene and prevent fungal infections.	6	4.80	28	22.40	91	72.80	1.32
<b>Average Weighted Mean</b>								<b>1.51</b>

#### 4.2.8 Knowledge of Respondents regarding Armpit Hygiene

Table 16 represents the data of Knowledge of Respondents regarding Armpit Hygiene. The findings revealed that 100 per cent of the respondents were unaware that natural remedies like baking soda, apple cider vinegar, or coconut oil are used to maintain armpit hygiene. 75.20 per cent of the respondents were unaware that using deodorant or perfume is important to prevent body odour, while 72.80 per cent of the respondents were unaware that waxing or shaving armpits is essential to avoid infections in sweaty armpits. Additionally, 71.20 per cent of

the respondents were unaware that after washing, it is important to dry the armpits thoroughly to prevent the growth of bacteria and fungi and 70.40 per cent of the respondents were unaware that regular washing of armpits helps in preventing body odour. On the other hand, 70.40 per cent of the respondents were aware that wearing clean, breathable clothing made of natural fibres like cotton helps keep the armpits dry and reduce odour.

**Table 16: Distribution of the respondents according to Knowledge regarding Armpit Hygiene**

Sr. No.	Knowledge regarding Armpit Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Regular washing of armpits helps in preventing body odour.	12	9.60	25	20	88	70.40	1.39
2.	Washing armpits thoroughly with soap and water at least once a day, especially after sweating, helps in removing bacteria and preventing odour.	24	19.20	17	13.60	84	67.20	1.52
3.	After washing, it's important to dry the armpits thoroughly to prevent the growth of bacteria and fungi.	14	11.20	22	17.60	89	71.20	1.4
4.	Using deodorant or perfume is important to prevent body odour.	13	10.40	18	14.40	94	75.20	1.35
5.	Waxing/ shaving armpits is essentials to avoid infections in sweaty armpits.	12	9.60	22	17.60	91	72.80	1.36
6.	Wearing clean, breathable clothing made of natural fibres like cotton helps keep the armpits dry and reduce odour.	88	70.40	17	13.60	20	16	2.54

7.	Natural remedies like baking soda, apple cider vinegar, or coconut oil are used to maintain armpit hygiene.	0	0	0	0	125	100	1
<b>Average Weighted Mean</b>								<b>1.51</b>

#### 4.2.9 Knowledge of Respondents regarding Clothes Hygiene

Table 17 represents the data of Knowledge of Respondents regarding Clothes Hygiene. It was revealed that 73.60 per cent of the respondents were unaware that clothes should be dried in sunlight to disinfect them. On the other hand, 100 per cent of the respondents were aware that wearing clean clothes daily is important for personal hygiene, that clean clothes should be stored in a dry and clean place, and that wearing dry clothes is essential for maintaining hygiene. It was also found that 100 per cent of the respondents were aware that clothes worn during exercise or outdoor activities should be washed properly to remove sweat and dirt and that proper storage of clean clothes in a dry, clean environment helps maintain their hygiene. However, 58.40 per cent of the respondents were aware that keeping the laundry area clean helps prevent cross-contamination between dirty and clean clothes.

**Table 17: Distribution of the respondents according to Knowledge regarding Clothes Hygiene**

Sr. No.	Knowledge regarding Clothes Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Wearing Clean clothes daily is important for personal hygiene.	125	100	0	0	0	0	3
2.	Wearing dry clothes is important for personal hygiene.	125	100	0	0	0	0	3
3.	Clothes should be dried in the sun light to disinfect them.	16	12.80	17	13.60	92	73.60	1.39
4.	Clean clothes should be stored in dry and clean place.	125	100	0	0	0	0	3
5.	Keeping your laundry area clean helps	73	58.40	63	50.40	36	28.80	3.04

	prevent cross-contamination between dirty and clean clothes.							
6.	Clothes that have been worn during exercise or outdoor activities should be washed properly to remove sweat and dirt.	125	100	0	0	0	0	3
7.	Proper storage of clean clothes in a dry, clean environment helps maintain their hygiene.	125	100	0	0	0	0	3
<b>Average Weighted Mean</b>								<b>2.77</b>

#### 4.2.10 Knowledge of Respondents regarding Menstrual Hygiene

Table 18 represents the data of Knowledge of Respondents regarding Menstrual Hygiene. The findings revealed that 100 per cent of the respondents were unaware that menstrual waste should be disposed of separately from other household waste in a designated bin and 89.60 per cent of the respondents were unaware that trimming or waxing genital hair should be avoided during periods. Additionally, 88 per cent of the respondents were unaware that changing undergarments is important during periods, sanitary napkins or cloth should be changed after every 4 to 6 hours to prevent infections and menstrual products (pads, tampons, etc.) should be wrapped in biodegradable paper or bags before disposal. 79.20 per cent of the respondents were unaware that sanitary pads, menstrual cups, period panties, etc., are the various types of menstrual products available in the market, 77.60 per cent of the respondents were unaware that poor menstrual hygiene can lead to reproductive tract infections and other health issues. On the other hand, 100 per cent of the respondents were aware that menstrual hygiene is important for women's health, that using clean water is essential to wash the genital area during periods, that flushing sanitary pads, tampons, or menstrual cups down the toilet should be avoided, and that it is important to soak period cloth in Dettol or any other disinfectant

liquid. Additionally, 72 per cent of the respondents were aware that wearing clean undergarments during menstruation is essential.

**Table 18: Distribution of the respondents according to Knowledge regarding Menstrual Hygiene**

Sr. No.	Knowledge regarding Menstrual Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Aware		Undecided		Unaware		
		f	%	f	%	f	%	
1.	Menstrual hygiene is important for women's health.	125	100	0	0	0	0	3
2.	Sanitary pads, menstrual cups, period panties etc. are the various types of menstrual products available in the market.	26	20.80	0	0	99	79.20	1.41
3.	Using sanitary napkins and other sanitary products are essential during periods.	18	14.40	13	10.40	94	75.20	1.39
4.	Changing undergarments is important during periods.	15	12	0	0	110	88	1.24
5.	Wearing clean undergarments during menstruation is essential.	90	72	0	0	35	28	2.44
6.	Using clean water is important to wash your genital areas during periods.	125	100	0	0	0	0	3
7.	Menstrual products (pads, tampons, etc.) should be wrapped in biodegradable paper or bags before disposal.	8	6.40	7	5.60	110	88	1.18
8.	Flushing sanitary pads, tampons, or menstrual cups down the toilet should be avoided.	125	100	0	0	0	0	3
9.	Menstrual waste should be disposed of separately from other household waste in a designated bin.	0	0	0	0	125	100	1
10.	Poor menstrual hygiene can lead to reproductive tract	11	8.80	17	13.60	97	77.60	1.31

	infections and other health issues.							
11.	Trimming or waxing genital hair should be avoided during periods.	0	0	13	10.40	112	89.60	1.1
12.	Sanitary Napkin/ Cloth should be changed after every 4 to 6 hours to prevent infections.	0	0	15	12	110	88	1.12
13.	It is important to soak periods cloth in Dettol or any other disinfectant liquid.	125	100	0	0	0	0	3
<b>Average Weighted Mean</b>								<b>1.86</b>

**Table 19: Distribution of the respondents according to Weighted Mean Score calculated for Extent of Knowledge regarding Personal Hygiene before Awareness Programme**

Sr. No.	Extent of Knowledge of Respondents regarding Personal Hygiene before Awareness Programme	Respondents (n=125)
		Weighted Mean Scores (3-1)
1.	Clothes Hygiene	2.77
2.	Body Hygiene	1.94
3.	Hand Hygiene	1.86
4.	Menstrual Hygiene	1.86
5.	Hair Hygiene	1.64
6.	Face Hygiene	1.6
7.	Foot Hygiene	1.51
8.	Armpit Hygiene	1.51
9.	Oral Hygiene	1.36
10.	Ear Hygiene	1.09

The data from the Table 19 represents the weighted mean score from 3 to 1. The higher weighted mean score i.e. 2.77 reflecting the higher extent of knowledge in clothes hygiene of the respondents. On the other hand, the extent of knowledge regarding ear hygiene of the respondents reflecting the low weighted mean score i.e. 1.09.

**Table 20: Distribution of respondents according to their Extent of Knowledge regarding Personal Hygiene before Awareness Programme**

<b>Sr. No.</b>	<b>Extent of Knowledge of Respondents regarding Personal Hygiene before Awareness Programme</b>	<b>Range of Scores</b>	<b>f</b>	<b>%</b>
1.	High Extent	322–414	0	0
2.	Moderate Extent	230–321	81	<b>64.8</b>
3.	Low Extent	238-229	44	35.2

The data from the Table 20 represents the range scores related to extent of knowledge of respondents regarding personal hygiene. The findings revealed that 64.8 per cent of the respondents had moderate extent of knowledge regarding personal hygiene and 35.2 per cent of the respondents had low extent of knowledge regarding personal hygiene.

## SECTION III

### 4.3 Practices followed by Respondents regarding Personal Hygiene

The data in this section deals with the practices followed by homemakers regarding personal hygiene. The scale consisted of statements related to practices followed about different aspects of personal hygiene. The respondents were asked about the practices followed by them in terms of “Always”, “Sometimes” and “Never”. The scale consisted of 124 positive statements. For each statement, the score assigned were 3 to 1 respectively. Higher scores reflected good practices followed by respondents regarding personal hygiene.

#### 4.3.1 Practices followed regarding Body Hygiene

Table 21 represents the data of practices followed by respondents regarding Body Hygiene. The findings revealed that 100 per cent of the respondents never had salt bath, neem water bath, or applied moisturizer after bathing followed by 84.80 per cent of the respondents never changed bed linens on regular basis. It was also revealed that 74.40 per cent of the respondents never had bath with soap and water after coming from outside. However, 55.20 per cent of the respondents never scrubbed their body to remove dead skin and never used soap while bathing. It was also revealed that 47.20 per cent of the respondents never used a clean towel after bathing. On the other hand, 76.80 per cent of the respondents sometimes had bath at least once a day, while 74.40 per cent of the respondents sometimes had bath after physical activity followed by 70.40 per cent of the respondents that always wear washed clothes.

**Table 21: Distribution of the respondents according to their Practices followed regarding Body Hygiene**

Sr. No.	Practices followed regarding Body Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Taking bath at least once a day.	24	19.20	96	76.80	5	4	2.15
2.	Using soap while bathing.	14	11.20	42	33.60	69	55.20	1.56

3.	Wearing washed clothes daily.	88	70.40	37	29.60	0	0	2.7
4.	Using clean towel after bathing.	49	39.20	17	13.60	59	47.20	1.92
5.	Scrubbing body to remove dead skin.	10	8	46	36.80	69	55.20	1.52
6.	Taking salt water bath.	0	0	0	0	125	100	1
7.	Taking neem water bath.	0	0	0	0	125	100	1
8.	Applying moisturizer on body after bath.	0	0	0	0	125	100	1
9.	Taking bath after physical activity.	10	8	93	74.40	22	17.60	1.9
10.	Changing bed linens regularly.	0	0	19	15.20	106	84.80	1.15
11.	Taking bath with soap and water after coming from outside.	4	3.20	28	22.40	93	74.40	1.28
<b>Average Weighted Mean</b>								<b>1.56</b>

#### 4.3.2 Practices followed regarding Face Hygiene

Table 22 represents the data of practices followed by respondents regarding Face Hygiene. It was found that 100 per cent of the respondents never applied serum or face oil on the face, used facial toner, or scrubbed face weekly followed by 96 per cent respondents never visited a dermatologist regularly and 90.40 per cent never had a habit of touching their face repeatedly. The findings also revealed that 87.20 per cent of the respondents never checked the expiry date before using products followed by 88.80 per cent never used home remedies to treat facial problems and 85.60 per cent never washed their face twice a day. On the other hand, 90.40 per cent of the respondents sometimes shared makeup tools with others followed by 89.60 per cent sometimes used a mild soap or face wash for face cleaning and 84.80 per cent sometimes touched their face only with clean hands whereas 82.40 per cent sometimes cleaned makeup tools at regular intervals. It was also found that 64.80 per cent of the respondents sometimes used moisturizer to keep facial skin hydrated. However, 100 per cent of the respondents always used clean water for washing the face, and 89.60 per cent always used a clean towel to dry their face.

**Table 22: Distribution of the respondents according to their Practices followed regarding Face Hygiene**

Sr. No.	Practices followed regarding Face Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Washing face twice a day.	0	0	18	14.40	107	85.60	1.14
2.	Using a mild soap or face wash for face cleaning.	13	10.40	112	89.60	0	0	2.1
3.	Touching face only with clean hands.	19	15.20	106	84.80	0	0	2.15
4.	Using clean water for washing the face.	125	100	0	0	0	0	3
5.	Removing makeup before going to bed.	4	3.20	49	39.20	72	57.60	1.45
6.	Using moisturizer to keep facial skin hydrated.	18	14.40	81	64.80	26	20.80	1.93
7.	Using clean towel to dry face.	112	89.60	13	10.40	0	0	2.89
8.	Using harsh scrubs and soaps on face.	14	11.20	24	19.20	87	69.60	2.58
9.	Cleaning makeup tools at regular intervals.	22	17.60	103	82.40	0	0	2.17
10.	Sharing makeup tools with others.	0	0	113	90.40	12	9.60	1.9
11.	Using makeup tools of others.	0	0	72	57.60	53	42.40	1.57
12.	Habit of touching face again and again.	0	0	12	9.6	113	90.4	2.9
13.	Visiting dermatologist in case of facial skin problems.	0	0	5	4	120	96	1.04
14.	Applying serum or face oil on face.	0	0	0	0	125	100	1
15.	Using facial toner.	0	0	0	0	125	100	1
16.	Scrubbing face weekly.	0	0	0	0	125	100	1
17.	Checking expiry date before using products	0	0	16	12.80	109	87.20	1.12
18.	Using home remedies to treat facial problems.	0	0	14	11.20	111	88.80	1.11
<b>Average Weighted Mean</b>								<b>1.78</b>

### 4.3.3 Practices followed regarding Hand Hygiene

Table 23 represents the data of practices followed by respondents regarding Hand Hygiene. The findings revealed that 90.40 per cent of the respondents never washed their hands after preparing meals and 88 per cent before serving food. However, 62.40 per cent of the respondents never washed their hands before dressing wounds and 54.40 per cent never washed after sneezing into hands. 53.60 per cent of the respondents never trimmed their nails regularly, while 71.20 per cent never cleaned them. Furthermore, 72 per cent of the respondents sometimes washed hands before eating and 93.60 per cent sometimes washed hands after eating. 68.80 per cent of the respondents sometimes washed hands before feeding children and 66.40 per cent sometimes washed hands before preparing meals. It was also found out that 88 per cent of the respondents sometimes washed hands after wiping or blowing their nose, and 90.40 per cent of the respondents always used mild soap while washing hands and 62.40 per cent always washed hands with soap after using the toilet followed by 60.80 per cent always used a clean towel for drying hands. 100 per cent of the respondents always washed hands after coming in contact with blood or body fluids such as vomit.

**Table 23: Distribution of the respondents according to their Practices regarding Hand Hygiene**

Sr. No.	Practices followed regarding Hand Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Washing hands before eating.	35	28	90	72	0	0	2.28
2.	Washing hands after eating.	5	4	117	93.60	3	2.40	2.01
3.	Using mild soap while washing hands.	113	90.40	12	9.60	0	0	2.9
4.	Washing hands with soap after using toilet.	78	62.40	47	37.60	0	0	2.62
5.	Using hand sanitizer when	0	0	66	52.80	59	47.20	1.52

	water is not available.							
6.	Using clean towel after washing hands to make them dry.	76	60.80	49	39.20	0	0	2.6
7.	Washing hands on regular intervals.	16	12.80	52	41.60	57	45.60	1.67
8.	Washing hands before feeding children.	39	31.20	86	68.80	0	0	2.31
9.	Washing hands before preparing meals.	42	33.60	83	66.40	0	0	2.33
10.	Washing hands after preparing meals.	0	0	12	9.60	113	90.40	1.09
11.	Washing hands before serving food.	0	0	15	12	110	88	1.12
12.	Trimming nails on regular basis.	12	9.60	46	36.80	67	53.60	1.56
13.	Cleaning nails on regular basis.	0	0	36	28.80	89	71.20	1.28
14.	Washing hands after wiping or blowing the nose.	7	5.60	110	88	8	6.40	1.99
15.	Washing hands after sneezing into the hands.	13	10.40	44	35.20	68	54.40	1.56
16.	Washing hands after giving care to the infected person.	47	37.60	78	62.40	0	0	2.37
17.	Washing hands before dressing wounds.	0	0	47	37.60	78	62.40	1.37
18.	Washing hands after dressing wounds.	38	30.40	87	69.60	0	0	2.3
19.	Washing hands after coming in contact with blood or body fluid like vomit.	125	100	0	0	0	0	3
20.	Washing hands with soap after handling pets or domestic animals.	20	16	48	38.40	57	45.60	1.7
21.	Washing hands after touching footwear.	11	8.80	49	39.20	65	52	1.56

22.	Washing hands after handling dirty laundry.	22	17.60	35	28	68	54.40	1.63
<b>Average Weighted Mean</b>								<b>1.94</b>

#### 4.3.4 Practices followed regarding Oral Hygiene

Table 24 represents the data of practices followed by respondents regarding Oral Hygiene. The findings revealed that 100 per cent of the respondents never flossed their teeth weekly, never used a tongue cleaner regularly, and never used salt water to treat bad breath. 100 per cent of the respondents never used mouthwash to kill bacteria and bad breath and used baking soda to remove teeth stains followed by 99.20 per cent of the respondents never brushed their teeth twice a day and 96.80 per cent of the respondents never visited the dentist for regular checkups. However, 75.20 per cent of the respondents never practiced oral rinsing after every meal and 60 per cent of the respondents never used datun when a toothbrush is unavailable. Furthermore, 83.20 per cent of the respondents sometimes used toothpaste while brushing, and 56.80 per cent sometimes changed their toothbrush every three months. 100 per cent of the respondents always used clean water while brushing.

**Table 24: Distribution of the respondents according to their Practices followed regarding Oral Hygiene**

Sr. No.	Practices followed regarding Oral Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Brushing teeth twice a day.	0	0	1	0.80	124	99.20	1.01
2.	Using toothpaste while brushing teeth.	21	16.80	104	83.20	0	0	2.16
3.	Changing brush every 3 months.	0	0	71	56.80	54	43.20	1.56
4.	Floss teeth weekly.	0	0	0	0	125	100	1
5.	Practice oral rinsing after every meal.	6	4.80	25	20	94	75.20	1.29
6.	Visiting dentist for regular checkups.	0	0	4	3.20	121	96.80	1

7.	Using clean water while brushing.	125	100	0	0	0	0	3
8.	Using datun if brush is not available.	0	0	50	40	75	60	1.4
9.	Using tongue cleaner on regular basis.	0	0	0	0	125	100	1
10.	Using salt water to treat bad breath.	0	0	0	0	125	100	1
11.	Using mouthwash to kill bacteria and bad breath.	0	0	0	0	125	100	1
12.	Using baking soda to remove teeth stains.	0	0	0	0	125	100	1
<b>Average Weighted Mean</b>								<b>1.37</b>

#### 4.3.5 Practices followed regarding Ear Hygiene

Table 25 represents the data of practices followed by respondents regarding Ear Hygiene. The findings revealed that 84 per cent of the respondents never cleaned their earphones or earbuds regularly. 67.20 per cent of the respondents never visited a health expert when experiencing ear problems and dry ears thoroughly after bathing. 51.20 per cent of the respondents never cleaned their ears regularly with a soft cloth. However, 62.40 per cent of the respondents sometimes used sharp objects to relieve ear itching followed by 63.20 per cent always used cotton swabs to remove ear wax.

**Table 25: Distribution of the respondents according to their Practices followed regarding Ear Hygiene**

Sr. No.	Practices followed regarding Ear Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Using sharp objects to relieve ear itching.	0	0	78	62.40	47	37.60	2.37
2.	Cleaning ear regularly with soft cloth.	0	0	61	48.80	64	51.20	1.48
3.	Visiting health expert while having any ear problem.	0	0	41	32.80	84	67.20	1.32

4.	Drying ears thoroughly after bathing.	0	0	41	32.80	84	67.20	1.32
5.	Using cotton swabs into ears for removing ear wax.	79	63.20	41	32.80	5	4	2.59
6.	Cleaning earphones or earbuds regularly.	0	0	20	16	105	84	1.16
<b>Average Weighted Mean</b>								<b>1.71</b>

#### 4.3.6 Practices followed regarding Hair Hygiene

Table 26 represents the data of practices followed by respondents regarding Hair Hygiene. It was found that 100 per cent of the respondents never applied hair styling products or tried tight hairstyles followed by 94.40 per cent never applied conditioner after washing their hair and 82.40 per cent never cleaned hair accessories like clips, bands, and scrunchies. 78.40 per cent of the respondents never washed their hair twice a week and use heat styling tools. Furthermore, 84 per cent of the respondents sometimes combed their hair daily and 72.80 per cent of the respondents sometimes oil their hair regularly. 56.80 per cent sometimes used mild shampoo to clean their hair. However, 100 per cent of the respondents sometimes used clean combs to brush their hair and always washed their hair with clean water.

**Table 26: Distribution of the respondents according to their Practices followed regarding Hair Hygiene**

Sr. No.	Practices followed regarding Hair Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Washing hair twice a week.	0	0	27	21.60	98	78.40	1.21
2.	Using mild shampoo to clean hair.	30	24	71	56.80	24	19.20	2.04
3.	Combing hair daily.	20	16	105	84	0	0	2.16
4.	Oiling hair regularly	34	27.20	91	72.80	0	0	2.27

5.	Using clean and dry towel to dry hair.	0	0	47	37.60	78	62.40	1.37
6.	Washing hair into clean water.	125	100	0	0	0	0	3
7.	Applying conditioner after washing hair.	0	0	7	5.60	118	94.40	1.05
8.	Using Heat styling tools on hair.	0	0	27	21.60	98	78.40	2.78
9.	Using clean combs to brush hair.	0	0	125	100	0	0	2
10.	Tying hair while working in dusty environments.	19	15.20	32	25.60	74	59.20	1.56
11.	Applying hair styling products.	0	0	0	0	125	100	3
12.	Practicing scalp massage.	1	0.80	50	40	74	59.20	1.41
13.	Regularly cleaning hair accessories like clips, bands and scrunchies.	0	0	22	17.60	103	82.40	1.17
14.	Washing hair after excessive sweating.	2	1.60	43	34.40	80	64	1.37
15.	Trying tight hairstyles.	0	0	0	0	125	100	3
<b>Average Weighted Mean</b>								<b>1.96</b>

#### 4.3.7 Practices followed regarding Foot Hygiene

Table 27 represents the data of practices followed by respondents regarding Foot Hygiene. It was found out that 100 per cent of the respondents never used castor oil to treat cracked heels or soak their feet in warm water. Furthermore, 75.20 per cent of the respondents never treated foot infections with antifungal powder or cream and 68.80 per cent of the respondents never kept their toenails clean and trimmed followed by 67.20 per cent of the respondents never wore clean socks daily or inspected their feet regularly for cuts or infections. Additionally, 64 per cent of the respondents never washed their footwear daily. 54.40 per cent of the respondents never wore slippers while walking in public places. The findings also revealed that 80 per cent of the respondents sometimes dried their feet thoroughly after

washing and 100 per cent always wore the right sized footwear. 78.40 per cent of the respondents always used comfortable and clean footwear and 76.80 per cent always washed their feet daily with soap. 64 per cent of the respondents always moisturized feet after washing and drying.

**Table 27: Distribution of the respondents according to their Practices followed regarding Foot Hygiene**

Sr. No.	Practices followed regarding Foot Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Washing feet daily with soap.	96	76.80	29	23.20	0	0	2.76
2.	Drying feet thoroughly after washing.	0	0	100	80	25	20	1.8
3.	Wearing clean socks every day.	0	0	41	32.80	84	67.20	1.32
4.	Keeping toenails clean and trimmed.	0	0	39	31.20	86	68.80	1.31
5.	Inspecting feet regularly for any cuts or infections.	0	0	41	32.80	84	67.20	1.32
6.	Wearing slippers while walking in public places.	0	0	57	45.60	68	54.40	1.45
7.	Using comfortable and clean footwear.	98	78.40	27	21.60	0	0	2.78
8.	Moisturizing feet after washing and drying.	0	0	45	36	80	64	1.36
9.	Wearing right size footwear.	125	100	0	0	0	0	3
10.	Using castor oil to treat cracked heels.	0	0	0	0	125	100	1
11.	Washing footwears daily.	0	0	45	36	80	64	1.36
12.	Soaking feet in warm water.	0	0	0	0	125	100	1
13.	Treating foot infections by using antifungal powder or cream.	1	0.80	30	24	94	75.20	1.25
<b>Average Weighted Mean</b>								<b>1.67</b>

#### 4.3.8 Practices followed regarding Armpit Hygiene

Table 28 represents the data of practices followed by respondents regarding Armpit Hygiene. The findings revealed that 73.60 per cent of the respondents never used perfume or deodorant to prevent body odour followed by 71.20 per cent never waxed or shaved their armpits regularly. 42.40 per cent of the respondents never dried their armpits thoroughly to avoid infections. It was also found that 68.80 per cent of the respondents sometimes washed their armpits daily with soap and water and 87.20 per cent of the respondents always wore breathable clothes to keep armpits dry and reduce odour.

**Table 28: Distribution of the respondents according to their Practices followed regarding Armpit Hygiene**

Sr. No.	Practices followed regarding Armpit Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Washing armpits daily with soap and water.	39	31.20	86	68.80	0	0	2.31
2.	Using perfume or deodorant to prevent body odour.	0	0	33	26.40	92	73.60	1.26
3.	Drying armpits thoroughly to avoid any infection.	29	23.20	49	39.20	53	42.40	1.9
4.	Waxing/shaving armpits on regular basis.	0	0	36	28.80	89	71.20	1.28
5.	Wearing breathable clothes to dry armpits and reduce odour.	109	87.20	16	12.80	0	0	2.87
<b>Average Weighted Mean</b>								<b>1.92</b>

#### 4.3.9 Practices followed regarding Clothes Hygiene

Table 29 represents the data of practices followed by respondents regarding Clothes Hygiene. It was found out that 65.60 per cent of the respondents never cleaned wardrobe regularly followed by 62.40 per

cent of the respondents never changed clothes after working hours. Additionally, 58.40 per cent of the respondents never ironed clothes to remove wrinkles and germs followed by 54.40 per cent never dried clothes in the sun to disinfect them. However, 75.20 per cent of the respondents sometimes changed clothes after excessive exercise. The findings also revealed that 100 per cent of the respondents always washed clothes with clean water, used detergent or soap for washing, and washed and dried sweaty clothes properly. Furthermore, 79.20 per cent of the respondents always stored clean clothes separately, and 64.80 per cent always changed clothes every day.

**Table 29: Distribution of the respondents according to their Practices followed regarding Clothes Hygiene**

Sr. No.	Practices followed regarding Clothes Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Changing clothes every day.	81	64.80	44	35.20	0	0	2.64
2.	Changing clothes after working hours.	23	18.40	24	19.20	78	62.40	1.56
3.	Washing clothes with clean water.	125	100	0	0	0	0	3.00
4.	Drying clothes in sun to disinfect them.	22	17.60	35	28	68	54.40	1.63
5.	Storing clean clothes separately.	99	79.20	26	20.80	0	0	2.79
6.	Ironing clothes to remove wrinkles and germs	0	0	52	41.60	73	58.40	1.41
7.	Washing clothes with detergent/soap	125	100	0	0	0	0	3.00
8.	Changing clothes after excessive exercise	3	2.4	94	75.20	28	22.40	1.80
9.	Washing and drying sweaty clothes properly.	125	100	0	0	0	0	3.00

10.	Cleaning wardrobe on regular basis.	0	0	43	34.40	82	65.60	1.34
<b>Average Weighted Mean</b>								<b>2.21</b>

#### 4.3.10 Practices followed regarding Menstrual Hygiene

Table 30 represents the data of practices followed by respondents regarding Menstrual Hygiene. The findings revealed that 100 per cent of the respondents never used a menstrual cup, never washed hands before changing sanitary products, never disposed-off used sanitary products in a separate bin, never reused menstrual cloth after washing, and never consulted a doctor in case of inconvenience during periods. Additionally, 57.6 per cent of the respondents never used sanitary napkins during periods followed by 56 per cent of the respondents never changed sanitary napkins, cloth, or menstrual cups every 4–6 hours. However, 61.6 per cent of the respondents never removed genital hair before periods and 50.4 per cent of the respondents never washed hands after changing sanitary products. 72.8 per cent of the respondents sometimes changed their panty daily during periods. It was also found out that 100 per cent of the respondents always used clean water to wash genital areas and 51.2 per cent of the respondents always used cloth during periods.

**Table 30: Distribution of the respondents according to their Practices followed regarding Menstrual Hygiene**

Sr. No.	Practices followed regarding Menstrual Hygiene	Respondents (n=125)						Weighted Mean Scores (3-1)
		Always		Sometimes		Never		
		f	%	f	%	f	%	
1.	Using sanitary napkins during periods.	42	33.60	11	8.80	72	57.60	1.76
2.	Using menstrual cup during periods.	0	0	0	0	125	100	1.00
3.	Using cloth during periods.	64	51.20	44	35.20	17	13.60	2.37
4.	Changing sanitary napkin/cloth/ menstrual cup every 4-6 hours.	15	12	40	32	70	56	1.56

5.	Washing hands before changing sanitary napkin/ menstrual cup/cloth.	0	0	0	0	125	100	1.00
6.	Washing hands after changing sanitary napkin/ menstrual cup/cloth.	39	31.20	23	18.40	63	50.40	1.80
7.	Using clean water to wash genital areas.	125	100	0	0	0	0	3.00
8.	Disposing of used sanitary products during periods in separate bin.	0	0	0	0	125	100	1.00
9.	Reusing the menstrual cloth after washing.	0	0	0	0	125	100	3.00
10.	Removing genital hair before periods.	0	0	48	38.40	77	61.60	2.61
11.	Changing panty every day during periods.	2	1.60	91	72.8	32	25.60	1.76
12.	Consulting doctor in case of inconvenience during periods.	0	0	0	0	125	100	1.00
<b>Average Weighted Mean</b>								<b>1.82</b>

**Table 31: Distribution of the respondents according to Weighted Mean Score calculated for Practices followed regarding Personal Hygiene**

Sr. No.	Practices followed by Respondents regarding Personal Hygiene	Respondents (n=125)
		Weighted Mean Scores (3-1)
1.	Clothes Hygiene	2.21
2.	Hair Hygiene	1.96
3.	Hand Hygiene	1.94
4.	Armpit Hygiene	1.92
5.	Menstrual Hygiene	1.82
6.	Face Hygiene	1.78

7.	Ear Hygiene	1.71
8.	Foot Hygiene	1.67
9.	Body Hygiene	1.56
10.	Oral Hygiene	1.37

The data from the Table 30 represents the weighted mean score from 3 to 1. The higher weighted mean score i.e. 2.21 reflecting the good practices followed regarding clothes hygiene by the respondents while the low weighted mean score in oral hygiene i.e. 1.37 shows the poor practices followed by the respondents.

**Table 32: Distribution of the respondents according to Practices followed regarding Personal Hygiene**

Sr. No.	Practices followed by Respondents regarding Personal Hygiene	Range of Scores	f	%
1.	Good	290–372	0	0
2.	Moderate	207–289	72	57.6
3.	Poor	124–206	53	42.4

The data from the Table 32 represents the range scores related to practices followed by respondents regarding personal hygiene. The findings revealed that 57.6 per cent of the respondent's practices regarding personal hygiene were moderate and 42.4 per cent of the respondent's practices regarding personal hygiene were poor.

## SECTION IV

### 4.4 Development of need based Educational Module for Awareness Programme

A need based educational module in the form of a PowerPoint Presentation was developed for conducting Awareness Programme to assess the efficacy of Extent of Knowledge of Respondents regarding Personal Hygiene. The educational module was developed in Hindi language for the better understanding of the respondents. The researcher used PowerPoint Presentation (2019) to develop the educational module. It includes information regarding various aspects of personal hygiene including [Body Hygiene, Face Hygiene, Hand Hygiene, Hair Hygiene, Oral Hygiene, Ear Hygiene, Foot Hygiene, Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene] selected under the study.



**Plate 1: Suggestive Measures regarding Personal Hygiene**



## व्यक्तिगत स्वच्छता क्या है?

व्यक्तिगत स्वच्छता उन स्वच्छता क्रियाओं को संदर्भित करती है जिन्हें एक व्यक्ति अपने स्वास्थ्य और कल्याण की देखभाल के लिए अपनाता है। इसमें अच्छे स्वास्थ्य को बनाए रखने के लिए शरीर के सभी हिस्सों की नियमित रूप से सफाई शामिल है।



### Plate 2: Definition of Personal Hygiene

## व्यक्तिगत स्वच्छता का महत्व

व्यक्तिगत स्वच्छता न केवल व्यक्ति की शारीरिक स्वच्छता के लिए महत्वपूर्ण है, बल्कि यह उनके समग्र स्वास्थ्य और मानसिक सुख-संतोष के लिए भी अनिवार्य है। स्वच्छता बनाए रखने से शरीर को बीमारियों से बचाया जा सकता है, संक्रमण की संभावना कम होती है, और दूसरों के प्रति एक अच्छा प्रभाव पड़ता है।



रोजमर्रा की स्वच्छता क्रियाओं में स्नान करना, दांतों की सफाई करना, हाथ धोना, और साफ कपड़े पहनना शामिल हैं, जो बीमारी के फैलने को रोकने में सहायक होते हैं। साथ ही, अच्छी स्वच्छता व्यक्तिगत आत्मविश्वास को भी बढ़ावा देती है और समाज में बेहतर सामाजिक संबंध स्थापित करती है।

### Plate 3: Importance of Personal Hygiene

## शारीरिक स्वच्छता



शारीरिक स्वच्छता का तात्पर्य नियमित रूप से स्नान लेने से है, जिससे त्वचा की सफाई होती है। यह त्वचा को स्वस्थ रखता है, पसीने, गंदगी और बैक्टीरिया को हटाता है, और शरीर की दुर्गंध को रोकता है।

प्रतिदिन साफ और धुले हुए कपड़े पहनना



साफ पानी से स्नान करना

स्नान के बाद साफ तौलिये का उपयोग करना



नहाने के पानी में नीम की पत्तियों का उपयोग करना

परफ्यूम या डियोडोरेंट का उपयोग करना



स्वच्छ बिस्तर और तकिए का उपयोग करना



पसीना आने के बाद स्नान करना



व्यक्तिगत स्वच्छता वस्तुओं जैसे तौलिया, लूफाह, या रेजर को साझा न करना



फफूंद (फंगल) संक्रमण होने पर उचित इलाज लेना



नहाते समय पानी के साथ साबुन का प्रयोग करना



मॉइस्चराइज़र का उपयोग करके शुष्क त्वचा का उपचार करना



## Plate 4: Body Hygiene

## चेहरे की स्वच्छता

चेहरे की स्वच्छता का अर्थ है चेहरे को गंदगी, तेल और अन्य प्रदूषकों से मुक्त रखना।



नियमित रूप से साफ पानी से चेहरा धोना



चेहरे की सामान्य समस्याओं के लिए घरेलू नुस्खों का इस्तेमाल करना

साफ पानी और हल्के साबुन का उपयोग करना

चेहरे को छूने से पहले हाथों को ठीक से धोना



सोने से पहले मेकअप हटाना



साफ कपड़े का उपयोग करके चेहरा पोंछना

चेहरे की त्वचा की समस्याओं के मामले में त्वचा विशेषज्ञ से परामर्श करना



दूसरे के मेकअप उपकरणों का इस्तेमाल नहीं करना

नियमित अंतराल पर अपने मेकअप उपकरणों को साफ करना

चेहरे की त्वचा के रूखेपन का इलाज करने के लिए चेहरे पर मॉइस्चराइज़र का उपयोग करना



## Plate 5: Face Hygiene

## हाथों की स्वच्छता

हाथों की स्वच्छता बनाए रखने का अभ्यास यह है कि उन्हें नियमित रूप से साफ पानी और साबुन से धोया जाए। यह हाथों से गंदगी, बैक्टीरिया, और वायरस को हटाकर संक्रमणों के फैलाव को रोकता है।



हाथ धोने के लिए हल्के साबुन और पानी का उपयोग करना



हाथ की स्वच्छता बनाए रखने के लिए नाखूनोंको काटना हाथ धोने के लिए पानी उपलब्ध न होने पर सैनिटाइज़र का उपयोग करना



खाना तैयार करने से पहले, तैयार करते समय और बाद हाथ धोना



भोजन से पहले और बाद हाथ साबुन से धोना

बच्चे का डायपर (नैपी) बदलने और मल त्याग साफ करने के बाद हाथ साबुन से धोना



भोजन परोसने से पहले हाथ धोना

बाहर से घर वापस आने के बाद हाथ साबुन से धोना बच्चों को खाना खिलाने से पहले हाथ धोना

शौचालय का उपयोग करने के बाद साबुन से हाथ धोना



पालतू जानवरों और घरेलू जानवरों को संभालने के बाद हाथ साबुन से धोना

नाक पोंछने या छींकने के बाद हाथ धोना

साबुन और पानी से हाथ 20 सेकंड तक धोना

## Plate 6: Hand Hygiene

## मौखिक स्वच्छता



मौखिक स्वच्छता उन क्रियाओं को संदर्भित करती है जो मुंह, दांत और मसूड़ों के स्वास्थ्य और स्वच्छता को बनाए रखने में मदद करती हैं।

तम्बाकू या धूम्रपान का सेवन न करना



दिन में दो बार दांतों को ब्रश करना दांतों को साफ करने के लिए टूथपेस्ट का उपयोग करना



स्वाभाविक रूप से दांत साफ करने के लिए सेब और गाजर जैसे कुरकुरे फलों और सब्जियों को खाना

नियमित रूप से दंत जांच करवाना



नियमित रूप से जीभ साफ करना



भोजन के बाद कुल्ला करना

हर तीन महीने में टूथब्रश बदलना



दांतों की सफाई के लिए दंत धागे (टूथ फ्लॉस) का उपयोग करना

ब्रश और टूथपेस्ट न होने पर दातून का उपयोग करना



दांतों से दाग हटाने और मुंह में एसिड को निष्क्रिय करने के लिए बेकिंग सोडा का उपयोग करना

दांतों की सूजन, मसूड़ों की राहत और मुँह के बैक्टीरिया को मारने के लिए नमक के पानी से कुल्ला करना

## Plate 7: Oral Hygiene

## कान की स्वच्छता

कान की स्वच्छता का मतलब है कानों की देखभाल और सफाई, जिससे संक्रमणों को रोका जा सके और सुनने की क्षमता को बनाए रखा जा सके।



नियमित रूप से कान साफ करना

तेज वस्तुओं को कान में ना डालना

ईयरफोन या इयरबड्स साझा न करना



कान साफ करने के लिए नरम कपड़े का उपयोग करना



सुरक्षा के लिए बने वैक्स को, अत्यधिक कान की सफाई से ना हटाकर संक्रमण का खतरा रोकना

कान के संक्रमण से बचने के लिए श्रवण यंत्र और ईयरफोन को नियमित रूप से साफ करना



नियमित रूप से श्रवण जांच करवाना



कान के संक्रमण के लिए बिना चिकित्सकीय सलाह के घरेलू उपचार ना करना



## Plate 8: Ear Hygiene

## बालों की सफाई

बालों की स्वच्छता में बालों और खोपड़ी की सफाई और देखभाल शामिल है।



बालों को बांधने और सुखाने के लिए साफ तौलिये का उपयोग करना



बालों को साफ रखने के लिए शैम्पू का उपयोग करना

नियमित रूप से बालों को कंघी करना



गरम शैली उपकरणों के अत्यधिक उपयोग से बचना



ब्रश, कंघी, और बालों की रबड़ साझा करने से बचना



खाना पकाते या धूल भरे वातावरण में काम करते समय बालों को बांधना

भारी पसीने के बाद, जैसे व्यायाम करने के बाद बाल धोना



बालों के सामान जैसे क्लिप, कंघी, और बालों की रबड़ को नियमित रूप से साफ करना



## Plate 9: Hair Hygiene

## पैरों की स्वच्छता

पैरों की स्वच्छता में नियमित रूप से पैरों को धोना और नाखूनों को काटना शामिल है, क्योंकि यह फंगल संक्रमण, बुरी गंध, और अन्य पैर से संबंधित स्वास्थ्य समस्याओं को रोकने में मदद करता है।



साबुन और पानी से नियमित रूप से पैरों को धोना  
पैरों को सूखा और साफ रखना  
प्रत्येक दिन साफ मोजे पहनना



हर दिन मोजे बदलना



स्वच्छ और आरामदायक जूते का उपयोग करना  
धोने के बाद पैरों को मॉइस्चराइज करना



नियमित रूप से पैर के नाखूनों को काटना और उनसे गंदगी हटाना

थके हुए पैरों को आराम के लिए गर्म पानी में सेंधा नमक डालकर पैरों को भिगोना



फटी एड़ियों का इलाज करने के लिए अरंडी के तेल का उपयोग करना



## Plate 10: Foot Hygiene

## बगल की स्वच्छता

बगल की स्वच्छता समग्र स्वच्छता बनाए रखने और शरीर की दुर्गंध, त्वचा की जलन, और संक्रमण जैसी समस्याओं को रोकने के लिए आवश्यक है।



नियमित रूप से बगल को धोना

साबुन और पानी से बगल को अच्छी तरह धोना  
धोने के बाद बगल को अच्छी तरह से सूखाना



बगल की स्वच्छता बनाए रखने के लिए बेकिंग सोडा, सेब का सिरका, या नारियल का तेल जैसे प्राकृतिक उपचार का उपयोग करना



शरीर की गंध को रोकने के लिए डिओडोरेंट या परफ्यूम का उपयोग करना

प्राकृतिक फाइबर जैसे कॉटन से बने साफ, सांस लेने योग्य कपड़े पहनना  
बगल को सूखा रखने और गंध को कम करने में मदद करता है



पसीने वाली बगल में संक्रमण से बचने के लिए बगल को वैक्स करना/शेव करना आवश्यक है



## Plate 11: Armpit Hygiene

## कपड़ों की स्वच्छता



कपड़ों की स्वच्छता में साफ कपड़े पहनना और उन्हें नियमित रूप से धोना शामिल है, जो त्वचा के संक्रमण को रोकने और समग्र व्यक्तिगत स्वच्छता बनाए रखने में मदद करता है।



हर दिन साफ-सूखे कपड़े पहनना

कपड़ों को कीटाणुरहित करने के लिए धूप में सुखाना



स्वच्छ कपड़ों को सूखे, साफ वातावरण में ठीक से स्टोर करना



व्यायाम या बाहरी गतिविधियों के दौरान पहने गए कपड़ों को ठीक से धोना



कपड़े धोने के लिए डिटर्जेंट/साबुन का उपयोग करना



कपड़े धोने का क्षेत्र इस्तेमाल करने से पहले साफ करना

## Plate 12: Clothes Hygiene

## मासिक धर्म स्वच्छता

मासिक धर्म स्वच्छता का तात्पर्य उस क्रिया से है जिसमें महिलाओं द्वारा मासिक धर्म के दौरान अपने जननांगों और शरीर की स्वच्छता बनाए रखने के लिए उचित उपाय किए जाते हैं।



मासिक धर्म के दौरान साफ पैंटी पहनना

सैनिटरी पैड, टैम्पोन, या मेनस्ट्रुअल कप को शौचालय में ना फेंकना



सैनिटरी पैड, मेनस्ट्रुअल कप, पीरियड पैंटी आदि विभिन्न प्रकार के मासिक धर्म उत्पाद का उपयोग करना



मासिक धर्म के दौरान जननांगों को धोने के लिए साफ पानी का उपयोग करना

मासिक धर्म के दौरान पैंटी बदलना



मासिक धर्म का कचरा अन्य घरेलू कचरे से अलग एक निर्धारित बिन में फेंकना



मासिक धर्म के दौरान जननांग के बालों को काटने या वैक्सिंग से बचना चाहिए

सैनिटरी पैड / मेनस्ट्रुअल कप, पीरियड पैंटी कपड़ा हर 4 से 6 घंटे में बदलना



मासिक धर्म के कपड़े को डिटॉल या किसी अन्य कीटाणुनाशक तरल में भिगोकर धोना

## Plate 13: Menstrual Hygiene

**4.4.1 Awareness Programme conducted in the selected rural areas of Panchkula District, Haryana**



**Plate 14: Awareness Programme conducted in Village Toka**



**Plate 15: Post Data Collection in Village Toka**



**Plate 16: Awareness Programme conducted in Village Shantoo**



**Plate 17: Awareness Programme conducted in Village Shantoo**



**Plate 18: Post Data Collection in Village Shamtoo**



**Plate 19: Awareness Programme conducted in Village Rattewali**



**Plate 20: Post Data Collection in Village Rattewali**



**Plate 21: Awareness Programme conducted in Village Khetpurali**



**Plate 22: Post Data Collection in Village Khetprali**



**Plate 23: Post Data Collection in Village Khetprali**

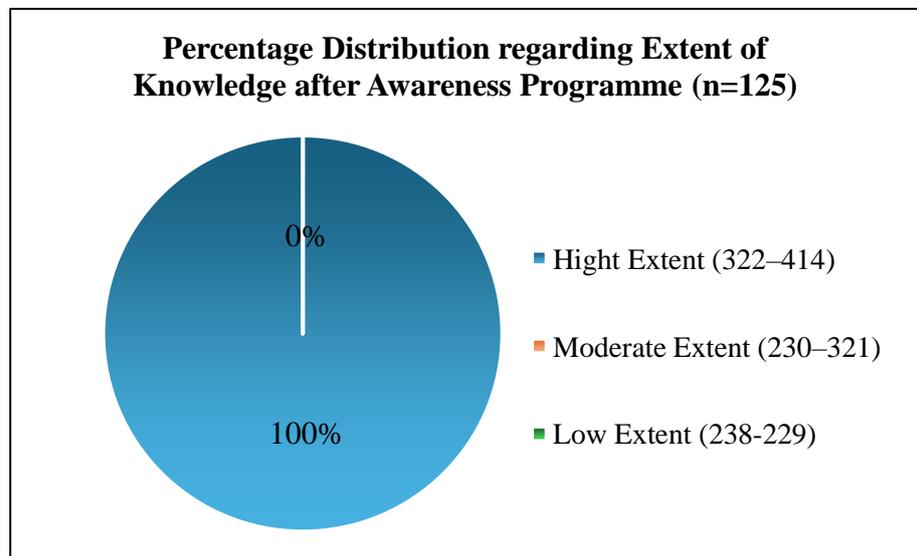
## SECTION V

### 4.5 Extent of Knowledge of Respondents regarding Personal Hygiene after Awareness Programme

The data in the present section deals with the extent of knowledge of the respondents regarding personal hygiene. The same respondents were interviewed after the Awareness programme. The respondents were again asked to state whether they were “Aware”, “Undecided” or “Unaware” about the aspects of personal hygiene.

**Table 33: Extent of Knowledge of Respondents regarding Personal Hygiene after Awareness Programme**

Sr. No.	Extent of Knowledge of Respondents regarding Personal Hygiene after Awareness Programme	n=125		
		Range of Scores	f	%
1.	High Extent	322–414	125	100
2.	Moderate Extent	230–321	0	0
3.	Low Extent	238-229	0	0



**Figure 5: Percentage Distribution of respondents according to their Extent of Knowledge regarding personal hygiene after Awareness Programme**

The findings after the Awareness programme revealed that 100 per cent of the respondents had high extent of knowledge regarding all the aspects of personal hygiene covered in the present study.

#### **4.5.1 Efficacy of Need Based Educational Module developed on Personal Hygiene**

The efficacy of need based educational module developed on personal hygiene showed a high extent of knowledge among the respondents. It was found out that the extent of knowledge of the respondents was moderate (64.8 per cent) and low (35.2 per cent) before the Awareness programme and was increased to high extent (100 per cent) after the Awareness programme.

## SECTION VI

### 4.6 Testing of Hypotheses

Several hypotheses were formulated to find out the relationship between selected variables for the present study. In the present investigation, as per the nature of variables f-test (ANOVA), t-test and correlation coefficient were computed. For statistical analysis, the hypotheses were formulated in null form. The results are presented in this section.

**HO<sub>1</sub>: There exists no variation in the Extent of Knowledge of Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)]**

The broad hypotheses were made into several specific hypotheses.

**HO<sub>1.1</sub>: There exists no variation in the Extent of Knowledge of Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like family monthly income (in ₹)**

Analysis of Variance (ANNOVA) was computed to test the variation in the extent of knowledge of respondents regarding personal hygiene with their age, educational qualification, occupation and personal monthly income and family monthly income.

**Table 34: Analysis of variance showing variation in the Extent of Knowledge of Respondents regarding Personal Hygiene and their selected variables**

Sr. No.	Selected Variables	df	Sum of Squares	Mean of Squares	f-value	Level of Significance
	<b>Personal Variables</b>					
<b>1.</b>	<b>Age (in years)</b>					
	Between Groups	2	442.23	221.11	3.06	N.S*
	Within Groups	123	5701.92	46.35		
<b>2.</b>	<b>Educational Qualification</b>					
	Between Groups	4	827.29	206.82	2.44	N.S*
	Within Groups	121	5313.53	49.91		
<b>3.</b>	<b>Occupation</b>					
	Between Groups	3	100.72	33.57	2.67	N.S*
	Within Groups	122	6470.93	53.04		
<b>4.</b>	<b>Personal Monthly Income (in ₹)</b>					
	Between Groups	3	730.38	243.46	2.67	N.S*
	Within Groups	122	5841.27	47.87		
	<b>Family Variable</b>					
<b>5.</b>	<b>Family Monthly Income (in ₹)</b>					
	Between Groups	2	551.83	275.91	3.06	N.S*
	Within Groups	123	5705.53	46.38		

*Note: \*df = Degree of Freedom, \*N.S = Not Significant*

The results of ANOVA did not show any significant variation in the knowledge of respondents regarding personal hygiene with their selected personal variables age, educational qualification, occupation and personal monthly income (in ₹) and family variable like family monthly income (in ₹). Hence, the null hypotheses was accepted. It was concluded that knowledge of respondents regarding personal hygiene was not influenced by their selected variables.

**HO<sub>1.2</sub>: There exists no difference in the Extent of Knowledge of Respondents regarding Personal Hygiene with the type of family and number of family variables**

To find out the difference between the extent of knowledge of respondents regarding personal hygiene with the type of family and number of family members t-test was computed.

**Table 35: t-test showing difference in the Extent of Knowledge of Respondents regarding Personal Hygiene with the type of family and number of family variables**

Sr. No.	Selected Variables	Mean Score	t-value	df	Level of Significance
	<b>Type of Family</b>				
1.	Joint	232.75	2.86	38	0.05
2.	Nuclear	228.34			
	<b>Number of Family Members</b>				
3.	3-5	233.58	2.28	96	0.05
4.	6-9	230.63			

*Note: \*df = Degree of Freedom*

The computation of t-value showed significant difference in the extent of knowledge of respondents regarding personal hygiene with the type of family and number of family members. Hence, the null hypotheses was rejected. It was concluded that knowledge of respondents regarding personal hygiene was influenced by their type of family and number of family members.

**HO<sub>2</sub>: There exists no variation in the Practices followed by Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)]**

The broad hypotheses were made into several specific hypotheses.

**HO<sub>2.1</sub>: There exists no variation in the Practices followed by Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and**

**personal monthly income (in ₹)] and family variables like family monthly income (in ₹)**

Analysis of Variance (ANOVA) was computed to test the variation in the practices followed by respondents regarding personal hygiene with their age, educational qualification, occupation and personal monthly income and family monthly income.

**Table 36: Analysis of variance showing variation in the Practices followed by Respondents regarding Personal Hygiene and their selected variables**

Sr. No.	Selected Variables	df	Sum of Squares	Mean of Squares	f-value	Level of Significance
	<b>Personal Variables</b>					
<b>1.</b>	<b>Age (in years)</b>					
	Between Groups	2	1774.77	887.38	3.06	N.S*
	Within Groups	123	28847.09	234.52		
<b>2.</b>	<b>Educational Qualification</b>					
	Between Groups	4	2061.56	515.39	2.44	N.S*
	Within Groups	121	28025.65	231.61		
<b>3.</b>	<b>Occupation</b>					
	Between Groups	3	1122.21	374.07	2.67	N.S*
	Within Groups	122	28965	237.41		
<b>4.</b>	<b>Personal Monthly Income (in ₹)</b>					
	Between Groups	3	1661.37	553.79	2.67	N.S*
	Within Groups	122	28719.83	235.40		
	<b>Family Variable</b>					
<b>5.</b>	<b>Family Monthly Income (in ₹)</b>					
	Between Groups	2	1887.384	943.69	3.06	N.S*
	Within Groups	123	28734.49	233.61		

**Note:** \*df = Degree of Freedom, \*N.S = Not Significant

The results of ANOVA did not show any significant variation in the practices followed by respondents regarding personal hygiene with their selected variables age, educational qualification, occupation and personal monthly income (in ₹) and family variable like family monthly income (in ₹). Hence, the null hypotheses was accepted. It was concluded that practices followed by respondents regarding personal hygiene were not influenced by their selected variables.

**HO<sub>2.2</sub>: There exists no difference in the Practices followed by respondents regarding Personal Hygiene with the type of family and number of family variables**

To find out the difference between the practices followed by respondents regarding personal hygiene with the type of family and number of family members t-test was computed.

**Table 37: t-test showing difference in the practices followed by Respondents regarding Personal Hygiene with the type of family and number of family variables**

Sr. No.	Selected Variables	Mean Score	t-value	df	Level of Significance
	<b>Type of Family</b>				
1.	<b>Joint</b>	209.95	-1.53	44	N.S*
2.	<b>Nuclear</b>	214.96			
	<b>Number of Family Members</b>				
3.	<b>3-5</b>	206.80	-2.80	120	N.S*
4.	<b>6-9</b>	214.25			

*Note: \*df = Degree of Freedom, \*N.S = Not Significant*

The computation of t-value did not show any significant difference in the practices followed by respondents regarding personal hygiene with the type of family and number of family members. Hence, the null hypotheses was accepted. It was concluded that practices followed by the respondents

regarding personal hygiene was not influenced by their type of family and number of family members.

**HO<sub>3</sub>: There exists no relationship in the Extent of Knowledge of Respondents regarding Personal Hygiene and Practices followed by Respondents regarding Personal Hygiene**

To find out the relationship between the extent of knowledge of respondents regarding personal hygiene and practices followed by respondents regarding personal hygiene.

**Table 38: Co-efficient of Correlation showing a relationship between the Extent of Knowledge of Respondents regarding Personal Hygiene and Practices followed by Respondents regarding Personal Hygiene**

Sr. No.	Selected Variables	n	r- value	Level of Significance
1.	Extent of Knowledge regarding Personal Hygiene	125	0.67	0.05
	Practices followed regarding Personal Hygiene	125		

Coefficient of Correlation was computed to test the relationship between extent of knowledge of respondents regarding personal hygiene and practices followed by respondents regarding personal hygiene. It was concluded that significant relationship was found between the extent of knowledge and practices followed by respondents regarding personal hygiene. Hence the null hypothesis was rejected.

**HO<sub>4</sub>: There exists no difference in the Extent of Knowledge of Respondents regarding Personal Hygiene before and after Awareness Programme.**

Paired t-test was computed to find out the difference in the extent of knowledge of the respondents regarding personal hygiene before and after Awareness programme.

**Table 39: Paired t-test showing the difference in extent of knowledge of the respondents regarding personal hygiene before and after Awareness programme**

Sr. No.	Selected Variables	Mean Score	Mean Difference	t-value	df	Level of Significance
1.	Extent of Knowledge regarding Personal Hygiene before Awareness Programme	231.84	182.16	2.39	124	0.05
	Extent of Knowledge regarding Personal Hygiene after Awareness Programme	414				

**Note: \*df = Degree of Freedom**

Paired t-test (two tailed) was computed to test the difference between the extent of knowledge of respondents regarding personal hygiene before and after the Awareness programme. It was concluded that knowledge of respondents regarding personal hygiene was increased significantly after the Awareness programme. Hence, the null hypotheses was rejected.

## SECTION VII

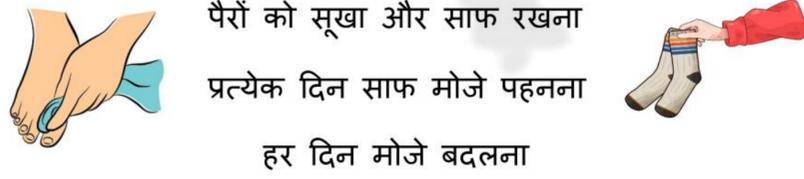
### 4.7 Development of an Infographic

An infographic was developed by the researcher under the study as a research outcome. The infographic consists of all the aspects of personal hygiene including [Body Hygiene, Face Hygiene, Hand Hygiene, Hair Hygiene, Oral Hygiene, Ear Hygiene, Foot Hygiene, Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene] selected under the study. It was developed to provide information of the suggestive measures regarding personal hygiene with the title “व्यक्तिगत स्वच्छता से संबंधित सुझाव”. The infographic was developed using graphic designing platform named “Canva (2024)”.

## पैरों की स्वच्छता

पैरों की स्वच्छता पैरों को नियमित रूप से साफ और स्वस्थ रखने का अभ्यास है।

साबुन और पानी से नियमित रूप से पैरों को धोना



पैरों को सूखा और साफ रखना

प्रत्येक दिन साफ मोजे पहनना

हर दिन मोजे बदलना

स्वच्छ और आरामदायक जूते का उपयोग करना



धोने के बाद पैरों को मॉइस्चराइज करना

नियमित रूप से पैर के नाखूनों को काटना और उनसे गंदगी हटाना



थके हुए पैरों को आराम के लिए गर्म पानी में सैधा नमक डालकर पैरों को भिगोना

फटी एड़ियों का इलाज करने के लिए अरंडी के तेल का उपयोग करना



## बगल की स्वच्छता

बगल की स्वच्छता बगलों को साफ और दुर्गंध से मुक्त रखने का अभ्यास है।



नियमित रूप से बगल को साबुन और पानी से अच्छी तरह धोना



धोने के बाद बगल को अच्छी तरह से सुखाना



बगल की स्वच्छता बनाए रखने के लिए बेकिंग सोडा, सेब का सिरका, या नारियल का तेल जैसे प्राकृतिक उपचार का उपयोग करना



शरीर की गंध को रोकने के लिए डिओडोरेंट या परफ्यूम का उपयोग करना



प्राकृतिक फाइबर जैसे कॉटन से बने साफ, सांस लेने योग्य कपड़े पहनना बगल को सूखा रखने और गंध को कम करने में मदद करता है



पसीने वाली बगल में संक्रमण से बचने के लिए बगल को वैक्स /शेव करना



## कपड़ों की स्वच्छता

कपड़ों की स्वच्छता बीमारी और दुर्गंध के प्रसार को रोकने के लिए कपड़ों को धोने और उनकी देखभाल करने की क्रिया है।



हर दिन साफ-सूखे कपड़े पहनना आवश्यक है

कपड़ों को कीटाणुरहित करने के लिए धूप में सुखाना



स्वच्छ कपड़ों को सूखे, साफ वातावरण में ठीक से स्टोर करना

व्यायाम या बाहरी गतिविधियों के दौरान पहने गए कपड़ों को ठीक से धोना



कपड़े धोने के लिए डिटर्जेंट/साबुन का उपयोग करना



कपड़े धोने का क्षेत्र इस्तेमाल करने से पहले साफ करना

## मासिक धर्म स्वच्छता

मासिक धर्म स्वच्छता का तात्पर्य उस क्रिया से है जिसमें महिलाओं द्वारा मासिक धर्म के दौरान अपने जननांगों और शरीर की स्वच्छता बनाए रखने के लिए उचित उपाय किए जाते हैं।

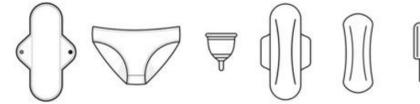


मासिक धर्म के दौरान साफ पैंटी पहनना



सेनिटरी पैड, टैम्पोन, या मेनस्ट्रुअल कप को शौचालय में ना फेंकना

सेनिटरी पैड, मेनस्ट्रुअल कप, पीरियड पैंटी आदि बाजार में उपलब्ध विभिन्न प्रकार के मासिक धर्म उत्पाद का उपयोग करना



मासिक धर्म के दौरान जननांगों को धोने के लिए साफ पानी का उपयोग करना



मासिक धर्म के दौरान रोज पैंटी बदलना

मासिक धर्म का कचरा अन्य घरेलू कचरे से अलग एक निर्धारित बिन में फेंकना



मासिक धर्म के दौरान जननांग के बालों को काटने या वैक्सिंग से बचना

सेनिटरी पैड / मेनस्ट्रुअल कप, पीरियड पैंटी / कपड़ा हर 4 से 6 घंटे में बदलना



मासिक धर्म के कपड़े को डिटॉल या किसी अन्य कीटाणुनाशक तरल में भिगोकर धोना

Developed by- Tanvi Saini

Guided by- Ms. Rakhi Dasgupta

Note: All the images are taken from common creative platforms

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FACULTY OF FAMILY & COMMUNITY SCIENCES  
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VADODARA, GUJARAT



# व्यक्तिगत स्वच्छता से संबंधित सुझाव



## शारीरिक स्वच्छता

शारीरिक स्वच्छता का तात्पर्य नियमित रूप से स्नान या शॉवर लेने से है, जिससे त्वचा की सफाई होती है और शरीर की दुर्गंध दूर होती है।



प्रतिदिन साफ और धुले हुए कपड़े पहनना  
साफ पानी से स्नान करना



स्नान के बाद साफ तौलिये का उपयोग करना  
पसीना आने के बाद स्नान करना



व्यक्तिगत स्वच्छता वस्तुओं जैसे तौलिया, लूफाह, या रेजर को साझा न करना



फफूंद का संक्रमण होने पर उचित इलाज लेना

नहाने के पानी में नीम की पत्तियों का उपयोग करना



परफ्यूम या डियोडोरेंट का उपयोग करना

नहाते समय पानी के साथ साबुन का प्रयोग करना



स्वच्छ बिस्तर और तकिए का उपयोग करना

मॉइस्चराइज़र का उपयोग करके शुष्क त्वचा का उपचार करना



## चेहरे की स्वच्छता

चेहरे की स्वच्छता का अर्थ है चेहरे को गंदगी, तेल और अन्य प्रदूषकों से मुक्त रखना।



चेहरे को नियमित रूप से साफ पानी और हल्के साबुन से धोना



सोने से पहले मेकअप हटाना



चेहरे की सामान्य समस्याओं के लिए घरेलू नुस्खों का इस्तेमाल करना



साफ कपड़े का उपयोग करके चेहरा पोंछना



चेहरे की त्वचा के रूखेपन का इलाज करने के लिए चेहरे पर मॉइस्चराइज़र का उपयोग करना



चेहरे को छूने से पहले हाथों को ठीक से धोना



चेहरे की त्वचा की समस्याओं के मामले में त्वचा विशेषज्ञ से परामर्श करना

नियमित अंतराल पर अपने मेकअप उपकरणों को साफ करना



दूसरे के मेकअप उपकरणों का इस्तेमाल नहीं करना

## हाथों की स्वच्छता

हाथों की स्वच्छता बनाए रखने का अभ्यास यह है कि उन्हें नियमित रूप से साफ पानी और साबुन से धोया जाए।



हाथ धोने के लिए हल्के साबुन और पानी का उपयोग करना



भोजन से पहले और बाद हाथ साबुन से धोना



खाना तैयार करने से पहले, तैयार करते समय और बाद हाथ धोना



शौचालय का उपयोग करने के बाद साबुन से हाथ धोना

नाक पोंछने या छींकने के बाद हाथ साबुन से धोना



हाथ की स्वच्छता बनाए रखने के लिए नाखूनों को काटना



हाथ धोने के लिए पानी उपलब्ध न होने पर सैनिटाइज़र का उपयोग करना

बच्चे का डायपर (नैपी) बदलने और मल त्याग साफ करने के बाद हाथ साबुन से धोना



बाहर से घर वापस आने के बाद हाथ साबुन से धोना

भोजन परोसने से पहले हाथ धोना

बच्चों को खाना खिलाने से पहले हाथ धोना  
पालतू जानवरों और घरेलू जानवरों को संभालने के बाद हाथ साबुन से धोना



साबुन और पानी से हाथ 20 सेकंड तक धोना

## मौखिक स्वच्छता

मौखिक स्वच्छता उन क्रियाओं को संदर्भित करती है जो मुँह, दांत और मसूड़ों के स्वास्थ्य और स्वच्छता को बनाए रखने में मदद करती हैं।



दिन में दो बार दांतों को ब्रश करना  
दांतों को साफ करने के लिए टूथपेस्ट का उपयोग करना



नियमित रूप से जीभ साफ करना  
भोजन के बाद कुल्ला करना



दांतों की सफाई के लिए दंत धागे (टूथ फ्लॉस) का उपयोग करना

ब्रश और टूथपेस्ट न होने पर दातून का उपयोग करना



हर तीन महीने में टूथब्रश बदलना

दांतों से दाग हटाने और मुँह में एसिड को निष्क्रिय करने के लिए बेकिंग सोडा का उपयोग करना

दांतों की सूजन, मसूड़ों की राहत और मुँह के बैक्टीरिया को मारने के लिए नमक के पानी से कुल्ला करना



## कान की स्वच्छता

कान की स्वच्छता का मतलब है कानों की देखभाल और सफाई, जिससे संक्रमणों को रोका जा सके और सुनने की क्षमता को बनाए रखा जा सके।



नियमित रूप से कान साफ करना  
तेज वस्तुओं को कान में ना डालना



कान साफ करने के लिए नरम कपड़े का उपयोग करना

ईयरफोन या ईयरबड्स साझा न करना



कान के संक्रमण से बचने के लिए श्रवण यंत्र और ईयरफोन को नियमित रूप से साफ करना

कान के संक्रमण के लिए बिना चिकित्सकीय सलाह के घरेलू उपचार ना करना



सुरक्षा के लिए बने वैक्स को अत्यधिक कान की सफाई से ना हटाकर संक्रमण का खतरा रोकना



नियमित रूप से श्रवण जांच करवाना

## बालों की सफाई

बालों की स्वच्छता में बालों और खोपड़ी की सफाई और देखभाल शामिल है।



बालों को साफ रखने के लिए शैम्पू का उपयोग करना



बालों को बांधने और सुखाने के लिए साफ तौलिये का उपयोग करना



नियमित रूप से बालों को कंघी करना

गरम शैली उपकरणों के अत्यधिक उपयोग से बचना



बालों के ब्रश, कंघी, और बालों की रबड़ साझा करने से बचना

खाना पकाते या धूल भरे वातावरण में काम करते समय बालों को बांधना



भारी पसीने के बाद, जैसे व्यायाम करने के बाद बाल धोना



बालों के सामान जैसे क्लिप, कंघी, और बालों की रबड़ को नियमित रूप से साफ करना





# SUMMARY AND CONCLUSIONS



## CHAPTER V

### SUMMARY AND CONCLUSIONS

#### 5.1 SUMMARY

According to the World Health Organisation (WHO), “Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases”<sup>(4)</sup>. In rural areas, homemakers face significant challenges in maintaining hygiene due to shared resources, proximity to livestock, and multiple responsibilities such as childcare and agricultural work. These factors increase the risk of infectious diseases, making hygiene practices essential. During the COVID-19 pandemic, hygiene gained prominence as a key public health measure, reinforcing its role in preventing diseases. Despite government initiatives like the Swachh Bharat Mission, rural hygiene remains a challenge. Enhancing hygiene knowledge and resources among homemakers is crucial for reducing disease incidence and improving public health in rural communities. The present study aims to assess the extent of knowledge of homemakers regarding personal hygiene and to find out the practices followed by them. The study also aims to assess the efficacy of educational module developed by the researcher on personal hygiene. The current study helps in promoting the Sustainable Development Goals (SDGs) such as SDG 3 (Good Health and Well-being) and SDG 6 (Clean Water and Sanitation)<sup>(7)</sup>.

The review of the literature revealed that studies carried out outside of India tended to focus on a variety of topics, including menstrual hygiene, knowledge and practices among urban adolescent girls, safe hygiene practices, personal hygiene routines, gender differences in hygiene behaviours, awareness and practices of oral hygiene among female undergraduates, knowledge and practices of personal hygiene among rural women, and hand hygiene practices among medical students. On the other hand, research conducted in India has primarily focused on the topics Hand Hygiene Practices among healthcare workers, Personal Hygiene of school going and non-school going children, Sanitation among government and private school students, personal hygiene among rural school students, Menstrual hygiene among adolescent girls, Personal Hygiene and sanitation practices, knowledge and practice regarding sanitation and hygiene among women. There was a dearth of

research on personal hygiene among rural homemakers, as the researcher has not found any similar study in the selected locale on particular topic, the present research was undertaken focused on the assessment of efficacy of educational module developed on personal hygiene for rural homemakers.

As 'Personal Hygiene' comes under the 'Sanitation and Hygiene', which is the part of FCRM curriculum, the educational package will be developed under the research, can be used to enhance the knowledge of the students. The developed curriculum can be combined with other pertinent courses including public health, environmental studies, biology, and sociology because sanitation and hygiene are interdisciplinary fields. By educating people with a multifaceted point of view, this multidisciplinary approach promotes a deeper knowledge of the connections between health, sanitation, hygiene, the environment, and society.

### **Statement of the Problem**

The present study aims to assess the efficacy of Educational Module developed on Personal Hygiene for homemakers of selected rural areas of Panchkula District, Haryana.

### **Objectives**

1. To assess the Extent of Knowledge of Homemakers regarding Personal Hygiene Practices in selected rural areas of Panchkula District, Haryana.
2. To find out the Practices followed by the homemakers regarding Personal Hygiene in selected rural areas of Panchkula District, Haryana.
3. To assess the efficacy of need based Educational Module developed by the researcher on Personal Hygiene.

### **Delimitations**

1. The study was limited to selected rural areas of Barwala Block of Panchkula District, Haryana.
2. The study was limited to the selected villages (Shyamtoo, Ratte Wali, Khet Purali, Toka) of Barwala Block of Panchkula District, Haryana.
3. The study was limited to the homemakers of Barwala Block of Panchkula District, Haryana.

## **Hypotheses of the Study**

1. There exists a variation in the Extent of Knowledge of Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)].
2. There exists a variation in the Practices followed by Respondents regarding Personal Hygiene with the selected variables like [age, educational qualification, occupation and personal monthly income (in ₹)] and family variables like [type of family, number of family members and family monthly income (in ₹)].
3. There exists a relationship in the Extent of Knowledge of Respondents regarding Personal Hygiene and Practices followed by Respondents regarding Personal Hygiene.
4. There exists a difference in the Extent of Knowledge of Respondents regarding Personal Hygiene before and after Awareness Programme.

## **Methodology**

A descriptive research design was adopted for the present research. The locale for the present study was the selected villages i.e. Shyamtoo, Ratte Wali, Khet Purali, Toka of Barwala Block of Panchkula District, Haryana. The unit of inquiry was 125 homemakers of the selected villages of Barwala Block of Panchkula District, Haryana. A purposive sampling technique was used for the present study. Consent was taken from the respondents and were asked to cooperate in giving the needed information regarding the present study. Based on the objectives of the present study, an interview schedule was developed which included questions related to the background information, knowledge regarding different aspects of personal hygiene and the practices followed regarding them. Apart from background information, it comprised of three sections viz. “Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme”. This section comprised of statements to find out the knowledge of homemakers regarding personal hygiene. The respondents were asked to respond on a 3-point continuum scale. The scale consisted of 138 statements which were positive. For each positive statement, the scores assigned were 3 to 1 respectively. Higher scores reflected a high extent of knowledge regarding personal hygiene. The scale “Practices followed by Homemakers regarding Personal Hygiene” consisted of 124 positive

statements related to the personal hygiene practices followed by homemakers. It comprises of a 3-point continuum scale for the responses in terms of “Always”, “Sometimes” and “Never”. For each positive statement, the scores assigned were 3 to 1, respectively. Higher scores reflected good level of practices. To assess the efficacy of educational module developed for the Awareness programme post knowledge test was conducted by using the scale “Extent of Knowledge of Homemakers regarding Personal Hygiene after Awareness Programme” to find out the knowledge of homemakers regarding personal hygiene after Awareness programme. The scale was consisted of 138 statements which were positive. For each positive statement, the scores assigned were 3 to 1 respectively. Higher scores reflected a high extent of knowledge regarding personal hygiene.

The content validity was established for the scales prepared by the researcher to test validity. The tool prepared was given to the panel of 11 judges from the Department of Family and Community Resource Management, Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda, Vadodara. They were requested to check the clarity and relevance of the content. It was also asked to give suggestions to improve the tool. Judges’ opinion was considered and all changes were incorporated into the tool. The reliability of the scale was established through the split-half method. For split half method the scales were divided equally in two parts. The coefficient of the correlation was found between the two halves. The spearman-Brown correction formula was applied to estimate the reliability coefficient for the entire scale. The reliability values were found to be reliable for all the scales reported here. The data was analysed using descriptive statistics (Frequency, Percentage and Mean) and relational statistics i.e. Analysis of Variance (ANOVA), t-test and co-relation coefficient, according to the nature of variables.

### **Major Findings**

The major findings of the study were as follows:

**Section I Background Information:** The respondents for this study were categorized into three age groups: 21–35 years, 36–50 years, and 51–65 years. The mean age of the respondents was 48.02. Among them, around 47.2 per cent of the respondents were aged between 36 and 50 years, 40.8 per cent were aged between 51 and 65 years and 12 per cent were aged between 21 and 35 years. The educational qualification of the

respondents revealed that 29.6 per cent of the respondents were illiterate and 24.8 per cent of the respondents had education till primary followed by 22.4 per cent with SSC. 21.6 per cent of the respondents had education till HSC and 1.6 per cent of the respondents were graduates. The occupational status of the respondents showed that 76.8 per cent were unemployed. 8.8 per cent of the respondents were self-employed and 7.2 per cent were employed followed by 7.2 per cent of the respondents which were pensioner. The personal monthly income of the respondents ranged between ₹0 to ₹8000 with a mean of ₹1038.4. In terms of personal monthly income, 76.8 per cent of the respondent's income ranged below ₹2500/-. 12.8 per cent of the respondent's income ranged between ₹2500/- to ₹4500/- followed by 5.6 per cent of the respondent's income ranged between ₹4501/- to ₹6000/-. The area of residence of the respondents was from four selected villages: Shamtoo, Toka, Rattewali, and Khetpurali. 27.2 per cent of the respondents were from Toka village and 25.6 per cent from Khetpurali village. 24.8 per cent of the respondents were from Shamtoo village and 22.4 per cent of the respondents were from Rattewali village. The family type of the respondents revealed that 79.2 per cent of the respondents, lived in joint families. On the other hand, 20.8 per cent of the respondents belonged to nuclear families. The number of family members of the respondents showed that 59.2 per cent had 6 to 9 members, while 40.8 per cent of families comprised 3 to 5 members. The family monthly income of the respondents was ranged between ₹14000/- to ₹50000/-. 48.8 per cent of the respondents had family income between ₹26,001/- to ₹38,000/-. 31.2 per cent of respondent's families were earning between ₹14,000/- to ₹26,000/-, while 20 per cent were earning between ₹38,001/- to ₹50,000/- with the mean value of ₹30,656.00.

## **Section II Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme:**

### **Knowledge of Respondents regarding Body Hygiene**

The findings revealed that 100 per cent of the respondents were unaware that avoiding harsh chemicals and perfumes in body care products reduces the risk of skin irritation and allergies. Additionally, 89.60 per cent of the respondents were unaware that using neem leaves in bathing water prevents allergies/rashes and 88.80 per cent of the respondents was found to have been unaware that sharing personal hygiene items such as towels, loofahs, or razors could spread skin infections. It was also found that 80.80

per cent of the respondents have been unaware that in case of fungal infection, appropriate treatment needs to be taken and 77.60 per cent of the respondents were unaware about the importance of covering wounds to avoid the spread of skin infections. On the other hand, 100 per cent of the respondents were aware that bathing with clean water is important for body hygiene and bathing after sweating helps prevent body odour and skin irritation. However, 88.80 per cent of the respondents were aware that wearing clean and washed clothes daily is essential for body hygiene. Furthermore, it was found that 85.60 per cent of the respondents had been aware that scrubbing with soap while bathing is important for removing dirt and bacteria. Additionally, 84.80 per cent of the respondents were aware that regular bathing removes dirt, sweat, and bacteria from the body.

### **Knowledge of Respondents regarding Face Hygiene**

It was found that 100 per cent of the respondents were unaware that by avoiding excessive touching of the face helps to reduce the spread of germs and bacteria, using facial products suitable for the skin type ensures optimal skin care results, avoiding hot water while washing the face helps to prevent dryness and irritation and before touching the face, the hands need to be washed properly. Additionally, 93.60 per cent of the respondents were unaware that using a separate towel for the face reduces the risk of transferring bacteria and oils from other parts of the body while 87.20 per cent of the respondents were unaware that removing makeup before sleeping is essential for skin health. However, 86.40 per cent of the respondents were unaware that avoiding harsh soaps and scrubs on the face prevents skin damage and 77.60 per cent of the respondents were unaware that changing pillowcases regularly prevents the accumulation of oils and bacteria that may cause pimples. On the other hand, 100 per cent of the respondents were aware that washing the face regularly helps in maintaining face hygiene, using a clean cloth to wipe the face is essential and using clean water and mild soap is important for face hygiene.

### **Knowledge of Respondents regarding Hand Hygiene**

The findings revealed that 95.20 per cent of the respondents were unaware that hands should be washed before dressing wounds and 90.40 per cent of the respondents were unaware that it is necessary to wash hands after returning home from outside while 83.20 per cent of the respondents were unaware that cleaning nails regularly is essential

for hand hygiene. Additionally, 79.20 per cent of the respondents were unaware that hands should be washed well before serving food and 78.40 per cent of the respondents were unaware that using a clean hand towel is important for drying hands after washing. On the other hand, 100 per cent of the respondents were aware that handwashing should be done after giving care to an infected person, handwashing is necessary after changing a baby's diaper (nappy) and disposing of faeces, and after contact with blood or body fluids such as vomit. Additionally, 90.40 per cent of the respondents were aware that washing hands with soap is important after using the toilet while 64.80 per cent of the respondents were aware that washing hands is important before preparing food and 63.20 per cent of the respondents recognized its importance while preparing food.

### **Knowledge of Respondents regarding Oral Hygiene**

It was revealed that 100 per cent of the respondents were unaware that using tooth floss is important for oral hygiene, proper oral hygiene helps prevent tooth decay and gum diseases like gingivitis and periodontitis, chewing sugar-free gum helps maintain oral hygiene by stimulating saliva production and using mouthwash is a beneficial addition to an oral hygiene routine as it helps kill bacteria and provides fresh breath. Additionally, 100 per cent of the respondents were unaware that regular use of a tongue cleaner helps remove bacteria and particles that create bad breath, baking soda can help remove stains from teeth and neutralize acids in the mouth, eating crunchy fruits and vegetables like apples and carrots helps clean teeth naturally and neglecting oral hygiene leads to painful dental problems and costly treatments. However, 92 per cent of the respondents were unaware that salt water helps kill bacteria, reduce inflammation, and soothe sore gums while 88.80 per cent of the respondents were unaware that smoking or chewing tobacco can stain teeth and 80.80 per cent of the respondents were unaware that smoking or chewing tobacco increases the risk of gum disease. Furthermore, it was also found that 76 per cent of the respondents were unaware that regular dental check-ups are important for maintaining oral hygiene and smoking or chewing tobacco can cause bad breath. On the other hand, 100 per cent of the respondents were aware that using toothpaste is essential for cleaning teeth properly, using clean water for brushing and rinsing is essential for maintaining oral hygiene.

### **Knowledge of Respondents regarding Ear Hygiene**

The findings revealed that 100 per cent of the respondents were unaware that it is important to clean hearing aids and earphones regularly to prevent ear infections, home remedies should not be practiced for ear infections without medical advice, excessive ear cleaning removes protective wax leading to infections, earwax is a natural barrier that protects the ear from dust and bacteria and regular hearing checks are essential for maintaining ear health. Additionally, 91.20 per cent of the respondents were unaware that to reduce the risk of ear infections, earphones or earbuds sharing should be avoided. 90.40 per cent of the respondents were unaware that using a soft cloth to clean the ear is essential and inserting sharp objects into the ears causes damage. Furthermore, it was also found that 83.20 per cent of the respondents were unaware that it is important to dry ears after swimming or bathing and 80.80 per cent of the respondents were unaware that cleaning ears regularly helps in preventing ear infections.

### **Knowledge of Respondents regarding Hair Hygiene**

It was found that 100 per cent of the respondents were unaware that conditioning hair after shampooing helps to keep it moisturized and prevents breakage, that keeping hair dry and well-maintained prevents scalp infections, using a clean towel is important to tie and dry hair and using lukewarm water instead of hot water for hair washing helps to retain natural oils and prevent dryness. It was also found that 100 per cent of the respondents were unaware that avoiding excessive use of hair products like gels, sprays, and creams prevents product buildup on the scalp, and that scalp massages during hair washing improve blood circulation, promoting healthier hair growth and hygiene. Additionally, 89.60 per cent of the respondents were unaware that regularly cleaning hairbrushes and combs helps to remove accumulated dirt and oil, preventing scalp infections and regularly cleaning hair accessories like clips, bands, and scrunchies helps to prevent dirt and oil buildup. However, 87.20 per cent of the respondents were unaware that avoiding excessive use of heat styling tools helps to prevent hair damage and maintain hygiene and 83.20 per cent of the respondents were unaware that washing hair after heavy sweating, such as after exercise, is important to remove sweat and bacteria from the scalp and avoiding tight hairstyles that pull on the scalp can prevent hair loss and maintain scalp health. 80 per cent of the respondents were unaware that tying hair up while cooking or working in dusty environments helps to keep it clean

and free from contaminants. On the other hand, 100 per cent of the respondents were aware that using shampoo is important for keeping hair clean and keeping the scalp moisturized with natural oils prevents dryness and flakiness, promoting better hair hygiene. The findings also revealed that 93.60 per cent of the respondents were aware that washing hair regularly helps in maintaining hair hygiene, while 88.80 per cent of the respondents were aware that avoiding the sharing of hair tools like brushes, combs, and hair ties helps to prevent the spread of lice and infections. 86.40 per cent of the respondents recognized that brushing hair regularly helps to distribute natural oils, promoting a healthy scalp and hair.

### **Knowledge of Respondents regarding Foot Hygiene**

It was found that 100 per cent of the respondents were unaware that castor oil is good for treating cracked heels and proper foot hygiene is important for individuals with diabetes to prevent complications like foot ulcers while 92.80 per cent of the respondents were unaware that trimming toenails and removing dirt from them regularly is an essential part of foot hygiene. Additionally, 81.60 per cent of the respondents were unaware that regularly washing insoles and shoe linings reduces odour and improves overall foot hygiene while 80 per cent of the respondents were unaware that wearing well-fitted shoes helps to prevent foot blisters and calluses, contributing to overall foot hygiene. 78.40 per cent of the respondents were unaware that using clean and comfortable footwear is important for foot health. On the other hand, 100 per cent of the respondents were aware that keeping feet dry and clean is important for foot hygiene, while 78.40 per cent of the respondents were aware that wearing clean socks daily is essential for maintaining foot hygiene.

### **Knowledge of Respondents regarding Armpit Hygiene**

The findings revealed that 100 per cent of the respondents were unaware that natural remedies like baking soda, apple cider vinegar, or coconut oil are used to maintain armpit hygiene. 75.20 per cent of the respondents were unaware that using deodorant or perfume is important to prevent body odour, while 72.80 per cent of the respondents were unaware that waxing or shaving armpits is essential to avoid infections in sweaty armpits. Additionally, 71.20 per cent of the respondents were unaware that after washing, it is important to dry the armpits thoroughly to prevent the growth of bacteria and fungi and 70.40 per cent of the respondents were unaware that regular washing of

armpits helps in preventing body odour. On the other hand, 70.40 per cent of the respondents were aware that wearing clean, breathable clothing made of natural fibres like cotton helps keep the armpits dry and reduce odour.

### **Knowledge of Respondents regarding Clothes Hygiene**

It was revealed that 73.60 per cent of the respondents were unaware that clothes should be dried in sunlight to disinfect them. On the other hand, 100 per cent of the respondents were aware that wearing clean clothes daily is important for personal hygiene, that clean clothes should be stored in a dry and clean place, and that wearing dry clothes is essential for maintaining hygiene. It was also found that 100 per cent of the respondents were aware that clothes worn during exercise or outdoor activities should be washed properly to remove sweat and dirt and that proper storage of clean clothes in a dry, clean environment helps maintain their hygiene. However, 58.40 per cent of the respondents were aware that keeping the laundry area clean helps prevent cross-contamination between dirty and clean clothes.

### **Knowledge of Respondents regarding Menstrual Hygiene**

The findings revealed that 100 per cent of the respondents were unaware that menstrual waste should be disposed of separately from other household waste in a designated bin and 89.60 per cent of the respondents were unaware that trimming or waxing genital hair should be avoided during periods. Additionally, 88 per cent of the respondents were unaware that changing undergarments is important during periods, sanitary napkins or cloth should be changed after every 4 to 6 hours to prevent infections and menstrual products (pads, tampons, etc.) should be wrapped in biodegradable paper or bags before disposal. 79.20 per cent of the respondents were unaware that sanitary pads, menstrual cups, period panties, etc., are the various types of menstrual products available in the market, 77.60 per cent of the respondents were unaware that poor menstrual hygiene can lead to reproductive tract infections and other health issues. On the other hand, 100 per cent of the respondents were aware that menstrual hygiene is important for women's health, that using clean water is essential to wash the genital area during periods, that flushing sanitary pads, tampons, or menstrual cups down the toilet should be avoided, and that it is important to soak period cloth in Dettol or any other disinfectant liquid. Additionally, 72 per cent of the respondents were aware that wearing clean undergarments during menstruation is essential.

### **Section III Practices followed by Homemakers regarding Personal Hygiene**

#### **Practices followed regarding Body Hygiene**

The findings revealed that 100 per cent of the respondents never had salt bath, neem water bath, or applied moisturizer after bathing followed by 84.80 per cent of the respondents never changed bed linens on regular basis. It was also revealed that 74.40 per cent of the respondents never had bath with soap and water after coming from outside. However, 55.20 per cent of the respondents never scrubbed their body to remove dead skin and never used soap while bathing. It was also revealed that 47.20 per cent of the respondents never used a clean towel after bathing. On the other hand, 76.80 per cent of the respondents sometimes had bath at least once a day, while 74.40 per cent of the respondents sometimes had bath after physical activity followed by 70.40 per cent of the respondents that always wear washed clothes

#### **Practices followed regarding Face Hygiene**

It was found that 100 per cent of the respondents never applied serum or face oil on the face, used facial toner, or scrubbed face weekly followed by 96 per cent respondents never visited a dermatologist regularly and 90.40 per cent never had a habit of touching their face repeatedly. The findings also revealed that 87.20 per cent of the respondents never checked the expiry date before using products followed by 88.80 per cent never used home remedies to treat facial problems and 85.60 per cent never washed their face twice a day. On the other hand, 90.40 per cent of the respondents sometimes shared makeup tools with others followed by 89.60 per cent sometimes used a mild soap or face wash for face cleaning and 84.80 per cent sometimes touched their face only with clean hands whereas 82.40 per cent sometimes cleaned makeup tools at regular intervals. It was also found that 64.80 per cent of the respondents sometimes used moisturizer to keep facial skin hydrated. However, 100 per cent of the respondents always used clean water for washing the face, and 89.60 per cent always used a clean towel to dry their face.

#### **Practices followed regarding Hand Hygiene**

The findings revealed that 90.40 per cent of the respondents never washed their hands after preparing meals and 88 per cent before serving food. However, 62.40 per cent of the respondents never washed their hands before dressing wounds and 54.40 per cent

never washed after sneezing into hands. 53.60 per cent of the respondents never trimmed their nails regularly, while 71.20 per cent never cleaned them. Furthermore, 72 per cent of the respondents sometimes washed hands before eating and 93.60 per cent sometimes washed hands after eating. 68.80 per cent of the respondents sometimes washed hands before feeding children and 66.40 per cent sometimes washed hands before preparing meals. It was also found out that 88 per cent of the respondents sometimes washed hands after wiping or blowing their nose, and 90.40 per cent of the respondents always used mild soap while washing hands and 62.40 per cent always washed hands with soap after using the toilet followed by 60.80 per cent always used a clean towel for drying hands. 100 per cent of the respondents always washed hands after coming in contact with blood or body fluids such as vomit.

### **Practices followed regarding Oral Hygiene**

The findings revealed that 100 per cent of the respondents never flossed their teeth weekly, never used a tongue cleaner regularly, and never used salt water to treat bad breath. 100 per cent of the respondents never used mouthwash to kill bacteria and bad breath and used baking soda to remove teeth stains followed by 99.20 per cent of the respondents never brushed their teeth twice a day and 96.80 per cent of the respondents never visited the dentist for regular checkups. However, 75.20 per cent of the respondents never practiced oral rinsing after every meal and 60 per cent of the respondents never used *datun* when a toothbrush is unavailable. Furthermore, 83.20 per cent of the respondents sometimes used toothpaste while brushing, and 56.80 per cent sometimes changed their toothbrush every three months. 100 per cent of the respondents always used clean water while brushing.

### **Practices followed regarding Ear Hygiene**

The findings revealed that 84 per cent of the respondents never cleaned their earphones or earbuds regularly. 67.20 per cent of the respondents never visited a health expert when experiencing ear problems and dry ears thoroughly after bathing. 51.20 per cent of the respondents never cleaned their ears regularly with a soft cloth. However, 62.40 per cent of the respondents sometimes used sharp objects to relieve ear itching followed by 63.20 per cent always used cotton swabs to remove ear wax.

### **Practices followed regarding Hair Hygiene**

It was found that 100 per cent of the respondents never applied hair styling products or tried tight hairstyles followed by 94.40 per cent never applied conditioner after washing their hair and 82.40 per cent never cleaned hair accessories like clips, bands, and scrunchies. 78.40 per cent of the respondents never washed their hair twice a week and use heat styling tools. Furthermore, 84 per cent of the respondents sometimes combed their hair daily and 72.80 per cent of the respondents sometimes oil their hair regularly. 56.80 per cent sometimes used mild shampoo to clean their hair. However, 100 per cent of the respondents sometimes used clean combs to brush their hair and always washed their hair with clean water.

### **Practices followed regarding Foot Hygiene**

It was found out that 100 per cent of the respondents never used castor oil to treat cracked heels or soak their feet in warm water. Furthermore, 75.20 per cent of the respondents never treated foot infections with antifungal powder or cream and 68.80 per cent of the respondents never kept their toenails clean and trimmed followed by 67.20 per cent of the respondents never wore clean socks daily or inspected their feet regularly for cuts or infections. Additionally, 64 per cent of the respondents never washed their footwear daily. 54.40 per cent of the respondents never wore slippers while walking in public places. The findings also revealed that 80 per cent of the respondents sometimes dried their feet thoroughly after washing and 100 per cent always wore the right sized footwear. 78.40 per cent of the respondents always used comfortable and clean footwear and 76.80 per cent always washed their feet daily with soap. 64 per cent of the respondents always moisturized feet after washing and drying.

### **Practices followed regarding Armpit Hygiene**

The findings revealed that 73.60 per cent of the respondents never used perfume or deodorant to prevent body odour followed by 71.20 per cent never waxed or shaved their armpits regularly. 42.40 per cent of the respondents never dried their armpits thoroughly to avoid infections. It was also found that 68.80 per cent of the respondents sometimes washed their armpits daily with soap and water and 87.20 per cent of the respondents always wore breathable clothes to keep armpits dry and reduce odour.

### **Practices followed regarding Clothes Hygiene**

It was found out that 65.60 per cent of the respondents never cleaned wardrobe regularly followed by 62.40 per cent of the respondents never changed clothes after working hours. Additionally, 58.40 per cent of the respondents never ironed clothes to remove wrinkles and germs followed by 54.40 per cent never dried clothes in the sun to disinfect them. However, 75.20 per cent of the respondents sometimes changed clothes after excessive exercise. The findings also revealed that 100 per cent of the respondents always washed clothes with clean water, used detergent or soap for washing, and washed and dried sweaty clothes properly. Furthermore, 79.20 per cent of the respondents always stored clean clothes separately, and 64.80 per cent always changed clothes every day.

### **Practices followed regarding Menstrual Hygiene**

The findings revealed that 100 per cent of the respondents never used a menstrual cup, never washed hands before changing sanitary products, never disposed-off used sanitary products in a separate bin, never reused menstrual cloth after washing, and never consulted a doctor in case of inconvenience during periods. Additionally, 57.6 per cent of the respondents never used sanitary napkins during periods followed by 56 per cent of the respondents never changed sanitary napkins, cloth, or menstrual cups every 4–6 hours. However, 61.6 per cent of the respondents never removed genital hair before periods and 50.4 per cent of the respondents never washed hands after changing sanitary products. 72.8 per cent of the respondents sometimes changed their panty daily during periods. It was also found out that 100 per cent of the respondents always used clean water to wash genital areas and 51.2 per cent of the respondents always used cloth during periods.

### **Section IV Development of need based Educational Module for Awareness Programme**

A need based educational module in the form of a PowerPoint Presentation was developed for conducting Awareness Programme to assess the efficacy of Extent of Knowledge of Respondents regarding Personal Hygiene. The educational module was developed in Hindi language for the better understanding of the respondents. The researcher used PowerPoint Presentation (2019) to develop the educational module. It includes information regarding various aspects of personal hygiene including [Body Hygiene, Face Hygiene, Hand Hygiene, Hair Hygiene, Oral Hygiene, Ear Hygiene,

Foot Hygiene, Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene] selected under the study.

**Section V Extent of Knowledge of Homemakers regarding Personal Hygiene after Awareness Programme:** The findings after the Awareness programme revealed that 100 per cent of the respondents had high extent of knowledge regarding all the aspects of personal hygiene covered in the present study.

**Section VI Testing of Hypotheses:**

- The results of ANOVA did not show any significant variation in the knowledge of respondents regarding personal hygiene with their selected personal variables age, educational qualification, occupation and personal monthly income (in ₹) and family variable like family monthly income (in ₹).
- t-test was computed to find out the difference between the extent of knowledge of respondents regarding personal hygiene with the type of family and number of family members. The findings of t-value showed significant difference in the extent of knowledge of respondents regarding personal hygiene with the type of family and number of family members.
- The results of ANOVA did not show any significant variation in the practices followed by respondents regarding personal hygiene with their selected variables age, educational qualification, occupation and personal monthly income (in ₹) and family variable like family monthly income (in ₹).
- t-test was computed to find out the difference between the practices followed by respondents regarding personal hygiene with the type of family and number of family members. The findings do not show significant difference in the practices followed by respondents regarding personal hygiene with the type of family and number of family members.
- Coefficient of Correlation (r) was found between extent of knowledge of respondents regarding personal hygiene and practices followed by respondents regarding personal hygiene.
- Paired t-test (two tailed) was computed to test the difference between the extent of knowledge of respondents regarding personal hygiene before and after the Awareness programme. The results of t-test found significant differences between

the extent of knowledge of respondents regarding personal hygiene before and after the Awareness programme.

### **Development of an Infographic**

An infographic was developed by the researcher under the study as a research outcome. The infographic consists of all the aspects of personal hygiene including [Body Hygiene, Face Hygiene, Hand Hygiene, Hair Hygiene, Oral Hygiene, Ear Hygiene, Foot Hygiene, Armpit Hygiene, Clothes Hygiene and Menstrual Hygiene] selected under the study. It was developed to provide information of the suggestive measures regarding personal hygiene with the title “व्यक्तिगत स्वच्छता से संबंधित सुझाव”. The infographic was developed using graphic designing platform named “Canva (2024)”.

### **5.2 CONCLUSION**

The study on “Assessment of Efficacy of Educational Module Developed on Personal Hygiene for Homemakers of Selected Rural Areas of Panchkula District, Haryana” was conducted on the homemakers of selected villages of Barwala Block of Panchkula District, Haryana. The major objective of the study was to assess the extent of knowledge of homemakers regarding personal hygiene and to find out the practices followed by them. The study also aimed to assess the efficacy of educational module developed by the researcher on personal hygiene. The respondents for this study were from 21-65 years. The mean age of the respondents was 48.02. Among them, around 47.2 per cent of the respondents were aged between 36 and 50 years, 40.8 per cent were aged between 51 and 65 years and 12 per cent were aged between 21 and 35 years. The educational qualification of the respondents revealed that 29.6 per cent of the respondents were illiterate and 24.8 per cent of the respondents had education till primary followed by 22.4 per cent with SSC. 21.6 per cent of the respondents had education till HSC and 1.6 per cent of the respondents were graduates. The occupational status of the respondents showed that 76.8 per cent were unemployed. 8.8 per cent of the respondents were self-employed and 7.2 per cent were employed followed by 7.2 per cent of the respondents which were pensioner. The personal monthly income of the respondents ranged between ₹0 to ₹8000 with a mean of ₹1038.4. In terms of personal monthly income, 76.8 per cent of the respondent’s income ranged below ₹2500/-. 12.8 per cent of the respondent’s income ranged between ₹2500/- to

₹4500/- followed by 5.6 per cent of the respondent's income ranged between ₹4501/- to ₹6000/-. The area of residence of the respondents was from four selected villages: Shamtoo, Toka, Rattewali, and Khetpurali. 27.2 per cent of the respondents were from Toka village and 25.6 per cent from Khetpurali village. 24.8 per cent of the respondents were from Shamtoo village and 22.4 per cent of the respondents were from Rattewali village. The family type of the respondents revealed that 79.2 per cent of the respondents, lived in joint families. On the other hand, 20.8 per cent of the respondents belonged to nuclear families. The number of family members of the respondents showed that 59.2 per cent had 6 to 9 members, while 40.8 per cent of families comprised 3 to 5 members. The family monthly income of the respondents was ranged between ₹14000/- to ₹50000/-. 48.8 per cent of the respondents had family income between ₹26,001/- to ₹38,000/-. 31.2 per cent of respondent's families were earning between ₹14,000/- to ₹26,000/-, while 20 per cent were earning between ₹38,001/- to ₹50,000/- with the mean value of ₹30,656.00. The findings of the study revealed that extent of knowledge of homemakers regarding personal hygiene before Awareness programme with higher weighted mean score i.e. 2.77 reflecting the higher extent of knowledge in clothes hygiene of the respondents while the weighted mean score i.e. 1.09 shows the low extent of knowledge regarding ear hygiene of the respondents. The findings of practices followed regarding personal hygiene revealed that the higher weighted mean score i.e. 2.21 reflecting the good practices followed regarding clothes hygiene by the respondents and the low weighted mean score in oral hygiene i.e. 1.37 shows the poor practices followed by the respondents. The findings after the Awareness programme revealed that 100 per cent of the respondents had high extent of knowledge regarding all the aspects of personal hygiene covered in the present study. The efficacy of need based educational module developed on personal hygiene showed a high extent of knowledge among the respondents.

## **IMPLICATIONS OF THE STUDY**

### **For Homemakers**

The findings would be beneficial for the homemakers to enhance the personal hygiene practices and also help to adopt improved hygiene behaviours. Homemakers not only safeguard their own health but also contribute positively to the health and well-being

of their families. Through the dissemination of practical knowledge, the educational module empowers homemakers to act as catalysts for change within their households and the broader community, such Awarenesss can promote healthier lifestyle practices across generations.

### **For Rural Communities**

The educational module developed under present study has the potential to create a positive impact that extends beyond individual homemakers, benefiting the wider community as well. Collective adoption of improved hygiene practices can substantially lower the incidence of communicable diseases, thereby fostering improved health outcomes at the community level. Additionally, the module is designed to encourage sustainable behavioural changes, instilling a culture of cleanliness and health awareness. In rural settings, where access to health education is often limited, this initiative has the potential to overcome existing barriers, contributing to social and economic advancement.

### **For Family and Community Resource Management**

As ‘Personal Hygiene’ comes under the ‘Sanitation and Hygiene’, which is the part of FCRM curriculum, the educational module developed under the present study can be beneficial to develop more effective curriculum for students specializing in health, hygiene, and community development. The developed curriculum can be combined with other pertinent courses including public health, environmental studies, biology, and sociology because sanitation and hygiene are interdisciplinary fields. By educating people with a multifaceted point of view, this multidisciplinary approach promotes a deeper knowledge of the connections between health, sanitation, hygiene, the environment, and society.

## **RECOMMENDATIONS FOR THE FUTURE STUDIES**

1. A study can be conducted focuses on examining the relationship between personal hygiene education and its impact on environmental hygiene.
2. A similar study can be conducted focuses on creating and evaluating hygiene education modules specifically designed for individuals with disabilities in rural areas.
3. A study can be conducted which explores the relationship between personal hygiene education and mental health outcomes in rural populations.

4. A study can be conducted which explores the role of Hygiene Education in Promoting Mental Well-Being.
5. A study can be conducted by focusing on the knowledge and practices of menstrual hygiene among adolescent girls in the selected locale.
6. A study can be conducted by examine the influence of targeted hygiene education on the health and well-being of adolescents, focusing on menstruation and puberty-related needs.



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# APPENDICES



**APPENDIX-I**  
**ETHICAL COMPLIANCE CERTIFICATE**



Institutional Ethics  
Committee for Human  
Research  
(IECHR)

FACULTY OF FAMILY AND COMMUNITY SCIENCES  
THE MAHARAJA SAYAJIRAO UNIVERSITY OF BARODA

**Ethical Compliance Certificate 2024-2025**

This is to certify Ms. Tanvi Saini study titled; "Assessment of Efficacy of Educational Module developed on Personal Hygiene for Homemakers of selected rural areas of Panchkula District, Haryana." from Department of Family and Community Resource Management has been approved by the Institutional Ethics Committee for Human Research (IECHR), Faculty of Family and Community Sciences, The Maharaja Sayajirao University of Baroda. The study has been allotted the ethical approval number IECHR/FCSc/M.Sc./10/2024/24.

Prof. Komal Chauhan  
Member Secretary  
IECHR

Prof. Mini Sheth  
Chairperson  
IECHR

**Chair Person**  
**IECHR**  
Faculty of Family & Community Sciences  
The Maharaja Sayajirao University of Baroda

**APPENDIX- II A**  
**[INTERVIEW SCHEDULE]**

**SECTION-I**  
**BACKGROUND INFORMATION**

1. Name of the Respondent: \_\_\_\_\_
2. Address of the Respondent: \_\_\_\_\_
3. Age of the Respondent (in Years): \_\_\_\_\_
4. Educational Qualification
  - i. Illiterate
  - ii. Primary
  - iii. SSC
  - iv. HSC
  - v. Graduate
  - vi. Post Graduate
  - vii. Any other (please specify) \_\_\_\_\_
5. Occupation
  - i. Govt Service
  - ii. Labour
  - iii. Farming
  - iv. Private Job
  - v. Business
  - vi. Unemployed
  - vii. Any other (please specify) \_\_\_\_\_
6. Personal Monthly Income (in ₹): \_\_\_\_\_
7. Family Type
  - i. Joint
  - ii. Nuclear
8. No. of Family Members: \_\_\_\_\_
9. Family Monthly Income (in ₹): \_\_\_\_\_
10. Availability of Clean Water Supply in the Household
  - i. Yes
  - ii. No

## SECTION-II

### Knowledge of Homemakers regarding Personal Hygiene (Before Awareness Programme)

Sr. No.	Statements	Aware	Undecided	Unaware
<b>A.</b>	<b>Knowledge regarding Body Hygiene</b>			
<b>1.</b>	Regular bathing removes dirt, sweat, and bacteria from the body.			
<b>2.</b>	Scrubbing with soap while bathing is important for removing dirt and bacteria.			
<b>3.</b>	Wearing clean and washed clothes daily is essential for body hygiene.			
<b>4.</b>	Bathing with clean water is important for body hygiene.			
<b>5.</b>	Using clean towel after bathing is important to prevent infections/allergies.			
<b>6.</b>	Using neem leaves in bathing water prevents allergies/rashes.			
<b>7.</b>	Using perfume or deodorant helps to cover the body odour.			
<b>8.</b>	Avoiding harsh chemicals and perfumes in body care products reduces the risk of skin irritation and allergies.			
<b>9.</b>	Maintaining clean bedding and pillowcases reduces the transfer of dirt and oils to the skin.			
<b>10.</b>	Avoiding tight clothing reduce the risk of skin irritation and infections in areas prone to sweat.			
<b>11.</b>	Moisturizing daily is good practice to maintain body hygiene.			
<b>12.</b>	Bathing after sweating helps prevent body odour and skin irritation.			
<b>13.</b>	Not sharing personal hygiene items like towels, loofahs, or razors prevents the spread of skin infections.			
<b>14.</b>	It is important to cover the wounds to avoid spread of skin infections.			

15.	In case of fungal infection, it is important to take appropriate treatment.			
<b>B.</b>	<b>Knowledge regarding Face Hygiene</b>			
16.	Washing the face with clean water regularly helps in maintaining face hygiene.			
17.	Using clean water and mild soap is important for face hygiene.			
18.	Removing makeup before sleeping is essential for skin health.			
19.	Using clean cloth to wipe your face is essential.			
20.	Using moisturizer to keep facial skin hydrated is a good practice.			
21.	Regular scrubbing removes dead skin cells from face.			
22.	Avoiding harsh soaps and scrubs on face prevents skin damage.			
23.	Before touching face, the hands need to be washed properly.			
24.	Changing pillowcases regularly prevents the accumulation of oils and bacteria that may cause pimples.			
25.	Using a separate towel for your face reduces the risk of transferring bacteria and oils from other parts of the body.			
26.	Avoiding hot water while washing your face helps prevent dryness and irritation.			
27.	Avoiding excessive touching of your face helps reduce the spread of germs and bacteria.			
28.	Using facial products suitable for your skin type ensures optimal skin care results.			
<b>C.</b>	<b>Knowledge regarding Hand Hygiene</b>			
29.	Washing hands before meals is crucial for preventing illness.			

30.	Washing hands after meals is important for cleanliness and preventing illness.			
31.	Washing hands is important before preparing food.			
32.	Washing hands is important while preparing food.			
33.	Washing hands with soap is important after using the toilet.			
34.	For handwashing, mild soap and water is more effective than using water alone.			
35.	Hand sanitizers are good substitute when water and soap are not available.			
36.	Trimming nails is important to maintain hand hygiene.			
37.	Cleaning nails on regular basis is essential for hand hygiene.			
38.	Using clean hand towel is important for drying hand after washing.			
39.	Handwashing is important after changing a baby's diaper (nappy) and disposing of the faeces.			
40.	It is necessary to wash hands after returning back home from outside.			
41.	Hands should be washed before feeding children.			
42.	Hands should be washed well before serving food.			
43.	Handwashing is important after handling pets and domestic animals.			
44.	Handwashing is necessary after wiping the nose or sneezing into the hands.			
45.	Handwashing to be done after giving care to an infected person.			
46.	Before dressing wounds, it is necessary to wash hands.			
47.	After dressing wounds, it is necessary to wash hands.			
48.	After contact with blood or body fluids (e.g. vomit), it is necessary to wash hands.			

49.	Recommended duration for washing hands with soap and water is 20 seconds.			
<b>D.</b>	<b>Knowledge regarding Oral Hygiene</b>			
50.	Brushing teeth twice a day is essential for oral hygiene.			
51.	Using toothpaste is essential for cleaning teeth properly.			
52.	Using teeth-cleaning twig (Datun) can be a good substitute if brush and toothpaste is not available.			
53.	Regular dental check-ups are important for maintaining oral hygiene.			
54.	Using tooth floss is important to maintain oral hygiene.			
55.	Oral rinsing is important after having every meal.			
56.	Smoking or chewing tobacco can cause bad breath.			
57.	Smoking or chewing tobacco can stain your teeth.			
58.	Smoking or chewing tobacco increase risk of gum disease.			
59.	Regular use of a tongue cleaner helps in the removal of bacteria and particles that create bad breath.			
60.	Baking soda can help remove stains from teeth and neutralize acids in the mouth.			
61.	Salt water helps kill bacteria, reduce inflammation, and soothe sore gums.			
62.	Proper oral hygiene helps prevent tooth decay and gum diseases like gingivitis and periodontitis.			
63.	Healthy dietary choices, like reducing sugary foods and drinks, contribute to better oral hygiene.			
64.	Chewing sugar-free gum helps in maintaining oral hygiene by stimulating saliva production.			

65.	Neglecting oral hygiene leads to painful dental problems and costly treatments.			
66.	Using mouthwash is beneficial addition for oral hygiene routine, helps in killing bacteria and gives fresh breath.			
67.	Regular replacement of toothbrushes, approximately every three months, is important for effective oral hygiene.			
68.	Eating crunchy fruits and vegetables like apples and carrots helps in cleaning teeth naturally.			
69.	Using clean water for brushing and rinsing is essential for maintaining oral hygiene.			
<b>E.</b>	<b>Knowledge regarding Ear Hygiene</b>			
70.	Cleaning ears regularly helps in preventing ear infections.			
71.	Inserting sharp objects into ears causes damage.			
72.	It is important to dry ears after swimming or bathing.			
73.	Using soft cloth to clean ear is essential.			
74.	Earwax is a natural barrier that protects the ear from dust and bacteria.			
75.	Regular hearing checks are essential for maintaining ear health.			
76.	To reduce the risk of ear infections earphones or earbuds sharing should be avoided.			
77.	It is important to clean hearing aids and earphones regularly to prevent ear infections.			
78.	Home remedies should not be practiced for ear infections without medical advice.			
79.	Excessive ear cleaning removes protective wax, leading to infections.			
<b>F.</b>	<b>Knowledge regarding Hair Hygiene</b>			

80.	Washing hair regularly helps in maintaining hair hygiene.			
81.	Using shampoo is important for keeping hair clean.			
82.	Conditioning hair after shampooing helps to keep it moisturized and prevents breakage.			
83.	Keeping hair dry and well maintained prevents scalp infections.			
84.	Using clean towel is important to tie and dry your hair.			
85.	Avoiding excessive use of heat styling tools to prevent hair damage and maintain hygiene.			
86.	Brushing hair regularly helps to distribute natural oils, promoting a healthy scalp and hair.			
87.	Regularly cleaning hairbrushes and combs helps to remove accumulated dirt and oil, preventing scalp infections			
88.	Avoid sharing hair tools like brushes, combs, and hair ties to prevent the spread of lice and infections.			
89.	Tying hair up while cooking or working in dusty environments helps to keep it clean and free from contaminants.			
90.	Avoiding excessive use of hair products like gels, sprays, and creams to prevent product buildup on the scalp.			
91.	Scalp massages during hair washing improves blood circulation, promoting healthier hair growth and hygiene.			
92.	Keeping the scalp moisturized with natural oils prevents dryness and flakiness, promoting better hair hygiene.			
93.	Regularly cleaning hair accessories like clips, bands, and scrunchies helps to prevent dirt and oil buildup.			
94.	Washing hair after heavy sweating, such as after exercise, is important to			

	remove sweat and bacteria from the scalp.			
95.	Avoiding tight hairstyles that pull on the scalp can prevent hair loss and maintain scalp health.			
96.	Using lukewarm water instead of hot water for hair washing helps to retain natural oils and prevent dryness.			
<b>G.</b>	<b>Knowledge regarding Foot Hygiene</b>			
97.	Regular foot washing with soap and water is essential to prevent infections and maintain foot hygiene.			
98.	Keeping feet dry and clean is important for foot hygiene.			
99.	Wearing clean socks daily is essential for maintaining foot hygiene.			
100.	Changing socks daily is important for maintaining good foot hygiene and avoiding bacterial growth.			
101.	Using clean and comfortable footwear is important for foot health.			
102.	Moisturizing feet after washing prevents dry, cracked skin and maintain foot softness.			
103.	Trimming toenails and removing dirt from them regularly is essential part for foot hygiene.			
104.	Castor oil is good to treat cracked heels.			
105.	Wearing well-fitted shoes helps to prevent foot blisters and calluses, contributing to overall foot hygiene.			
106.	Avoiding walking barefoot in public areas reduces the risk of contracting foot infections.			
107.	Soaking feet in warm water with rock salt soothes tired feet and improves foot hygiene.			
108.	Using antifungal powder or spray helps in maintaining foot hygiene.			
109.	Proper foot hygiene is important for individuals with diabetes to prevent complications like foot ulcers.			

110.	Regularly washing insoles and shoe linings reduces odour and improves overall foot hygiene.			
111.	Avoiding tight shoes that restrict airflow helps in maintaining good foot hygiene and prevent fungal infections.			
<b>H.</b>	<b>Knowledge regarding Armpit Hygiene</b>			
112.	Regular washing of armpits helps in preventing body odour.			
113.	Washing armpits thoroughly with soap and water at least once a day, especially after sweating, helps in removing bacteria and preventing odour.			
114.	After washing, it's important to dry the armpits thoroughly to prevent the growth of bacteria and fungi.			
115.	Using deodorant or perfume is important to prevent body odour.			
116.	Waxing/ shaving armpits is essentials to avoid infections in sweaty armpits.			
117.	Wearing clean, breathable clothing made of natural fibres like cotton helps keep the armpits dry and reduce odour.			
118.	Natural remedies like baking soda, apple cider vinegar, or coconut oil are used to maintain armpit hygiene.			
<b>I.</b>	<b>Knowledge regarding Clothes Hygiene</b>			
119.	Wearing Clean clothes daily is important for personal hygiene.			
120.	Wearing dry clothes is important for personal hygiene.			
121.	Clothes should be dried in the sun light to disinfect them.			
122.	Clean clothes should be stored in dry and clean place.			
123.	Keeping your laundry area clean helps prevent cross-contamination between dirty and clean clothes.			
124.	Clothes that have been worn during exercise or outdoor activities should be			

	washed properly to remove sweat and dirt.			
125.	Proper storage of clean clothes in a dry, clean environment helps maintain their hygiene.			
<b>J.</b>	<b>Knowledge regarding Menstrual Hygiene</b>			
126.	Menstrual hygiene is important for women's health.			
127.	Sanitary pads, menstrual cups, period panties etc. are the various types of menstrual products available in the market.			
128.	Using sanitary napkins and other sanitary products are essential during periods.			
129.	Changing undergarments is important during periods.			
130.	Wearing clean undergarments during menstruation is essential.			
131.	Using clean water is important to wash your genital areas during periods.			
132.	Menstrual products (pads, tampons, etc.) should be wrapped in biodegradable paper or bags before disposal.			
133.	Flushing sanitary pads, tampons, or menstrual cups down the toilet should be avoided.			
134.	Menstrual waste should be disposed of separately from other household waste in a designated bin.			
135.	Poor menstrual hygiene can lead to reproductive tract infections and other health issues.			
136.	Trimming or waxing genital hair should be avoided during periods.			
137.	Sanitary Napkin/ Cloth should be changed after every 4 to 6 hours to prevent infections.			
138.	It is important to soak periods cloth in Dettol or any other disinfectant liquid.			

## SECTION-III

### Practices of Homemakers regarding Personal Hygiene

Sr. No.	Statements	Always	Sometimes	Never
<b>A.</b>	<b>Practices regarding Body Hygiene</b>			
1.	Do you take bath at least once a day?			
2.	Do you use soap while bathing?			
3.	Do you wear washed clothes daily?			
4.	Do you use clean towel after bathing?			
5.	Do you scrub your body to remove dead skin?			
6.	Do you take salt water bath?			
7.	Do you take neem water bath?			
8.	Do you apply moisturizer on body after bath?			
9.	Do you take shower after physical activity?			
10.	Do you change bed linens regularly?			
11.	Do you take bath with soap and water after coming from outside?			
<b>B.</b>	<b>Practices regarding Face Hygiene</b>			
12.	Do you wash your face twice a day?			
13.	Do you use a mild soap or face wash to clean your face?			
14.	Do you touch your face only with clean hands?			
15.	Do you use clean water to wash your face?			
16.	Do you remove your makeup before going to bed?			
17.	Do you use moisturizer to keep facial skin hydrated?			
18.	Do you use clean towel to dry your face?			
19.	Do you use harsh scrubs and soaps on your face?			
20.	Do you clean your makeup tools at regular intervals?			
21.	Do you share your makeup tools with others?			
22.	Do you use makeup tools of others?			

23.	Do you have a habit of touching your face again and again?			
24.	Do you visit dermatologist in case of facial skin problems?			
25.	Do you apply serum or face oil on your face?			
26.	Do you use facial toner?			
27.	Do you scrub your face weekly?			
28.	Do you check expiry date before using products?			
29.	Do you use home remedies to treat facial problems?			
<b>C.</b>	<b>Practices regarding Hand Hygiene</b>			
30.	Do you wash your hands before eating?			
31.	Do you wash your hands after eating?			
32.	Do you use mild soap while washing your hands?			
33.	Do you wash your hands with soap after using toilet?			
34.	Do you use hand sanitizer when water is not available?			
35.	Do you use clean towel after washing your hands to make them dry?			
36.	Do you wash your hands on regular intervals?			
37.	Do you wash your hands before feeding children?			
38.	Do you wash your hands before preparing meals?			
39.	Do you wash your hands after preparing meals?			
40.	Do you wash your hands before serving food?			
41.	Do you trim your nails on regular basis?			
42.	Do you clean your nails on regular basis?			
43.	Do you wash your hands after wiping or blowing the nose?			
44.	Do you wash your hands after sneezing into the hands?			

45.	Do you wash your hands after giving care to the infected person?			
46.	Do you wash your hands before dressing wounds?			
47.	Do you wash your hands after dressing wounds?			
48.	Do you wash your hands after coming in contact with blood or body fluid like vomit?			
49.	Do you wash your hands with soap after handling pets or domestic animals?			
50.	Do you wash your hands after touching footwear?			
51.	Do you wash hands after handling dirty laundry?			
<b>D.</b>	<b>Practices regarding Oral Hygiene</b>			
52.	Do you brush your teeth twice a day?			
53.	Do you use toothpaste while brushing teeth?			
54.	Do you change your brush every 3 months?			
55.	Do you floss your teeth weekly?			
56.	Do you practice oral rinsing after every meal?			
57.	Do you visit dentist for regular checkups?			
58.	Do you use clean water while brushing?			
59.	Do you use datun if brush is not available?			
60.	Do you use tongue cleaner on regular basis?			
61.	Do you use salt water to treat bad breath?			
62.	Do you use mouthwash to kill bacteria and bad breath?			
63.	Do you use baking soda to remove teeth stains?			
<b>E.</b>	<b>Practices regarding Ear Hygiene</b>			
64.	Do you use sharp objects to relieve ear itching?			

65.	Do you clean your ear regularly with soft cloth?			
66.	Do you visit health expert while having any ear problem?			
67.	Do you dry your ears thoroughly after bathing?			
68.	Do you use cotton swabs into ears for removing ear wax?			
69.	Do you clean your earphones or earbuds regularly?			
<b>F.</b>	<b>Practices regarding Hair Hygiene</b>			
70.	Do you wash your hair twice a week?			
71.	Do you use mild shampoo to clean your hair?			
72.	Do you comb your hair daily?			
73.	Do you oil your hair regularly?			
74.	Do you use clean and dry towel to dry your hair?			
75.	Do you wash your hair into clean water?			
76.	Do you apply conditioner after washing your hair?			
77.	Do you use heat styling tools on your hair?			
78.	Do you use clean combs to brush your hair?			
79.	Do you tie your hair while working in dusty environments?			
80.	Do you apply hair styling products?			
81.	Do you practice scalp massage?			
82.	Do you regularly clean your hair accessories like clips, bands and scrunchies?			
83.	Do you wash your hair after excessive sweating?			
84.	Do you try tight hairstyles?			
<b>G.</b>	<b>Practices regarding Foot Hygiene</b>			
85.	Do you wash your feet daily with soap?			
86.	Do you dry your feet thoroughly after washing?			
87.	Do you wear clean socks every day?			

88.	Do you keep your toenails clean and trimmed?			
89.	Do you inspect your feet regularly for any cuts or infections?			
90.	Do you wear slippers while walking in public places?			
91.	Do you use comfortable and clean footwear?			
92.	Do you moisturize your feet after washing and drying?			
93.	Do you wear your size footwear?			
94.	Do you use castor oil to treat cracked heels?			
95.	Do you wash your footwears daily?			
96.	Do you soak your feet in warm water?			
97.	Do you treat foot infections by using antifungal powder or cream?			
<b>H.</b>	<b>Practices regarding Armpit Hygiene</b>			
98.	Do you wash your armpits daily with soap and water?			
99.	Do you use perfume or deodorant to prevent body odour?			
100.	Do you dry your armpits thoroughly to avoid any infection?			
101.	Do you wax/ shave your armpits on regular basis?			
102.	Do you wear breathable clothes to dry armpits and reduce odour?			
<b>I.</b>	<b>Practices regarding Clothes Hygiene</b>			
103.	Do you change your clothes every day?			
104.	Do you change your clothes after working hours?			
105.	Do you wash your clothes with clean water?			
106.	Do you dry your clothes in sun to disinfect them?			
107.	Do you store your clean clothes separately?			
108.	Do you iron your clothes to remove wrinkles and germs?			

109.	Do you wash your clothes with detergent/ soap?			
110.	Do you change your clothes after excessive exercise?			
111.	Do you wash and dry sweaty clothes properly?			
112.	Do you clean your wardrobe on regular basis?			
<b>J.</b>	<b>Practices regarding Menstrual Hygiene</b>			
113.	Do you use sanitary napkins during periods?			
114.	Do you use menstrual cup during periods?			
115.	Do you use cloth during periods?			
116.	Do you change your sanitary napkin/cloth/ menstrual cup every 4-6 hours?			
117.	Do you wash your hands before changing sanitary napkin/ menstrual cup/cloth?			
118.	Do you wash your hands after changing sanitary napkin/ menstrual cup/cloth?			
119.	Do you use clean water to wash your genital areas?			
120.	Do you dispose of your used sanitary products during periods in separate bin?			
121.	Do you reuse the menstrual cloth after washing?			
122.	Do you remove genital hair before periods?			
123.	Do you change your panty every day during periods?			
124.	Do you consult doctor in case of inconvenience during periods?			

## SECTION IV

### Knowledge of Homemakers regarding Personal Hygiene (After Awareness Programme)

Sr. No.	Statements	Aware	Undecided	Unaware
<b>A.</b>	<b>Knowledge regarding Body Hygiene</b>			
<b>1.</b>	Regular bathing removes dirt, sweat, and bacteria from the body.			
<b>2.</b>	Scrubbing with soap while bathing is important for removing dirt and bacteria.			
<b>3.</b>	Wearing clean and washed clothes daily is essential for body hygiene.			
<b>4.</b>	Bathing with clean water is important for body hygiene.			
<b>5.</b>	Using clean towel after bathing is important to prevent infections/allergies.			
<b>6.</b>	Using neem leaves in bathing water prevents allergies/rashes.			
<b>7.</b>	Using perfume or deodorant helps to cover the body odour.			
<b>8.</b>	Avoiding harsh chemicals and perfumes in body care products reduces the risk of skin irritation and allergies.			
<b>9.</b>	Maintaining clean bedding and pillowcases reduces the transfer of dirt and oils to the skin.			
<b>10.</b>	Avoiding tight clothing reduce the risk of skin irritation and infections in areas prone to sweat.			
<b>11.</b>	Moisturizing daily is good practice to maintain body hygiene.			
<b>12.</b>	Bathing after sweating helps prevent body odour and skin irritation.			
<b>13.</b>	Not sharing personal hygiene items like towels, loofahs, or razors prevents the spread of skin infections.			
<b>14.</b>	It is important to cover the wounds to avoid spread of skin infections.			

15.	In case of fungal infection, it is important to take appropriate treatment.			
<b>B.</b>	<b>Knowledge regarding Face Hygiene</b>			
16.	Washing the face with clean water regularly helps in maintaining face hygiene.			
17.	Using clean water and mild soap is important for face hygiene.			
18.	Removing makeup before sleeping is essential for skin health.			
19.	Using clean cloth to wipe your face is essential.			
20.	Using moisturizer to keep facial skin hydrated is a good practice.			
21.	Regular scrubbing removes dead skin cells from face.			
22.	Avoiding harsh soaps and scrubs on face prevents skin damage.			
23.	Before touching face, the hands need to be washed properly.			
24.	Changing pillowcases regularly prevents the accumulation of oils and bacteria that may cause pimples.			
25.	Using a separate towel for your face reduces the risk of transferring bacteria and oils from other parts of the body.			
26.	Avoiding hot water while washing your face helps prevent dryness and irritation.			
27.	Avoiding excessive touching of your face helps reduce the spread of germs and bacteria.			
28.	Using facial products suitable for your skin type ensures optimal skin care results.			
<b>C.</b>	<b>Knowledge regarding Hand Hygiene</b>			
29.	Washing hands before meals is crucial for preventing illness.			

30.	Washing hands after meals is important for cleanliness and preventing illness.			
31.	Washing hands is important before preparing food.			
32.	Washing hands is important while preparing food.			
33.	Washing hands with soap is important after using the toilet.			
34.	For handwashing, mild soap and water is more effective than using water alone.			
35.	Hand sanitizers are good substitute when water and soap are not available.			
36.	Trimming nails is important to maintain hand hygiene.			
37.	Cleaning nails on regular basis is essential for hand hygiene.			
38.	Using clean hand towel is important for drying hand after washing.			
39.	Handwashing is important after changing a baby's diaper (nappy) and disposing of the faeces.			
40.	It is necessary to wash hands after returning back home from outside.			
41.	Hands should be washed before feeding children.			
42.	Hands should be washed well before serving food.			
43.	Handwashing is important after handling pets and domestic animals.			
44.	Handwashing is necessary after wiping or blowing the nose or sneezing into the hands.			
45.	Handwashing to be done after giving care to an infected person.			
46.	Before dressing wounds, it is necessary to wash hands.			
47.	After dressing wounds, it is necessary to wash hands.			
48.	After contact with blood or body fluids (e.g. vomit), it is necessary to wash hands.			

49.	Recommended duration for washing hands with soap and water is 20 seconds.			
<b>D.</b>	<b>Knowledge regarding Oral Hygiene</b>			
50.	Brushing teeth twice a day is essential for oral hygiene.			
51.	Using toothpaste is essential for cleaning teeth properly.			
52.	Using teeth-cleaning twig (Datun) can be a good substitute if brush and toothpaste is not available.			
53.	Regular dental check-ups are important for maintaining oral hygiene.			
54.	Using tooth floss is important to maintain oral hygiene.			
55.	Oral rinsing is important after having every meal.			
56.	Smoking or chewing tobacco can cause bad breath.			
57.	Smoking or chewing tobacco can stain your teeth.			
58.	Smoking or chewing tobacco increase risk of gum disease.			
59.	Regular use of a tongue cleaner helps in the removal of bacteria and particles that create bad breath.			
60.	Baking soda can help remove stains from teeth and neutralize acids in the mouth.			
61.	Salt water helps kill bacteria, reduce inflammation, and soothe sore gums.			
62.	Proper oral hygiene helps prevent tooth decay and gum diseases like gingivitis and periodontitis.			
63.	Healthy dietary choices, like reducing sugary foods and drinks, contribute to better oral hygiene.			
64.	Chewing sugar-free gum helps in maintaining oral hygiene by stimulating saliva production.			

65.	Neglecting oral hygiene leads to painful dental problems and costly treatments.			
66.	Using mouthwash is beneficial addition for oral hygiene routine, helps in killing bacteria and gives fresh breath.			
67.	Regular replacement of toothbrushes, approximately every three months, is important for effective oral hygiene.			
68.	Eating crunchy fruits and vegetables like apples and carrots helps in cleaning teeth naturally.			
69.	Using clean water for brushing and rinsing is essential for maintaining oral hygiene.			
<b>E.</b>	<b>Knowledge regarding Ear Hygiene</b>			
70.	Cleaning ears regularly helps in preventing ear infections.			
71.	Inserting sharp objects into ears causes damage.			
72.	It is important to dry ears after swimming or bathing.			
73.	Using soft cloth to clean ear is essential.			
74.	Earwax is a natural barrier that protects the ear from dust and bacteria.			
75.	Regular hearing checks are essential for maintaining ear health.			
76.	To reduce the risk of ear infections earphones or earbuds sharing should be avoided.			
77.	It is important to clean hearing aids and earphones regularly to prevent ear infections.			
78.	Home remedies should not be practiced for ear infections without medical advice.			
79.	Excessive ear cleaning removes protective wax, leading to infections.			
<b>F.</b>	<b>Knowledge regarding Hair Hygiene</b>			

80.	Washing hair regularly helps in maintaining hair hygiene.			
81.	Using shampoo is important for keeping hair clean.			
82.	Conditioning hair after shampooing helps to keep it moisturized and prevents breakage.			
83.	Keeping hair dry and well maintained prevents scalp infections.			
84.	Using clean towel is important to tie and dry your hair.			
85.	Avoiding excessive use of heat styling tools to prevent hair damage and maintain hygiene.			
86.	Brushing hair regularly helps to distribute natural oils, promoting a healthy scalp and hair.			
87.	Regularly cleaning hairbrushes and combs helps to remove accumulated dirt and oil, preventing scalp infections			
88.	Avoid sharing hair tools like brushes, combs, and hair ties to prevent the spread of lice and infections.			
89.	Tying hair up while cooking or working in dusty environments helps to keep it clean and free from contaminants.			
90.	Avoiding excessive use of hair products like gels, sprays, and creams to prevent product buildup on the scalp.			
91.	Scalp massages during hair washing improves blood circulation, promoting healthier hair growth and hygiene.			
92.	Keeping the scalp moisturized with natural oils prevents dryness and flakiness, promoting better hair hygiene.			
93.	Regularly cleaning hair accessories like clips, bands, and scrunchies helps to prevent dirt and oil buildup.			
94.	Washing hair after heavy sweating, such as after exercise, is important to			

	remove sweat and bacteria from the scalp.			
95.	Avoiding tight hairstyles that pull on the scalp can prevent hair loss and maintain scalp health.			
96.	Using lukewarm water instead of hot water for hair washing helps to retain natural oils and prevent dryness.			
<b>G.</b>	<b>Knowledge regarding Foot Hygiene</b>			
97.	Regular foot washing with soap and water is essential to prevent infections and maintain foot hygiene.			
98.	Keeping feet dry and clean is important for foot hygiene.			
99.	Wearing clean socks daily is essential for maintaining foot hygiene.			
100.	Changing socks daily is important for maintaining good foot hygiene and avoiding bacterial growth.			
101.	Using clean and comfortable footwear is important for foot health.			
102.	Moisturizing feet after washing prevents dry, cracked skin and maintain foot softness.			
103.	Trimming toenails and removing dirt from them regularly is essential part for foot hygiene.			
104.	Castor oil is good to treat cracked heels.			
105.	Wearing well-fitted shoes helps to prevent foot blisters and calluses, contributing to overall foot hygiene.			
106.	Avoiding walking barefoot in public areas reduces the risk of contracting foot infections.			
107.	Soaking feet in warm water with rock salt soothes tired feet and improves foot hygiene.			
108.	Using antifungal powder or spray helps in maintaining foot hygiene.			
109.	Proper foot hygiene is important for individuals with diabetes to prevent complications like foot ulcers.			

110.	Regularly washing insoles and shoe linings reduces odour and improves overall foot hygiene.			
111.	Avoiding tight shoes that restrict airflow helps in maintaining good foot hygiene and prevent fungal infections.			
<b>H.</b>	<b>Knowledge regarding Armpit Hygiene</b>			
112.	Regular washing of armpits helps in preventing body odour.			
113.	Washing armpits thoroughly with soap and water at least once a day, especially after sweating, helps in removing bacteria and preventing odour.			
114.	After washing, it's important to dry the armpits thoroughly to prevent the growth of bacteria and fungi.			
115.	Using deodorant or perfume is important to prevent body odour.			
116.	Waxing/ shaving armpits is essentials to avoid infections in sweaty armpits.			
117.	Wearing clean, breathable clothing made of natural fibres like cotton helps keep the armpits dry and reduce odour.			
118.	Natural remedies like baking soda, apple cider vinegar, or coconut oil are used to maintain armpit hygiene.			
<b>I.</b>	<b>Knowledge regarding Clothes Hygiene</b>			
119.	Wearing Clean clothes daily is important for personal hygiene.			
120.	Wearing dry clothes is important for personal hygiene.			
121.	Clothes should be dried in the sun light to disinfect them.			
122.	Clean clothes should be stored in dry and clean place.			
123.	Keeping your laundry area clean helps prevent cross-contamination between dirty and clean clothes.			
124.	Clothes that have been worn during exercise or outdoor activities should be			

	washed properly to remove sweat and dirt.			
125.	Proper storage of clean clothes in a dry, clean environment helps maintain their hygiene.			
<b>J.</b>	<b>Knowledge regarding Menstrual Hygiene</b>			
126.	Menstrual hygiene is important for women's health.			
127.	Sanitary pads, menstrual cups, period panties etc. are the various types of menstrual products available in the market.			
128.	Using sanitary napkins and other sanitary products are essential during periods.			
129.	Changing undergarments is important during periods.			
130.	Wearing clean undergarments during menstruation is essential.			
131.	Using clean water is important to wash your genital areas during periods.			
132.	Menstrual products (pads, tampons, etc.) should be wrapped in biodegradable paper or bags before disposal.			
133.	Flushing sanitary pads, tampons, or menstrual cups down the toilet should be avoided.			
134.	Menstrual waste should be disposed of separately from other household waste in a designated bin.			
135.	Poor menstrual hygiene can lead to reproductive tract infections and other health issues.			
136.	Trimming or waxing genital hair should be avoided during periods.			
137.	Sanitary Napkin/ Cloth should be changed after every 4 to 6 hours to prevent infections.			
138.	It is important to soak periods cloth in Dettol or any other disinfectant liquid.			

## APPENDIX- II B

### [साक्षात्कार अनुसूची]

#### अनुभाग-I

#### पृष्ठभूमि जानकारी

1. नाम: \_\_\_\_\_
2. पता: \_\_\_\_\_
3. आयु (वर्षों में): \_\_\_\_\_
4. शैक्षिक योग्यता:
  - i. निरक्षर
  - ii. प्राथमिक
  - iii. एस.एस.सी.
  - iv. एच.एस.सी.
  - v. स्नातक
  - vi. स्नातकोत्तर
  - vii. कोई अन्य (कृपया स्पष्ट करें) \_\_\_\_\_
5. व्यवसाय:
  - i. सरकारी सेवा
  - ii. मजदूरी
  - iii. खेती
  - iv. निजी नौकरी
  - v. व्यवसाय
  - vi. बेरोजगार
  - vii. कोई अन्य (कृपया स्पष्ट करें) \_\_\_\_\_
6. व्यक्तिगत मासिक आय (₹ में): \_\_\_\_\_
7. परिवार का प्रकार:
  - i. संयुक्त
  - ii. एकल

9. परिवार के सदस्यों की संख्या: \_\_\_\_\_
10. परिवार की मासिक आय (₹ में): \_\_\_\_\_
11. घर में स्वच्छ जल आपूर्ति की उपलब्धता
  - i. हाँ
  - ii. नहीं

## अनुभाग-II

### गृहणियों का व्यक्तिगत स्वच्छता के बारे में ज्ञान

(जागरूकता कार्यक्रम से पहले)

क्रमांक	वक्तव्य	जानकारी	अनिर्णीत	अज्ञात
<b>A.</b>	<b>शरीर की स्वच्छता के बारे में ज्ञान</b>			
<b>1.</b>	नियमित स्नान करने से शरीर से गंदगी, पसीना और बैक्टीरिया हट जाते हैं।			
<b>2.</b>	स्नान के समय साबुन से रगड़ना गंदगी और बैक्टीरिया हटाने के लिए महत्वपूर्ण है।			
<b>3.</b>	रोजाना साफ और धुले हुए कपड़े पहनना शरीर की स्वच्छता के लिए आवश्यक है।			
<b>4.</b>	साफ पानी से स्नान करना शरीर की स्वच्छता के लिए महत्वपूर्ण है।			
<b>5.</b>	स्नान के बाद साफ तौलिया का उपयोग करना संक्रमण/एलर्जी को रोकने के लिए महत्वपूर्ण है।			
<b>6.</b>	नहाने के पानी में नीम की पत्तियों का उपयोग करना एलर्जी/दाने को रोकता है।			
<b>7.</b>	इत्र या डिओडोरेंट का उपयोग करना शरीर की गंध को ढकने में मदद करता है।			
<b>8.</b>	शरीर की देखभाल उत्पादों में कठोर रसायन और इत्र से बचना त्वचा में जलन और एलर्जी के जोखिम को कम करता है।			
<b>9.</b>	साफ बिस्तर और तकिए का उपयोग करना त्वचा पर गंदगी और तेलों के स्थानांतरण को कम करता है।			
<b>10.</b>	तंग कपड़ों से बचना पसीने वाले क्षेत्रों में त्वचा की जलन और संक्रमण के जोखिम को कम करता है।			

11.	रोजाना मॉइस्चराइजिंग करना शरीर की स्वच्छता बनाए रखने के लिए अच्छा अभ्यास है।			
12.	पसीने के बाद स्नान करना शरीर की गंध और त्वचा में जलन को रोकने में मदद करता है।			
13.	व्यक्तिगत स्वच्छता की वस्तुओं जैसे तौलिये, लूफैस या रेजर को साझा न करना त्वचा संक्रमण के फैलाव को रोकता है।			
14.	त्वचा संक्रमण के फैलाव से बचने के लिए घावों को ढकना महत्वपूर्ण है।			
15.	फंगल संक्रमण होने पर उचित उपचार लेना महत्वपूर्ण है।			
<b>B.</b>	<b>चेहरे की स्वच्छता के बारे में ज्ञान</b>			
16.	नियमित रूप से साफ पानी से चेहरा धोने से चेहरे की स्वच्छता बनी रहती है।			
17.	चेहरे की स्वच्छता के लिए साफ पानी और हल्के साबुन का उपयोग महत्वपूर्ण है।			
18.	मेकअप को सोने से पहले हटाना त्वचा के स्वास्थ्य के लिए आवश्यक है।			
19.	साफ कपड़े से चेहरा पोंछना आवश्यक है।			
20.	चेहरे की त्वचा को हाइड्रेट रखने के लिए मॉइस्चराइज़र का उपयोग करना एक अच्छा अभ्यास है।			
21.	नियमित स्क्रबिंग से चेहरे की मृत त्वचा कोशिकाएँ हट जाती हैं।			
22.	कठोर साबुन और स्क्रब से बचना त्वचा को नुकसान से बचाता है।			
23.	चेहरे को छूने से पहले हाथों को ठीक से धोना चाहिए।			
24.	तकियों के कवर को नियमित रूप से बदलना तेल और बैक्टीरिया के संचय को रोकता है जिससे मुहासे हो सकते हैं।			

25.	चेहरे के लिए अलग तौलिये का उपयोग करना शरीर के अन्य भागों से बैक्टीरिया और तेलों के स्थानांतरण के जोखिम को कम करता है।			
26.	चेहरे को धोते समय गर्म पानी से बचना शुष्कता और जलन को रोकता है।			
27.	अपने चेहरे को बार-बार छूने से बचना कीटाणुओं और बैक्टीरिया के प्रसार को कम करने में मदद करता है।			
28.	अपनी त्वचा के प्रकार के लिए उपयुक्त चेहरे के उत्पादों का उपयोग करना अनुकूल त्वचा देखभाल परिणाम सुनिश्चित करता है।			
<b>C.</b>	<b>हाथ की स्वच्छता के बारे में ज्ञान</b>			
29.	बीमारी को रोकने के लिए भोजन से पहले हाथ धोना महत्वपूर्ण है।			
30.	भोजन के बाद हाथ धोना सफाई और बीमारी को रोकने के लिए महत्वपूर्ण है।			
31.	भोजन तैयार करने से पहले हाथ धोना महत्वपूर्ण है।			
32.	भोजन तैयार करते समय हाथ धोना महत्वपूर्ण है।			
33.	शौचालय का उपयोग करने के बाद हाथ धोना महत्वपूर्ण है।			
34.	हाथ धोने के लिए हल्के साबुन और पानी का उपयोग पानी के अकेले उपयोग करने की तुलना में अधिक प्रभावी है।			
35.	जब पानी और साबुन उपलब्ध नहीं हों, तो हैंड सैनिटाइज़र एक अच्छा विकल्प है।			
36.	हाथ की स्वच्छता बनाए रखने के लिए नाखून काटना महत्वपूर्ण है।			
37.	हाथ की स्वच्छता के लिए नियमित रूप से नाखूनों को साफ करना आवश्यक है।			
38.	हाथ धोने के बाद साफ हाथ के तौलिये का उपयोग करना महत्वपूर्ण है।			
39.	बच्चे की डायपर (नैपी) बदलने और मल फेंकने के बाद हाथ धोना महत्वपूर्ण है।			
40.	बाहर से घर लौटने के बाद हाथ धोना आवश्यक है।			

41.	बच्चों को भोजन देने से पहले हाथ धोने चाहिए।			
42.	भोजन परोसने से पहले हाथ अच्छी तरह धोने चाहिए।			
43.	पालतू जानवरों और घरेलू जानवरों को संभालने के बाद हाथ धोना महत्वपूर्ण है।			
44.	नाक पोंछने या हाथ में छींकने के बाद हाथ धोना आवश्यक है।			
45.	संक्रमित व्यक्ति की देखभाल करने के बाद हाथ धोने की आवश्यकता होती है।			
46.	घावों की पट्टी बांधने से पहले हाथ धोना आवश्यक है।			
47.	घावों की पट्टी बांधने के बाद हाथ धोना आवश्यक है।			
48.	रक्त या शारीरिक तरल पदार्थों (जैसे उल्टी) के संपर्क में आने के बाद हाथ धोना आवश्यक है।			
49.	साबुन और पानी से हाथ धोने की अनुशंसित अवधि 20 सेकंड है।			
<b>D.</b>	<b>मौखिक स्वच्छता के बारे में ज्ञान</b>			
50.	दिन में दो बार दांत ब्रश करना मौखिक स्वच्छता के लिए आवश्यक है।			
51.	टूथपेस्ट का उपयोग दांतों को सही ढंग से साफ करने के लिए आवश्यक है।			
52.	यदि ब्रश और टूथपेस्ट उपलब्ध नहीं है, तो दातुन का उपयोग एक अच्छा विकल्प हो सकता है।			
53.	मौखिक स्वच्छता बनाए रखने के लिए नियमित डेंटल चेक-अप महत्वपूर्ण हैं।			
54.	मौखिक स्वच्छता बनाए रखने के लिए टूथ फ्लॉस का उपयोग महत्वपूर्ण है।			
55.	भोजन के बाद मौखिक स्वच्छता के लिए मुँह धोना महत्वपूर्ण है।			
56.	धूम्रपान या तंबाकू चबाना मुँह की दुर्गंध का कारण बन सकता है।			
57.	धूम्रपान या तंबाकू चबाना आपके दांतों को धब्बेदार कर सकता है।			

58.	धूम्रपान या तंबाकू चबाना मसूड़ों की बीमारी का खतरा बढ़ाता है।			
59.	नियमित रूप से जीभ क्लीनर का उपयोग करने से बैक्टीरिया और कणों को हटाने में मदद मिलती है जो मुँह की दुर्गंध पैदा करते हैं।			
60.	बेकिंग सोडा दांतों से धब्बों को हटाने और मुँह में अम्ल को न्यूट्रल करने में मदद कर सकता है।			
61.	नमक का पानी बैक्टीरिया को मारता है, सूजन को कम करता है और मसूड़ों की जलन को शांत करता है।			
62.	सही मौखिक स्वच्छता दांतों की सड़न और मसूड़ों की बीमारियों जैसे जिंजिवाइटिस और पीरियोडोंटाइटिस को रोकने में मदद करती है।			
63.	स्वस्थ आहार विकल्प, जैसे शर्करा वाले खाद्य पदार्थ और पेय को कम करना, बेहतर मौखिक स्वच्छता में योगदान देते हैं।			
64.	शुगर-फ्री गम चबाने से लार का उत्पादन उत्तेजित होता है, जिससे मौखिक स्वच्छता बनाए रखने में मदद मिलती है।			
65.	मौखिक स्वच्छता की उपेक्षा दर्दनाक दंत समस्याओं और महंगे उपचार की ओर ले जाती है।			
66.	माउथवॉश का उपयोग मौखिक स्वच्छता रूटीन के लिए एक लाभकारी जोड़ है, जो बैक्टीरिया को मारने और ताजा सांस देने में मदद करता है।			
67.	प्रभावी मौखिक स्वच्छता के लिए टूथब्रश को हर तीन महीने में बदलना महत्वपूर्ण है।			
68.	सेब और गाजर जैसे कुरकुरे फल और सब्जियां खाने से दांतों की सफाई स्वाभाविक रूप से होती है।			

69.	मौखिक स्वच्छता बनाए रखने के लिए ब्रश और मुँह धोने के लिए साफ पानी का उपयोग करना आवश्यक है।			
<b>E.</b>	<b>कान की स्वच्छता के बारे में ज्ञान</b>			
70.	नियमित रूप से कान की सफाई करने से कान में संक्रमण को रोकने में मदद मिलती है।			
71.	कान में नुकीली चीजें डालने से नुकसान होता है।			
72.	तैराकी या स्नान के बाद कानों को सुखाना महत्वपूर्ण है।			
73.	कान को साफ करने के लिए मुलायम कपड़े का उपयोग आवश्यक है।			
74.	कान का मैल एक प्राकृतिक बाधा है जो कान को धूल और बैक्टीरिया से बचाता है।			
75.	कान के स्वास्थ्य को बनाए रखने के लिए नियमित सुनवाई जांच आवश्यक है।			
76.	कान के संक्रमण के जोखिम को कम करने के लिए ईयरफोन या ईयरबड्स साझा नहीं करना चाहिए।			
77.	कान के संक्रमण को रोकने के लिए श्रवण यंत्र और ईयरफोन को नियमित रूप से साफ करना महत्वपूर्ण है।			
78.	कान के संक्रमण के लिए बिना चिकित्सा सलाह के घरेलू उपचार का अभ्यास नहीं करना चाहिए।			
79.	अत्यधिक कान की सफाई से सुरक्षात्मक मैल हट जाता है, जिससे संक्रमण होता है।			
<b>F.</b>	<b>बालों की स्वच्छता के बारे में ज्ञान</b>			
80.	नियमित रूप से बाल धोने से बालों की स्वच्छता बनाए रखने में मदद मिलती है।			
81.	बालों को साफ रखने के लिए शैम्पू का उपयोग महत्वपूर्ण है।			

82.	शैम्पू करने के बाद बालों को कंडीशन करना उन्हें नमीयुक्त रखने और टूटने से बचाने में मदद करता है।			
83.	बालों को सूखा और अच्छी तरह से रखकर खोपड़ी के संक्रमण को रोका जा सकता है।			
84.	बाल बांधने और सुखाने के लिए साफ तौलिये का उपयोग महत्वपूर्ण है।			
85.	बालों को नुकसान से बचाने और स्वच्छता बनाए रखने के लिए हीट स्टाइलिंग टूल्स का अत्यधिक उपयोग न करें।			
86.	बालों को नियमित रूप से ब्रश करने से प्राकृतिक तेलों का वितरण करने में मदद मिलती है, जिससे स्वस्थ खोपड़ी और बाल बढ़ते हैं।			
87.	खोपड़ी के संक्रमण को रोकने के लिए बालों के ब्रश और कंघी को नियमित रूप से साफ करना चाहिए।			
88.	जूँ और संक्रमण के फैलाव को रोकने के लिए बालों के उपकरण जैसे ब्रश, कंघी और बालों के टाई साझा करने से बचें।			
89.	खाना बनाते समय या धूल भरे वातावरण में काम करते समय बाल बांधने से उन्हें साफ और दूषित रहित रखने में मदद मिलती है।			
90.	खोपड़ी पर उत्पाद निर्माण को रोकने के लिए जेल, स्प्रे और क्रीम जैसे बाल उत्पादों के अत्यधिक उपयोग से बचें।			
91.	बाल धोते समय खोपड़ी की मालिश करने से रक्त परिसंचरण में सुधार होता है, जिससे बालों के स्वस्थ विकास और स्वच्छता को बढ़ावा मिलता है।			
92.	प्राकृतिक तेलों से खोपड़ी को नमीयुक्त रखने से सूखापन और परतदारपन को रोका जा सकता है, जिससे बेहतर बालों की स्वच्छता को बढ़ावा मिलता है।			

93.	गंदगी और तेल के निर्माण को रोकने के लिए बालों के सामान जैसे क्लिप, बैंड और स्क्रंची को नियमित रूप से साफ करना चाहिए।			
94.	व्यायाम के बाद पसीना आने के बाद बाल धोना खोपड़ी से पसीने और बैक्टीरिया को हटाने के लिए महत्वपूर्ण है।			
95.	खोपड़ी पर खिंचाव डालने वाले तंग हेयर स्टाइल से बचना बालों के झड़ने को रोक सकता है और खोपड़ी के स्वास्थ्य को बनाए रख सकता है।			
96.	बाल धोने के लिए गर्म पानी के बजाय गुनगुने पानी का उपयोग प्राकृतिक तेलों को बनाए रखने और सूखापन को रोकने में मदद करता है।			
<b>G.</b>	<b>पैरों की स्वच्छता के बारे में ज्ञान</b>			
97.	संक्रमण को रोकने और पैरों की स्वच्छता बनाए रखने के लिए नियमित रूप से साबुन और पानी से पैर धोना आवश्यक है।			
98.	पैरों को सूखा और साफ रखना पैरों की स्वच्छता के लिए महत्वपूर्ण है।			
99.	पैरों की स्वच्छता बनाए रखने के लिए रोज साफ मोजे पहनना आवश्यक है।			
100.	अच्छे पैर की स्वच्छता बनाए रखने और बैक्टीरियल वृद्धि से बचने के लिए रोजाना मोजे बदलना महत्वपूर्ण है।			
101.	पैरों के स्वास्थ्य के लिए साफ और आरामदायक जूते पहनना महत्वपूर्ण है।			
102.	पैरों को धोने के बाद उन्हें नमीयुक्त करना, सूखी, फटी त्वचा को रोकता है और पैरों की कोमलता बनाए रखता है।			
103.	पैरों की स्वच्छता के लिए पैर के नाखून को काटना और उनमें जमा गंदगी को नियमित रूप से निकालना आवश्यक है।			
104.	फटी एड़ियों के इलाज के लिए अरंडी का तेल अच्छा है।			

105.	पैरों में फफोले और कणिकाएं बनने से रोकने के लिए फिट जूते पहनना, समग्र पैरों की स्वच्छता में योगदान देता है।			
106.	सार्वजनिक स्थानों पर नंगे पांव चलने से बचने से पैरों में संक्रमण होने का खतरा कम हो जाता है।			
107.	सेंधा नमक के साथ गर्म पानी में पैरों को भिगोने से थके हुए पैरों को आराम मिलता है और पैरों की स्वच्छता में सुधार होता है।			
108.	पैरों की स्वच्छता बनाए रखने में एंटीफंगल पाउडर या स्प्रे का उपयोग सहायक होता है।			
109.	मधुमेह वाले व्यक्तियों के लिए पैर की उचित स्वच्छता महत्वपूर्ण है ताकि पैर के अल्सर जैसी जटिलताओं को रोका जा सके।			
110.	गंध को कम करने और समग्र पैरों की स्वच्छता में सुधार के लिए नियमित रूप से जूता अस्तर धोना।			
111.	तंग जूतों से बचना जो वायु प्रवाह को प्रतिबंधित करते हैं, अच्छी पैरों की स्वच्छता बनाए रखने और फंगल संक्रमण को रोकने में मदद करता है।			
H.	<b>बगल की स्वच्छता के बारे में ज्ञान</b>			
112.	बगल की नियमित सफाई से शरीर की दुर्गंध को रोका जा सकता है।			
113.	बगल को कम से कम दिन में एक बार साबुन और पानी से अच्छी तरह धोना, विशेष रूप से पसीने के बाद, बैक्टीरिया को हटाने और दुर्गंध को रोकने में मदद करता है।			
114.	धोने के बाद, बैक्टीरिया और कवक के विकास को रोकने के लिए बगल को अच्छी तरह से सुखाना महत्वपूर्ण है।			
115.	शरीर की दुर्गंध को रोकने के लिए डिओडोरेंट या इत्र का उपयोग महत्वपूर्ण है।			

116.	पसीनी बगल में संक्रमण से बचने के लिए बगल की वैक्सिंग/शेविंग आवश्यक है।			
117.	प्राकृतिक रेशों जैसे कपास से बने स्वच्छ, सांस लेने योग्य कपड़े पहनने से बगल को सूखा रखने और दुर्गंध को कम करने में मदद मिलती है।			
118.	बगल की स्वच्छता बनाए रखने के लिए बेकिंग सोडा, सेब साइडर सिरका, या नारियल तेल जैसे प्राकृतिक उपचारों का उपयोग किया जाता है।			
I.	<b>कपड़ों की स्वच्छता के बारे में ज्ञान</b>			
119.	व्यक्तिगत स्वच्छता के लिए रोजाना साफ कपड़े पहनना महत्वपूर्ण है।			
120.	व्यक्तिगत स्वच्छता के लिए सूखे कपड़े पहनना महत्वपूर्ण है।			
121.	कपड़ों को कीटाणुरहित करने के लिए उन्हें धूप में सुखाना चाहिए।			
122.	साफ कपड़ों को सूखी और साफ जगह पर रखना चाहिए।			
123.	अपने कपड़े धोने के क्षेत्र को साफ रखने से गंदे और साफ कपड़ों के बीच संक्रमण को रोकने में मदद मिलती है।			
124.	व्यायाम या बाहरी गतिविधियों के दौरान पहने गए कपड़ों को पसीने और गंदगी को हटाने के लिए ठीक से धोना चाहिए।			
125.	सूखे, स्वच्छ वातावरण में साफ कपड़ों का उचित भंडारण उनकी स्वच्छता बनाए रखने में मदद करता है।			
J.	<b>मासिक धर्म स्वच्छता के बारे में ज्ञान</b>			
126.	महिलाओं के स्वास्थ्य के लिए मासिक धर्म स्वच्छता महत्वपूर्ण है।			
127.	सेनेटरी पैड, मासिक धर्म कप, पीरियड पैंटी आदि बाजार में उपलब्ध विभिन्न प्रकार के मासिक धर्म उत्पाद हैं।			
128.	मासिक धर्म के दौरान सैनिटरी नैपकिन और अन्य सैनिटरी उत्पादों का उपयोग आवश्यक है।			

129.	मासिक धर्म के दौरान अंडरगारमेंट्स बदलना महत्वपूर्ण है।			
130.	मासिक धर्म के दौरान साफ अंडरगारमेंट पहनना आवश्यक है।			
131.	मासिक धर्म के दौरान अपने जननांग क्षेत्रों को धोने के लिए साफ पानी का उपयोग करना महत्वपूर्ण है।			
132.	मासिक धर्म उत्पादों (पैड, टैम्पोन, आदि) को निपटाने से पहले जैविक रूप से नष्ट होने वाले कागज या बैग में लपेटा जाना चाहिए।			
133.	सैनिटरी पैड, टैम्पोन, या मासिक धर्म कप को शौचालय में फ्लश नहीं करना चाहिए।			
134.	मासिक धर्म के कचरे को घर के अन्य कचरे से अलग करके एक निश्चित कूड़ेदान में डालना चाहिए।			
135.	मासिक धर्म के दौरान स्वच्छता का ध्यान न रखने से प्रजनन पथ के संक्रमण और अन्य स्वास्थ्य संबंधी समस्याएं हो सकती हैं।			
136.	पीरियड्स के दौरान जननांगों के बालों को ट्रिम या वैक्स करने से बचना चाहिए।			
137.	संक्रमण से बचने के लिए हर 4 से 6 घंटे के बाद सैनिटरी नैपकिन/कपड़े को बदलना चाहिए।			
138.	पीरियड्स के दौरान इस्तेमाल किए जाने वाले कपड़े को डेटॉल या किसी अन्य कीटाणुनाशक तरल में भिगोना ज़रूरी है।			

## अनुभाग-III

### गृहिणियों के व्यक्तिगत स्वच्छता के बारे में अभ्यास

क्रमांक	वक्तव्य	हमेशा	कभी-कभी	कभी नहीं
<b>A.</b>	<b>शरीर की स्वच्छता के बारे में अभ्यास</b>			
1.	क्या आप कम से कम दिन में एक बार स्नान करते हैं?			
2.	क्या आप स्नान करते समय साबुन का उपयोग करते हैं?			
3.	क्या आप रोज़ाना धोए हुए कपड़े पहनते हैं?			
4.	क्या आप स्नान के बाद साफ तौलिया उपयोग करते हैं?			
5.	क्या आप मृत त्वचा को हटाने के लिए अपने शरीर को स्क्रब करते हैं?			
6.	क्या आप नमक के पानी से स्नान करते हैं?			
7.	क्या आप नीम के पानी से स्नान करते हैं?			
8.	क्या आप स्नान के बाद शरीर पर मॉइस्चराइज़र लगाते हैं?			
9.	क्या आप शारीरिक गतिविधि के बाद स्नान करते हैं?			
10.	क्या आप नियमित रूप से बिस्तर की चादरें बदलते हैं?			
11.	क्या आप बाहर से आने के बाद साबुन और पानी से स्नान करते हैं?			
<b>B.</b>	<b>चेहरे की स्वच्छता के बारे में अभ्यास</b>			
12.	क्या आप दिन में दो बार अपना चेहरा धोते हैं?			
13.	क्या आप अपना चेहरा साफ करने के लिए हल्के साबुन या फेस वॉश का उपयोग करते हैं?			
14.	क्या आप अपने चेहरे को केवल साफ हाथों से छूते हैं?			
15.	क्या आप चेहरा धोने के लिए साफ पानी का उपयोग करते हैं?			

16.	क्या आप सोने से पहले अपना मेकअप हटाते हैं?			
17.	क्या आप चेहरे की त्वचा को हाइड्रेट रखने के लिए मॉइस्चराइज़र का उपयोग करते हैं?			
18.	क्या आप अपने चेहरे को सुखाने के लिए साफ तौलिया का उपयोग करते हैं?			
19.	क्या आप अपने चेहरे पर कठोर स्क्रब और साबुन का उपयोग करते हैं?			
20.	क्या आप अपने मेकअप उपकरणों को नियमित अंतराल पर साफ करते हैं?			
21.	क्या आप अपने मेकअप उपकरण दूसरों के साथ साझा करते हैं?			
22.	क्या आप दूसरों के मेकअप उपकरणों का उपयोग करते हैं?			
23.	क्या आपके पास बार-बार अपना चेहरा छूने की आदत है?			
24.	क्या आप चेहरे की त्वचा की समस्याओं के मामले में त्वचा विशेषज्ञ के पास जाते हैं?			
25.	क्या आप अपने चेहरे पर सीरम या फेस ऑयल लगाते हैं?			
26.	क्या आप चेहरे का टोनर का उपयोग करते हैं?			
27.	क्या आप साप्ताहिक रूप से अपना चेहरा स्क्रब करते हैं?			
28.	क्या आप उत्पादों का उपयोग करने से पहले समाप्ति तिथि की जांच करते हैं?			
29.	क्या आप चेहरे की समस्याओं के इलाज के लिए घरेलू उपचार का उपयोग करते हैं?			
<b>C.</b>	<b>हाथों की स्वच्छता के बारे में अभ्यास</b>			
30.	क्या आप खाने से पहले हाथ धोते हैं?			
31.	क्या आप खाने के बाद हाथ धोते हैं?			
32.	क्या आप हाथ धोते समय हल्के साबुन का उपयोग करते हैं?			
33.	क्या आप शौचालय का उपयोग करने के बाद साबुन से हाथ धोते हैं?			

34.	जब पानी उपलब्ध नहीं होता है तो क्या आप हैंड सैनिटाइज़र का उपयोग करते हैं?			
35.	क्या आप अपने हाथ धोने के बाद उन्हें सुखाने के लिए साफ तौलिया का उपयोग करते हैं?			
36.	क्या आप नियमित अंतराल पर हाथ धोते हैं?			
37.	क्या आप बच्चों को खिलाने से पहले अपने हाथ धोते हैं?			
38.	क्या आप भोजन तैयार करने से पहले अपने हाथ धोते हैं?			
39.	क्या आप भोजन तैयार करने के बाद अपने हाथ धोते हैं?			
40.	क्या आप भोजन परोसने से पहले अपने हाथ धोते हैं?			
41.	क्या आप नियमित रूप से अपने नाखून काटते हैं?			
42.	क्या आप नियमित रूप से अपने नाखून साफ करते हैं?			
43.	क्या आप नाक पोंछने या उभारने के बाद अपने हाथ धोते हैं?			
44.	क्या आप अपने हाथ में छींकने के बाद अपने हाथ धोते हैं?			
45.	क्या आप संक्रमित व्यक्ति की देखभाल करने के बाद अपने हाथ धोते हैं?			
46.	क्या आप घावों की पट्टी बांधने से पहले अपने हाथ धोते हैं?			
47.	क्या आप घावों की पट्टी बांधने के बाद अपने हाथ धोते हैं?			
48.	क्या आप रक्त या उल्टी जैसे शरीर के तरल पदार्थ के संपर्क में आने के बाद अपने हाथ धोते हैं?			
49.	क्या आप पालतू जानवरों या घरेलू जानवरों को संभालने के बाद साबुन से अपने हाथ धोते हैं?			
50.	क्या आप जूतों को छूने के बाद अपने हाथ धोते हैं?			

51.	क्या आप गंदे कपड़े संभालने के बाद हाथ धोते हैं?			
<b>D.</b>	<b>मौखिक स्वच्छता के बारे में अभ्यास</b>			
52.	क्या आप दिन में दो बार अपने दांत ब्रश करते हैं?			
53.	क्या आप दांत ब्रश करते समय टूथपेस्ट का उपयोग करते हैं?			
54.	क्या आप हर 3 महीने में अपना ब्रश बदलते हैं?			
55.	क्या आप साप्ताहिक रूप से अपने दांत फ्लॉस करते हैं?			
56.	क्या आप हर भोजन के बाद मौखिक कुल्ला करते हैं?			
57.	क्या आप नियमित चेकअप के लिए दंत चिकित्सक के पास जाते हैं?			
58.	क्या आप ब्रश करते समय साफ पानी का उपयोग करते हैं?			
59.	क्या आप ब्रश उपलब्ध नहीं होने पर दातून का उपयोग करते हैं?			
60.	क्या आप नियमित रूप से जीभ क्लीनर का उपयोग करते हैं?			
61.	क्या आप मुँह की दुर्गंध का इलाज करने के लिए नमक के पानी का उपयोग करते हैं?			
62.	क्या आप बैक्टीरिया और बदबू मारने के लिए माउथवॉश का उपयोग करते हैं?			
63.	क्या आप दांतों के दाग हटाने के लिए बेकिंग सोडा का उपयोग करते हैं?			
<b>E.</b>	<b>कान की स्वच्छता के बारे में अभ्यास</b>			
64.	क्या आप कान की खुजली को शांत करने के लिए नुकीली चीजों का उपयोग करते हैं?			
65.	क्या आप नियमित रूप से नरम कपड़े से अपने कान को साफ करते हैं?			
66.	क्या आप किसी कान की समस्या होने पर स्वास्थ्य विशेषज्ञ से मिलते हैं?			
67.	क्या आप स्नान के बाद अपने कानों को अच्छी तरह से सुखाते हैं?			

68.	क्या आप कान की मैल को हटाने के लिए कान में रुई के फाहे का उपयोग करते हैं?			
69.	क्या आप नियमित रूप से अपने ईयरफोन या ईयरबड्स को साफ करते हैं?			
<b>F.</b>	<b>बालों की स्वच्छता के बारे में अभ्यास</b>			
70.	क्या आप हफ्ते में दो बार अपने बाल धोते हैं?			
71.	क्या आप अपने बालों को साफ करने के लिए हल्के शैम्पू का उपयोग करते हैं?			
72.	क्या आप रोज अपने बालों में कंघी करते हैं?			
73.	क्या आप नियमित रूप से अपने बालों में तेल लगाते हैं?			
74.	क्या आप अपने बालों को सुखाने के लिए साफ और सूखे तौलिये का उपयोग करते हैं?			
75.	क्या आप साफ पानी से अपने बाल धोते हैं?			
76.	क्या आप बाल धोने के बाद कंडीशनर लगाते हैं?			
77.	क्या आप अपने बालों पर गरम शैली उपकरणों का उपयोग करते हैं?			
78.	क्या आप अपने बालों को कंघी करने के लिए साफ कंघी का उपयोग करते हैं?			
79.	क्या आप धूल भरे वातावरण में काम करते समय अपने बाल बांधते हैं?			
80.	क्या आप बालों पर स्टाइलिंग उत्पादों का उपयोग करते हैं?			
81.	क्या आप खोपड़ी की मालिश करते हैं?			
82.	क्या आप अपने बालों के सामान जैसे क्लिप, कंघी, और बालों की रबड़ को नियमित रूप से साफ करते हैं?			
83.	क्या आप अत्यधिक पसीने के बाद अपने बाल धोते हैं?			
84.	क्या आप तंग हेयर स्टाइल का प्रयास करते हैं?			

<b>G.</b>	<b>पैरों की स्वच्छता के बारे में अभ्यास</b>			
85.	क्या आप रोजाना अपने पैरों को साबुन से धोते हैं?			
86.	क्या आप धोने के बाद अपने पैरों को अच्छी तरह सुखाते हैं?			
87.	क्या आप रोजाना साफ मोजे पहनते हैं?			
88.	क्या आप अपने पैर के नाखूनों को साफ और कटा हुआ रखते हैं?			
89.	क्या आप किसी भी कट या संक्रमण के लिए अपने पैरों का नियमित रूप से निरीक्षण करते हैं?			
90.	क्या आप सार्वजनिक स्थानों पर चलते समय चप्पल पहनते हैं?			
91.	क्या आप आरामदायक और साफ जूते पहनते हैं?			
92.	क्या आप धोने और सुखाने के बाद अपने पैरों को मॉइस्चराइज़ करते हैं?			
93.	क्या आप अपने साइज के जूते पहनते हैं?			
94.	क्या आप फटी एड़ियों के इलाज के लिए अरंडी का तेल का उपयोग करते हैं?			
95.	क्या आप अपने जूते रोज धोते हैं?			
96.	क्या आप अपने पैरों को गर्म पानी में भिगोते हैं?			
97.	क्या आप एंटीफंगल पाउडर या क्रीम का उपयोग करके पैर के संक्रमण का इलाज करते हैं?			
<b>H.</b>	<b>बगल की स्वच्छता के बारे में अभ्यास</b>			
98.	क्या आप रोजाना अपनी बगल को साबुन और पानी से धोते हैं?			
99.	क्या आप शरीर की दुर्गंध को रोकने के लिए इत्र या डिओडोरेंट का उपयोग करते हैं?			
100.	क्या आप किसी भी संक्रमण से बचने के लिए अपनी बगल को अच्छी तरह सुखाते हैं?			

101.	क्या आप नियमित रूप से अपनी बगल की वैक्सिंग/शेविंग करते हैं?			
102.	क्या आप बगल को सूखा रखने और दुर्गंध को कम करने के लिए सांस लेने योग्य कपड़े पहनते हैं?			
I.	<b>कपड़ों की स्वच्छता के बारे में अभ्यास</b>			
103.	क्या आप रोजाना अपने कपड़े बदलते हैं?			
104.	क्या आप काम के घंटों के बाद अपने कपड़े बदलते हैं?			
105.	क्या आप अपने कपड़े साफ पानी से धोते हैं?			
106.	क्या आप अपने कपड़ों को कीटाणुरहित करने के लिए धूप में सुखाते हैं?			
107.	क्या आप अपने साफ कपड़ों को अलग से स्टोर करते हैं?			
108.	क्या आप अपने कपड़ों को झुर्रियों और कीटाणुओं को दूर करने के लिए आयरन करते हैं?			
109.	क्या आप अपने कपड़े डिटर्जेंट/साबुन से धोते हैं?			
110.	क्या आप अत्यधिक व्यायाम के बाद अपने कपड़े बदलते हैं?			
111.	क्या आप पसीने से तर कपड़ों को ठीक से धोते और सुखाते हैं?			
112.	क्या आप अपने वार्डरोब को नियमित रूप से साफ करते हैं?			
J.	<b>मासिक धर्म स्वच्छता के बारे में अभ्यास</b>			
113.	क्या आप पीरियड्स के दौरान सैनिटरी नैपकिन का उपयोग करते हैं?			
114.	क्या आप पीरियड्स के दौरान मासिक धर्म कप का उपयोग करते हैं?			
115.	क्या आप पीरियड्स के दौरान कपड़े का उपयोग करते हैं?			

116.	क्या आप हर 4-6 घंटे में अपना सैनिटरी नैपकिन/कपड़ा/मासिक धर्म कप बदलते हैं?			
117.	क्या आप सैनिटरी नैपकिन/मासिक धर्म कप/कपड़ा बदलने से पहले अपने हाथ धोते हैं?			
118.	क्या आप सैनिटरी नैपकिन/मासिक धर्म कप/कपड़ा बदलने के बाद अपने हाथ धोते हैं?			
119.	क्या आप अपने जननांग क्षेत्रों को धोने के लिए साफ पानी का उपयोग करते हैं?			
120.	क्या आप पीरियड्स के दौरान उपयोग किए गए अपने सैनिटरी उत्पादों का अलग बिन में निपटान करते हैं?			
121.	क्या आप मासिक धर्म कपड़े को धोने के बाद पुनः उपयोग करते हैं?			
122.	क्या आप पीरियड्स से पहले जननांग बाल हटाते हैं?			
123.	क्या आप पीरियड्स के दौरान रोज अपने पैंटी बदलते हैं?			
124.	क्या आप पीरियड्स के दौरान असुविधा होने पर डॉक्टर से परामर्श लेते हैं?			
125.	क्या आप पीरियड्स के दौरान सैनिटरी नैपकिन का उपयोग करते हैं?			

## अनुभाग-IV

### गृहणियों का व्यक्तिगत स्वच्छता के बारे में ज्ञान

(जागरूकता कार्यक्रम के बाद)

क्रमांक	वक्तव्य	जानकारी	अनिर्णीत	अज्ञात
<b>A.</b>	<b>शरीर की स्वच्छता के बारे में ज्ञान</b>			
<b>1.</b>	नियमित स्नान करने से शरीर से गंदगी, पसीना और बैक्टीरिया हट जाते हैं।			
<b>2.</b>	स्नान के समय साबुन से रगड़ना गंदगी और बैक्टीरिया हटाने के लिए महत्वपूर्ण है।			
<b>3.</b>	रोजाना साफ और धुले हुए कपड़े पहनना शरीर की स्वच्छता के लिए आवश्यक है।			
<b>4.</b>	साफ पानी से स्नान करना शरीर की स्वच्छता के लिए महत्वपूर्ण है।			
<b>5.</b>	स्नान के बाद साफ तौलिया का उपयोग करना संक्रमण/एलर्जी को रोकने के लिए महत्वपूर्ण है।			
<b>6.</b>	नहाने के पानी में नीम की पत्तियों का उपयोग करना एलर्जी/दाने को रोकता है।			
<b>7.</b>	इत्र या डिओडोरेंट का उपयोग करना शरीर की गंध को ढकने में मदद करता है।			
<b>8.</b>	शरीर की देखभाल उत्पादों में कठोर रसायन और इत्र से बचना त्वचा में जलन और एलर्जी के जोखिम को कम करता है।			
<b>9.</b>	साफ बिस्तर और तकिए का उपयोग करना त्वचा पर गंदगी और तेलों के स्थानांतरण को कम करता है।			
<b>10.</b>	तंग कपड़ों से बचना पसीने वाले क्षेत्रों में त्वचा की जलन और संक्रमण के जोखिम को कम करता है।			

11.	रोजाना मॉइस्चराइजिंग करना शरीर की स्वच्छता बनाए रखने के लिए अच्छा अभ्यास है।			
12.	पसीने के बाद स्नान करना शरीर की गंध और त्वचा में जलन को रोकने में मदद करता है।			
13.	व्यक्तिगत स्वच्छता की वस्तुओं जैसे तौलिये, लूफैस या रेजर को साझा न करना त्वचा संक्रमण के फैलाव को रोकता है।			
14.	त्वचा संक्रमण के फैलाव से बचने के लिए घावों को ढकना महत्वपूर्ण है।			
15.	फंगल संक्रमण होने पर उचित उपचार लेना महत्वपूर्ण है।			
<b>B.</b>	<b>चेहरे की स्वच्छता के बारे में ज्ञान</b>			
16.	नियमित रूप से साफ पानी से चेहरा धोने से चेहरे की स्वच्छता बनी रहती है।			
17.	चेहरे की स्वच्छता के लिए साफ पानी और हल्के साबुन का उपयोग महत्वपूर्ण है।			
18.	मेकअप को सोने से पहले हटाना त्वचा के स्वास्थ्य के लिए आवश्यक है।			
19.	साफ कपड़े से चेहरा पोंछना आवश्यक है।			
20.	चेहरे की त्वचा को हाइड्रेट रखने के लिए मॉइस्चराइज़र का उपयोग करना एक अच्छा अभ्यास है।			
21.	नियमित स्क्रबिंग से चेहरे की मृत त्वचा कोशिकाएँ हट जाती हैं।			
22.	कठोर साबुन और स्क्रब से बचना त्वचा को नुकसान से बचाता है।			
23.	चेहरे को छूने से पहले हाथों को ठीक से धोना चाहिए।			
24.	तकियों के कवर को नियमित रूप से बदलना तेल और बैक्टीरिया के संचय को रोकता है जिससे मुहासे हो सकते हैं।			

25.	चेहरे के लिए अलग तौलिये का उपयोग करना शरीर के अन्य भागों से बैक्टीरिया और तेलों के स्थानांतरण के जोखिम को कम करता है।			
26.	चेहरे को धोते समय गर्म पानी से बचना शुष्कता और जलन को रोकता है।			
27.	अपने चेहरे को बार-बार छूने से बचना कीटाणुओं और बैक्टीरिया के प्रसार को कम करने में मदद करता है।			
28.	अपनी त्वचा के प्रकार के लिए उपयुक्त चेहरे के उत्पादों का उपयोग करना अनुकूल त्वचा देखभाल परिणाम सुनिश्चित करता है।			
<b>C.</b>	<b>हाथ की स्वच्छता के बारे में ज्ञान</b>			
29.	बीमारी को रोकने के लिए भोजन से पहले हाथ धोना महत्वपूर्ण है।			
30.	भोजन के बाद हाथ धोना सफाई और बीमारी को रोकने के लिए महत्वपूर्ण है।			
31.	भोजन तैयार करने से पहले हाथ धोना महत्वपूर्ण है।			
32.	भोजन तैयार करते समय हाथ धोना महत्वपूर्ण है।			
33.	शौचालय का उपयोग करने के बाद हाथ धोना महत्वपूर्ण है।			
34.	हाथ धोने के लिए हल्के साबुन और पानी का उपयोग पानी के अकेले उपयोग करने की तुलना में अधिक प्रभावी है।			
35.	जब पानी और साबुन उपलब्ध नहीं हों, तो हैंड सैनिटाइज़र एक अच्छा विकल्प है।			
36.	हाथ की स्वच्छता बनाए रखने के लिए नाखून काटना महत्वपूर्ण है।			
37.	हाथ की स्वच्छता के लिए नियमित रूप से नाखूनों को साफ करना आवश्यक है।			
38.	हाथ धोने के बाद साफ हाथ के तौलिये का उपयोग करना महत्वपूर्ण है।			
39.	बच्चे की डायपर (नैपी) बदलने और मल फेंकने के बाद हाथ धोना महत्वपूर्ण है।			

40.	बाहर से घर लौटने के बाद हाथ धोना आवश्यक है।			
41.	बच्चों को भोजन देने से पहले हाथ धोने चाहिए।			
42.	भोजन परोसने से पहले हाथ अच्छी तरह धोने चाहिए।			
43.	पालतू जानवरों और घरेलू जानवरों को संभालने के बाद हाथ धोना महत्वपूर्ण है।			
44.	नाक पोंछने या हाथ में छींकने के बाद हाथ धोना आवश्यक है।			
45.	संक्रमित व्यक्ति की देखभाल करने के बाद हाथ धोने की आवश्यकता होती है।			
46.	घावों की पट्टी बांधने से पहले हाथ धोना आवश्यक है।			
47.	घावों की पट्टी बांधने के बाद हाथ धोना आवश्यक है।			
48.	रक्त या शारीरिक तरल पदार्थों (जैसे उल्टी) के संपर्क में आने के बाद हाथ धोना आवश्यक है।			
49.	साबुन और पानी से हाथ धोने की अनुशंसित अवधि 20 सेकंड है।			
<b>D.</b>	<b>मौखिक स्वच्छता के बारे में ज्ञान</b>			
50.	दिन में दो बार दांत ब्रश करना मौखिक स्वच्छता के लिए आवश्यक है।			
51.	टूथपेस्ट का उपयोग दांतों को सही ढंग से साफ करने के लिए आवश्यक है।			
52.	यदि ब्रश और टूथपेस्ट उपलब्ध नहीं है, तो दातुन का उपयोग एक अच्छा विकल्प हो सकता है।			
53.	मौखिक स्वच्छता बनाए रखने के लिए नियमित डेंटल चेक-अप महत्वपूर्ण हैं।			
54.	मौखिक स्वच्छता बनाए रखने के लिए टूथ फ्लॉस का उपयोग महत्वपूर्ण है।			
55.	भोजन के बाद मौखिक स्वच्छता के लिए मुँह धोना महत्वपूर्ण है।			
56.	धूम्रपान या तंबाकू चबाना मुँह की दुर्गंध का कारण बन सकता है।			

57.	धूम्रपान या तंबाकू चबाना आपके दांतों को धब्बेदार कर सकता है।			
58.	धूम्रपान या तंबाकू चबाना मसूड़ों की बीमारी का खतरा बढ़ाता है।			
59.	नियमित रूप से जीभ क्लीनर का उपयोग करने से बैक्टीरिया और कणों को हटाने में मदद मिलती है जो मुँह की दुर्गंध पैदा करते हैं।			
60.	बेकिंग सोडा दांतों से धब्बों को हटाने और मुँह में अम्ल को न्यूट्रल करने में मदद कर सकता है।			
61.	नमक का पानी बैक्टीरिया को मारता है, सूजन को कम करता है और मसूड़ों की जलन को शांत करता है।			
62.	सही मौखिक स्वच्छता दांतों की सड़न और मसूड़ों की बीमारियों जैसे जिंजिवाइटिस और पीरियोडोंटाइटिस को रोकने में मदद करती है।			
63.	स्वस्थ आहार विकल्प, जैसे शर्करा वाले खाद्य पदार्थ और पेय को कम करना, बेहतर मौखिक स्वच्छता में योगदान देते हैं।			
64.	शुगर-फ्री गम चबाने से लार का उत्पादन उत्तेजित होता है, जिससे मौखिक स्वच्छता बनाए रखने में मदद मिलती है।			
65.	मौखिक स्वच्छता की उपेक्षा दर्दनाक दंत समस्याओं और महंगे उपचार की ओर ले जाती है।			
66.	माउथवॉश का उपयोग मौखिक स्वच्छता रूटीन के लिए एक लाभकारी जोड़ है, जो बैक्टीरिया को मारने और ताजा सांस देने में मदद करता है।			
67.	प्रभावी मौखिक स्वच्छता के लिए टूथब्रश को हर तीन महीने में बदलना महत्वपूर्ण है।			

68.	सेब और गाजर जैसे कुरकुरे फल और सब्जियां खाने से दांतों की सफाई स्वाभाविक रूप से होती है।			
69.	मौखिक स्वच्छता बनाए रखने के लिए ब्रश और मुँह धोने के लिए साफ पानी का उपयोग करना आवश्यक है।			
<b>E.</b>	<b>कान की स्वच्छता के बारे में ज्ञान</b>			
70.	नियमित रूप से कान की सफाई करने से कान में संक्रमण को रोकने में मदद मिलती है।			
71.	कान में नुकीली चीजें डालने से नुकसान होता है।			
72.	तैराकी या स्नान के बाद कानों को सुखाना महत्वपूर्ण है।			
73.	कान को साफ करने के लिए मुलायम कपड़े का उपयोग आवश्यक है।			
74.	कान का मैल एक प्राकृतिक बाधा है जो कान को धूल और बैक्टीरिया से बचाता है।			
75.	कान के स्वास्थ्य को बनाए रखने के लिए नियमित सुनवाई जांच आवश्यक है।			
76.	कान के संक्रमण के जोखिम को कम करने के लिए ईयरफोन या ईयरबड्स साझा नहीं करना चाहिए।			
77.	कान के संक्रमण को रोकने के लिए श्रवण यंत्र और ईयरफोन को नियमित रूप से साफ करना महत्वपूर्ण है।			
78.	कान के संक्रमण के लिए बिना चिकित्सा सलाह के घरेलू उपचार का अभ्यास नहीं करना चाहिए।			
79.	अत्यधिक कान की सफाई से सुरक्षात्मक मैल हट जाता है, जिससे संक्रमण होता है।			
<b>F.</b>	<b>बालों की स्वच्छता के बारे में ज्ञान</b>			
80.	नियमित रूप से बाल धोने से बालों की स्वच्छता बनाए रखने में मदद मिलती है।			

81.	बालों को साफ रखने के लिए शैम्पू का उपयोग महत्वपूर्ण है।			
82.	शैम्पू करने के बाद बालों को कंडीशन करना उन्हें नमीयुक्त रखने और टूटने से बचाने में मदद करता है।			
83.	बालों को सूखा और अच्छी तरह से रखकर खोपड़ी के संक्रमण को रोका जा सकता है।			
84.	बाल बांधने और सुखाने के लिए साफ तौलिये का उपयोग महत्वपूर्ण है।			
85.	बालों को नुकसान से बचाने और स्वच्छता बनाए रखने के लिए हीट स्टाइलिंग टूल्स का अत्यधिक उपयोग न करें।			
86.	बालों को नियमित रूप से ब्रश करने से प्राकृतिक तेलों का वितरण करने में मदद मिलती है, जिससे स्वस्थ खोपड़ी और बाल बढ़ते हैं।			
87.	खोपड़ी के संक्रमण को रोकने के लिए बालों के ब्रश और कंघी को नियमित रूप से साफ करना चाहिए।			
88.	जूँ और संक्रमण के फैलाव को रोकने के लिए बालों के उपकरण जैसे ब्रश, कंघी और बालों के टाई साझा करने से बचें।			
89.	खाना बनाते समय या धूल भरे वातावरण में काम करते समय बाल बांधने से उन्हें साफ और दूषित रहित रखने में मदद मिलती है।			
90.	खोपड़ी पर उत्पाद निर्माण को रोकने के लिए जेल, स्प्रे और क्रीम जैसे बाल उत्पादों के अत्यधिक उपयोग से बचें।			
91.	बाल धोते समय खोपड़ी की मालिश करने से रक्त परिसंचरण में सुधार होता है, जिससे बालों के स्वस्थ विकास और स्वच्छता को बढ़ावा मिलता है।			
92.	प्राकृतिक तेलों से खोपड़ी को नमीयुक्त रखने से सूखापन और परतदारपन को			

	रोका जा सकता है, जिससे बेहतर बालों की स्वच्छता को बढ़ावा मिलता है।			
93.	गंदगी और तेल के निर्माण को रोकने के लिए बालों के सामान जैसे क्लिप, बैंड और स्क्रंची को नियमित रूप से साफ करना चाहिए।			
94.	व्यायाम के बाद पसीना आने के बाद बाल धोना खोपड़ी से पसीने और बैक्टीरिया को हटाने के लिए महत्वपूर्ण है।			
95.	खोपड़ी पर खिंचाव डालने वाले तंग हेयर स्टाइल से बचना बालों के झड़ने को रोक सकता है और खोपड़ी के स्वास्थ्य को बनाए रख सकता है।			
96.	बाल धोने के लिए गर्म पानी के बजाय गुनगुने पानी का उपयोग प्राकृतिक तेलों को बनाए रखने और सूखापन को रोकने में मदद करता है।			
<b>G.</b>	<b>पैरों की स्वच्छता के बारे में ज्ञान</b>			
97.	संक्रमण को रोकने और पैरों की स्वच्छता बनाए रखने के लिए नियमित रूप से साबुन और पानी से पैर धोना आवश्यक है।			
98.	पैरों को सूखा और साफ रखना पैरों की स्वच्छता के लिए महत्वपूर्ण है।			
99.	पैरों की स्वच्छता बनाए रखने के लिए रोज साफ मोजे पहनना आवश्यक है।			
100.	अच्छे पैर की स्वच्छता बनाए रखने और बैक्टीरियल वृद्धि से बचने के लिए रोजाना मोजे बदलना महत्वपूर्ण है।			
101.	पैरों के स्वास्थ्य के लिए साफ और आरामदायक जूते पहनना महत्वपूर्ण है।			
102.	पैरों को धोने के बाद उन्हें नमीयुक्त करना, सूखी, फटी त्वचा को रोकता है और पैरों की कोमलता बनाए रखता है।			
103.	पैरों की स्वच्छता के लिए पैर के नाखून को काटना और उनमें जमा गंदगी को नियमित रूप से निकालना आवश्यक है।			

104.	फटी एड़ियों के इलाज के लिए अरंडी का तेल अच्छा है।			
105.	पैरों में फफोले और कणिकाएं बनने से रोकने के लिए फिट जूते पहनना, समग्र पैरों की स्वच्छता में योगदान देता है।			
106.	सार्वजनिक स्थानों पर नंगे पांव चलने से बचने से पैरों में संक्रमण होने का खतरा कम हो जाता है।			
107.	सैंधा नमक के साथ गर्म पानी में पैरों को भिगोने से थके हुए पैरों को आराम मिलता है और पैरों की स्वच्छता में सुधार होता है।			
108.	पैरों की स्वच्छता बनाए रखने में एंटीफंगल पाउडर या स्प्रे का उपयोग सहायक होता है।			
109.	मधुमेह वाले व्यक्तियों के लिए पैर की उचित स्वच्छता महत्वपूर्ण है ताकि पैर के अल्सर जैसी जटिलताओं को रोका जा सके।			
110.	गंध को कम करने और समग्र पैरों की स्वच्छता में सुधार के लिए नियमित रूप से जूता अस्तर धोना।			
111.	तंग जूतों से बचना जो वायु प्रवाह को प्रतिबंधित करते हैं, अच्छी पैरों की स्वच्छता बनाए रखने और फंगल संक्रमण को रोकने में मदद करता है।			
<b>H.</b>	<b>बगल की स्वच्छता के बारे में ज्ञान</b>			
112.	बगल की नियमित सफाई से शरीर की दुर्गंध को रोका जा सकता है।			
113.	बगल को कम से कम दिन में एक बार साबुन और पानी से अच्छी तरह धोना, विशेष रूप से पसीने के बाद, बैक्टीरिया को हटाने और दुर्गंध को रोकने में मदद करता है।			
114.	धोने के बाद, बैक्टीरिया और कवक के विकास को रोकने के लिए बगल को अच्छी तरह से सुखाना महत्वपूर्ण है।			

115.	शरीर की दुर्गंध को रोकने के लिए डिओडोरेंट या इत्र का उपयोग महत्वपूर्ण है।			
116.	पसीनी बगल में संक्रमण से बचने के लिए बगल की वैक्सिंग/शेविंग आवश्यक है।			
117.	प्राकृतिक रेशों जैसे कपास से बने स्वच्छ, सांस लेने योग्य कपड़े पहनने से बगल को सूखा रखने और दुर्गंध को कम करने में मदद मिलती है।			
118.	बगल की स्वच्छता बनाए रखने के लिए बेकिंग सोडा, सेब साइडर सिरका, या नारियल तेल जैसे प्राकृतिक उपचारों का उपयोग किया जाता है।			
I.	<b>कपड़ों की स्वच्छता के बारे में ज्ञान</b>			
119.	व्यक्तिगत स्वच्छता के लिए रोजाना साफ कपड़े पहनना महत्वपूर्ण है।			
120.	व्यक्तिगत स्वच्छता के लिए सूखे कपड़े पहनना महत्वपूर्ण है।			
121.	कपड़ों को कीटाणुरहित करने के लिए उन्हें धूप में सुखाना चाहिए।			
122.	साफ कपड़ों को सूखी और साफ जगह पर रखना चाहिए।			
123.	अपने कपड़े धोने के क्षेत्र को साफ रखने से गंदे और साफ कपड़ों के बीच संक्रमण को रोकने में मदद मिलती है।			
124.	व्यायाम या बाहरी गतिविधियों के दौरान पहने गए कपड़ों को पसीने और गंदगी को हटाने के लिए ठीक से धोना चाहिए।			
125.	सूखे, स्वच्छ वातावरण में साफ कपड़ों का उचित भंडारण उनकी स्वच्छता बनाए रखने में मदद करता है।			
J.	<b>मासिक धर्म स्वच्छता के बारे में ज्ञान</b>			
126.	महिलाओं के स्वास्थ्य के लिए मासिक धर्म स्वच्छता महत्वपूर्ण है।			
127.	सेनेटरी पैड, मासिक धर्म कप, पीरियड पैटी आदि बाजार में उपलब्ध विभिन्न प्रकार के मासिक धर्म उत्पाद हैं।			

128.	मासिक धर्म के दौरान सैनिटरी नैपकिन और अन्य सैनिटरी उत्पादों का उपयोग आवश्यक है।			
129.	मासिक धर्म के दौरान अंडरगारमेंट्स बदलना महत्वपूर्ण है।			
130.	मासिक धर्म के दौरान साफ अंडरगारमेंट पहनना आवश्यक है।			
131.	मासिक धर्म के दौरान अपने जननांग क्षेत्रों को धोने के लिए साफ पानी का उपयोग करना महत्वपूर्ण है।			
132.	मासिक धर्म उत्पादों (पैड, टैम्पोन, आदि) को निपटाने से पहले जैविक रूप से नष्ट होने वाले कागज या बैग में लपेटा जाना चाहिए।			
133.	सैनिटरी पैड, टैम्पोन, या मासिक धर्म कप को शौचालय में फ्लश नहीं करना चाहिए।			
134.	मासिक धर्म के कचरे को घर के अन्य कचरे से अलग करके एक निश्चित कूड़ेदान में डालना चाहिए।			
135.	मासिक धर्म के दौरान स्वच्छता का ध्यान न रखने से प्रजनन पथ के संक्रमण और अन्य स्वास्थ्य संबंधी समस्याएं हो सकती हैं।			
136.	पीरियड्स के दौरान जननांगों के बालों को ट्रिम या वैक्स करने से बचना चाहिए।			
137.	संक्रमण से बचने के लिए हर 4 से 6 घंटे के बाद सैनिटरी नैपकिन/कपड़े को बदलना चाहिए।			
138.	पीरियड्स के दौरान इस्तेमाल किए जाने वाले कपड़े को डेटॉल या किसी अन्य कीटाणुनाशक तरल में भिगोना ज़रूरी है।			

## APPENDIX- III A

### PERMISSION LETTER



Estab. 1949  
Accredited Grade "A1" by NAAC

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

सेवा में,  
ग्राम पंचायत,  
गांव श्यामटू  
जिला पंचकुला, हरियाणा  
विषय: गाँव में इंटरवेंशन प्रोग्राम आयोजित करने का अनुरोध  
आदरणीय महोदय/महोदया,

दिनांक: 10/11/2024

मैं, तन्वी सैनी, एम.एससी. की पढ़ाई कर रही हूँ। डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा से, 'असेसमेंट ऑफ़ एफ़्फ़ेक्टिविटी ऑफ़ एजुकेशनल मॉडल डेवलपड ऑन पर्सनल हाइजीन फॉर होममेकर्स ऑफ़ सिलेक्टेड रूरल एरियाज ऑफ़ पंचकुला डिस्ट्रिक्ट, हरियाणा' में स्नातकोत्तर की आंशिक पूर्ति के रूप में अनुसंधान का संचालन किया जा रहा है। मैं आपसे अनुरोध करती हूँ कि आप मुझे 'व्यक्तिगत स्वच्छता और संबंधित प्रथाओं के महत्व' पर आपके गांव की गृहणियों की जागरूकता के लिए इंटरवेंशन प्रोग्राम आयोजित करने की अनुमति दें, जो मेरे शोध का एक हिस्सा है। कार्यक्रम की अवधि 40 मिनट होगी।

मैं आपके सहयोग और समर्थन की अत्यधिक सराहना करूँगी।

धन्यवाद

सुश्री तन्वी सैनी

शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा

(Rakhi)

सुश्री राखी दासगुप्ता

अनुसंधान मार्गदर्शक एवं सहायक प्राध्यापक

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स  
मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

Sarpanch Balram. Siman  
Gram Panchayat Shyamtoo  
Block Barwala (Panchkula)

10/11/2024

## APPENDIX-III B

### PERMISSION LETTER



Est. 1949  
Accredited Grade "A" by NAAC

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

सेवा में,

ग्राम पंचायत,

गांव खेतपुराली,

जिला पंचकुला, हरियाणा

विषय: गाँव में इंटरवेंशन प्रोग्राम आयोजित करने का अनुरोध

आदरणीय महोदय/महोदया,

दिनांक: 17/11/2024

मैं, तन्वी सैनी, एम.एससी. की पढ़ाई कर रही हूँ। डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा से, 'असेसमेंट ऑफ़ एफ़्फ़ेक्टिविटी ऑफ़ एजुकेशनल मॉडल डेवलपड ऑन पर्सनल हाइजीन फॉर होममेकर्स ऑफ़ सिलेक्टेड रूरल एरियाज ऑफ़ पंचकुला डिस्ट्रिक्ट, हरियाणा' में सातकोत्तर की आंशिक पूर्ति के रूप में अनुसंधान का संचालन किया जा रहा है। मैं आपसे अनुरोध करती हूँ कि आप मुझे व्यक्तिगत स्वच्छता और संबंधित प्रथाओं के महत्व पर आपके गाँव की गृहणियों की जागरूकता के लिए इंटरवेंशन प्रोग्राम आयोजित करने की अनुमति दें, जो मेरे शोध का एक हिस्सा है। कार्यक्रम की अवधि 40 मिनट होगी।

मैं आपके सहयोग और समर्थन की अत्यधिक सराहना करूँगी।

धन्यवाद

सुश्री तन्वी सैनी

शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा

*Rakhi*

सुश्री राखी दासगुप्ता

अनुसंधान मार्गदर्शक एवं सहायक प्राध्यापक

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स  
मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

फकीर चन्द  
सहकार्य  
गांव खेतपुराली  
अ र 809529385232

**APPENDIX -III C**  
**PERMISSION LETTER**



डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

दिनांक: 10/11/2024

सेवा में,  
नगर निगम,  
गांव टोका,  
जिला पंचकुला, हरियाणा

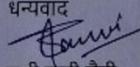
**विषय: गाँव में इंटरवेंशन प्रोग्राम आयोजित करने का अनुरोध**

आदरणीय महोदय/महोदया,

मैं, तन्वी सैनी, एम.एससी. की पढ़ाई कर रही हूँ। डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा से, 'असेसमेंट ऑफ़ एफ़ीकैसी ऑफ़ एजुकेशनल मॉडल डेवलपड ऑन पर्सनल हाइजीन फॉर होममेकर्स ऑफ़ सिलेक्टेड रूरल एरियाज ऑफ़ पंचकुला डिस्ट्रिक्ट, हरियाणा' में स्नातकोत्तर की आंशिक पूर्ति के रूप में अनुसंधान का संचालन किया जा रहा है। मैं आपसे अनुरोध करती हूँ कि आप मुझे व्यक्तिगत स्वच्छता और संबंधित प्रथाओं के महत्व पर आपके गांव की गृहणियों की जागरूकता के लिए इंटरवेंशन प्रोग्राम आयोजित करने की अनुमति दें, जो मेरे शोध का एक हिस्सा है। कार्यक्रम की अवधि 40 मिनट होगी।

मैं आपके सहयोग और समर्थन की अत्यधिक सराहना करूँगी।

धन्यवाद

  
सुश्री तन्वी सैनी

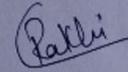
शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा



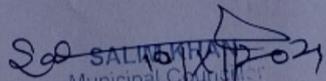
सुश्री राखी दासगुप्ता

अनुसंधान मार्गदर्शक एवं सहायक प्राध्यापक

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स  
मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

  
Municipal Corporation  
Ward No. 20, Municipal Corporation  
Panchkula

**APPENDIX-III D**  
**PERMISSION LETTER**



डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वडोदरा

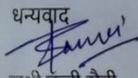
दिनांक: 10/11/24

सेवा में,  
ग्राम पंचायत,  
गांव रतेवाली  
जिला पंचकुला, हरियाणा

विषय: गाँव में इंटरवेंशन प्रोग्राम आयोजित करने का अनुरोध  
आदरणीय महोदय/महोदया,

मैं, तन्वी सैनी, एम.एससी. की पढाई कर रही हूँ। डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वडोदरा से, 'असेसमेंट ऑफ़ एफ़ीकैसी ऑफ़ एजुकेशनल मॉडल डेवलपड ऑन पर्सनल हाइजीन फॉर होममेकर्स ऑफ़ सिलेक्टेड रूरल एरियाज ऑफ़ पंचकूला डिस्ट्रिक्ट, हरियाणा' में स्नातकोत्तर की आंशिक पूर्ति के रूप में अनुसंधान का संचालन किया जा रहा है। मैं आपसे अनुरोध करती हूँ कि आप मुझे 'व्यक्तिगत स्वच्छता और संबंधित प्रथाओं के महत्व' पर आपके गाँव की गृहणियों की जागरूकता के लिए इंटरवेंशन प्रोग्राम आयोजित करने की अनुमति दें, जो मेरे शोध का एक हिस्सा है। कार्यक्रम की अवधि 40 मिनट होगी।

मैं आपके सहयोग और समर्थन की अत्यधिक सराहना करूँगी।

धन्यवाद  
  
सुश्री तन्वी सैनी

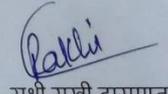
शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वडोदरा

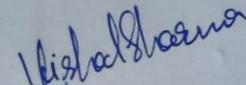
  
सुश्री राखी दासगुप्ता

अनुसंधान मार्गदर्शक एवं सहायक प्राध्यापक

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स  
मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वडोदरा

  
Sarpanch  
Gram Panchayat Ratiwala  
Distt. Panchkula 134118

## APPENDIX-IV A

### CONSENT FORM



डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

#### सूचित सहमति प्रपत्र

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा, अनुसंधान में मानव प्रतिभागियों की सुरक्षा के अभ्यास का समर्थन करता है। निम्नलिखित आपको शोध के बारे में जानकारी प्रदान करेगा जिससे आपको यह निर्णय लेने में मदद मिलेगी कि आप भाग लेना चाहते हैं या नहीं। यदि आप भाग लेने के लिए सहमत हैं, तो कृपया ध्यान रखें कि आप शोध की पूरी अवधि के दौरान किसी भी समय बिना किसी दंड के अपना नाम वापस लेने के लिए स्वतंत्र हैं। इस अध्ययन में आपसे आपकी पृष्ठभूमि की जानकारी, व्यक्तिगत स्वच्छता के बारे में ज्ञान और व्यक्तिगत स्वच्छता के लिए अपनाई गई प्रथाओं के बारे में पूछा जाएगा। आपके द्वारा प्रदान की गई सभी जानकारी गोपनीय रहेगी और आपके नाम के साथ संबद्ध नहीं की जाएगी। यदि इस अध्ययन के दौरान किसी भी कारण से आप सहज महसूस नहीं करते हैं, तो आप अध्ययन छोड़ सकते हैं। इस अध्ययन में आपकी भागीदारी के लिए लगभग 15-20 मिनट की आवश्यकता होगी। यदि इस शोध के संबंध में आपके कोई और प्रश्न हैं, तो कृपया बेझिझक हमसे फोन के माध्यम से संपर्क करें- 7888351726 या ईमेल आईडी- [tanvisaini0209@gmail.com](mailto:tanvisaini0209@gmail.com)

कृपया नीचे दिए गए स्थान पर अपने हस्ताक्षर के साथ अंकित करें कि आप समझते हैं कि अध्ययन की भागीदारी में क्या शामिल है और आप भाग लेने के लिए सहमत हैं। आपकी भागीदारी पूरी तरह से स्वेच्छिक है। सभी जानकारी गोपनीय रखी जाएगी और आपका नाम किसी भी शोध निष्कर्ष के साथ नहीं जोड़ा जाएगा।

कॉला (Rattewali)

प्रतिवादी का नाम और हस्ताक्षर

दिनांक:

*Hansi*

सुश्री तन्वी सैनी

शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा

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मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

## APPENDIX-IV B

### CONSENT FORM



डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

#### सूचित सहमति प्रपत्र

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा, अनुसंधान में मानव प्रतिभागियों की सुरक्षा के अभ्यास का समर्थन करता है। निम्नलिखित आपको शोध के बारे में जानकारी प्रदान करेगा जिससे आपको यह निर्णय लेने में मदद मिलेगी कि आप भाग लेना चाहते हैं या नहीं। यदि आप भाग लेने के लिए सहमत हैं, तो कृपया ध्यान रखें कि आप शोध की पूरी अवधि के दौरान किसी भी समय बिना किसी दंड के अपना नाम वापस लेने के लिए स्वतंत्र हैं। इस अध्ययन में आपसे आपकी पृष्ठभूमि की जानकारी, व्यक्तिगत स्वच्छता के बारे में ज्ञान और व्यक्तिगत स्वच्छता के लिए अपनाई गई प्रथाओं के बारे में पूछा जाएगा। आपके द्वारा प्रदान की गई सभी जानकारी गोपनीय रहेगी और आपके नाम के साथ संबद्ध नहीं की जाएगी। यदि इस अध्ययन के दौरान किसी भी कारण से आप सहज महसूस नहीं करते हैं, तो आप अध्ययन छोड़ सकते हैं। इस अध्ययन में आपकी भागीदारी के लिए लगभग 15-20 मिनट की आवश्यकता होगी। यदि इस शोध के संबंध में आपके कोई और प्रश्न हैं, तो कृपया बेझिझक हमसे फोन के माध्यम से संपर्क करें- 7888351726 या ईमेल आईडी- [tanvisaini0209@gmail.com](mailto:tanvisaini0209@gmail.com)

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राणी (Khetpurali)

प्रतिवादी का नाम और हस्ताक्षर

दिनांक:

20/11/2020

सुश्री तन्वी सैनी

शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा

Palvi

सुश्री राखी दासगुप्ता

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मैनेजमेंट

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दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

## APPENDIX-IV C

### CONSENT FORM



डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा

#### सूचित सहमति प्रपत्र

डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा, वड़ोदरा, अनुसंधान में मानव प्रतिभागियों की सुरक्षा के अभ्यास का समर्थन करता है। निम्नलिखित आपको शोध के बारे में जानकारी प्रदान करेगा जिससे आपको यह निर्णय लेने में मदद मिलेगी कि आप भाग लेना चाहते हैं या नहीं। यदि आप भाग लेने के लिए सहमत हैं, तो कृपया ध्यान रखें कि आप शोध की पूरी अवधि के दौरान किसी भी समय बिना किसी दंड के अपना नाम वापस लेने के लिए स्वतंत्र हैं। इस अध्ययन में आपसे आपकी पृष्ठभूमि की जानकारी, व्यक्तिगत स्वच्छता के बारे में ज्ञान और व्यक्तिगत स्वच्छता के लिए अपनाई गई प्रथाओं के बारे में पूछा जाएगा। आपके द्वारा प्रदान की गई सभी जानकारी गोपनीय रहेगी और आपके नाम के साथ संबद्ध नहीं की जाएगी। यदि इस अध्ययन के दौरान किसी भी कारण से आप सहज महसूस नहीं करते हैं, तो आप अध्ययन छोड़ सकते हैं। इस अध्ययन में आपकी भागीदारी के लिए लगभग 15-20 मिनट की आवश्यकता होगी। यदि इस शोध के संबंध में आपके कोई और प्रश्न हैं, तो कृपया बेझिझक हमसे फोन के माध्यम से संपर्क करें- 7888351726 या ईमेल आईडी- [tanvisaini0209@gmail.com](mailto:tanvisaini0209@gmail.com)

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*Palek (Tota)*

प्रतिवादी का नाम और हस्ताक्षर

दिनांक:

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डिपार्टमेंट ऑफ़ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़ बरोदा,  
वड़ोदरा

*Rakhi*

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मैनेजमेंट

फैकल्टी ऑफ़ फॅमिली एंड कम्युनिटी साइंसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ़  
बरोदा, वड़ोदरा

## APPENDIX-IV D

### CONSENT FORM



डिपार्टमेंट ऑफ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट  
फैकल्टी ऑफ फॅमिली एंड कम्युनिटी साइसेज  
दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ बरोदा, वड़ोदरा

#### सूचित सहमति प्रपत्र

डिपार्टमेंट ऑफ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट, फैकल्टी ऑफ फॅमिली एंड कम्युनिटी साइसेज, दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ बरोदा, वड़ोदरा, अनुसंधान में मानव प्रतिभागियों की सुरक्षा के अभ्यास का समर्थन करता है। निम्नलिखित आपको शोध के बारे में जानकारी प्रदान करेगा जिससे आपको यह निर्णय लेने में मदद मिलेगी कि आप भाग लेना चाहते हैं या नहीं। यदि आप भाग लेने के लिए सहमत हैं, तो कृपया ध्यान रखें कि आप शोध की पूरी अवधि के दौरान किसी भी समय बिना किसी दंड के अपना नाम वापस लेने के लिए स्वतंत्र हैं। इस अध्ययन में आपसे आपकी पृष्ठभूमि की जानकारी, व्यक्तिगत स्वच्छता के बारे में ज्ञान और व्यक्तिगत स्वच्छता के लिए अपनाई गई प्रथाओं के बारे में पूछा जाएगा। आपके द्वारा प्रदान की गई सभी जानकारी गोपनीय रहेगी और आपके नाम के साथ संबद्ध नहीं की जाएगी। यदि इस अध्ययन के दौरान किसी भी कारण से आप सहज महसूस नहीं करते हैं, तो आप अध्ययन छोड़ सकते हैं। इस अध्ययन में आपकी भागीदारी के लिए लगभग 15-20 मिनट की आवश्यकता होगी। यदि इस शोध के संबंध में आपके कोई और प्रश्न हैं, तो कृपया बेझिझक हमसे फोन के माध्यम से संपर्क करें- 7888351726 या ईमेल आईडी- [tanvisaini0209@gmail.com](mailto:tanvisaini0209@gmail.com)

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शंतीष (Shantoo)

प्रतिवादी का नाम और हस्ताक्षर

दिनांक:

Shanti  
सुश्री सन्वी सैनी

शोधकर्ता

एमएससी (एफ.सी.एससी.)

डिपार्टमेंट ऑफ फॅमिली एंड कम्युनिटी रिसोर्स मैनेजमेंट

फैकल्टी ऑफ फॅमिली एंड कम्युनिटी साइसेज

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फैकल्टी ऑफ फॅमिली एंड कम्युनिटी साइसेज

दा महाराजा सयाजीराव यूनिवर्सिटी ऑफ  
बरोदा, वड़ोदरा



# ABSTRACT



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In rural areas, personal hygiene is vital for homemakers who manage multiple responsibilities like cooking, cleaning, childcare, and agricultural work. Practicing personal hygiene is a form of responsible behavior that contributes to individual and community well-being, preventing disease spread and promoting overall health. Therefore, maintaining regular hygiene practices is crucial for homemakers in rural areas to ensure a healthier, more resilient community. This study aims to assess the extent of knowledge of homemakers regarding personal hygiene and to find out the practices followed by them. The study also aimed to assess the efficacy of educational module developed by the researcher on personal hygiene. The study was conducted in the selected rural areas of Barwala Block of Panchkula District, Haryana, involving 125 homemakers. A descriptive research design was adopted and a purposive sampling technique was used for the present study. An interview schedule was developed which included questions related to the background information. It comprised of other three sections including “Extent of Knowledge of Homemakers regarding Personal Hygiene before Awareness Programme”, “Practices followed by Homemakers regarding Personal Hygiene” and “Extent of Knowledge of Homemakers regarding Personal Hygiene after Awareness Programme”.

The major findings of the study revealed that 64.8 per cent of the respondents had moderate extent of knowledge regarding personal hygiene and 35.2 per cent of the respondents had low extent of knowledge regarding personal hygiene before awareness programme. The findings of practices regarding personal hygiene revealed that 57.6 per cent of the respondent’s practices were moderate and 42.4 per cent of the respondent’s practices were poor. The findings after the awareness programme revealed that 100 per cent of the respondents had high extent of knowledge regarding all the aspects of personal hygiene covered in the present study. The efficacy of need based educational module developed on personal hygiene showed a high extent of knowledge among the respondents. Hence, the educational module developed would be beneficial for homemakers to enhance hygiene practices and also help to adopt improved hygiene behaviours ensuring better family health and fostering generational awareness. The module is designed to encourage sustainable behavioural changes, instilling a culture of cleanliness and health awareness. In rural settings, where access to health education is often limited, this initiative has the potential to overcome existing barriers,

contributing to social and economic advancement. It can also be beneficial to develop more effective curriculum for students specializing in health, hygiene, and community development. The developed curriculum can be combined with other pertinent courses including public health, environmental studies, biology, and sociology because sanitation and hygiene are interdisciplinary fields. By educating people with a multifaceted point of view, this multidisciplinary approach promotes a deeper knowledge of the connections between health, sanitation, hygiene, the environment, and society.