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RESEARCH PAPER

ENHANCING PERSONAL HYGIENIC PRACTICES OF HAWASSA UNIVERSITY SPORT SCIENCE STUDENTS

***Dr.T.Madhankumar, **Mr. Kassahun Gutema Woyato**

*Lecturer, DIET, G.Ariyur, Villupuram Tamil Nadu, India.

**Lecturer, Arba Minch University, Ethiopia.

ABSTRACT

The purpose of the study was to enhancing personal hygienic practices of Hawassa university sport science students. The first objective was to identify the personal hygiene status before implementation of hygiene practice. The second objective was to find out the effectiveness after implementation of personal hygiene practice of students. Totally sixty six students were selected purposively for this study. Purposive sampling technique used for this study. Open ended Questionnaire was used to collect the data for this study. Two point scales were administering to score the responses in this study. Images, wall posters, flip cart, demonstration and videos used for this study to enhance the personal hygiene practices through the activities. The investigator conducted a pretest to find out the personal hygiene status of students. The investigator conducted various activities to develop personal hygiene. After the treatment post-test data was collect to find out the difference of personal hygiene practice of students. Qualitative research approach and descriptive statistics frequency and percentage were used for this study. The collection of appropriate data was classified, tabulated and analyzed with statistical technique. The finding of the study concluded that the before implementation of hygiene practice status was poor. The post -test shows that there was a positive improvement on personal hygiene practices through activities. Based on the finding and conclusion the investigator recommended for school, college and university introduce these activities daily to their school, college and university to enhance the personal hygienic practice. Similar study may be replicated with longer durations, different personal hygienic practice training other than mentioned in the present study.

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Corresponding Author : Dr.T.Madhankumar

Email : tmadhan18@gmail.com

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INTRODUCTION

Hygiene is a set of practices performed to preserve health. According to the World Health Organization (WHO), "Hygiene refers to conditions and practices that help to maintain health and prevent the spread of diseases. **Personal hygiene** refers to maintaining the body's cleanliness.

Many people equate hygiene with 'cleanliness,' but hygiene is a broad term. It includes such personal habit choices as how frequently to bathe, wash hands, trim fingernails, and change clothing. It also includes attention to keeping surfaces in the home and workplace, including bathroom facilities, clean and pathogen-free.

Some regular hygiene practices may be considered good habits by a society, while the neglect of hygiene can be considered disgusting, disrespectful, or threatening.

Hand washing

Hand hygiene is defined as hand washing or washing hands and nails with soap and water or using a waterless hand sanitizer. Hand hygiene is central to preventing spread of infectious diseases in home and everyday life settings.

In situations where hand washing with soap is not an option (e.g., when in a public place with no access to wash facilities), a waterless hand sanitizer such as an alcohol hand gel can be used. They can be used in addition to hand washing to minimize risks when caring for "at risk" groups. To be effective, alcohol hand gels should contain not less than 60% v/v alcohol.

The World Health Organization recommends hand washing with ash if soap is not available in emergencies, schools without access to soap and other difficult situations like post-emergencies where use of (clean) sand is recommended, too.


Use of ash is common in rural areas of developing countries and has in experiments been shown at least as effective as soap for removing pathogens.

Personal hygiene

Personal hygiene involves those practices performed by an individual to care for one's bodily health and well being, through cleanliness. Motivations for personal hygiene practice include reduction of personal illness, healing from personal illness, optimal health and sense of well being, social acceptance and prevention of spread of illness to others. What is considered proper personal hygiene can be cultural-specific and may change over time.

Other practices that are generally considered proper hygiene include bathing regularly, washing hands regularly and especially before handling food, washing scalp hair, keeping hair short or removing hair, wearing clean clothing, brushing teeth, cutting finger nails, besides other practices. Some practices are gender-specific, such as by a woman during her menstrual cycle. People tend to develop a routine for attending to their personal hygiene needs. Other personal hygienic practices would include covering one's mouth when coughing, disposal of soiled tissues appropriately, making sure toilets are clean, and making sure food handling areas are clean, besides other practices. Some cultures do not kiss or shake hands to reduce transmission of bacteria by contact.

Personal grooming extends personal hygiene as it pertains to the maintenance of a good personal and public appearance, which need not necessarily be hygienic. It may involve, for example, using deodorants or perfume, shaving, or combing, besides other practices.

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Excessive body hygiene

Excessive body hygiene is one example of obsessive compulsive disorder.

Excessive body hygiene and allergies

The hygiene hypothesis was first formulated in 1989 by Strachan who observed that there was an inverse relationship between family size and development of atopic allergic disorders – the more children in a family, the less likely they were to develop these allergies.^[51] From this, he hypothesized that a lack of exposure to "infections" in early childhood transmitted by contact with older siblings could be a cause of the rapid rise in atopic disorders over the last 30 to 40 years. Strachan further proposed that the reason why this exposure no longer occurs is not only because of the trend towards smaller families, but also "improved household amenities and higher standards of personal cleanliness".


Although there is substantial evidence that some microbial exposures in early childhood can in some way protect against allergies, there is no evidence that humans need exposure to harmful microbes (infection) or that it is necessary to suffer a clinical infection. Nor is there evidence that hygiene measures such as hand washing, food hygiene etc. are linked to increased susceptibility to atopic disease. If this is the case, there is no conflict between the goals of preventing infection and minimising allergies. A consensus is now developing among experts that the answer lies in more fundamental changes in lifestyle etc. that have led to decreased exposure to certain microbial or other species, such as helminths, that are important for development of immuno-regulatory mechanisms. There is still

much uncertainty as to which lifestyle factors are involved.

Although media coverage of the hygiene hypothesis has declined, a strong 'collective mindset' has become established that dirt is 'healthy' and hygiene somehow 'unnatural'. This has caused concern among health professionals that everyday life hygiene behaviours, which are the foundation of public health, are being undermined. In response to the need for effective hygiene in home and everyday life settings, the International Scientific Forum on Home Hygiene has developed a "risk-based" or targeted approach to home hygiene that seeks to ensure that hygiene measures are focussed on the places, and at the times most critical for infection transmission. Whilst targeted hygiene was originally developed as an effective approach to hygiene practice, it also seeks, as far as possible, to sustain "normal" levels of exposure to the microbial flora of our environment to the extent that is important to build a balanced immune system.

Excessive body hygiene of internal ear canals

Excessive body hygiene of the ear canals can result in infection or irritation. The ear canals require less body hygiene care than other parts of the body, because they are sensitive, and the body adequately cares for them. Most of the time the ear canals are self-cleaning; that is, there is a slow and orderly migration of the skin lining the ear canal from the eardrum to the outer opening of the ear. Old earwax is constantly being transported from the deeper areas of the ear canal out to the opening where it usually dries, flakes, and falls out. Attempts to clean the ear canals through the removal of earwax can reduce ear canal cleanliness by pushing debris and foreign material into the ear

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that the natural movement of ear wax out of the ear would have removed.

Excessive application of soaps, creams, and ointments can adversely affect certain of the natural processes of the skin. For examples, soaps and ointments can deplete the skin of natural protective oils and fat-soluble content such as cholecalciferol (vitamin D3), and

external substances can be absorbed, to disturb natural hormonal balances.^[citation needed]

Oral hygiene

It is recommended that all healthy adults brush twice a day, softly, with the correct technique, replacing their toothbrush every few months (~3) or after a bout of illness.

There are a number of common oral hygiene misconceptions. It is not correct to rinse the mouth with water after brushing. It is also not recommended to brush immediately after drinking acidic substances, including sparkling water. It is also recommended to floss once a day, with a different piece of floss at each flossing session. The Effectiveness of Tooth Mousse is in debate. Visits to a dentist for a checkup every year at least are recommended.

Need of the study

While visiting Hawassa university sport science students the investigator found that their personal hygiene practice is poor. Students who are suffering the health problems due to lack of awareness about personal hygiene. Personal hygiene is very essential to be educated in the early stage. It helps them to develop their good practice and healthy lifestyle. So that the researcher is willing to do the research to enhance the personal hygiene to attain the healthy lifestyle of the students, in turn with the society.

Objective of the study

1. To identify the personal hygiene status before implementing hygienic practice.
2. To find out the effectiveness of personal hygienic practice of students.

Probable causes

1. Lack of awareness about personal hygienic practice of the students.
2. Lack of knowledge about personal hygienic practice of the students.
3. Lack of personal hygienic practices of the students.

Probable solution

1. Creating awareness about personal hygiene practice of the students.
2. Educating about personal hygiene practice of the students.
3. Practicing personal hygienic activities of the students regularly.

Methodology

Methodology deals with sample, sampling technique, source of data, tools, activity, research design and statistical analysis presented in this study.

Sample

The subjects were selected from Hawassa university sport science students. Totally sixty six students were selected for this study. From this students, thirty two male and thirty four female sixty six students were selected for this study.


Sampling Technique

Purposive sampling technique was used to collect the data for this study.

Source of data

Primary source of data was used for this study.

Tool

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Open ended Questionnaire was used to collect the data for this study. Two point scales was administer to score the responses in this study.

Activities

Activity-1

Images

Images show that how to wash body parts cleanly.

Activity-2

Wall posters

Wall posters explaining the step by step how to brush the teeth and when to brush the teeth.

Wall posters explaining the step by step how to cut the nail and using nail cutter.

Wall posters explaining the step by step activities showing how to hand washing before and after meal.

Wall posters explaining the step by step taking bath.

Wall posters explaining the step by step how to clean dresses.

Activity-3

Power Point Presentation

Power Point Presentation showing personal hygiene practice to the students slide by slide with explanation.

Activity-4

Demonstration

The investigator demonstrated practically step by step activities of hand wash, nail cutting properly.

Activity-5

Videos

Videos on personal hygienic activities such as hand wash, taking bath were shown.

Treatment

With the help of the sport science head of the department and lecturers, the investigator showed the images, power point, poster and video. The investigator was given various activities to develop personal hygiene.

Pre- test and post- test description

The investigator conducted a pretest to find out the personal hygiene status of students. The investigator conducted various activities to develop personal hygiene. After the treatment post-test data was collect to find out the difference of personal hygiene practice of students.

Research design and statistics

Qualitative research approach and descriptive statistics frequency and percentage were used for this study.


Data analysis and interpretation

The collection of appropriate data were classified, tabulated and analyzed with statistical technique.

TABLE-I


RAW SCORE OF PERSONAL HYGIENIC PRACTICE OF PRE TEST AND POST TEST

S.No	Name	Pre-test	Post-test
1	ABDULAZIZ HASAN ADEM	35	90
2	ABEBA ABATE ALAMERAW	45	95
3	ABEBAW HAILE GOLE	30	85
4	ABIYU HAILE DERESA	35	95
5	ABREHAM GEMECHU DAMESA	40	80
6	ADEN MEZGEBE BERHE	40	95

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7	ALEBACHEW GEDIFIE MEKONNEN	35	95
8	ALEMTSHAY MANDOYE MAHAMED	35	85
9	AMANIAL MAWCHA GEBREKRSTOS	35	95
10	AMANUEL GOSAYE BIRHANIE	45	90
11	AMARE MUCHE MIHIRETU	35	85
12	AMEBLNESH NETERE FENTI	45	95
13	ANDARGACHEW MELLESSE WONDEMU	35	90
14	ASEFA HAYLEGEGBRIEL TILAHUN	30	85
15	ASEFASH AYELE TILAHUN	30	90
16	ASNAKECH GEBEYEHU GEZAHEGN	35	75
17	AYELECH GIRMA LALOTO	30	85
18	AZEB MAZENGYAW DODO	40	90
19	AZENEG ABEBE TIRUNEH	35	80
20	BELAYNEH GETU MENGIST	35	95
21	BELISE BAYE TERAFA	30	85
22	BIRHANU LEGESE WELDEYOWHANS	35	90
23	ABDULAZIZ HASAN ADEM	35	90
24	ABEBA ABATE ALAMERAW	30	90
25	ABEBAW HAILE GOLE	35	80
26	ABIYU HAILE DERESA	30	95
27	ABREHAM GEMECHU DAMESA	30	85
28	BIZUNESH ALEMU TEMTIME	35	85
29	CHEKOL TAKELE KEREBIH	30	95
30	CHRISTINA TESHOME DESTA	35	80
31	DAWIT HAGOS REDA	35	95
32	DEBRITU TEKEWO MOGESIE	35	85
33	DEMEKE DANSA SHANKAK	35	90
34	DERARTU KIFLE DAGEFA	35	80
35	DERERE ABIYU CHERINET	45	90
36	EBISE BAYISA KEBEDE	40	80
37	EDIASA TILAHUN AYALEW	35	95
38	EMEBET GASHU TIRUNEH	35	75
39	ENDASHEW ASEFA NUGUSE	40	85
40	EPHREM YILMA ASHAW	35	75
41	FEKRTE WOLDE BUFEBO	30	90
42	FENTAHUN ENYEW JEMBERE	20	85
43	FENTANESH GOBEZIE SINTAYHU	35	80
44	FIREHIWOT DERESE GELATA	45	95
45	FISEHA GIRMA NEGASH	20	85
46	GADISE DESALE GELATA	35	90
47	GANATI MIRESA DABASA	35	85
48	GENET HAILE GIZO	30	95
49	GETACHEW ESHETIE SHEBESHE	35	90
50	BIZUNESH ALEMU TEMTIME	40	85
51	CHEKOL TAKELE KEREBIH	40	90

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52	CHRISTINA TESHOME DESTA	25	75
53	DAWIT HAGOS REDA	30	85
54	GETASEW KASAW GEBEYEHU	35	90
55	GEZEHAGNE AYELE TOLA	25	80
56	GRIMANESH ABEBE BERWO	35	95
57	HABTAMU AKLEW ENYEW	25	85
58	HAFTOM ZEBRABRUK HAILE	30	90
59	HANAMARIAM DESALE MELKU	35	85
60	HAYELOM TEKLAY GEBRU	35	90
61	KEDIR JIBO GELETO	30	80
62	KETEMAW ADEM ASSEFA	45	95
63	LAYCHAL GATEW TARIKU	40	85
64	MAKURIA ASEFA MUCHA	30	85
65	MANDEFRO ASFAW YIMER	35	95
66	GETASEW KASAW GEBEYEHU	30	85

TABLE-II
ANALYSIS OF PERSONAL HYGIENE STATUS OF PRE TEST

Category of test	%.of. YES	%.of. NO
Pre-test	34.39%	65.61%

Table-2 shows that’s the before implantation of treatment personal hygienic practice is 34.39% of the pre-test status was poor.

FIGURE-I
GRAPHICAL ILLUSTRATION OF PRE TEST PERSONAL HYGIENIC PRACTICE STATUS BEFORE TREATMENT

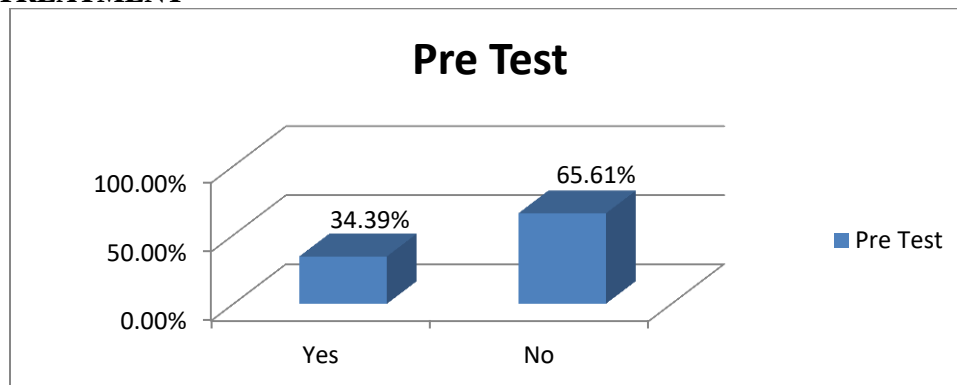


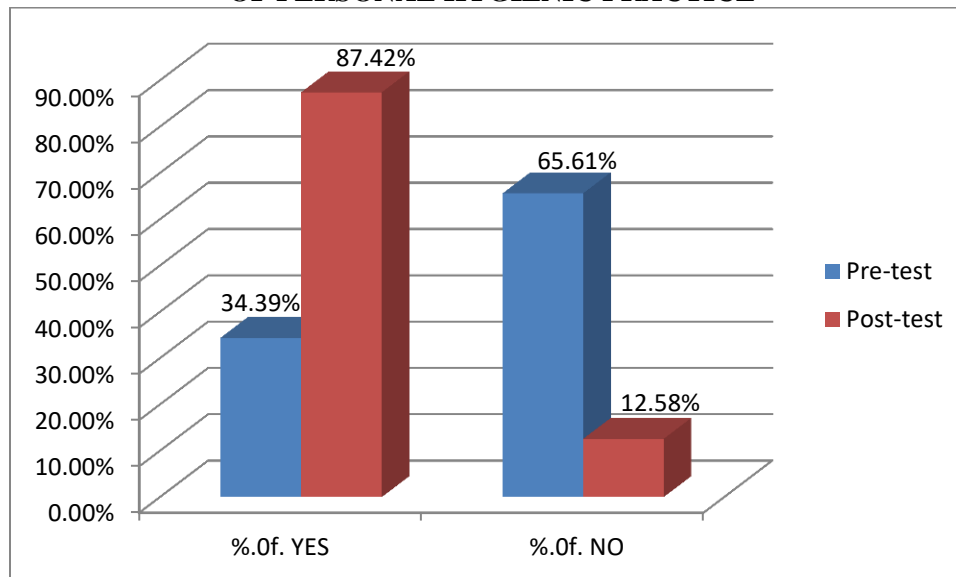
TABLE- III
ANALYSIS OF COMPARASION BETWEEN PRE TEST AND POST TEST OF PERSONAL HYGIENIC PRACTICE

Category of test	%Of. YES	%Of. NO
Pre-test	34.39%	65.61%
Post-test	87.42%	12.58%

Table-3 shows that's The percentage of the post test of the personal hygienic practice is higher in the indicator of aware well, gain knowledge and practices well than the pretest. 34.39% of the pre-test to 87.42% of the post-test which shows

that the activity method enhances the personal hygienic practice well considerably.

FIGURE-II
GRAPHICAL ILLUSTRATION OF COMPARASION BETWEEN PRE TEST AND POST TEST OF PERSONAL HYGIENIC PRACTICE




Discussion on findings

The percentage of the post test of the personal hygienic practice is higher in the indicator of aware well, gain knowledge and practices well than the pretest. from 34.39% of the pre-test to 87.42% of the post-test which shows that the

activity method enhances the personal hygienic practice well considerably.

Conclusion

1. The result shows that before implantation of treatment personal hygienic practice status was poor.

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- The activity treatment method stimulates to each student to aware the personal hygienic practice, to gain the knowledge to live healthy life style and follow good personal hygienic practices in their daily routine life.
- The result shows that the activity treatment post-test shows improvement when compare to the pre-test of personal hygienic practice.


Recommendations

- The investigator recommended for school, college and university to introduce these activities daily to their school, college and university to enhance the personal hygienic practice.
- Similar study may be replicated with longer durations, different personal hygienic practice training other than mentioned in the present study.

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
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