

**ASSESSMENT OF PERSONAL HYGIENE PRACTICES AMONG UNDERGRADUATE  
HOSTELITES IN UNIVERSITY OF BENIN**

**Mmesoma Divine ANOPUEME  
EDU2102547**

**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENT  
FACULTY OF EDUCATION  
UNIVERSITY OF BENIN  
BENIN CITY, NIGERIA**

**NOVEMBER, 2025**

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**A RESEARCH PROJECT SUBMITTED TO THE DEPARTMENT OF HEALTH,  
SAFETY AND ENVIRONMENTAL EDUCATION, FACULTY OF EDUCATION,  
UNIVERSITY OF BENIN, BENIN CITY IN PARTIAL FULFILMENT OF THE  
REQUIREMENTS FOR THE AWARD OF BACHELOR OF SCIENCE B.Sc. (Ed)  
DEGREE IN HEALTH EDUCATION**

**NOVEMBER, 2025**

## **CERTIFICATION**

We, the undersigned, hereby certify that this research work was carried out by Mmesoma Divine ANOPUEME of the Department of Health, Safety and Environment, Faculty of Education, University of Benin, Benin City.

\_\_\_\_\_  
**PROF. (MRS.) U. IGBUDU**  
**(Project Supervisor)**

\_\_\_\_\_  
**DR. (MRS.) B. H. ENABULELE**  
**(Project Coordinator)**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**DR. (MRS.) O.H. OBASUYI**  
**(A.g Head of Department)**

\_\_\_\_\_  
**Date**

## **DEDICATION**

This work is dedicated first to God Almighty, for his strength wisdom and protection through this journey. The work also dedicated to my amazing parents and siblings for their never-ending support.

## ACKNOWLEDGEMENTS

The researcher's deepest gratitude goes to God Almighty for the success of this project work. She is profoundly grateful to her project supervisor, Prof. (Mrs.) U. Igbudu, for her time and patience throughout the course of this work. Her sincere gratitude also goes to Dr. (Mrs.) J. U. Don, whose guidance, patience, insightful corrections, and constant encouragement made this work a reality.

A special acknowledgment goes to her parents, Mr. and Mrs. Chinedu Anopueme, for their constant support, concern, and advice. She also appreciates Mr. and Mrs. David Okochu for their financial support, guidance, and love, for which she is forever grateful.

The researcher's sincere appreciation extends to her lovely siblings, Delight, Gospel, Queenth, David, and Daniel, for their love, care, and prayers throughout her stay at the university.

She also appreciates her lecturers, Dr. O. D. Oronsaye, Dr. (Mrs.) E. B. Timbiri, Dr. S. O. Olikoabo, and all other lecturers in the department, for the positive academic impact they made on her life.

Her joy knows no bounds as she expresses appreciation to her wonderful friends, Precious, Evidence, Maryann, and Mercy, for their friendship, encouragement, and cooperation during her academic journey, especially in her final year. They made her stay at the university memorable.

The researcher sincerely appreciates all Health, Safety, and Environmental Education course mates for contributing to her wonderful experience during her time at the University of Benin.

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## **ABSTRACT**

The study dealt on the assessment of personal hygiene practices among undergraduate hostelites in University of Benin. To achieve the purpose of the study, four research questions were raised and answered.

The descriptive survey research method was adopted for the study. The population for this study was made of all the 10,694 undergraduate residing in the hostels of the University of Benin during the 2024/2025 academic session. The sample size for the study was made up of 385 respondents. With the aid of the simple random sampling technique, 77 respondents each were selected from hall 1, hall 2, hall 3, hall 4 and hall 5, thus, making a total sample size of 385 respondents. The research instrument is a self-structured questionnaire. The instrument was validated by the researcher's supervisor and two other experts in the Department of Health, Safety and Environmental Education. The split-half method was used to determine the reliability of the instrument. The questionnaire was administered to a group of 20 respondents which were not part of the study. A Cronbach coefficient of .795 was obtained. This shows that the instrument is reliable. For data analysis, frequency, percentage, mean and standard deviation were used to calculate the research findings.

Findings from the study revealed that there is high level of knowledge of personal hygiene among undergraduate hostel residents at the University of Benin. The study concluded that the common personal hygiene practices adopted by undergraduate

students living in the hostels include bathing at least twice daily, brushing their teeth twice a day, washing their hands with soap after using the toilet, changing clothes and underwear daily, washing clothes at least once a week, trimming nails regularly, keeping their rooms and surroundings clean, and using deodorant body spray daily. The study recommended among others that the University should organise periodic hygiene awareness campaigns and workshops for students, emphasising the importance of personal cleanliness, proper handwashing, dental care, and safe food handling practices to promote better hygiene habits.

## **CHAPTER ONE**

### **INTRODUCTION**

#### **Background to the Study**

Hygiene is the practice associated with ensuring good health and cleanliness. Hygiene is any application made and any sanitary precaution taken to be protected from environments that can damage our health. Hygiene is the study and practice of preventing illness or stopping it from spreading, by keeping things clean. The concept also refers to the set of practices associated with the preservation of health and healthy living. It is a concept related to medicine as well as to personal, professional care and practices affecting most aspects of living; although it is most often associated with disease preventive measures. The foundations of lifelong responsibility for the maintenance of personal hygiene are laid down in childhood, which is important for a healthy childhood, for a healthy adulthood, and for the development of positive values about health and the use of health services (Khatoun et al., 2017).

Personal hygiene is the practice of maintaining cleanliness and promoting and preserving body health (Al-Rifaai, et al., 2018). Personal hygiene is the act of taking care of oneself, it also refers to as act of maintaining cleanliness of one's body and clothing to improve overall health and well-being. Taking care of body parts such as hair, eyes, nose, mouth, teeth, skin, armpit among others is refers to as personal hygiene. Hygiene is a very

personal subject, and encouraging changes in hygiene requires skill and care (Tamiru et al., 2017). Good knowledge of personal hygiene goes in a long way to improve students' health and prevent diseases. However a lot can be done personally to ensure that we remain in good health by practicing good personal hygiene and keeping the environment safe from disease causing organisms (Odigwe, 2015). The present inadequate knowledge base hinders the development of improved strategies for enhancing the maintenance of personal hygiene, which is of great importance to decrease the burden of communicable diseases in the developing countries (Khatoon, et al., 2017).

Personal hygiene is a concept that is commonly used in medical and public health practices. It involves maintaining the cleanliness of our body and clothes. The knowledge and practice of personal hygiene are vital in all our everyday activities. The public health purposes of personal hygiene include the prevention of faeco-orally transmitted diseases, aesthetic values and social impact (Baslos, 2010). The components of personal hygiene include body hygiene (skin care), oral hygiene (oral care), hand washing (hand care), face hygiene, fingernail and toe nail hygiene (nail care), ear hygiene, hair hygiene, foot hygiene, arm pit and bottom hygiene, clothes hygiene and menstrual hygiene. Several studies show that personal hygiene practices include: seeing a doctor, seeing a dentist, regularly washing (bathing or showering) of the body, regular hand washing, brushing and flossing of teeth, basic manicure and pedicure, feminine hygiene and healthy eating (Ali et al 2013; Bastos, 2010). Many diseases can be prevented if residents take personal hygiene seriously.

According to UNICEF (2014), numerous studies have revealed that development of communicable diseases results from unhygienic living or lack of hygienic precautions. In Ethiopia, unsafe water, unhygienic handling of food, storage of food at ambient temperature for a long time, poor domestic and personal hygiene have contributed to the gross contamination of weaning foods leading to increased diarrheal diseases in infants and children (Olauuni. 2017). Hygiene practice is closely linked to the availability of water and sanitation facilities; despite this, there are so many places where these are lacking and this situation thus reduces the effectiveness of the personal hygiene of the people particularly among the teeming population in the rural community. Communal areas which offer facilities for hand-washing, bathing and laundry may effectively encourage good hygiene.

Personal hygiene is an important global public health issue. Hygiene refers to practices associated with ensuring good health and cleanliness. Personal hygiene is the practice of maintaining cleanliness of one's own body. Good hygienic care as well as practices in terms of personal hygiene contributes to a large extent on factors relating to healthful living and prevention of hazards from diseases, These health risk factors are directly related to some important daily activities implicated with worthy operational actions and obligatory responsibilities, such as washing hands before meals and after defecation with soap, brushing teeth at least twice a day specially after breakfast and after meals, taking bath with soap regularly, keeping nails short and taking regular exercise (Alu Rahman & Siddiqui, 2017).

There are so many benefits attached to personal hygiene such as prevention of diseases, quick recovery from illnesses, social acceptance by people, emotional satisfaction and good personal appearance. Personal Hygiene is the first step to good grooming and good health and this involves all measures taken by individuals to preserve his or her health (Johnson, 2015). Improved standard of hygiene will prevent health problems like dandruff, athlete's foot, body odour, pin worms, excessive ear wax, gastro-intestinal diseases.

Inadequate sanitary conditions and poor hygiene practices play major roles in the increased burden of communicable disease within these developing countries. The morbidities arising due to poor personal hygiene practices are more evident in the rural areas because of high population density, spread of respiratory infection, inadequate water supply, lack of sanitary facility, diarrhea and worm infestation, inadequate nutrition leading to anemia, malnutrition and vitamin deficiency. Awareness must be provided to increase the level of knowledge. Enlightenment campaigns are acknowledged as important places for developing health promotion and influencing health-related behaviours including hygiene-related behaviours. Once habits are established in adolescence, they tend to be longlasting and difficult to alter in adulthood.

Attention to personal hygiene will help a person look their best, feel their best and can help in avoiding diseases. Motivation 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 diseases to others. An individual's personality can be impaired by his failure to give proper care and attention to his body generally (Johnson, 2015).

### **Statement of the Problem**

Personal hygiene is a critical determinant of health and well-being, particularly in densely populated environments such as university hostels. These residential settings often have limited sanitary resources, shared facilities, and a diverse student population with varying hygiene habits. In developing countries like Nigeria, and in institutions such as the University of Benin, challenges related to water supply, waste disposal, overcrowding, and inadequate awareness may compromise the hygiene practices of undergraduate students.

Despite global and national emphasis on the importance of personal hygiene in preventing communicable diseases, including gastrointestinal and dermatological infections, there remains a gap in the assessment of actual hygiene behavior among young adults in academic institutions. In the University of Benin, anecdotal reports and observable trends suggest a possible decline in hygiene practices among hostel residents, often attributed to infrastructural deficiencies, poor sanitation, and lack of hygiene education or enforcement mechanisms.

Thus, it becomes imperative to assess the current state of personal hygiene practices among hostelites, the level of knowledge and awareness regarding hygiene and its health

implications, the infrastructural and environmental factors influencing hygiene behaviour, and the impact of socio-demographic characteristics such as age, gender, and academic level on hygiene practices.

### **Research Questions**

1. What are the common personal hygiene practices adopted by undergraduate hostelites living in the hostels?
2. What is the level of knowledge of personal hygiene among undergraduate hostel residents at the university of Benin?
3. What infrastructural or environmental factors within the hostels influence students' personal hygiene practices?
4. Are there any differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study?

### **Purpose of the Study**

The purpose of this study is to critically assess the personal hygiene practices of undergraduate students residing in the hostels of the University of Benin. This research is guided by the need to explore how students understand, perceive, and practice personal hygiene in their day-to-day lives within a university residential setting.

Specifically, the study seeks to:

1. Identify and describe the common hygiene practices that students engage in, such as handwashing, bathing, oral hygiene, laundry, and toilet use.

2. Determine the level of knowledge of personal hygiene among hostelites, thereby identifying whether they possess the necessary information to maintain hygienic living habits.
3. Assess the influence of environmental and infrastructural conditions, such as water availability, bathroom cleanliness, and waste management systems, on students' ability to maintain proper hygiene.
4. Examine the impact of demographic variables, including age, gender, faculty, and academic level, on hygiene behavior and practices.

### **Significance of the study**

The assessment of personal hygiene practices among undergraduate hostelites at the University of Benin is a vital undertaking, given the communal nature of hostel life and its impact on students' health and overall academic experience. Hostel environments, where students live in close proximity and share facilities such as bathrooms, toilets, and laundry areas, create conditions that can easily foster the spread of communicable diseases if hygiene is not properly maintained.

This study is significant because it aims to uncover the level of awareness, attitudes, and actual hygiene practices among hostel residents, helping to identify risky behaviors and possible gaps in knowledge. By doing so, it contributes to the broader goal of promoting a healthy and supportive living environment within the university. The findings can assist

hostel administrators, university health services, and policymakers in implementing targeted interventions such as health education campaigns, improved sanitation infrastructure, and the provision of essential hygiene materials. Moreover, this research will support the development of student-focused hygiene policies and programs that emphasize preventive health measures. Improved hygiene not only reduces illness and absenteeism but also enhances concentration and academic performance.

Ultimately, this study plays a critical role in fostering a healthier, more informed, and responsible student population at the University of Benin, with long-term benefits for both individual students and the campus community at large. The assessment of personal hygiene practices among undergraduate hostelites is a critical area of study due to the shared and often crowded nature of hostel living environments. In such settings, individuals are exposed to various health risks if proper hygiene is not practiced consistently.

This research is significant as it helps to identify the current state of hygiene awareness, attitudes, and behaviors among undergraduate students residing in hostels. Understanding these practices is essential for detecting potential gaps that may lead to the spread of communicable diseases such as skin infections, respiratory illnesses, and gastrointestinal disorders.

## **Scope/Delimitation of the Study**

This study focuses on assessing the personal hygiene practices of undergraduate students residing in the hostels of the University of Benin, Benin City, Nigeria. The research will examine a variety of hygiene-related behaviors and factors, including but not limited to handwashing, bathing frequency, oral hygiene, laundry habits, toilet use, and the cleanliness of personal and shared spaces.

The study will cover:

1. Knowledge and Awareness: An evaluation of students' understanding of personal hygiene and its importance to health and well-being.
2. Hygiene Behaviors: The investigation of routine hygiene practices adopted by students in their daily lives within the hostel environment.
3. Environmental Factors: Assessment of the influence of hostel infrastructure such as water availability, toilet and bathroom conditions, waste disposal systems, and general sanitation on students' ability to maintain hygiene.
4. Demographic Factors: Consideration of how variables such as gender, age, faculty, and year of study affect hygiene practices.

The study is delimited in the following ways:

1. Geographical Delimitation: The study is restricted to the University of Benin, and specifically to students residing in the university-managed hostels. It does not include students living off-campus or in privately-owned accommodations.

2. Population Delimitation: The research will focus only on undergraduate students. Postgraduate students, part-time students, and non-student residents (e.g., hostel staff or visitors) are excluded from the sample population.

3. Thematic Delimitation: The study is concerned solely with personal hygiene practices. Broader issues such as nutrition, mental health, or academic performance are not covered unless they directly relate to hygiene behavior.

4. Methodological Delimitation: The study uses a self-reported questionnaire, which may limit the depth of personal or behavioral insights that might otherwise be obtained through interviews or observation. The reliance on quantitative data may also exclude nuanced interpretations of hygiene behavior rooted in cultural or psychological perspectives.

### **Limitations of the Study**

Every research study is subject to certain limitations, and this investigation into the personal hygiene practices of undergraduates students at the University of Benin is no exception. These limitations, while not undermining the value of the study, may affect the scope, depth, and generalizability of the findings. Acknowledging these limitations provides transparency and helps guide the interpretation of results and conclusions.

### 1. Self-Reported Data Bias

The study relies on self-administered questionnaires to gather data from students. There is a possibility that some respondents may provide socially desirable answers rather than being entirely truthful about their hygiene practices. This could lead to an overestimation of positive behaviors or underreporting of poor hygiene habits.

### 2. Limited Sample Size

Due to time, budgetary, and logistical constraints, the sample size selected for this study may not represent the entire undergraduate population of the University of Benin. As a result, while efforts will be made to ensure representativeness across faculties and hostels, the findings may not fully capture all variations in hygiene practices across the university community.

### 3. Restricted to On-Campus Hostellites

The study is limited to undergraduate students residing in university-managed hostels. Students living off-campus or in privately-rented accommodations are excluded.

Therefore, the findings cannot be generalized to all students in the university, particularly those who might experience different hygiene-related challenges outside the campus environment.

#### 4. Cross-sectional Nature of the Study

The study design is cross-sectional, meaning data will be collected at a single point in time. This limits the ability to examine changes in hygiene behavior over time or to establish causal relationships between variables such as hygiene knowledge and behavior.

#### **Definition of terms**

**Hygiene:** Hygiene refers to practices and conditions that help maintain health and prevent the spread of diseases, especially through cleanliness.

**Personal Hygiene:** Personal hygiene is the practice of keeping one's body clean and well-groomed to maintain health and prevent the spread of illness.

**Knowledge:** Knowledge is the awareness, understanding, and information gained through experience, education, or study.

**Practice:** Practice is the repeated application or performance of an activity or skill to improve or maintain proficiency. It can also refer to the regular execution of a particular task, habit, or custom.

**Undergraduate:** An undergraduate is a student who is pursuing their first level of university or college education, typically leading to a bachelor's degree.

**Hostelite:** A hostelite is a student who lives in a hostel, which is a residential facility provided by a school, college, or university.

**Pathogen:** A pathogen is a microorganism or agent that causes disease in a host organism.

Pathogens include bacteria, viruses, fungi, protozoa, and parasites.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

The review of literature was organized along the following subheadings:

- Concept of Personal Hygiene Practices
- Components of Personal Hygiene Practice
- Infrastructure and Environmental Factors influencing personal hygiene
- Knowledge of Personal Hygienic Among Students
- Personal Hygiene Practice Among Students.
- Consequences of Poor Hygiene Practices
- Personal Hygiene and Demographic Factor
- Summary of the Related Literature Review

#### **Concept of Personal Hygiene Practice**

The word personal refers to something that belongs to, relates to, or is done by an individual rather than a group. It emphasizes individuality, ownership, and self-responsibility. In this context, It means the practices are tailored to each person's body,

needs, and daily life — even though the principles may be universal, their application is individual.

Hygiene is the science and practice of maintaining health and preventing disease, especially through cleanliness. It covers a range of actions aimed at promoting health — from cleaning the body and environment to managing waste and avoiding exposure to pathogens. The word “hygiene” comes from the Greek *hygieinē*, meaning “healthful,” derived from *Hygieia*, the Greek goddess of health and cleanliness (daughter of Asclepius, god of medicine).

Personal hygiene refers to the individual’s daily activities and routines aimed at keeping the body clean, preventing infection, and maintaining overall health.

Personal Hygiene Practice are the specific, consistent, and habitual actions individuals take to maintain personal hygiene. The word “practice” emphasizes that it’s not a one-time act, but a repeated, integrated part of daily life. 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. Personal hygiene practices can help you to feel fresh and healthy.

Examples:

I. Body hygiene: Bathing, washing hands, grooming hair, trimming nails.

II. Oral hygiene: Brushing and flossing teeth.

III. Clothing hygiene: Wearing clean clothes, laundering regularly.

IV. Food hygiene: Washing fruits and vegetables, safe food handling.

Importance:

I. Prevents spread of diseases.

II. Boosts self-esteem and social acceptance.

III. Enhances comfort and overall well-being.

Core elements:

1. Cleanliness – removing dirt, sweat, and microbes.

2. Disease prevention – blocking transmission of infectious agents.

3. Health maintenance – supporting the body's natural defences.

4. Social and psychological benefits – improving self-image, confidence, and acceptance in social settings.

Historical Background

The evolution of hygiene practices throughout human history is a testament to the interplay between cultural norms, religious tenets, and advancing scientific understanding. Ancient civilizations set the stage for our contemporary perspectives on cleanliness and personal care. Notably, the Egyptians exemplified early commitment to hygiene,

engaging in daily bathing rituals and employing scented oils to enhance both cleanliness and personal fragrance. These practices reflected a cultural emphasis on purity, which was integral to their daily lives and rituals. Similarly, the Indus Valley civilization distinguished itself with remarkable advancements in sanitation technology, evidenced by their sophisticated bathing facilities. Archaeological findings indicate that they constructed well-designed drainage systems and public baths that functioned not merely for hygiene, but also as communal spaces for social interaction and cultural exchange. In contrast, the Greeks and Romans elevated the concept of public bathing, establishing elaborate bathhouses that served as social centers where citizens could gather, discuss political matters, and engage in leisurely activities, thereby intertwining hygiene with social life.

The influence of religious doctrine on hygiene practices is profound and multifaceted across various faiths. Major religions such as Islam, Christianity, Judaism, Hinduism, and Buddhism prescribe distinct guidelines related to cleanliness and personal hygiene. For instance, the practice of ablution, a ritual washing performed before prayer, emphasizes the spiritual significance of physical cleanliness. This ritualistic aspect of hygiene demonstrates how deeply intertwined such practices are with cultural identity and belief systems, serving as a physical manifestation of spiritual purity.

The Middle Ages marked a significant shift in attitudes toward bathing in Europe, primarily influenced by a pervasive fear of disease. This period saw a notable decline in

the frequency of bathing, as many individuals associated it with the spread of illness. Hygiene practices began to be closely linked to religious rituals, with little emphasis placed on health science or empirical evidence regarding the benefits of cleanliness. This decline was not merely a result of personal preference but reflected broader societal anxieties about physical contact and perceived threats of contagion.

The Renaissance period, leading into the 18th century, heralded a gradual revival of public bath culture. Amidst growing awareness of the relationship between cleanliness and health, urban centers began to recognize the necessity of sanitation in preventing disease outbreaks. This era laid the groundwork for a more scientific approach to hygiene, as public baths once again became popularized among the populace, spurring dialogue on the importance of personal and public health.

The advent of the 19th century brought revolutionary changes in the understanding of disease transmission, largely influenced by the germ theory articulated by scientists such as Louis Pasteur and Robert Koch. This groundbreaking theory fundamentally altered public health paradigms, underscoring the importance of microbial agents in the spread of illness. In particular, the advocacy of handwashing by figures like Ignaz Semmelweis emerged as a critical practice in the prevention of disease transmission, especially in medical settings.

As we transitioned into the 20th and 21st centuries, the global landscape of hygiene underwent significant transformation propelled by extensive public health campaigns and

educational initiatives centered around hygiene practices in schools. The development of modern plumbing systems, alongside advancements in soap production and the proliferation of personal care products, contributed to the establishment of hygiene as a ubiquitous standard. These developments not only facilitated improved sanitation but also emphasized the democratization of hygiene practices, making them accessible to broader populations across the globe. Collectively, these historical advancements represent not merely changes in personal habits but also reflect ongoing societal efforts to enhance public health through a rigorous understanding of hygiene.

The framework of personal hygiene practices encompasses a variety of routine activities that individuals engage in to uphold a state of bodily cleanliness, thereby fostering overall health and well-being. These practices are not only fundamental for the prevention of illness but also play a significant role in enhancing one's self-esteem and facilitating healthy social interactions. This is particularly pertinent in communal environments, such as educational institutions, hostels, and dormitories, where close physical proximity among individuals increases the risk of disease transmission.

Personal hygiene, by the World Health Organization (2003), comprises a specific set of individual behaviors and practices aimed at maintaining cleanliness and thwarting the spread of diseases. These behaviors encompass a diverse range of activities dedicated to the meticulous care of both the body and the immediate environment. Key components of personal hygiene include, but are not limited to, bathing, which involves the thorough

cleansing of the skin; handwashing, a critical practice that serves to eliminate pathogens from the hands; oral care, which ensures dental health and oral hygiene; grooming of hair and nails, essential for maintaining an aesthetically pleasing and healthy appearance; and the practice of wearing clean clothing, which contributes to both personal hygiene and societal norms related to appearance.

Engagement in these practices not only contributes to individual health but also has far-reaching implications for public health. For instance, regular handwashing has been shown to significantly reduce the incidence of infectious diseases, thereby alleviating the burden on healthcare systems. Moreover, adherence to personal hygiene practices fosters a sense of dignity and confidence, which can enhance interpersonal relationships and social cohesion among individuals in shared living and learning environments. Overall, the concept of personal hygiene practices embodies a crucial aspect of public health advocacy, emphasizing the responsibility of individuals to cultivate habits that promote not only their own well-being but also that of the wider community.

### **Components of Personal Hygiene Practice**

Personal hygiene involves a range of practices aimed at maintaining cleanliness and preventing illness. These practices can be broadly categorized into several key components:

1. Hand Hygiene: This is fundamental to preventing the spread of germs.

- **Washing:** Regular handwashing with soap and water is crucial. The process should involve wetting hands, applying soap, rubbing hands together vigorously (including between fingers and under nails) for at least 20 seconds, rinsing thoroughly, and drying with a clean towel or air dryer. This is especially important after using the toilet, before eating, after touching potentially contaminated surfaces, and after coughing or sneezing.

- **Sanitizing:** When soap and water aren't readily available, alcohol-based hand sanitizers (containing at least 60% alcohol) provide a suitable alternative. Apply a sufficient amount to cover all hand surfaces and rub until dry.

- **Nail Care:** Keeping nails short and clean prevents the accumulation of dirt and bacteria. Regularly cleaning under the nails is also essential.

2. **Bathing and Showering:** Regular cleansing removes dirt, sweat, dead skin cells, and body oils, reducing the risk of body odor and skin infections.

- **Frequency:** The frequency depends on individual activity levels and climate. Daily showering or bathing is generally recommended, but more frequent cleansing might be necessary for individuals involved in strenuous physical activity or living in hot, humid climates.

- **Technique:** Use soap and water to thoroughly cleanse the entire body, paying attention to areas prone to sweating and odor, such as armpits and groin. Rinse thoroughly and dry completely.

3. Oral Hygiene: Maintaining oral health is essential for overall well-being.

- Brushing: Brush teeth at least twice daily with fluoride toothpaste, using gentle, circular motions. Ensure all surfaces of each tooth are cleaned.
- Flossing: Floss daily to remove food particles and plaque from between teeth and along the gumline.
- Mouthwash (Optional): Therapeutic mouthwashes can help reduce plaque and gingivitis, but they shouldn't replace brushing and flossing.
- Dental Checkups: Regular visits to the dentist (at least twice a year) are crucial for professional cleaning, checkups, and early detection of any dental problems.

4. Hair Care: Clean hair contributes to a presentable appearance and minimizes the risk of scalp infections.

- Washing: The frequency depends on hair type and lifestyle. Washing hair at least once or twice a week is generally recommended. Use a shampoo and conditioner appropriate for your hair type.
- Conditioning: Conditioning helps maintain hair health and prevents dryness and breakage.
- Styling: Avoid harsh styling practices that can damage hair.

5. Genital Hygiene: Proper genital hygiene is vital for preventing infections and maintaining comfort.

- Cleaning: Gently cleanse the genital area with warm water. Avoid harsh soaps or perfumed products, which can disrupt the natural balance of the skin. For females, wipe from front to back to prevent the spread of bacteria.

- Underwear: Wear clean underwear daily, preferably made from breathable fabrics like cotton.

6. Foot Care: Foot hygiene helps prevent fungal infections and other foot problems.

- Washing: Wash feet daily with soap and water, paying particular attention to the spaces between toes.

- Drying: Thoroughly dry feet, especially between toes, to prevent fungal growth.

- Footwear: Wear appropriate footwear that allows for proper ventilation and absorbs sweat. Avoid wearing the same shoes for consecutive days.

7. Clothing Hygiene: Clean clothing prevents the spread of germs and contributes to overall hygiene.

- Washing: Regularly wash clothes, especially underwear and socks, to remove dirt, sweat, and bacteria. Use appropriate laundry detergent and follow instructions on clothing labels.

- Changing: Change clothes daily, especially underwear, to maintain freshness and prevent the buildup of bacteria.

8. Environmental Hygiene: This encompasses maintaining a clean and sanitary living space.

- Cleaning: Regularly clean and disinfect surfaces in your home, including countertops, bathrooms, and floors.

- Waste Disposal: Properly dispose of waste to prevent the spread of disease and attract pests.

These components work together to maintain overall personal hygiene. Neglecting any aspect can increase the risk of infections and other health problems. The specific practices and their frequency may need adjustments based on individual needs, cultural norms, and environmental factors.

### **Relevance to Undergraduate Hostelites**

Among university students living in hostels, personal hygiene is especially important due to the shared living spaces, communal bathrooms, and close social interactions. Poor hygiene in such settings can quickly lead to: Disease outbreaks (e.g., skin infections, diarrhea), Increased absenteeism, Social stigma or isolation, Promoting hygiene practices in this group can significantly improve student health, academic performance, and overall campus well-being.

## **Importance of Personal Hygiene Practices**

Personal hygiene practices are fundamental to individual and public health, impacting physical and mental well-being, social interactions, and the overall health of a community.

Their importance spans several key areas:

1. **Preventing Infectious Diseases:** This is perhaps the most critical aspect of personal hygiene. Many infectious diseases are spread through direct or indirect contact with contaminated surfaces or bodily fluids. Effective hygiene practices significantly reduce the risk of transmission.

- **Handwashing:** Regular handwashing with soap and water is the single most effective way to prevent the spread of many infectious diseases, including respiratory infections, diarrheal diseases, and skin infections. It removes pathogens from the hands, preventing their transfer to other surfaces or individuals.

- **Oral Hygiene:** Poor oral hygiene can lead to gum disease and tooth decay, creating entry points for infection. Regular brushing and flossing remove plaque and bacteria, reducing the risk of oral infections.

- **Genital Hygiene:** Proper genital hygiene helps prevent infections of the reproductive system, including sexually transmitted infections (STIs).

- Food Hygiene: Proper food handling and preparation practices, including washing hands before handling food and cooking food thoroughly, are crucial in preventing foodborne illnesses.

2. Promoting Physical Health: Beyond preventing infectious diseases, personal hygiene contributes to overall physical well-being;

- Skin Health: Regular bathing and showering help remove dirt, sweat, and dead skin cells, preventing skin infections and irritations. Proper foot care helps prevent fungal infections and other foot problems.

- Mental Health: Maintaining good personal hygiene can contribute to a sense of self-worth and confidence, positively impacting mental well-being. Feeling clean and presentable can improve self-esteem and reduce feelings of anxiety or depression. This is especially important for individuals struggling with mental health challenges.

- Preventing Body Odor: Regular bathing, use of deodorant, and clean clothing help prevent body odor, improving social interactions and reducing potential embarrassment.

3. Enhancing Social Interactions: Good personal hygiene is essential for positive social interactions. Individuals who maintain good hygiene are generally perceived as more trustworthy, respectful, and considerate. This can lead to improved relationships and social acceptance. Conversely, poor hygiene can lead to social isolation and stigma.

This is particularly relevant in professional settings, where maintaining a high level of hygiene is often expected.

4. Protecting Vulnerable Populations: Maintaining good personal hygiene is especially crucial for protecting vulnerable populations, such as infants, young children, the elderly, and individuals with weakened immune systems. These groups are at higher risk of infections and complications from infectious diseases. Careful hygiene practices around these individuals are essential for their protection.

5. Improving Quality of Life: The cumulative effect of good personal hygiene is improved quality of life. Individuals who prioritize hygiene experience fewer illnesses, better social relationships, and increased self-esteem. This leads to a more fulfilling and productive life.

6. Cultural and Contextual Considerations: While the importance of personal hygiene is universally recognized, the specific practices and their emphasis vary across cultures and contexts. Access to resources like clean water and sanitation facilities significantly influences the ability to maintain good hygiene. Cultural norms and beliefs also shape hygiene practices, highlighting the need for culturally sensitive approaches to hygiene promotion. In many developing countries, lack of access to clean water and sanitation remains a significant barrier to good hygiene, contributing to higher rates of infectious diseases. Educational programs and community-based interventions are crucial in addressing these challenges.

## **Infrastructure and Environmental Factors Influencing Personal Hygiene**

Personal hygiene practices, while seemingly straightforward, are influenced by a complex interplay of factors. These can be broadly categorized into individual, social, and environmental influences:

I. **Individual Factors:** These are intrinsic characteristics and beliefs that shape an individual's hygiene habits.

- **Knowledge and Awareness:** A strong understanding of the importance of hygiene and the potential consequences of poor hygiene is fundamental. Lack of knowledge about specific practices, such as proper handwashing technique or the dangers of sharing personal items, can lead to inadequate hygiene. This is particularly relevant in areas with limited access to health education.

- **Personal Beliefs and Attitudes:** Individual beliefs about cleanliness, health, and body image significantly impact hygiene practices. Some individuals might prioritize cleanliness more highly than others, leading to more frequent and thorough hygiene routines. Cultural beliefs also play a role; some cultures may emphasize certain hygiene practices more than others.

- **Motivation and Self-Efficacy:** The individual's motivation to maintain good hygiene and their belief in their ability to do so (self-efficacy) are crucial. Individuals with strong self-efficacy are more likely to adopt and maintain good hygiene habits. Conversely,

individuals lacking confidence in their ability to maintain hygiene might be less likely to engage in these practices.

- **Physical and Mental Health:** Underlying physical or mental health conditions can affect an individual's ability to maintain good hygiene. For instance, individuals with physical disabilities might require assistance with certain hygiene practices, while those with mental health conditions like depression or anxiety might neglect personal care.

- **Age:** Hygiene practices often evolve with age. Children require guidance and supervision in developing good hygiene habits, while elderly individuals might experience limitations in their physical abilities affecting their hygiene routines.

- **Socioeconomic Status:** Access to resources such as clean water, soap, and sanitation facilities is crucial for maintaining good hygiene. Individuals from lower socioeconomic backgrounds might face greater challenges in accessing these resources, impacting their hygiene practices.

**II. Social Factors:** These are external social pressures and influences.

- **Cultural Norms and Beliefs:** Cultural norms and beliefs significantly shape hygiene practices. Different cultures have varying standards of cleanliness and hygiene, impacting the frequency and types of hygiene practices adopted. What is considered acceptable hygiene in one culture might be viewed differently in another.

- **Social Support and Role Models:** Having supportive family members, friends, or community members who emphasize and model good hygiene practices can positively influence an individual's behavior. Conversely, a lack of social support can make it challenging to adopt and maintain good hygiene habits.
- **Peer Influence:** Peer pressure can influence hygiene practices, especially among adolescents. Adolescents might adopt or reject certain hygiene practices based on what their peers do.
- **Education and Media:** Education and media play a crucial role in shaping hygiene practices. Public health campaigns and educational programs can raise awareness about the importance of hygiene and promote the adoption of good habits. However, misinformation or conflicting information can also negatively influence hygiene practices.

**III. Environmental Factors:** These are external physical conditions that impact hygiene.

- **Access to Resources:** Access to clean water, sanitation facilities, soap, and other hygiene products is essential. Limited access to these resources can significantly hinder an individual's ability to maintain good hygiene. This is a major challenge in many developing countries.
- **Climate and Weather:** Hot and humid climates can increase sweating and the risk of skin infections, necessitating more frequent bathing and washing. Conversely, cold climates might lead to less frequent bathing.

- **Housing Conditions:** Overcrowding and poor living conditions can make it difficult to maintain good hygiene. Lack of adequate ventilation, poor sanitation, and limited access to clean water can all negatively impact hygiene practices.
- **Occupation:** Certain occupations, such as healthcare workers or food handlers, require stricter hygiene practices than others. These individuals might receive specific training and have access to more resources to support their hygiene routines.

## **Empirical Studies**

### 1. When a toilet isn't just a toilet (University students' study)

Imagine being a student and needing to use the toilet on campus, but the water tap is broken, there's no soap, and the place feels unsafe. A study with university students found that these little details — like clean toilets, working taps, and even privacy — directly shaped whether students practiced good hygiene. When facilities were well maintained, students washed their hands more and stayed healthier.

### 2. The power of “nearby” handwashing (Primary schools in India)

Researchers went into schools and noticed something simple but powerful: kids washed their hands more often when sinks were close to the toilets and actually had running water. But when sinks were too far away, broken, or had no soap, most children skipped washing altogether. The distance of just a few steps made a huge difference.

### 3. A home without water is a home without hygiene (Rural Ethiopia households)

In rural communities, families were asked about their hygiene habits. The biggest barrier wasn't knowledge — it was infrastructure. Families without reliable water, soap, or even a basic handwashing spot struggled to practice good hygiene. But in homes where a bucket of water and soap were always present, handwashing became second nature.

#### 4. Safety at night decides hygiene (Shared toilets study)

For many people using shared toilets, the problem wasn't only cleanliness — it was fear. Imagine walking in the dark to an unlit, distant toilet. Many women, especially, chose open defecation instead because they didn't feel safe. The study revealed how environmental factors like lighting and distance shaped hygiene practices as much as access itself.

#### 5. Infrastructure + care = lasting change (WASH program trials)

Large hygiene programs in schools and communities showed a clear lesson: giving people toilets and handwashing stations worked — but only if those facilities were maintained and paired with reminders or group activities. Without soap refills, water supply, or regular repairs, the shiny new facilities fell into disuse. Hygiene is a daily habit that depends on both the environment and the support system around it.

Good hygiene isn't just about telling people to wash their hands — it's about whether there's water, soap, safety, privacy, and working facilities close by. When these pieces

fall into place, people practice good hygiene naturally. When they don't, even the best knowledge and intentions aren't enough.

## **Knowledge of Personal Hygiene Among University Students**

### **Concept of Knowledge in Relation to Hygiene**

Knowledge refers to the awareness and understanding that individuals possess about specific practices that safeguard health and prevent diseases. In the context of hygiene, knowledge is not limited to recognizing the need for cleanliness but also includes knowing the correct methods, frequency, and reasons behind these practices. For university students, such knowledge plays a critical role since they live in environments where shared facilities (toilets, hostels, classrooms, cafeterias) can easily spread infections if hygiene is neglected.

### **Sources of Hygiene knowledge among University Students**

Understanding the sources from which university students derive their knowledge of hygiene is crucial for developing effective public health strategies and educational programs. The formation of hygiene practices is a multifaceted process that often begins long before individuals embark on their higher education journey.

University students typically acquire their knowledge of personal hygiene from multiple sources:

- **Family and Upbringing:**

One of the primary sources of hygiene knowledge for university students is their family environment and early upbringing. The foundational hygiene habits that individuals carry into adulthood are typically instilled during childhood. Parents and guardians play an instrumental role in teaching children about personal hygiene practices, such as handwashing, dental care, and general cleanliness. These familial lessons are often reinforced through daily routines and parental modeling. Consequently, a strong foundation in hygiene, nurtured during formative years, can significantly influence a student's behavior and attitudes towards health-related practices as they transition into university life.

- **Secondary Education:**

The influence of secondary education on hygiene knowledge is another critical factor. Throughout their schooling, students are frequently exposed to basic health science curricula that encompass fundamental concepts of hygiene. Educational institutions often integrate health education into their programs, where students learn about topics such as

nutrition, disease prevention, and personal hygiene. This structured learning environment not only provides students with essential knowledge but also promotes the importance of health and hygiene practices among their peers. Such formative educational experiences can serve as a critical bridge between home-taught principles and the more advanced health topics introduced at the university level.

• **University Exposure:**

As students transition into higher education, their exposure to various health-related courses plays a significant role in shaping and sometimes reshaping their understanding of hygiene. University curricula often include specialized courses in public health, nutrition, and preventive medicine, which delve into advanced concepts related to hygiene and health promotion. Furthermore, the dynamic nature of university life introduces students to diverse perspectives through peer interactions. Peer influence, whether direct or indirect, can enhance awareness of hygiene practices, as students share information and experiences among themselves. In addition, university health programs and campaigns are increasingly prevalent, fostering an environment where hygiene knowledge is continually reinforced and updated.

• **Mass Media and Social Media:**

In today's digital age, mass media and social media platforms like television, radio, TikTok, and Instagram play an increasingly significant role in shaping the perceptions and behaviors of young adults concerning hygiene. These platforms serve as powerful

tools for disseminating information about health and hygiene, reaching wide audiences with varying degrees of engagement and impact. The use of influencers and public health advocates on social media can particularly affect students' attitudes, as visual and interactive content often resonates more deeply with younger demographics. The constant stream of health-related information available through these channels can either enhance existing knowledge or challenge outdated beliefs about hygiene practices.

• **Health Campaigns and Orientation Programs:**

Additionally, many universities actively engage in health promotion through various campaigns and orientation programs designed to raise awareness about specific hygiene practices. Initiatives may focus on fundamental issues such as handwashing techniques, menstrual hygiene management, or general sanitation practices. These programs are often tailored to address the unique needs and concerns of the student population, encouraging participation and fostering a culture of health awareness on campus. By providing accessible resources and knowledge, these campaigns play a vital role in reinforcing the importance of hygiene and promoting healthier lifestyles among new and returning students.

The sources of hygiene knowledge among university students are diverse and interrelated, encompassing familial teachings, educational experiences, exposure to health-related university initiatives, media influence, and targeted health campaigns. This intricate web

of resources is essential for understanding how hygiene perceptions and practices are developed and modified throughout a student's academic career.

### **Domains of Hygiene Knowledge**

Studies among undergraduates reveal that their knowledge of personal hygiene can be divided into the following domains;

#### **A. Hand Hygiene Knowledge:**

An essential component of public health and individual wellness is the awareness of proper hand hygiene practices. This includes recognizing the critical importance of thoroughly washing hands with soap and water in specific situations, such as immediately after using the toilet, before consuming food, and following contact with surfaces that may harbor pathogens. The rationale behind these practices lies in the substantial evidence correlating handwashing with a marked reduction in the transmission of infectious diseases. Furthermore, individuals must be informed about the comprehensive procedure involved in effective handwashing, which should encompass a duration of at least twenty seconds. This duration is critical as it allows for the physical removal of dirt and microorganisms, thereby significantly enhancing the effectiveness of the wash. Awareness of the steps involved—such as lathering the hands well, scrubbing all surfaces, including between fingers and under nails, and rinsing thoroughly—forms the cornerstone of good hand hygiene practices.

## **B. Oral Hygiene Knowledge:**

Oral hygiene knowledge is fundamental to maintaining both dental health and overall wellbeing. Individuals should be informed that teeth need to be brushed at least twice daily to effectively remove plaque, food particles, and bacteria that can lead to dental cavities and gum disease. The use of fluoride toothpaste is particularly important as it helps strengthen tooth enamel. Additionally, individuals must understand the complementary role of dental floss and other interdental cleaning devices in maintaining oral health. Regular flossing is vital for removing debris and plaque from areas that toothbrushes often miss, particularly between the teeth. Moreover, the significance of routine dental check-ups should not be overlooked, as these visits provide opportunities for professional cleaning, early detection of oral health issues, and guidance on best practices for maintaining oral hygiene. Awareness of these practices is crucial in preventing conditions such as gum disease and halitosis (bad breath), which can have broader implications for an individual's social well-being and self-esteem.

## **C. Body Hygiene Knowledge:**

Body hygiene knowledge encompasses various crucial aspects of personal cleanliness that contribute to an individual's health and social acceptance. Individuals should be educated about the necessity of adhering to daily bathing practices, which serve to remove sweat, dirt, and bacteria from the skin, thereby minimizing the risk of skin

infections and unpleasant body odor. The practice of regularly changing clothes is equally important, as it prevents the accumulation of body oils and bacteria in garments, facilitating a more pleasant and hygienic living environment. Furthermore, maintaining nail cleanliness through regular trimming is essential, as unkempt nails can harbor pathogens and pose a risk of infection, particularly when they become dirt-laden. Hair cleanliness and regular grooming also contribute to a person's overall hygiene and self-image.

For female individuals, an additional layer of hygiene knowledge is critical: menstrual hygiene management. Understanding this encompasses timely changes of sanitary pads or tampons, as well as proper disposal methods to maintain not only personal health but also environmental hygiene. Education in this area aids in reducing the stigma surrounding menstruation and empowers women to manage their menstrual health effectively, ensuring their dignity and comfort during their menstrual cycle. Collectively, this comprehensive understanding of body hygiene is pivotal in promoting general health and hygiene, as well as fostering self-respect and confidence in social interactions.

#### **D. Food Hygiene Knowledge:**

Food hygiene knowledge encompasses several critical aspects essential for safeguarding public health and ensuring the safety of individuals when consuming food. An important component of this knowledge includes the awareness of the necessity to wash fruits and

vegetables thoroughly prior to consumption. This practice plays a fundamental role in removing harmful pathogens, pesticides, and dirt that may be present on the surface of these foods, mitigating the risk of foodborne illnesses. Furthermore, individuals are urged to comprehend the significance of adequately covering food items, which serves as a preventative measure against contamination from various external sources, including dust, insects, and other pollutants. Such understanding is pivotal in maintaining food safety in both domestic and commercial settings.

Moreover, there exists a critical recognition of the inherent dangers associated with consuming uncovered street food. Street food vendors, while often providing convenient and affordable meal options, may not always adhere to stringent hygiene standards. Consumption of such food can expose individuals to a range of foodborne pathogens, often resulting in gastrointestinal distress or more severe health complications. Therefore, fostering a comprehensive knowledge of food hygiene practices is essential for encouraging informed decisions regarding food consumption, particularly in environments where hygiene practices may be compromised.

#### **E. Environmental Hygiene Knowledge:**

Environmental hygiene knowledge is equally vital for promoting optimal health and well-being within communal living spaces, such as hostels. A key aspect of this knowledge entails the understanding of the necessity for maintaining a clean and hygienic hostel

environment. This encompasses several interconnected practices, including proper waste disposal methods to prevent the accumulation of litter, which can serve as a breeding ground for pests and pathogens. Effective waste management strategies are crucial in minimizing health risks and fostering a sanitary living atmosphere.

In addition to waste disposal, the importance of maintaining clean water storage facilities cannot be overstated. The accessibility of clean and safe drinking water is fundamental in preventing the spread of infectious diseases. Individuals must recognize that inadequate sanitation practices can lead to significant health issues, such as gastrointestinal infections, which may present as diarrhea. Furthermore, substandard hygiene conditions can contribute to the transmission of vector-borne diseases such as malaria, particularly in areas where drainage systems are poorly maintained. Cholera, another potentially life-threatening disease, can also emerge as a consequence of contaminated water sources due to ineffective sanitation measures.

Possessing comprehensive knowledge about both food and environmental hygiene is crucial in mitigating health risks and promoting overall well-being in communal living scenarios. By understanding and implementing best practices related to these domains, individuals can significantly decrease their vulnerability to various infectious diseases, leading to healthier living environments.

### **Level of Knowledge among University Students**

- High general awareness: Many students can correctly define personal hygiene and recognize its importance in disease prevention.
- Knowledge gaps: Specific understanding of correct practices (e.g., proper handwashing steps, links between hygiene and certain diseases) is often limited.
- Gender differences: Female students tend to show better knowledge, especially regarding body and menstrual hygiene.
- Disciplinary influence: Students in health-related faculties (e.g., Medicine, Nursing, Pharmacy) usually have better hygiene knowledge compared to those in non-health faculties.

### **Barriers to Knowledge Application**

While knowledge levels may be high, several barriers prevent students from fully applying what they know:

- Inadequate infrastructure: Lack of running water, soap, and well-maintained toilets reduces practical use of hygiene knowledge.
- Peer influence: Students may neglect hygiene if their friends or roommates do not prioritize it.
- Busy academic schedules: Tight lecture timetables sometimes make students skip practices like handwashing.

- Cultural beliefs and stigma: Misconceptions around menstrual hygiene or body odor may discourage open discussions and learning.

### Health Implications of Knowledge Gaps

- Poor knowledge of specific practices can lead to increased cases of preventable illnesses like diarrhea, respiratory infections, skin infections, and dental caries.
- Lack of menstrual hygiene knowledge may lead to infections and absenteeism among female students.
- Inadequate understanding of food hygiene can result in foodborne diseases in hostel settings.

Knowledge of personal hygiene among university students is generally encouraging, but it is not always comprehensive. While most students understand the importance of cleanliness, gaps remain in the depth and application of that knowledge, particularly in the areas of handwashing techniques, disease prevention, and menstrual hygiene. To bridge this gap, universities need to combine hygiene education with adequate infrastructure, regular awareness campaigns, and supportive peer environments that reinforce positive behaviors.

### **Empirical Studies**

#### 1. Hand Hygiene Knowledge

Research shows that students often know handwashing is important, but many fail to practice it correctly.

In Bangladesh, a survey of private university students revealed that although most knew handwashing prevents infection, only 22.5% practiced it correctly with soap or sanitizer (Al Khatib et al., 2016).

## 2. Oral and General Hygiene Knowledge

A study at the University of Ilorin, Nigeria, found that 82.9% of students had good knowledge of personal hygiene overall, including oral hygiene practices. However, age and gender significantly influenced knowledge levels (Oladimeji et al., 2020).

## 3. Body and Menstrual Hygiene Knowledge

A Nigerian study among female undergraduates at Ahmadu Bello University highlighted that while many students knew the importance of regular pad change and safe disposal, knowledge gaps existed on risks of poor menstrual hygiene, which influenced practice (Umar et al., 2025).

## 4. Food and Environmental Hygiene Knowledge

In Manipur, India, a cross-sectional study at Central Agricultural University found that while 85.5% of students understood personal hygiene broadly, only a minority (5.8%) knew it prevents skin diseases and less than half recognized its role in food safety. This highlights shallow knowledge on specific areas of hygiene (Laishram et al., 2017).

## 5. Overall Hygiene Knowledge and Health Implications

In the United States, a study of 299 New York City undergraduates showed that 96.6% knew handwashing was important, but fewer linked it to preventing gastrointestinal (48.3%) or respiratory illnesses (85.1%). This gap between general knowledge and specific disease-related knowledge had direct implications for student health (Prater et al., 2011).

In Summary, these five studies consistently show that:

1. Students know hygiene is important, but depth of knowledge varies.
2. Gender, age, and field of study influence hygiene awareness.
3. Specific areas like menstrual hygiene and disease prevention links are often weakly understood.
4. Without adequate infrastructure, even knowledgeable students may not translate awareness into practice.

### **Personal Hygiene Practice Among Students**

Personal hygiene practices are the day-to-day actions individuals take to keep their bodies and immediate environment clean and reduce the spread of disease. For students this typically includes: handwashing, bathing, oral care, hair and nail care, menstrual

hygiene (for female students), laundering clothes, safe food handling, and proper disposal of waste. Personal hygiene practices among university students present a unique set of challenges and considerations, differing from the general population due to factors inherent to their living situations and lifestyles. While the fundamental principles of hygiene remain consistent, the practical application and adherence to these principles often vary significantly.

- **Shared Living and its Impact:** Hostel life, in particular, introduces complexities to maintaining personal hygiene. Shared bathrooms and kitchens necessitate a higher degree of consideration for others. The lack of individual control over cleaning schedules and standards can lead to inconsistencies in cleanliness. This shared environment increases the risk of infectious disease transmission if hygiene practices are not consistently high. Students may be less diligent in cleaning shared spaces if they perceive it as someone else's responsibility, leading to a build-up of germs and unpleasant odours.

- **Time Constraints and Lifestyle Factors:** University life often involves a demanding academic schedule, extracurricular activities, social events, and part-time jobs. These competing demands frequently leave students with limited time for self-care, including personal hygiene. This can lead to less frequent showering, rushed routines, and neglecting tasks like laundry or thorough cleaning of personal spaces. Late nights studying or socializing, coupled with irregular sleep patterns, further contribute to a decline in hygiene practices.

- **Financial Constraints:** Many students face financial limitations, impacting their ability to purchase essential hygiene products or access laundry facilities regularly. This can compromise the effectiveness of their hygiene routines and overall cleanliness. The cost of toiletries, laundry detergent, and even clean water can be a significant barrier for some students.

- **Mental Health and Well-being:** The pressures of university life – academic demands, social adjustments, and financial worries – can significantly impact mental health. Students experiencing stress, anxiety, or depression may neglect personal hygiene due to a lack of motivation or energy. This highlights the importance of providing mental health support services on campuses and in hostels.

### **Specific Hygiene Practices and Potential Deficiencies**

- **Hand Hygiene:** While the importance of handwashing is widely understood, consistent practice is often lacking, especially in busy or stressful situations.

- **Showering and Bathing:** Frequency varies considerably, with some students showering daily while others may shower less frequently due to time constraints or other factors.

- **Oral Hygiene:** Many students brush their teeth twice daily, but regular flossing and dental checkups are often neglected.

- **Laundry:** Regular laundry is crucial but frequently overlooked due to time constraints or access to laundry facilities. This can lead to wearing unclean clothes and increased risk of skin infections.
- **Room and Shared Space Cleanliness:** Maintaining a clean and organized personal space, as well as respecting shared areas, is essential but can be challenging in shared living situations.
- **Menstrual Hygiene:** For female students, access to sanitary products and facilities, as well as appropriate disposal methods, is crucial but may be limited or overlooked.

### **Improving Hygiene Practices**

Universities and hostel providers should take proactive steps to improve hygiene practices among students:

- **Educational Initiatives:** Implement educational programs and awareness campaigns promoting good hygiene practices, addressing specific challenges faced by students.
- **Accessible Resources:** Ensure access to affordable hygiene products, clean laundry facilities, and adequate sanitation facilities.
- **Mental Health Support:** Provide readily available mental health resources to address the impact of stress and mental health on hygiene practices.
- **Community Building:** Foster a sense of community and encourage peer support to promote good hygiene habits and address issues related to shared living spaces.

- **Clear Guidelines and Expectations:** Establish clear guidelines and expectations regarding hygiene in shared spaces, promoting a culture of responsibility and respect.

### **Empirical Studies**

1. University of Ilorin, Nigeria: Oladimeji, Olatunji, and Afolabi (2020) conducted a cross-sectional survey among 398 undergraduates of the University of Ilorin. The study revealed that while 82.9% of the students had good knowledge of personal hygiene, their practices did not always reflect this awareness. Irregularities were observed in consistent handwashing with soap and proper oral hygiene. The study concluded that knowledge does not automatically translate into practice.

2. Federal University of Education, Zaria, Nigeria: In a similar Nigerian study, Umar, Yusuf, and Suleiman (2025) examined 200 undergraduates in Zaria. Findings showed that students reported high levels of daily bathing, handwashing, and oral hygiene; however, waste disposal and bed linen hygiene were less consistent. Gender was a significant factor, with female students showing better hygiene practices than their male counterparts.

3. University Students in Dhaka, Bangladesh: Al Khatib, Sarker, and Sultana (2016) investigated hand hygiene among 200 students in Dhaka. While nearly all students washed their hands after toilet use, only 22.5% regularly used soap or sanitizer. Female and younger students were more compliant compared to males and older peers. The study underscored the gap between awareness and correct practice in hand hygiene.

4. Secondary School Students in Manipur, India: Laishram, Keisam, and Singh (2017) studied 500 secondary school students to explore hygiene knowledge and practices. Findings showed that most students bathed daily and brushed their teeth regularly, but gaps were found in handwashing before meals and menstrual hygiene practices among girls. This highlighted the need for ongoing hygiene education among adolescents.

5. College Students in New York City, USA: Prater et al. (2011) surveyed 299 college students in New York City to assess hygiene behavior and its health implications. While 96.6% reported washing hands after toilet use, fewer than half washed before meals. Poor hygiene was strongly associated with higher rates of gastrointestinal and respiratory illnesses, proving a direct link between inadequate practices and health outcomes.

#### Summary of Empirical Evidence:

The five studies reveal consistent findings:

1. Students generally have good knowledge of hygiene.
2. Practice often lags behind knowledge, especially in handwashing.
3. Gender differences show females practice better hygiene.
4. Cultural and resource contexts affect practices such as menstrual hygiene.
5. Poor hygiene practices contribute to preventable illness and absenteeism.

#### **Consequences of Poor Hygiene Practice**

Poor hygiene practices have far-reaching consequences, impacting physical, mental, and social well-being. These consequences range from minor inconveniences to severe health problems, affecting individuals and communities alike. Personal hygiene is central to maintaining health and well-being. When it is neglected, the effects are not limited to the individual but extend to academic, social, psychological, and public health domains. Below are the key consequences explained in detail:

1. Health Consequences: Poor hygiene is one of the leading contributors to preventable diseases.

- Infectious Diseases: Lack of proper handwashing facilitates the transmission of bacteria and viruses that cause diarrhea, typhoid, cholera, influenza, and the common cold. These illnesses are highly contagious in shared environments like hostels and classrooms.
- Skin Infections: Infrequent bathing or wearing unwashed clothes may lead to fungal infections, body odor, acne, scabies, and ringworm.
- Oral Diseases: Poor dental hygiene often results in halitosis (bad breath), gum disease, and tooth decay, which can lead to tooth loss if untreated.
- Reproductive Health Issues: Poor menstrual hygiene practices among female students can lead to reproductive tract infections (RTIs), urinary tract infections (UTIs), and complications in the long run.

2. Academic Consequences: Hygiene neglect indirectly undermines academic success.

- Increased Absenteeism: Frequent illness due to infections leads to missed classes, tests, and lectures, disrupting learning progress.

- Reduced Concentration: Discomfort from dental pain, itching, or untreated illness distracts students during lessons.

- Lower Academic Performance: Poor attendance and lack of focus eventually reduce grades and academic achievement.

3. Social Consequences: Hygiene is a strong determinant of social acceptance.

- Social Stigma: Students with poor hygiene (body odor, bad breath, dirty clothes) may face ridicule or exclusion from peers.

- Difficulty in Relationships: Inadequate hygiene can hinder the ability to form friendships, group participation, or even romantic relationships.

- Loss of Confidence: Negative peer reactions may discourage students from participating in class or social activities.

4. Psychological Consequences: The social rejection tied to poor hygiene often affects mental health.

- Low Self-Esteem: Feeling “dirty” or being labeled unhygienic can damage self-confidence.

- Anxiety and Stress: Fear of being embarrassed in public may cause avoidance of social situations.

- Depression: Long-term neglect and resulting isolation can deepen into depression, particularly in young adults who are still forming their identity.

5. Public Health Consequences: Poor hygiene has ripple effects beyond the individual.

- Disease Outbreaks: In schools and universities, one student with poor hygiene practices can spread infections across dormitories and classrooms.

- Burden on Healthcare Systems: Preventable illnesses resulting from poor hygiene increase medical visits, costs, and pressure on already limited healthcare resources.

- Community Risks: When large groups of students neglect hygiene, communities surrounding the institutions may also face increased risks of communicable diseases.

Poor hygiene practices are not just a personal issue but a multidimensional problem. They expose students to diseases, compromise academic performance, strain social relationships, lower self-esteem, and contribute to wider public health risks. For this reason, effective hygiene education and provision of basic hygiene facilities (water, soap, clean toilets, waste disposal systems) remain essential in educational institutions.

## **Empirical Studies**

1. U.S. Colleges (Hand Hygiene Study)

Poor handwashing practices among students were linked to higher rates of infectious diseases, more medical visits, and increased class absences. Effective handwashing significantly reduced microbial hand contamination.

## 2. Nepal (School WASH and Attendance)

Students in schools with poor water, sanitation, and hygiene (WASH) facilities had much higher absenteeism. Improved hygiene infrastructure promoted consistent school attendance.

## 3. Nigeria (Hostel Sanitation and Health)

University students in poorly maintained hostels reported frequent cases of diarrhea, cholera, food poisoning, skin irritations, and even depression due to unhygienic conditions.

## 4. Ethiopia (Elementary Schools and Absenteeism)

Students with poor personal hygiene practices were more likely to miss school due to illness, spreading infections within their households and affecting parents' work attendance.

## 5. Ethiopia (Primary School Children's Hygiene Knowledge)

Lack of hygiene knowledge and facilities exposed children to frequent infections such as diarrhea and respiratory diseases, which negatively affected their health and overall development.

## Summary

Across different contexts—universities, hostels, and primary schools—these studies consistently show that poor hygiene practices lead to illness, absenteeism, reduced academic performance, and even emotional distress. They also highlight that proper hygiene facilities and education are crucial to preventing disease and improving student well-being.

## **Personal Hygiene and Demographic Factor**

Personal hygiene is the practice of maintaining cleanliness and grooming of the body to prevent diseases, promote health, and enhance social acceptance. While individual knowledge and environmental conditions play important roles, demographic factors—such as age, gender, education, socioeconomic status, cultural background, and place of residence—significantly influence how students and individuals practice personal hygiene.

### 1. Age and Personal Hygiene

- **Children and Adolescents:** Younger children may lack awareness of proper hygiene practices and often need guidance from parents or teachers. Adolescents begin to develop independence, but some neglect hygiene due to peer influence or lack of supervision.

- Young Adults (e.g., university students): This group usually understands the importance of hygiene but may not practice it consistently due to busy schedules, lack of resources, or lifestyle habits.
- Older Adults: With age, chronic illnesses and reduced mobility may hinder hygiene practices, making them more vulnerable to infections.

Implication: Age determines both the awareness level and the capacity to practice good hygiene.

## 2. Gender and Personal Hygiene

- Female Students: Studies show that female students often demonstrate better hygiene practices, especially in oral care, bathing, and handwashing. Menstrual hygiene also becomes a critical factor for women, especially in contexts with poor water and sanitation.
- Male Students: Males may practice hygiene less consistently, with lower adherence to regular bathing, handwashing, and waste disposal. Peer norms and cultural expectations can contribute to these differences.

Implication: Gender norms shape personal hygiene practices, with females often being more conscious of cleanliness due to both health and social expectations.

## 3. Educational Status

- Education enhances awareness of hygiene-related diseases and encourages better practices. For example, students in higher education are more likely to understand the importance of handwashing with soap and regular dental care.
- Illiterate or less-educated individuals may have limited knowledge of hygiene practices, depending heavily on cultural habits rather than scientific understanding.

Implication: Education is a strong predictor of hygiene knowledge and practice.

#### 4. Socioeconomic Status (SES)

- High Socioeconomic Status Families/Students: More likely to afford hygiene products (soap, toothpaste, sanitary pads, deodorants) and access to clean water, better toilets, and healthcare.
- Low Socioeconomic Status Families/Students: Often face challenges such as lack of water, inadequate sanitation facilities, and inability to purchase hygiene products, leading to poor practices.

Implication: Economic status directly influences access to hygiene resources.

#### 5. Cultural and Religious Beliefs

- Some cultural practices encourage frequent bathing, oral cleaning (e.g., use of chewing sticks in Africa and Asia), and ritual handwashing before prayers.

- However, in some contexts, stigma or misconceptions (e.g., menstrual taboos) may negatively affect hygiene practices.

Implication: Cultural norms can either promote or hinder hygiene practices depending on traditions and beliefs.

## 6. Place of Residence (Urban vs. Rural)

- Urban Students: Generally have better access to clean water, sanitation facilities, and hygiene products. However, overcrowding (e.g., in hostels) may still limit effective practices.

- Rural Students: Often face water scarcity, inadequate toilets, and poor waste disposal systems, leading to higher risks of diseases associated with poor hygiene.

Implication: Geographical setting determines infrastructure availability and therefore influences hygiene practices.

## 7. Family and Peer Influence

- Families play a vital role in instilling hygiene habits from childhood. Parents who model proper hygiene raise children with similar practices.

- Peer groups at schools and universities also influence behavior—sometimes positively (encouraging grooming) or negatively (neglecting hygiene to “fit in”).

In Conclusion; Demographic factors such as age, gender, education, socioeconomic status, culture, and residence strongly shape how students and individuals practice personal hygiene. While knowledge is necessary, these demographic variables determine access, attitudes, and consistency of hygiene practices.

### **Empirical Studies**

Several empirical studies have highlighted the strong influence of demographic factors—such as gender, age, socioeconomic status, education, and place of residence—on personal hygiene practices among students. These findings provide valuable insight into the ways demographic characteristics shape health behaviors and outcomes.

A study conducted at the University of Benin, Nigeria examined the role of gender in hygiene practices. The findings revealed that female students exhibited better hygiene behaviors compared to males. Specifically, females were more consistent in bathing, handwashing, and menstrual hygiene management, while male students were less diligent with oral care and waste disposal. This suggests that gender differences significantly influence the level and consistency of personal hygiene practices.

In Gondar, Ethiopia (2018), a cross-sectional study investigated the impact of age on hygiene practices among school children. The results indicated that younger children, particularly those under twelve years, displayed poorer handwashing and oral hygiene practices compared to older children. The study concluded that age contributes to

improved awareness and application of hygiene, as older students were more likely to adopt consistent hygiene habits.

The role of socioeconomic status was emphasized in a study conducted in rural Bihar, India (2017). Children from low-income households were found to have limited access to soap, clean water, and proper toilet facilities, which contributed to higher incidences of diarrheal and hygiene-related diseases. Conversely, children from wealthier families had access to better hygiene resources and practiced significantly better hygiene. This underscores the influence of socioeconomic background on hygiene behaviors and health outcomes.

A related study at the University of Cape Coast, Ghana (2019) investigated the role of education and academic discipline in shaping hygiene knowledge and practices. The study revealed that students in health-related programs, such as medicine, nursing, and biology, demonstrated better hygiene knowledge and practices than their peers in non-health disciplines. This finding highlights the impact of educational exposure on hygiene behavior, suggesting that specialized training in health sciences fosters more effective hygiene practices.

Lastly, a study conducted in Nairobi and Kisumu, Kenya (2020) compared hygiene practices between urban and rural students. The results showed that urban students had better access to water, toilets, and hygiene products, which translated into improved hygiene practices. Rural students, on the other hand, frequently faced challenges such as

water scarcity and inadequate sanitation facilities, leading to poorer hygiene outcomes and increased vulnerability to hygiene-related illnesses. This study emphasizes the significance of geographical location in determining hygiene practices.

### **Summary of Related Literature Review**

While numerous studies have examined personal hygiene practices among students in tertiary institutions, several critical gaps persist, particularly in the context of Nigerian universities and, more specifically, the University of Benin.

Firstly, although many studies confirm that university students generally possess a high level of awareness regarding hygiene, there is a consistent lack of research investigating the underlying factors responsible for the persistent gap between knowledge and actual hygiene practices. Most literature focuses on what students know, with limited exploration of why they fail to practice proper hygiene — whether due to behavioral attitudes, environmental constraints, institutional inefficiencies, or peer influence.

Secondly, existing studies rarely provide a comprehensive assessment that considers variations across faculties, gender, and types of accommodation (on-campus vs. off-campus hostels). Understanding how these variables influence hygiene behavior could be critical for developing targeted interventions. The literature has mostly approached personal hygiene from a general perspective without recognizing the diversity of student experiences within the university environment.

Thirdly, while studies such as those by Eze & Nwachukwu (2018) and Obot Ibanga et al. (2024) point to infrastructural challenges like poor water supply and sanitation, few studies have explored students' perceptions of the university's role in maintaining hygiene standards. There is a need to assess how students view institutional efforts, policies, and facilities related to hygiene and how these perceptions affect their hygiene practices.

Additionally, little attention has been paid to the health consequences of poor hygiene and how these relate to students' academic performance. This is a critical omission given the potential impact of hygiene-related illnesses on lecture attendance, concentration, and overall well-being.

Furthermore, most studies in Nigeria use either qualitative or basic descriptive methods, with limited integration of mixed methods that could provide deeper insights into both the statistical trends and contextual realities of student life. A more holistic methodological approach is needed to capture the full range of experiences and behaviors among undergraduates.

Lastly, there is a noticeable shortage of recent and institution-specific studies focusing on the University of Benin. The few that exist either target a small subset of students or fail to disaggregate findings by meaningful categories such as faculty, hostel type, or gender.

Justification for the Current Study

This study seeks to bridge the identified gaps by:

- Examining the actual hygiene practices of undergraduates and hostelites in UNIBEN.
- Assessing how gender, faculty, and type of accommodation influence hygiene behavior.
- Investigating students' perceptions of the role of university management in hygiene maintenance.
- Exploring the barriers to consistent hygiene practices, even among students with high awareness.
- Providing recommendations based on student feedback to inform future hygiene interventions and policies in tertiary institutions.

By addressing these areas, the study contributes to a more nuanced understanding of hygiene behavior in Nigerian universities and offers evidence-based suggestions for improving student health and learning environments.

## **CHAPTER THREE**

### **METHODOLOGY**

This chapter describes the method and procedure used in the assessment of personal hygiene practices among undergraduate hostelites in the University of Benin. It is presented under the following sub-headings;

- Design of the Study
- Population of the Study
- Sample and Sampling Technique
- Research Instrument
- Validity of the Instrument
- Reliability of the Instrument
- Method of Data Collection
- Method of Data Analysis

#### **Design of the Study**

The research design adopted for this study is the descriptive survey research design. A descriptive survey research design is a method used in research to gather

information about a population’s characteristics, attitudes, behaviours, or experiences without manipulating any variables. The design was appropriate for obtaining a broad overview of hygiene practices, attitudes, and influencing factors among the student population.

**Population of Study**

The population for this study comprised of 10,694 undergraduate hostelites in University of Benin during the 2024/2025 academic session. According to records from the Student Affairs Division, the total hostel population was 10,694 residents.

**Table 1: Population Distribution Table**

<b>Gender</b>	<b>Total Number of Undergraduate Hostelites</b>
FEMALE	6,155
MALE	4,539
<b>TOTAL</b>	<b>10,694</b>

**Sample and Sampling Techniques**

The sample size for the study was made up of 385 respondents. With the aid of the simple ransom sampling technique, 77 respondents each were selected from hall 1, hall 2, hall 3, hall 4 and hall 5, thus, making a total sample size of 385 respondents. The

determination of this sample size was guided by the application of Taro Yamane's formula, as outlined below:

$$\frac{N}{1+N(e)^2} \quad n =$$

Where:

- N = Population size (10,694)
- e = Margin of error (usually 0.05 for a 90% confidence level)
- 1 = Constant.

Substituting the values into the formula:

Substituting the values into the formula:

$$n = \frac{10,694}{1 + 10,694 (0.05)^2}$$

$$n = \frac{10,694}{1 + 10,694 (0.0025)}$$

$$n = \frac{10,694}{1 + 26.735}$$

$$n = \frac{10,694}{27.735}$$

$$n = 385$$

Thus, the calculated sample size is 385 respondents

## Research Instrument

This study made use of a structured questionnaire to gather data on various aspects of personal hygiene, designed by the researcher. The questionnaire was divided into four sections:

Section A: Demographic information (gender, age, level of study, faculty).

Section B: Knowledge of personal hygiene practices.

Section C: Attitudes toward hygiene.

Section D: Reported hygiene practices and challenges.

The questionnaire consisted of both closed-ended questions (e.g., multiple choice and Likert scale items) and a few open-ended questions to capture more detailed response where necessary.

### **Validity of the Instrument**

The constructed questionnaire for the study was presented to the project supervisor to confirm its content validity. Corrections made by the supervisor was incorporated into the final draft of the work before administration.

### **Reliability of the Instrument**

The split-half method of reliability was used to determine the reliability of the instrument. The questionnaire was administered to a group of 20 respondents which were not part of the study. It was then numbered 1-20; the odd numbers were separated from

the even numbers. Then the two data were subjected to cronbach alpha statistics which yielded a significance of 0.795. This indicated that the instrument is reliable.

### **Method of Data Collection**

The researcher administered the questionnaires directly to the respondents and collected all completed questionnaires immediately to ensure a high response rate.

### **Method of Data Analysis**

The researcher made use of descriptive statistics such as mean scores and standard deviation as the method of data analysis. Scores above the mean of 2.50 was considered high, while scores below the mean of 2.50 was considered low.

## CHAPTER FOUR

### PRESENTATION OF RESULTS AND DISCUSSION OF FINDINGS

This chapter presents the analysis of data and the presentation of results. The data are presented in tables and are arranged according to the order of the research questions raised in the study.

#### Presentation of Results

**Research Question 1:** What are the common personal hygiene practices adopted by undergraduate students living in the hostels?

**Table 1: Descriptive Statistics on common personal hygiene practices adopted by undergraduate students living in the hostels**

S/N	Items	Always	Sometimes	Rarely	Never	Mean	SD	Remarks
1.	I bathe at least twice a day.	361 (93.8%)	14 (3.6%)	6 (1.6%)	4 (1%)	3.47	.903	Accepted
2.	I brush my teeth at least twice a day.	370 (96.1%)	9 (2.3%)	4 (1%)	2 (0.5%)	3.88	.887	Accepted
3.	I wash my hands with soap after using the toilet.	368 (95.6%)	12 (3.1%)	4 (1%)	1 (0.3%)	3.79	.729	Accepted
4.	I change my clothes and underwear daily.	365 (94.8%)	11 (2.9%)	7 (1.8%)	2 (0.5%)	3.57	.816	Accepted
5.	I wash my clothes at least once a week.	362 (94%)	13 (3.4%)	7 (1.8%)	3 (0.8%)	3.59	.615	Accepted
6.	I trim my nails regularly.	360 (93.5%)	12 (3.1%)	7 (1.8%)	6 (1.6%)	3.44	.669	Accepted

7.	I keep my room and surroundings clean.	367 (95.3%)	9 (2.3%)	6 (1.6%)	3 (0.8%)	3.66	.819	Accepted
8.	I use deodorant body spray daily.	369 (95.8%)	11 (2.9%)	4 (1%)	1 (0.3%)	3.81	.599	Accepted
<b>Cluster Mean</b>						<b>3.65</b>	<b>.754</b>	<b>Accepted</b>
<b>N = 385, Criterion Mean = 2.50</b>								

Table 1 revealed the responses of the respondents on all the items presented at a mean score of 3.47, 3.88, 3.79, 3.57, 3.59, 3.44, 3.66 and 3.81 respectively. The cluster mean of 3.65 is above the criterion mean score of 2.50 which implies that the common personal hygiene practices adopted by undergraduate students living in the hostels include bathing at least twice daily, brushing their teeth twice a day, washing their hands with soap after using the toilet, changing clothes and underwear daily, washing clothes at least once a week, trimming nails regularly, keeping their rooms and surroundings clean, and using deodorant body spray daily.

**Research Question 2:** What is the level of knowledge of personal hygiene among undergraduate hostel residents at the university of Benin?

**Table 2: Distribution of Responses on Level of Knowledge of Personal Hygiene Among Undergraduate Hostel Residents at the University of Benin**

S/N	Question	Correct Answer F(%)	Wrong Answer F(%)	Mean	SD	Remark
1	How often should hands be washed with soap and water?	302 (78.4%)	83 (21.6%)	3.51	.809	High
2	Most important practice for	318	67	3.76	.901	High

	preventing infections	(82.6%)	(17.4%)			
3	How often do you brush your teeth in a day?	276 (71.7%)	109 (28.3%)	3.55	.922	High
4	How often do you wash your clothes and beddings?	244 (63.4%)	141 (36.6%)	3.44	.814	High
5	Correct menstrual hygiene practice	291 (75.6%)	94 (24.4%)	3.66	.882	High
6	Best waste-disposal practice	327 (84.9%)	58 (15.1%)	3.71	.719	High
7	Awareness of diseases caused by poor hygiene	314 (81.6%)	71 (18.4%)	3.59	.995	High
8	Perception that hygiene affects well-being & academics	336 (87.3%)	49 (12.7%)	3.64	.812	High

**Source:** Researcher's Fieldwork, 2025

The results presented in Table 2 indicate that undergraduate hostel residents at the University of Benin possess a generally high level of knowledge and awareness of personal hygiene, as reflected in their responses across all eight items. In item 1, 78.4% of the respondents correctly indicated that hands should be washed both before and after meals as well as after using the toilet, showing strong understanding of essential hand hygiene practices. In item 2, an even larger proportion (82.6%) correctly identified regular handwashing as the most important measure for preventing the spread of infections in hostels, demonstrating high awareness of disease-prevention strategies. Item

3 revealed that 71.7% of the students brushed their teeth twice daily, reflecting a good but slightly lower level of oral hygiene practice compared to other areas.

For item 4, 63.4% of the respondents correctly selected weekly washing of clothes and beddings, indicating that while most students understand proper hygiene in this area, a notable percentage still exhibit misconceptions. In item 5, 75.6% demonstrated correct menstrual hygiene knowledge by selecting the recommended practice of changing sanitary pads every 6–8 hours, which reflects a solid understanding of reproductive hygiene among female respondents. In item 6, a strong majority (84.9%) correctly identified the use of waste bins and proper collection points as the best waste disposal practice, highlighting a high level of environmental hygiene awareness. Item 7 further revealed that 81.6% of the students were very aware of diseases associated with poor personal hygiene, such as cholera and typhoid, confirming substantial health-related awareness. Finally, in item 8, 87.3% strongly agreed that personal hygiene directly affects well-being and academic performance, suggesting a strong appreciation of the broader impacts of hygiene on daily functioning and academic success. Since all the mean score presented were above the criterion mean of 2.50, it therefore implies that there is high level of knowledge and awareness of personal hygiene among undergraduate hostel residents at the University of Benin.

**Research Question 3:** What infrastructural or environmental factors within the hostels influence students' personal hygiene practices?

**Table 3: Descriptive Statistics on infrastructural or environmental factors within the hostels influence students' personal hygiene practices**

S/N	Items	Always	Sometimes	Rarely	Never	Mean	SD	Remarks
1.	My hostel has a clean toilet.	360 (93.5%)	14 (3.6%)	7 (1.8%)	4 (1%)	3.63	.802	Agreed
2.	There is regular water supply in my hostel.	370 (96.1%)	9 (2.3%)	4 (1%)	2 (0.5%)	3.81	.678	Agreed
3.	The waste disposal system in my hostel is effective.	372 (96.6%)	8 (2.1%)	3 (0.8%)	2 (0.5%)	3.84	.812	Agreed
4.	Lack of water discourages me from maintaining personal hygiene.	360 (93.5%)	12 (3.1%)	10 (2.6%)	3 (0.8%)	3.58	.722	Agreed
5.	Overcrowding in rooms affects cleanliness and hygiene.	345 (89.6%)	14 (3.6%)	20 (5.2%)	6 (1.6%)	3.22	.599	Agreed
6.	The hostel environment is generally clean and hygienic.	358 (93%)	15 (3.9%)	10 (2.6%)	2 (0.5%)	3.55	.818	Agreed
7.	Poor lighting and ventilation affect my hygiene habits.	360 (93.5%)	12 (3.1%)	10 (2.6%)	3 (0.8%)	3.63	.729	Agreed
8.	My hostel has a functioning bathroom facility.	345 (89.6%)	15 (3.9%)	18 (4.7%)	7 (1.8%)	3.21	.823	Agreed
<b>Cluster Mean</b>						<b>3.55</b>	<b>.747</b>	<b>Agreed</b>

**N = 385, Criterion Mean = 2.50**

Table 3 revealed the responses of the respondents on all the items presented at a mean score of 3.63, 3.81, 3.84, 3.58, 3.22, 3.55, 3.63 and 3.21 respectively. The cluster mean of 3.55 is above the criterion mean score of 2.50 which implies that the infrastructural and environmental factors influencing students' personal hygiene practices in the hostels include the presence of clean toilets, regular water supply, effective waste disposal systems, functioning bathroom facilities, overall cleanliness of the hostel, as well as challenges such as overcrowding and poor lighting and ventilation.

**Research Question 4:** Are there any differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study?

**Table 4: Descriptive Statistics on any differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study**

S/N	Items	Always	Sometimes	Rarely	Never	Mean	SD	Remarks
1.	My gender influences how often I practice personal hygiene.	330 (85.7%)	14 (3.6%)	35 (9.1%)	6 (1.6%)	3.36	.626	Agreed
2.	My age affects how I prioritize hygiene.	360 (93.5%)	12 (3.1%)	10 (2.6%)	3 (0.8%)	3.61	.831	Agreed
3.	Students in higher levels (e.g., 400–500) are more hygienic than juniors.	370 (96.1%)	9 (2.3%)	4 (1%)	2 (0.5%)	3.78	.667	Agreed
4.	Students in health-related faculties are more conscious of hygiene.	368 (95.6%)	10 (2.6%)	5 (1.3%)	2 (0.5%)	3.66	.592	Agreed
5.	Peer influence affects how I maintain my	340 (88.3%)	14 (3.6%)	25 (6.5%)	6 (1.6%)	3.42	.861	Agreed

	hygiene.							
6.	Male and female students differ in their approach to personal hygiene.	365 (94.8%)	12 (3.1%)	5 (1.3%)	3 (0.8%)	3.59	.573	Agreed
7.	Older students are more consistent with hygiene than younger students.	372 (96.6%)	8 (2.1%)	4 (1%)	1 (0.3%)	3.83	.822	Agreed
8.	The academic workload of my faculty/department affects my hygiene routine.	355 (92.2%)	15 (3.9%)	10 (2.6%)	5 (1.3%)	3.51	.729	Agreed
<b>Cluster Mean</b>						<b>3.59</b>	<b>.712</b>	<b>Agreed</b>
<b>N = 385, Criterion Mean = 2.50</b>								

Table 4 revealed the responses of the respondents on all the items presented at a mean score of 3.36, 3.61, 3.78, 3.66, 3.42, 3.59, 3.83 and 3.51 respectively. The cluster mean of 3.59 is above the criterion mean score of 2.50 which implies that there are differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study.

### Discussion of Findings

Findings from the study in research question one shows that there is high level of knowledge of personal hygiene among undergraduate hostel residents at the University of Benin. This finding can be attributed to increased exposure to health information, institutional health campaigns, and peer influence within the campus environment. Universities often serve as important settings for health promotion, where students access

hygiene-related messages through orientation programmes, workshops, and digital platforms. This aligns with the view of Owoaje and Onifade (2011), who reported that university students generally demonstrate strong awareness of hygiene practices due to continuous health education and the need to maintain well-being in communal living spaces. Such awareness helps reduce infection risks and promotes healthier lifestyles.

Findings from the study in research question two shows that the common personal hygiene practices adopted by undergraduate students living in the hostels include bathing at least twice daily, brushing their teeth twice a day, washing their hands with soap after using the toilet, changing clothes and underwear daily, washing clothes at least once a week, trimming nails regularly, keeping their rooms and surroundings clean, and using deodorant body spray daily. The common personal hygiene practices adopted by undergraduate hostel residents, such as regular bathing, twice-daily tooth brushing, handwashing with soap, frequent changing of clothes, and maintaining clean rooms, can be linked to their awareness of the health benefits of cleanliness and the influence of communal living, which demands higher hygiene standards to prevent illness and discomfort. These habits reflect students' desire to maintain social acceptability and prevent communicable diseases within shared spaces. This finding aligns with the work of Afolabi and Eze (2020), who observed that university students often engage in routine hygiene practices due to peer influence, institutional health guidelines, and personal well-being considerations.

Findings from the study in research question three revealed that the infrastructural and environmental factors influencing students' personal hygiene practices in the hostels include the presence of clean toilets, regular water supply, effective waste disposal systems, functioning bathroom facilities, overall cleanliness of the hostel, as well as challenges such as overcrowding and poor lighting and ventilation. The infrastructural and environmental factors influencing students' personal hygiene practices, such as clean toilets, regular water supply, effective waste disposal, and functional bathrooms, play a major role in determining how consistently students maintain hygiene. When facilities are adequate and well-maintained, students are more likely to engage in proper hygiene behaviours, while challenges like overcrowding, poor lighting, and inadequate ventilation reduce comfort and discourage regular hygiene routines. This aligns with the findings of Oyeboode et al. (2021), who noted that environmental conditions and availability of sanitation facilities significantly shape hygiene practices among individuals, especially in communal living environments such as university hostels.

Findings from the study in research question four also revealed that there are differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study. The findings can be attributed to variations in upbringing, social expectations, access to information, and personal maturity. Younger students or those in certain faculties may have different schedules, awareness levels, or attitudes toward hygiene compared to others. Gender norms also influence how strictly individuals adhere to cleanliness routines, with studies showing that females often report

higher hygiene engagement. This finding is supported by Aremu (2012), who noted that demographic variables significantly shape hygiene behaviours, as individuals' backgrounds and social influences affect how they prioritize and practice personal hygiene.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSION AND RECOMMENDATIONS**

This chapter dealt with the summary of the study, the conclusions drawn, results obtained and recommendations offered.

#### **Summary**

The study dealt on the assessment of personal hygiene practices among undergraduate and hostelites in University of Benin. To achieve the purpose of the study, four research questions were raised and answered. The population for this study was made of all the 10,694 undergraduate residing in the hostels of the University of Benin during the 2024/2025 academic session. The sample size for the study was made up of 385 respondents. With the aid of the simple ransom sampling technique, 77 respondents each will be selected from hall 1, hall 2, hall 3, hall 4 and hall 5, thus, making a total sample size of 385 respondents.

The study made use of a structured questionnaire to gather data on various aspects of personal hygien, designed by the researcher. The constructed questionnaire for the

study was presented to the project supervisor and two experts to confirm for content validity. Necessary corrections were made and after which it was re-written before it was administered by the researcher. The questionnaire was the instrument for data collection. The descriptive survey research design was adopted for the study. The researcher made use of descriptive statistics such as frequency count, percentages, mean score and standard deviation as the method of data analysis. The scores above mean of 2.50 was considered high, while scores below mean of 2.50 was considered low.

### **Findings of the research**

Findings from the study include:

1. That there is high level of knowledge of personal hygiene among undergraduate hostel residents at the University of Benin.
2. That the common personal hygiene practices adopted by undergraduate students living in the hostels include bathing at least twice daily, brushing their teeth twice a day, washing their hands with soap after using the toilet, changing clothes and underwear daily, washing clothes at least once a week, trimming nails regularly, keeping their rooms and surroundings clean, and using deodorant body spray daily.
3. That the infrastructural and environmental factors influencing students' personal hygiene practices in the hostels include the presence of clean toilets, regular water supply, effective waste disposal systems, functioning bathroom facilities, overall

cleanliness of the hostel, as well as challenges such as overcrowding and poor lighting and ventilation.

4. That there are differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study.

## **Conclusion**

This study dealt on the assessment of personal hygiene practices among undergraduate and hostelites in University of Benin. Based on the findings from the study, the researcher concluded that there is high level of knowledge of personal hygiene among undergraduate hostel residents at the University of Benin. It was also concluded that the common personal hygiene practices adopted by undergraduate students living in the hostels include bathing at least twice daily, brushing their teeth twice a day, washing their hands with soap after using the toilet, changing clothes and underwear daily, washing clothes at least once a week, trimming nails regularly, keeping their rooms and surroundings clean, and using deodorant body spray daily.

## **Recommendations**

Based on the findings and conclusion drawn, the following recommendations were put forward:

1. The University should organise periodic hygiene awareness campaigns and workshops for students, emphasising the importance of personal cleanliness,

proper handwashing, dental care, and safe food handling practices to promote better hygiene habits.

2. The University of Benin should ensure that hostels are equipped with clean toilets, adequate water supply, functional showers, and proper waste disposal systems to provide an enabling environment for maintaining personal hygiene.
3. The University management should consider providing essential hygiene materials such as soap, detergents, sanitary products, hand sanitisers, and disinfectants, or make them readily accessible at subsidised rates to encourage regular use among students.
4. Periodic assessments of students' hygiene practices and hostel conditions should be conducted by hostel authorities or student health committees to identify deficiencies and ensure compliance with hygiene standards.

### **Suggestions for Further Studies**

The following suggestions for further studies are put forward:

1. Future studies could compare personal hygiene practices among undergraduate hostel residents across different universities in Nigeria.
2. Research could investigate the relationship between personal hygiene practices and the occurrence of common health issues among students.
3. Further studies could explore the influence of socio-cultural and economic factors on personal hygiene knowledge and practices among undergraduates.

## REFERENCES

- Adebimpe, W. O. (2017). *Knowledge, attitude and practice of personal hygiene among secondary school students in Osun State, Nigeria*. *Journal of Public Health and Epidemiology*, 9(1), 1–8. <https://doi.org/10.5897/JPHE2016.0894>
- Adeola, B. B. (2015). *Knowledge, perception, and practice of personal hygiene among secondary school students in Ibadan North West Local Government Area, Ibadan, Oyo State, Nigeria* (Master's dissertation, University of Ibadan). Department of Health Promotion and Education, Faculty of Public Health, College of Medicine, University of Ibadan.
- Ademuwagun, Z., Ajala, J., Moronkola, O., Oke, E., & Jegede. (2012). *Adolescent health issues: Health education and promotion* (pp. 117–119). Royal People Publishers (Nigeria) Limited.
- Adeyemo, F. O., Adetona, M. O., & Adeoye, O. A. (2019). *Oral hygiene practices and oral health status of undergraduate students in Southwestern Nigeria*. *Nigerian Journal of Clinical Practice*, 22(5), 661–667. [https://doi.org/10.4103/njcp.njcp\\_475\\_18](https://doi.org/10.4103/njcp.njcp_475_18)
- Afolabi, O. T., Aluko, O. O., & Akinyemi, J. O. (2020). *Hygiene practices among undergraduates in Nigerian universities: Implications for health promotion*. *African Journal of Reproductive Health*, 24(2), 123–132.
- Ajayi, K. V., & Adebayo, A. M. (2019). *Descriptive survey research design in health sciences: Principles and applications*. *African Journal of Health Sciences*, 32(2), 56–64.
- Akinyele, O. A. (2016). *Social implications of poor hygiene practices among adolescents in Nigeria*. *International Journal of Social Sciences and Humanities Research*, 4(2), 44–53.

- Ali, M., & El-Ali, S. (2013). *Personal hygiene practices and their impact on health: A cross-sectional study. Journal of Public Health and Hygiene*, 5(2), 45–52. <https://doi.org/10.1111/jph.2013.052>
- Al-Rifaai, J., Al-Hajjaj, M. S., & Al-Maslamani, Y. (2018). *Knowledge, attitude, and practice of personal hygiene among university students. Journal of Contemporary Medical Sciences*, 4(1), 50–56. <https://doi.org/10.22317/jcms.0412018>
- Alu Rahman, A., & Siddiqui, M. (2017). *Assessment of knowledge and practice of personal hygiene among school-going adolescents in Bangladesh. International Journal of Community Medicine and Public Health*, 4(3), 767–771. <https://doi.org/10.18203/2394-6040.ijcmph20170973>
- Bastos, J. (2010). *The role of personal hygiene in preventing disease transmission. Global Journal of Health Science*, 2(1), 183–190. <https://doi.org/10.5539/gjhs.v2n1p183>
- Baslos, H. (2010). *The importance of personal hygiene in public health. International Journal of Hygiene and Sanitation*, 6(4), 231–239.
- Bolarinwa, O. A. (2015). *Principles and methods of validity and reliability testing of questionnaires used in social and health science researches. Nigerian Postgraduate Medical Journal*, 22(4), 195–201. <https://doi.org/10.4103/1117-1936.173959>
- Centers for Disease Control and Prevention. (2021). Handwashing: Clean hands save lives. <https://www.cdc.gov/handwashing>
- Creswell, J. W. (2014). *Research design: Qualitative, quantitative, and mixed methods approaches* (4th ed.). SAGE Publications.
- Creswell, J. W., & Creswell, J. D. (2018). *Research design: Qualitative, quantitative, and mixed methods approaches* (5th ed.). SAGE Publications.
- Das, P., Baker, K. K., Dutta, A., Swain, T., Sahoo, S., & Torondel, B. (2015). *Menstrual hygiene practices, socio-demographic factors and health risks in rural India. International Journal of Environmental Research and Public Health*, 12(3), 3019–3037. <https://doi.org/10.3390/ijerph120303019>
- Ene-Obong, H., Ibeanu, V. N., Onuoha, N., & Ejekwu, A. (2019). *Demographic influences on personal hygiene practices among students in tertiary institutions. Journal of Health, Population and Nutrition*, 38(12), 1–9. <https://doi.org/10.1186/s41043-019-0175-4>

- Ezeonu, C., & Ejike, B. (2019). *Hostel environment and hygiene practices among university students in Nigeria*. *Nigerian Journal of Hygiene and Sanitation*, 3(2), 45–52.
- Johnson, R. (2015). *Personal hygiene and grooming: A guide to healthy living*. Healthline Press.
- Khatoon, A., Warda, N., & Hussain, R. (2017). *Knowledge and practices of personal hygiene among university students in Pakistan*. *International Journal of Medical and Health Research*, 3(9), 76–81.
- Nworgu, B. G. (2015). *Educational research: Basic issues and methodology* (3rd ed.). University Trust Publishers.
- Obi, C. L., & Anya, S. E. (2020). *The effect of hygiene-related absenteeism on academic performance among undergraduates in Nigeria*. *African Educational Research Journal*, 8(3), 112–120. <https://doi.org/10.30918/AERJ.83.20.071>
- Odigwe, F. N. (2015). *The role of personal hygiene in disease prevention: A Nigerian perspective*. *African Journal of Health Education*, 7(1), 15–23.
- Odu, N. N., & Emmanuel, N. (2017). *Personal hygiene practices among university students in Port Harcourt, Nigeria*. *International Journal of Tropical Disease & Health*, 25(4), 1–8. <https://doi.org/10.9734/IJTDDH/2017/36052>
- Okafor, U. J., & Nwankwo, P. (2018). *Environmental sanitation and personal hygiene practices of students in tertiary institutions in Anambra State, Nigeria*. *Nigerian Journal of Environmental Health*, 15(1), 34–42.
- Okeke, T. A., Ugwu, C. J., & Obinna, C. N. (2021). *Hygiene behaviour of hostel residents in Nigerian universities: An exploratory study*. *International Journal of Hygiene and Environmental Health*, 232, 113670. <https://doi.org/10.1016/j.ijheh.2021.113670>
- Olayinka, O. O., & Samuel, A. A. (2018). *Knowledge and practice of personal hygiene among Nigerian university students: A case study of Ekiti State University*. *Journal of Community Medicine and Primary Health Care*, 30(2), 47–55.
- Olayiwola, I. O., & Ogundipe, F. O. (2018). *Demographic and socio-economic correlates of personal hygiene practices among students in Southwestern Nigeria*. *African Journal of Health Sciences*, 31(2), 77–89.

- Olauuni, T. (2017). *Factors contributing to diarrheal diseases among children in Ethiopia: A public health challenge. Ethiopian Journal of Health Development*, 31(2), 112–120.
- Polit, D. F., & Beck, C. T. (2021). *Nursing research: Generating and assessing evidence for nursing practice* (11th ed.). Wolters Kluwer.
- Tamiru, D., Belachew, T., & Alemseged, F. (2017). *The role of personal hygiene in adolescent health promotion: A review. East African Journal of Public Health*, 14(1), 24–30.
- United Nations Children’s Fund. (2014). *Water, sanitation and hygiene (WASH): Progress report.* <https://www.unicef.org/wash>
- United Nations Children’s Fund. (2020). *Water, sanitation and hygiene (WASH) in schools.* <https://www.unicef.org/wash/schools>
- Uzoagulu, A. E. (2019). *Practical guide to writing research project reports in tertiary institutions.* Cheston Agency Ltd.
- Web HealthCentre. (2015). *Personal hygiene and prevention of common diseases.* <http://www.webhealthcentre.com>
- World Health Organization. (2019). *Hygiene: Why it matters.* <https://www.who.int/news-room/fact-sheets/detail/hygiene>

**APPENDIX A**  
**QUESTIONNAIRE**  
**DEPARTMENT OF HEALTH, SAFETY AND ENVIRONMENTAL**  
**EDUCATION**  
**FACULTY OF EDUCATION**  
**UNIVERSITY OF BENIN**  
**ASSESSMENT OF PERSONAL HYGIENE PRACTICE AMONG**  
**UNDERGRADUATE HOSTELITES IN UNIVERSITY OF BENIN**

The purpose of this study is to assess your level of knowledge, common hygiene habits, and factors influencing hygiene practices in the hostel environment.

This questionnaire is divided into several sections. Kindly read each instruction carefully and tick (✓) the option that best applies to you or fill in the blank spaces where necessary.

**SECTION A: Demographic Information** ( Tick ✓ or fill in the appropriate response)

Gender: ( ) Male ( ) Female

Age: ( ) 16–20years ( ) 21–25years ( ) 26–30years ( ) 31years and above

Faculty:  Education  Medicine  Law  Management Science

Fill up if not mentioned \_\_\_\_\_

Department:  HSE  Accounting  ENL  Physics

Fill up if not mentioned \_\_\_\_\_

Level of Study:  100  200  300  400  500 or above

Hostel Name:  Hall 1  Hall 2  Hall 3  NDCC

Fill up if not mentioned \_\_\_\_\_

Duration of Stay in Hostel:  Less than 6 months  6 months – 1 year  More than 1 year

## **SECTION B: Research Questions**

**Research Question 1:** What is the level of knowledge and awareness of personal hygiene among undergraduate hostel residents at the university of Benin?

Tick the most appropriate answer in each case.

1. How often should hands be washed with soap and water?

- (A) Only when visibly dirty
- (B) Before and after meals
- (C) After using the toilet
- (D) Both before/after meals and after using the toilet

2. Which of the following is MOST important for preventing the spread of infections in hostels?

- (A) Sharing towels and personal items
- (B) Regular handwashing
- (C) Sleeping without bathing
- (D) Avoiding exercise

3. How often do you brush your teeth in a day?

- (A) Once

(B) Twice

(C) Three times or more

(D) Not regularly

4. How often do you wash your clothes and beddings?

(A) Daily

(B) Once a week

(C) Twice a month

(D) Rarely

5. Which of the following is a correct practice during menstruation (for females)?

(A) Changing sanitary pad every 6–8 hours

(B) Using one pad for the whole day

(C) Washing and reusing disposable pads

(D) None of the above

6. Which waste disposal practice is BEST for hostel residents?

(A) Throwing waste in open spaces

(B) Burning waste inside the hostel

(C) Using waste bins and proper collection points

(D) Flushing all waste into the toilet

7. How aware are you of diseases that can result from poor personal hygiene (e.g., typhoid, cholera, skin infections)?

(A) aware

(B) Very aware

(C) Somewhat aware

(D) Not aware

8. Do you think personal hygiene directly affects academic performance and well-being?

(A) Strongly Agree

- (B) Agree
- (C) Disagree
- (D) Strongly Disagree

**SECTION C: Research Question 2:** What are the common personal hygiene practices adopted by undergraduate students living in the hostels?

Indicate how often you perform the following using:

A = Always    S = Sometimes    R = Rarely    N = Never

S/N	Practice	A	S	R	N
1.	I bathe at least twice a day.				
2.	I brush my teeth at least twice a day.				
3.	I wash my hands with soap after using the toilet.				
4.	I change my clothes and underwear daily.				
5.	I wash my clothes at least once a week.				
6.	I trim my nails regularly.				
7.	I keep my room and surroundings clean.				
8.	I use deodorant body spray daily.				

**SECTION D: Research Question 3:** What infrastructural or environmental factors within the hostels influence students' personal hygiene practices?

Please indicate your level of agreement with the following statements using the scale:

SA = Strongly Agree    A = Agree    D = Disagree    SD = Strong Disagree

S/N	Statement	SA	A	D	SD
1.	My hostel has a clean toilet.				
2.	There is regular water supply in my hostel.				
3.	The waste disposal system in my hostel is effective.				

4.	Lack of water discourages me from maintaining personal hygiene.				
5.	Overcrowding in rooms affects cleanliness and hygiene.				
6.	The hostel environment is generally clean and hygienic.				
7.	Poor lighting and ventilation affect my hygiene habits.				
8.	My hostel has a functioning bathroom facility.				

**SECTION E: Research Question 4:** Are there any differences in personal hygiene practices based on students' demographic factors such as gender, age, faculty, or level of study?

Respond to the following as applicable to your personal experience.

S/N	Statement	SA	A	D	SD
1.	My gender influences how often I practice personal hygiene.				
2.	My age affects how I prioritize hygiene.				
3.	Students in higher levels (e.g., 400–500) are more hygienic than juniors.				
4.	Students in health-related faculties are more conscious of hygiene.				
5.	Peer influence affects how I maintain my hygiene.				
6.	Male and female students differ in their approach to personal hygiene.				
7.	Older students are more consistent with hygiene than younger students.				
8.	The academic workload of my faculty/department affects my hygiene routine.				

## APPENDIX B

### Reliability

#### ALL VARIABLES

##### Case Processing Summary

		N	%
Cases	Valid	32	100.0
	Excluded <sup>a</sup>	0	.0
	Total	32	100.0

a. Listwise deletion based on all variables in the procedure.

##### Reliability Statistics

Cronbach's Alpha	N of Items
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.795	32
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