



Extent of Knowledge of Homemakers on Personal Hygiene of selected rural areas of Panchkula District, Haryana, India

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Available online at: www.isca.in

Received 2nd August 2025, revised 16th October 2025, accepted 19th November 2025

Abstract

In rural areas, personal hygiene is vital for homemakers who manage multiple responsibilities like cooking, cleaning, childcare, and agricultural work. Practicing personal hygiene is a form of responsible behaviour that contributes to individual and community well-being, preventing disease spread and promoting overall health. Therefore, maintaining regular hygiene practices is crucial for homemakers in rural areas to ensure a healthier, more resilient community. This study aims to assess the extent of knowledge of homemakers about personal hygiene practices besides to assess the efficacy of educational module developed by the researcher on personal hygiene. The study was conducted in the selected rural areas of Barwala Block of Panchkula District, Haryana, involving 125 homemakers selecting through Purposive sampling. A descriptive research design was adopted for the research study. A schedule for interviews was created to facilitate data collection. The results indicated that 64.8 percent of the participants possessed a moderate level of knowledge about personal hygiene, while 35.2 percent had a low level of knowledge prior to the awareness program. This knowledge increased to 100 percent following the implementation of the awareness program. Therefore, the effectiveness of the need-based educational module designed for personal hygiene demonstrated a significant increase in knowledge among the participants.

Keywords: Extent of Knowledge, Hygiene, Personal Hygiene, Homemakers.

Introduction

As stated by the World Health Organization (WHO), "Hygiene encompasses the conditions and practices that contribute to the maintenance of health and the prevention of disease transmission¹". Personal hygiene refers to maintaining cleanliness of one's body and clothing to preserve overall health and well-being².

In rural areas, Personal hygiene has a critical importance among rural homemakers as it is inherently linked to their living conditions, particularly when living close to others and potential sources of contamination like livestock and agricultural activities. Personal hygiene is crucial in maintaining health and well-being, playing a key role in disease prevention, health promotion, enhancing physical appearance, mental and emotional well-being, and fulfilling social responsibilities.

The primary purpose of personal hygiene is disease prevention. Routine practices like hand washing, bathing, and keeping one's surroundings clean are vital in reducing the risk of spreading infectious diseases. These practices assist in averting the spread of detrimental bacteria and viruses that may lead to prevalent ailments like colds, influenza, and gastrointestinal disorders. By reducing the spread of pathogens, personal hygiene serves as a primary defence mechanism against a wide range of infectious diseases, protecting both individuals and communities³.

In addition to preventing diseases, personal hygiene is essential for promoting overall health. Consistent hygiene practices, such as regular bathing, brushing teeth, and washing hands, contribute to a stronger immune system. The immune system is the body's natural defence against infections, and maintaining cleanliness can bolster its function, making it more efficient in combating diseases. A healthy immune system, supported by good hygiene habits, enables the body to fight illnesses more effectively, leading to improved overall health and well-being³.

The inadequate knowledge of personal hygiene among rural homemakers significantly impacts health outcomes. Poor hygiene practices are closely associated with an increased risk of infectious diseases, particularly in children and elderly family members who are more vulnerable. Studies indicate that a notable percentage of women in rural settings are unaware of critical hygiene protocols, particularly in relation to hand washing and sanitation⁴.

The knowledge of personal hygiene among rural homemakers is significantly influenced by various factors such as education levels of household heads, availability of health education, and family discussions about hygiene topics. Higher levels of formal education often correlate with better hygiene awareness and practices. Additionally, regular discussions within families

regarding health and sanitation can promote enhanced understanding and adherence to hygiene practices⁵.

Studies indicated that several barriers restrict the spread of personal hygiene knowledge among rural communities. Poverty, cultural norms regarding hygiene practices, and a lack of educational resources were the reasons to lack in having knowledge regarding personal hygiene⁶. In many cases, traditional practices that are not based on scientific understanding are passed down through generations, making it difficult to introduce new, healthier habits. Encouraging open discussion about personal hygiene within families can help break down cultural barriers and promote better hygiene practices. Access to health education, whether through community health workers, government initiatives, or non-governmental organizations, plays a pivotal role in increasing homemakers' knowledge about personal hygiene.

In regions where health education is regularly provided, either through workshops, school programs, or community-based campaigns, rural homemakers are more likely to adopt effective hygiene practices. By empowering rural homemakers with the knowledge and resources needed, it is possible to create healthier households and reduce the burden of preventable diseases in rural communities. Until the socio-economic and education status of rural people improved, the overall status of personal hygiene cannot be improved⁷.

Various studies have been conducted regarding personal hygiene and it was found out that the locale selected for the presented study was unexplored. This motivated the researcher to conduct the present study.

Objectives: i. To evaluate the level of understanding that homemakers possess about personal hygiene in specific rural regions of Panchkula District, Haryana. ii. To develop a need based educational module for awareness programme. iii. To assess the efficacy of need based Educational Module developed by the researcher on Personal Hygiene.

Methodology

The current research was conducted to evaluate the level of understanding among homemakers concerning personal hygiene prior to and following an awareness program. This study took place in designated rural regions of Barwala Block in Panchkula District, Haryana, and included 125 homemakers. A descriptive research design was utilized, and a purposive sampling technique was employed for the current study. An interview schedule was created that contained questions pertaining to background information. It consisted of two additional sections: "Extent of Knowledge of Homemakers about Personal Hygiene before the Awareness Programme" and "Extent of Knowledge of Homemakers regarding Personal Hygiene after the Awareness Programme." The scale comprised 138 statements pertaining to knowledge about different facets of personal

hygiene that were affirmative. The participants were instructed to reply using a 3-point continuum scale categorized as "Aware", "Undecided", and "Unaware", which were assigned scores of 3, 2, and 1 respectively. Concerning knowledge of personal hygiene prior to the Awareness Programme, the lowest score recorded was 211, while the highest was 253. In relation to knowledge of personal hygiene following the Awareness Programme, the minimum score was 414. Elevated scores indicated a greater level of knowledge regarding personal hygiene.

The Institutional Ethics Committee has granted approval for the study, and the assigned ethical approval number is IECHR/FCSc/M.Sc./10/2024/24.

Results and Discussion

The results of the research are outlined as follows: Section-I: Demographic Information of the respondents:

Table-1: Distribution of Frequencies and Percentages of respondents based on their personal variables.

Sr. No.	Personal Variables	Respondents (n=125)	
		f	%
Age (in years)	21-35	15	12
	36-50	59	47.20
	51-65	51	40.80
Mean Value		48.02	
Sd		10.17	
Educational Qualification	Illiterate	37	29.60
	Primary	31	24.80
	SSC	28	22.40
	HSC	27	21.60
	Graduate	2	1.60
Occupation of the Respondents	Employed	9	7.20
	Self-Employed	11	8.80
	Pensioner	9	7.20
	Unemployed	96	76.80
Personal Monthly Income (in ₹)	Below ₹2500	96	76.80
	₹2501-₹4500	16	12.80
	₹4501-₹6000	7	5.60
	₹6001-₹8000	6	4.80
Mean Value		₹ 1038.40	
Sd		2083.06	

Personal Data of the Respondents: This includes the data concerning their age (in years), educational qualification, occupation, personal monthly income (in ₹) and area of residence. The respondents for this study were categorized into

three age groups: 21–35 years, 36–50 years, and 51–65 years. The respondents' average age was 48.02. Less than one-half of the respondent's 47.20 percent were between the ages of 36 and 50, 40.80 percent were between the ages of 51 and 65, and 12 percent were between the ages of 21 and 35. The educational qualification of the respondents revealed that 29.60 per cent of the respondents were illiterate and 24.80 per cent had completed primary school, and 22.40% had completed SSC. 1.60 percent of respondents were graduates, while 21.60 percent of respondents had completed their HSC. The occupational status of the respondents showed that 76.80 per cent were unemployed. 8.80 per cent of the respondents were self-employed and 7.20 per cent were employed followed by 7.20 per cent of the respondents which were pensioner. The personal monthly income of the respondents ranged between ₹0 to ₹8000 with a mean of ₹1038.40. 76.80 per cent of the respondent's income ranged below ₹2500/-. 12.80 per cent of the respondents' income fell between ₹2501/- and ₹4500/-, and five and a half percent fell between ₹4501/- and ₹6000/-.

Table-2: Respondents' frequencies and percentage distribution based on their family variable.

Family Variable	Family Variables	Respondents (n=125)	
		f	%
Type of Family	Joint Family	99	79.20
	Nuclear Family	26	20.80
Number of Family Members	3-5	51	40.80
	6-9	74	59.20
Family Monthly Income (in ₹)	₹14,000 – ₹26,000	39	31.20
	₹26,001 – ₹38,000	61	48.80
	₹38,001 – ₹50,000	25	20
Mean Value		₹30,656	
Standard Deviation		8,958.78	

Family Information of the respondents: This consist of the type of family, number of family members and family monthly income (in ₹). The family type of the respondents revealed that 79.20 per cent of the respondents, lived in joint families. On the other hand, 20.80 per cent of the respondents belonged to nuclear families. The number of family members of the respondents showed that 59.20 per cent had 6 to 9 members, while 40.80 per cent of families comprised 3 to 5 members. The respondents' family incomes ranged from ₹14000 to ₹50000 per month. The family income of 48.80 per cent of the respondents ranged from ₹26,001 to ₹38,000. 31.20 per cent of respondent's families were earning between ₹14,000/- to ₹26,000/-, while 20 per cent were earning between ₹38,001/- to ₹50,000/- with the mean value of ₹30,656.

Section-II: The respondents' level of personal hygiene knowledge before Awareness Programme: The level of knowledge of homemakers about personal hygiene before Awareness Programme was studied. A 3-point continuum with the scores 3 to 1 for "Aware," "Undecided," and "Unaware" was used to gauge the respondents' responses. According to the results, 35.2% of the respondents had little awareness about personal hygiene, while 64.8% of the respondents had a moderate level of knowledge.

Table-3: Extent of Knowledge regarding Personal Hygiene before Awareness Programme.

Level of Knowledge	Range of Scores	f	%
High Extent	322–414	0	0
Moderate Extent	230–321	81	64.8
Low Extent	238-229	44	35.2

Section-III:Development of Educational Module and Awareness Programme conducted in the selected rural areas of Panchkula District, Haryana. Development of Educational Module: A PowerPoint presentation that serves as a need-based educational module was created for the purpose of conducting an awareness program and evaluating the effectiveness of the respondents' level of personal hygiene knowledge.

Section IV: Extent of Knowledge of Respondents regarding Personal Hygiene after Awareness Programme: Following the Awareness program, interviews were conducted with the same respondents. The participants were asked if they were "Aware," "Undecided," or "Unaware" of the facets of personal hygiene. Following the Awareness training, the results showed that all respondents 100% had a good level of personal hygiene knowledge.

Table-4: Respondents' Level of Personal Hygiene Knowledge Following an Awareness Program.

Extent of Knowledge	n=125		
	Range of Scores	f	%
High Extent	322–414	125	100
Moderate Extent	230–321	0	0
Low Extent	238-229	0	0

Section V: Efficacy of Need Based Educational Module developed on Personal Hygiene: The efficacy of need based educational module developed on personal hygiene showed a high extent of knowledge among the respondents. It was found out that the extent of knowledge of the respondents was

moderate (64.8 per cent) and low (35.2 per cent) before the Awareness programme and was increased to high extent (100 per cent) after the Awareness programme.

Conclusion

The present study was carried out to assess the extent of knowledge of homemakers regarding personal hygiene. It was determined that there was a moderate to low level of knowledge about personal hygiene, including body, face, hand, oral, and menstrual hygiene. The researcher was inspired to develop an educational module which was used in awareness programme. Post awareness programme, it was found that homemaker's extent of knowledge regarding personal hygiene had improved significantly.

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