International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

A Study to Assess the Personal Hygiene Practices among Hostel Students at Selected College, Coimbatore

Helen Elizabeth.S [1], Tamilselvi. A[2], Hemalatha. S, Jenisha mol. KM, Karoline prasheeba. K, Krishna Priya. MV, Lishika leelans.L[3]

[1]Assistant Professor, Dept. of Medical Surgical Nursing, PPG College of nursing (affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai)Coimbatore,Tamil Nadu, India.

[2] Principal, PPG College of nursing (affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai)Coimbatore,Tamil Nadu, India.

[3]B.Sc., Nursing Students, PPG College of nursing (affiliated to the Tamil Nadu Dr. M.G.R. Medical University, Chennai)Coimbatore,Tamil Nadu, India.

ABSTRACT

Background: Personal hygiene is essential for maintaining health and preventing disease. Hostel students share rooms and common facilities and may face challenges in maintaining consistent personal and environmental hygiene.

Aim: To assess personal hygiene practices among hostel students at a selected college in Coimbatore.

Methods: A quantitative, non-experimental descriptive study was conducted among 50 IV-year B.Sc. Nursing hostel students. Non-probability convenience sampling was used. Data were collected using a structured questionnaire covering socio-demographic information, knowledge of personal hygiene, menstrual hygiene, personal hygiene practices and environmental hygiene in the hostel. Frequency and percentage were used for analysis.

Results: Adequate knowledge of personal hygiene was reported for 34 (68%) students, moderate adequate knowledge for 11 (22%) and inadequate knowledge for 5 (10%). For menstrual hygiene, 33 (66%) had adequate knowledge, 12 (24%) moderate adequate knowledge and 5 (10%) inadequate knowledge. Personal hygiene practices were classified as good in 33 (66%), moderate in 10 (20%) and poor in 7 (14%). Environmental hygiene in the hostel was classified as good in 29 (58%), moderate in 3 (6%) and poor in 8 (16%); the reported categories account for 40 participants, and the source table does not explain the remaining 10.

Conclusion: Most participants demonstrated adequate knowledge and good personal hygiene practices. Environmental hygiene findings indicate areas requiring attention. Health education and supportive hostel sanitation measures may strengthen hygiene behaviours.

Keywords: Personal hygiene; hostel students; menstrual hygiene; environmental hygiene; nursing students; Coimbatore.

International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

Introduction

Personal hygiene refers to the practices performed by an individual to keep the body clean and healthy. These include regular bathing, handwashing, oral care, hair care, nail care and wearing clean clothes. Such practices help remove dirt, sweat and microorganisms and contribute to the prevention of infections, physical comfort, confidence and well-being.

Good hygiene is important in educational institutions and other shared settings. Hostels bring students from different backgrounds into a common living environment where bathrooms, rooms and other facilities may be shared. Hygiene practices therefore protect not only the individual but also fellow residents.

Students living away from their families may need to manage their daily routines independently. Academic schedules, clinical postings, limited facilities and differences in personal habits can influence bathing, handwashing, clothing care, menstrual hygiene and cleanliness of living spaces.

Poor personal hygiene may contribute to skin problems, dental conditions, gastrointestinal illness and the spread of communicable diseases. Inadequate environmental hygiene, including poor waste disposal, insufficient ventilation and unclean shared bathrooms, may further increase health risks

Objectives

1. To assess the level of personal hygiene practice among hostel students.
2. To identify the areas of good and poor personal hygiene practices among hostel students.
3. To find out the association between personal hygiene practices and selected demographic variables.

Operational Definitions

Study: The duration, time and attention devoted to gaining knowledge regarding personal hygiene practices among hostel students.

Assess: In this study, it refers to understanding hostel students' personal hygiene and its importance.

Personal hygiene: Practices performed by an individual to maintain cleanliness and promote health, such as bathing, handwashing, oral care, nail care and menstrual hygiene.

Hostel students: Female students residing in a hostel for educational purposes.

Hypothesis

There is a significant difference in the level of personal hygiene practices among hostel students.

International Research Journal of Education and Technology (IRJEdT)
	ISSN: 2581-7795, Impact Factor 5.007	
	Peer-Reviewed	Open Access	International Journal	
	Volume: 09	Issue: 11	Nov 2026	www.irjweb.com	

Assumption

The study assumes that hostel girls have inadequate knowledge and practices regarding personal hygiene.

Conceptual frame work

The study considers personal hygiene knowledge, menstrual hygiene knowledge, individual hygiene practices and environmental hygiene in the hostel as related areas of assessment. The source dissertation presents poor hygiene as a concern for health status and academic performance.

Methodology

Research approach and design: The dissertation describes a quantitative approach and a descriptive, non-experimental research design using a questionnaire method.

Setting: The study was conducted among IV-year B.Sc. Nursing hostel students (2022–2026 batch) at PPG College of Nursing, Coimbatore.

Population: The target population was students of the selected college who fulfilled the inclusion criteria. The accessible population was IV-year B.Sc. Nursing hostel students.

Sample and sampling technique: A total of 50 hostel students were selected using non-probability convenience sampling.

Selection Criteria

Inclusion: Hostel students; students willing to participate; students available during data collection; and students residing in the hostel for more than three months.

Exclusion: Day scholars; students unwilling to participate; and students absent during data collection.

Tool for Data Collection

A researcher-developed structured questionnaire was prepared after reviewing literature and considering the opinions of nursing subject experts. The questionnaire was written in simple language.

Section I covered socio-demographic variables. Section II assessed knowledge of personal hygiene. Section III assessed knowledge of menstrual hygiene. Section IV assessed personal hygiene practices. Section V assessed environmental hygiene in the hostel.

Ethical Considerations

Permission was obtained from the principal of the selected college of nursing. The purpose of the study was explained to participants and oral informed consent was obtained before data collection. Confidentiality of responses was maintained throughout the study.

International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

Procedure for Data Collection

Data collection was scheduled during July 2026 and conducted over five days among hostel students at the selected college in Coimbatore. The investigator met the IV-year B.Sc. Nursing hostel students, introduced herself, explained the purpose of the study and established rapport. The questionnaire was explained to each participant. Data were collected through person-to-person interaction, and each participant was given approximately 15 minutes to complete the tool. Participants were cooperative during data collection.

Data Analysis

Descriptive statistical methods were used. Frequency and percentage were used to summarize socio-demographic variables, knowledge of personal hygiene, knowledge of menstrual hygiene, personal hygiene practices and environmental hygiene in the hostel.

A total of 50 IV-year B.Sc. Nursing hostel students participated. Findings are presented under socio-demographic characteristics, knowledge of personal hygiene, menstrual hygiene knowledge, personal hygiene practices and environmental hygiene.

RESULTS

Socio-demographic Profile

Variable	Major finding	n (%)
Age	20–21 years	31 (62%)
Age	22–23 years	18 (36%)
Age	18–19 years	1 (2%)
Course	B.Sc. Nursing	50 (100%)
Duration of hostel stay	More than 24 months	50 (100%)
Roommates	6 members	32 (64%)
Roommates	5 members	18 (36%)
Year of study	IV year	50 (100%)
Religion	Hindu / Christian / Muslim	26 (52%) / 20 (40%) / 4 (8%)
Family type	Nuclear / Joint	45 (90%) / 5 (10%)
Family size	4 / above 4 / 3 members	27 (54%) / 16 (32%) / 7 (14%)
Residence before hostel	Urban / Rural / Semi-urban	21 (42%) / 20 (40%) / 9 (18%)
Monthly family income	■10,000–15,000 / ■15,000–30,000 / above ■30,000	23 (46%) / 16 (32%) / 11 (22%)

International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

The sample consisted entirely of IV-year B.Sc. Nursing hostel students, and all had stayed in the hostel for more than 24 months. Most were aged 20–21 years and belonged to nuclear families.

Knowledge of Personal Hygiene

Knowledge category	Frequency	Percentage
Adequate	34	68%
Moderate adequate	11	22%
Inadequate	5	10%

Most students (68%) had adequate knowledge of personal hygiene. Forty-nine (98%) identified prevention of infection as the main purpose of handwashing; 26 (52%) knew that teeth should be brushed twice daily; 46 (92%) recognized that poor personal hygiene can lead to infectious diseases; and 47 (94%) identified WHO as the organization promoting hand hygiene worldwide.

Knowledge of Menstrual Hygiene

Knowledge category	Frequency	Percentage
Adequate	33	66%
Moderate adequate	12	24%
Inadequate	5	10%

Adequate menstrual hygiene knowledge was found in 66% of participants. Forty-seven (94%) identified menstruation as the normal monthly shedding of the uterine lining. Forty-nine (98%) knew that used sanitary pads should be wrapped and disposed of in a covered dustbin. Thirty-five (70%) identified all listed menstrual products as options.

However, 33 (66%) correctly identified sharing used menstrual absorbents as a poor practice, while 36 (72%) stated that severe menstrual problems should be discussed with a healthcare professional.

Practice category	Frequency	Percentage
Good practice	33	66%
Moderate practice	10	20%
Poor practice	7	14%

Overall, 33 (66%) participants were classified as having good personal hygiene practices, 10 (20%) moderate practices and 7 (14%) poor practices.

International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

Selected Reported Practices

Practice	Most common response	n (%)
Bathing	Once daily	32 (64%)
Handwashing before meals	Always	36 (72%)
Handwashing after toilet	Always	43 (86%)
Tooth brushing	Once daily	29 (58%)
Trimming nails	Weekly	33 (66%)
Changing clothes	Daily	39 (78%)
Cough etiquette	Always cover mouth and nose	39 (78%)
Using personal items	Always without sharing	33 (66%)
Changing menstrual product	Every 4–6 hours / depending on flow	42 (84%)
Disposal of menstrual products	Wrapped and disposed in covered bin	45 (90%)

The findings show positive reported behaviours in handwashing after toileting, daily clothing changes, cough etiquette and menstrual product disposal. Some participants reported less frequent tooth brushing and occasional sharing of personal items.

Personal hygiene practices

Practice category	Frequency	Percentage
Good practice	33	66%
Moderate practice	10	20%
Poor practice	7	14%

Overall, 33 (66%) participants were classified as having good personal hygiene practices, 10 (20%) moderate practices and 7 (14%) poor practices.

Selected Reported Practices

Practice	Most common response	n (%)
Bathing	Once daily	32 (64%)
Handwashing before meals	Always	36 (72%)
Handwashing after toilet	Always	43 (86%)
Tooth brushing	Once daily	29 (58%)
Trimming nails	Weekly	33 (66%)
Changing clothes	Daily	39 (78%)
Cough etiquette	Always cover mouth and nose	39 (78%)
Using personal items	Always without sharing	33 (66%)

International Research Journal of Education and Technology (IRJEdT)
‖ ISSN: 2581-7795, Impact Factor 5.007 ‖
‖ Peer-Reviewed | Open Access | International Journal ‖
‖ Volume: 09 | Issue: 11 | Nov 2026 | www.irjweb.com ‖

Changing menstrual product	Every 4–6 hours / depending on flow	42 (84%)
Disposal of menstrual products	Wrapped and disposed in covered bin	45 (90%)

The findings show positive reported behaviours in handwashing after toileting, daily clothing changes, cough etiquette and menstrual product disposal. Some participants reported less frequent tooth brushing and occasional sharing of personal items.

Environmental hygiene practices

Environmental hygiene category	Frequency	Percentage
Good practice	29	58%
Moderate practice	3	6%
Poor practice	8	16%

The reported categories total 40 participants (80%) rather than the full sample of 50. The original dissertation table does not explain the remaining 10 participants; this should be checked against the raw data before publication.

Among individual responses, 24 (48%) cleaned their hostel room daily; 43 (86%) disposed of waste in the designated dustbin daily; 42 (84%) ventilated rooms daily; 28 (56%) changed bedsheets weekly; 40 (80%) reported always observing waste segregation; and 39 (78%) reported that hostel bathrooms were always kept clean. Twenty-three (46%) rated the overall hostel environment as excellent and 21 (42%) as good.

Discussion

The findings indicate that most participants had adequate knowledge of personal hygiene and menstrual hygiene, and two-thirds were classified as having good personal hygiene practices. This is consistent with the general pattern described in the literature review, in which knowledge may be satisfactory while consistent practice remains variable.

Handwashing, daily clothing changes and menstrual product disposal were commonly reported positive practices. Areas that may benefit from reinforcement include twice-daily tooth brushing, avoiding the sharing of personal items and maintaining consistent cleanliness of rooms and shared facilities.

Conclusion

Among the 50 hostel students, 68% had adequate knowledge of personal hygiene, 66% had adequate knowledge of menstrual hygiene and 66% demonstrated good personal hygiene practices. Environmental hygiene was classified as good for 58% in the reported scale table, although the category frequencies account for only 40 participants. Health education and sustained attention to hostel sanitation may help strengthen personal and environmental hygiene.

References

1. Sarkar M. Personal hygiene among primary school children living in a slum of Kolkata, India. J Prev Med Hyg. 2013;54(3):153–158.

2. Khatoon R, Sachan B, Khan MA, Srivastava JP. Impact of school health education program on personal hygiene among school children of Lucknow district. J Family Med Prim Care. 2017;6(1):97–100.

3. Taware S, Gawai P, Chatterjee A, Thakur H. Outcome of school-based intervention program in promoting personal hygiene in primary school children of Mumbai, India. Int Q Community Health Educ. 2018;39(1):31–38.

4. Kavitha E, Srikumar R, Muthu G, Sathyapriya T. Bacteriological profile and perception on hand hygiene in school-going children. J Lab Physicians. 2019;11(4):300–304.

5. Biswas AB, Roy AK, Das KK, Sen AK, Biswas R. A study of the impact of health education imparted to school children on their knowledge, attitude and practice in regard to personal hygiene. Indian J Public Health. 1990;34(2):87–92.

6. Garg A, Taneja DK, Badhan SK, Ingle GK. Effect of a school-based hand washing promotion program on knowledge and hand washing behavior of girl students in a middle school of Delhi. Indian J Public Health. 2013;57(2):109–112.

7. van Eijk AM, Sivakami M, Thakkar MB, Bauman A, Laserson KF, Coates S, et al. Menstrual hygiene management among adolescent girls in India: a systematic review and meta-analysis. BMJ Open. 2016;6(3):e010290.

8. Dasgupta A, Sarkar M. Menstrual hygiene: how hygienic is the adolescent girl? Indian J Community Med. 2008;33(2):77–80.

9. Parasuraman G, Vijay V, Balaji S, Nisha B, Dutta R, Jain T, et al. Impact of health education intervention on menstruation and its hygiene among urban school-going adolescent girls in Thiruvallur, Tamil Nadu. J Family Med Prim Care. 2022;11(9):5271–5276.

10. Ejemot-Nwadiaro RI, Ehiri JE, Arikpo D, Meremikwu MM, Critchley JA. Hand washing promotion for preventing diarrhoea. Cochrane Database Syst Rev. 2015;9:CD004265.