



RESEARCH ARTICLE

A STUDY ON AWARENESS ABOUT PERSONAL HYGIENE AMONG HIGH SCHOOL GIRLS IN GADAG DISTRICT, KARNATAKA

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ABSTRACT

Personal hygiene is an important predictor of health and well-being, especially among adolescent girls, because it prevents communicable infections, supports reproductive health, and boosts self-esteem. The purpose of this empirical study was to determine the level of personal hygiene awareness among high school girls in Gadag District, Karnataka, as well as the factors that influence their hygiene knowledge and practices. A descriptive research approach was used, with data obtained from high school females via a standardized questionnaire. The questionnaire measured awareness of hand hygiene, oral hygiene, menstrual hygiene, bathing habits, nail care, hair care, and the usage of sanitary items. The acquired data was examined using descriptive and inferential statistical approaches. The results showed that although most respondents had enough knowledge of fundamental personal hygiene practices, there were notable gaps in their understanding of managing menstrual hygiene and preventing infections. Parental education, school health education programs, and access to health information were all positively correlated with awareness levels. In order to promote healthy habits among teenage females, the study emphasizes the necessity of extensive school-based health education programs, frequent awareness campaigns, and better access to hygienic facilities. The results offer educators, medical experts, and legislators useful information for creating focused initiatives to raise knowledge of personal hygiene and enhance the general health of high school girls in Karnataka's Gadag District.

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INTRODUCTION

One of the most crucial elements of keeping teenagers healthy and avoiding illness is personal cleanliness. It refers to the everyday routines that support people's physical and emotional well-being and help them stay clean. Girls in high school go through major physical, emotional, and hormonal changes during this critical period of growth and development. Maintaining good personal hygiene becomes crucial during this time to avoid illnesses and encourage a healthy lifestyle. Regular bathing, hand washing, dental care, wearing clean clothes, and maintaining menstrual hygiene are examples of good hygiene practices that greatly improve general health and self-esteem. Teenage females who are aware of personal cleanliness can form lifelong healthy habits. However, a variety of factors, including education, family history, social status, cultural views, and access to sanitary facilities, influence the degree of awareness and practice of personal hygiene. Schools play a significant role in raising hygiene awareness by providing health education and encouraging healthy practices among students. It is also the duty of parents, educators, and medical experts to help teenage females develop good hygiene habits.

Despite various government initiatives and school health programs, many adolescent girls still have inadequate knowledge regarding personal hygiene and menstrual health management. Adoption of healthy hygiene practices is frequently hampered in rural and semi-urban areas by a lack of resources and awareness. The Gadag District in Karnataka is an example of a place where disparities in access to health information and educational opportunities may affect school-age girls' awareness of hygiene. Planning successful health education programs and detecting existing gaps require an understanding of the present level of knowledge. Adolescent females' social confidence, academic achievement, and attendance at school are all enhanced by good personal cleanliness in addition to preventing communicable infections. Health issues like skin infections, gastrointestinal disorders, dental issues, and reproductive tract infections can result from poor hygiene habits. In order to encourage healthy habits and enhance the quality of life of high school girls, it is imperative to evaluate their awareness of personal cleanliness. By gathering and evaluating data directly from participants, an empirical study offers trustworthy and scientific proof.

The goal of the current study is to assess high school girls in Karnataka's Gadag District's awareness of personal hygiene and pinpoint the variables influencing their habits and knowledge. It is anticipated that the results of this study will aid educators, medical professionals, parents, and legislators in creating successful health promotion initiatives and awareness campaigns. Therefore, this study aims to enhance the general health and well-being of high school girls in Karnataka's Gadag District as well as their understanding of personal cleanliness.

Objectives

- To assess the level of awareness concerning personal hygiene among high school girls.
- To identify personal hygiene performs followed by high school girls.
- To examine the association between socio-demographic variables and hygiene awareness.
- To identify sources of information vis-à-vis personal hygiene.
- To run references for improving hygiene awareness through school health education.

REVIEW OF LITERATURE

A review of previous studies provides a conceptual and empirical foundation for the present research by identifying existing evidence and highlighting research gaps related to personal hygiene awareness among adolescent girls. Dasgupta and Sarkar (2008) conducted a study among adolescent girls in West Bengal to assess menstrual hygiene awareness and practices. The findings revealed that although many girls possessed basic knowledge about menstruation, awareness regarding hygienic practices was inadequate. The study emphasized the need for comprehensive school-based health education and active parental involvement to promote healthy menstrual hygiene practices. Pal and Pal (2017) examined the knowledge, attitudes, and practices related to personal hygiene among adolescent girls. Their study found that students who had received health education demonstrated significantly better hygiene practices than those without such exposure. The authors recommended organizing regular school health education programmes to improve hygiene awareness and promote healthy behavioural practices. Ratnaprabha et al. (2018) investigated personal hygiene practices among government high school students in rural Karnataka. The study reported satisfactory practices related to hand washing, bathing, and general cleanliness. However, significant deficiencies were observed in menstrual hygiene awareness and practices. The researchers recommended strengthening school health programmes through regular awareness campaigns and improved access to hygiene facilities.

Mohammed et al. (2022) conducted a systematic review and meta-analysis to evaluate the effectiveness of educational interventions on menstrual hygiene among adolescent girls in India. The review concluded that structured educational programmes significantly improved knowledge, attitudes, and the use of sanitary products. The authors highlighted school-based awareness programmes as one of the most effective strategies for improving menstrual hygiene management. Joshi and Mendhe (2025) reviewed intervention studies focusing on menstrual health and hygiene among adolescent girls. Their

findings demonstrated that structured health education, peer-led learning, and community-based awareness programmes significantly enhanced knowledge, attitudes, and hygienic practices. The study recommended integrating menstrual health education into regular school curricula. Tshivule et al. (2025) conducted a scoping review on menstrual hygiene management among adolescent girls. The review identified inadequate knowledge, poor water, sanitation, and hygiene (WASH) facilities, cultural taboos, and limited family support as major barriers to maintaining proper hygiene. The authors emphasized the need for integrated interventions involving schools, families, healthcare providers, and communities to improve adolescent health outcomes.

Research Gap: The reviewed literature indicates that most studies have primarily focused on menstrual hygiene management or general personal hygiene practices among adolescent girls. Although several studies have demonstrated the effectiveness of health education interventions, limited research has specifically examined the overall awareness of personal hygiene among high school girls in Gadag District, Karnataka. Furthermore, there is insufficient evidence regarding the association between socio-demographic characteristics and personal hygiene awareness in this geographical context. Therefore, the present study seeks to bridge this gap by assessing the level of awareness and practices related to personal hygiene among high school girls in Gadag District. The findings are expected to provide evidence for strengthening school health education programmes and informing policy interventions aimed at improving adolescent health and hygiene.

METHODOLOGY

The study adopted a descriptive research design to assess the selected variables among high school girls. The study was conducted in high schools, and the study population comprised girls studying in Classes VIII, IX, and X. A total of 150 students were selected as the sample using a simple random sampling technique to ensure equal opportunity for participation. Data were collected through a face-to-face survey using a structured questionnaire designed to gather the required information. The collected data were analyzed using descriptive and inferential statistical methods, including frequency, percentage, mean, Ethical principles were strictly followed throughout the study by obtaining informed consent from the participants and the relevant authorities, ensuring confidentiality of the information provided, and emphasizing voluntary participation with the freedom to withdraw from the study at any stage.

Research Design: The study adopted a descriptive research design to assess the level of personal hygiene awareness and practices among high school girls at a specific point in time. This design is appropriate for describing the existing status of personal hygiene without manipulating any variables. It also facilitates the examination of the relationship between selected socio-demographic variables and the level of personal hygiene awareness among the participants.

Study Area: The study was conducted in selected government and private high schools in Gadag District, Karnataka. The district was chosen because it includes students from both rural and urban backgrounds, providing a diverse population for the

study. The selected schools represented different socio-economic settings, enabling a comprehensive assessment of personal hygiene awareness among adolescent girls.

Study Population: The study population comprised female students studying in Classes VIII, IX, and X in the selected high schools. These students belong to the adolescent age group, during which personal hygiene is essential for maintaining physical, mental, and reproductive health. Only students who met the predetermined inclusion criteria were considered eligible to participate in the study.

Sample Size: A total of 150 high school girls were included in the study. The sample size was considered adequate to generate reliable data and facilitate appropriate statistical analysis. Participants were selected from different schools to ensure better representation of the target population and to meet the objectives of the study.

Sampling Technique: The study employed a simple random sampling technique to select the participants. Under this method, every eligible student had an equal opportunity to be included in the sample, thereby minimizing selection bias and enhancing the representativeness of the study population. The use of random sampling also improved the validity and reliability of the research findings.

Research Tool: Data were collected using a structured questionnaire specifically designed for the study. The questionnaire consisted of two sections: the first collected socio-demographic information, while the second assessed various aspects of personal hygiene, including hand hygiene, oral hygiene, bathing practices, menstrual hygiene, and overall awareness of personal hygiene. Most of the questions were close-ended to facilitate easy completion and efficient statistical analysis. The questionnaire was reviewed by experts to ensure its clarity, relevance, and content validity.

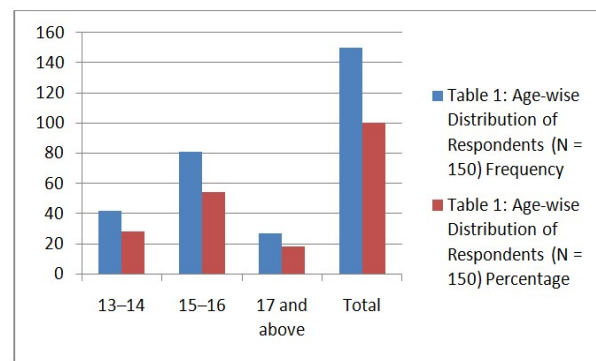
Data Collection Method: Data were collected through a face-to-face survey conducted in the selected schools. Before administering the questionnaire, the researcher explained the purpose of the study and provided instructions for completing the questionnaire. Participants completed the questionnaire in a comfortable, private, and confidential setting. This method helped achieve a high response rate and ensured the accuracy and completeness of the collected data.

Data Analysis: The collected data were coded, entered into Microsoft Excel and analyzed using Statistical Package for the Social Sciences (SPSS) software. Descriptive statistics, including frequencies, percentages, means, were used to summarize the data. The findings were presented in the form of tables, graphs, and charts for clear interpretation.

Table 1. Age-wise Distribution of Respondents

Age	Frequency	Percentage
13–14	42	28.0
15–16	81	54.0
17 and above	27	18.0
Total	150	100.0

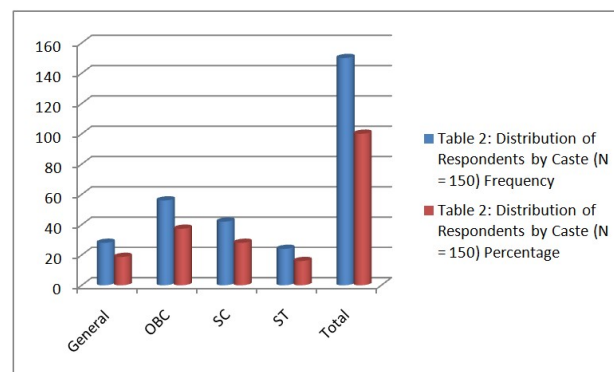
Table 1: presents the age-wise distribution of the 150 respondents. More than half of the respondents (54.0%) belonged to the 15–16 years age group, making it the largest age category.



This was followed by respondents aged 13–14 years, who accounted for 28.0% of the sample. Participants aged 17 years and above constituted the smallest proportion, representing 18.0% of the total respondents. The findings indicate that the majority of the study participants were in the middle adolescent age group, a developmental stage characterized by significant physical, psychological, and behavioral changes during which lifelong personal hygiene practices are established and reinforced.

Table 2. Distribution of Respondents by Caste

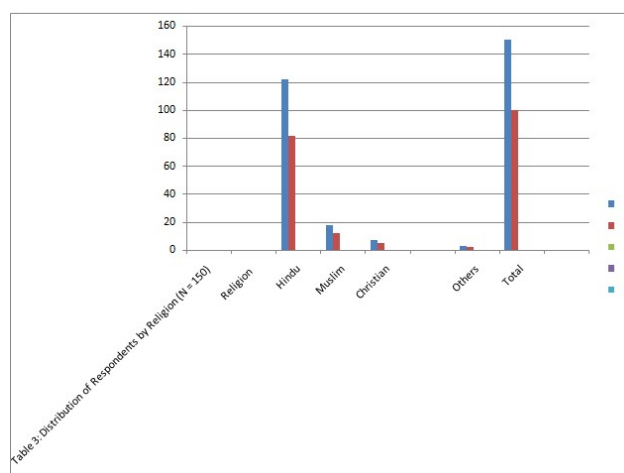
Caste Category	Frequency	Percentage
General	28	18.7
OBC	56	37.3
SC	42	28.0
ST	24	16.0
Total	150	100.0



The distribution of respondents by social category indicates that the largest proportion of participants belonged to the Other Backward Classes (OBC) category, accounting for 37.3% of the sample. This was followed by respondents from the Scheduled Castes (SC) category, who constituted 28.0% of the total sample. Participants from the General category represented 18.7%, while those belonging to the Scheduled Tribes (ST) category comprised 16.0%. These findings suggest that the study sample encompassed individuals from diverse social categories, thereby ensuring broad social representation and enhancing the inclusiveness of the study population.

Table 3. Distribution of Respondents by Religion

Religion	Frequency	Percentage
Hindu	122	81.3
Muslim	18	12.0
Christian	07	4.7
Others	03	2.0
Total	150	100.0



The distribution of respondents by religion revealed that the majority of participants were Hindus, constituting 81.3% of the total sample. Muslims accounted for 12.0% of the respondents, followed by Christians at 4.7%, while participants belonging to other religions represented 2.0% of the sample. This distribution reflects the predominant religious composition of the study area and indicates that the sample is broadly representative of the region's religious demographics.

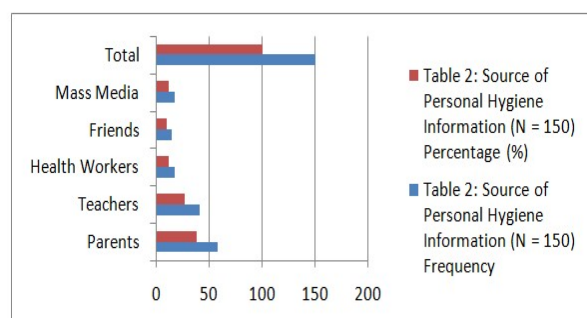
Table 4. Distribution of Respondents by Family Type

Family Type	Frequency	Percentage
Nuclear Family	92	61.3
Joint Family	50	33.3
Extended Family	08	5.4
Total	150	100.0

The distribution of respondents according to family type revealed that the majority (61.3%) belonged to nuclear families, followed by 33.3% from joint families. A relatively small proportion of respondents (5.4%) were from extended families. These findings indicate that the nuclear family is the predominant family structure among the study participants, reflecting the prevailing pattern of household organization in the study population.

Table 5: Source of Personal Hygiene Information

Source of Information	Frequency	Percentage (%)
Parents	58	38.7
Teachers	41	27.3
Health Workers	18	12.0
Friends	15	10.0
Mass Media	18	12.0
Total	150	100.0

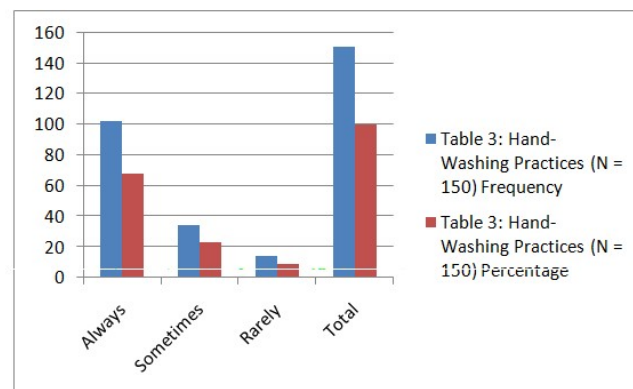


The findings revealed that 38.7% of respondents identified their parents as their primary source of information on personal hygiene, while 27.3% reported teachers as their main source.

Additionally, 12.0% of respondents cited health workers, and an equal proportion (12.0%) obtained information through mass media. Friends were identified as the primary source by 10.0% of respondents. These findings underscore the pivotal role of families and educational institutions in disseminating personal hygiene information and fostering hygiene-related knowledge and practices among individuals.

Table 6: Hand-Washing Practices

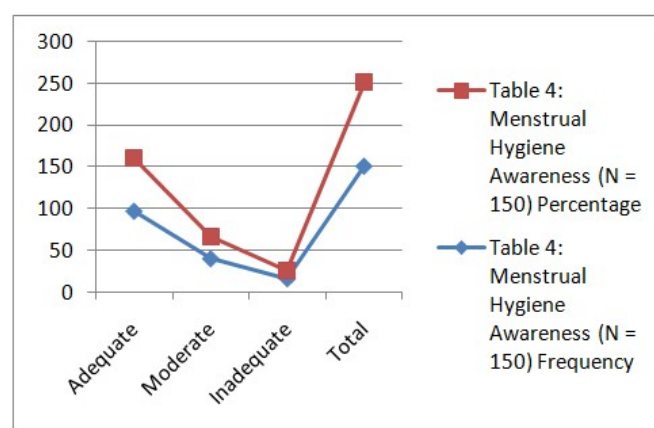
Practice	Frequency	Percentage
Always	102	68.0
Sometimes	34	22.7
Rarely	14	9.3
Total	150	100.0



The findings indicated that 68.0% of respondents consistently practiced hand washing before meals and after using the toilet, whereas 22.7% reported engaging in this practice only occasionally, and 9.3% rarely adhered to it. These results suggest a relatively high level of compliance with recommended hand hygiene practices among the respondents. Nevertheless, the proportion of students who practiced hand washing inconsistently highlights the need for sustained health education and behavior change interventions to promote universal adherence to proper hand hygiene practices.

Table 7: Menstrual Hygiene Awareness

Awareness Level	Frequency	Percentage
Adequate	96	64.0
Moderate	39	26.0
Inadequate	15	10.0
Total	150	100.0

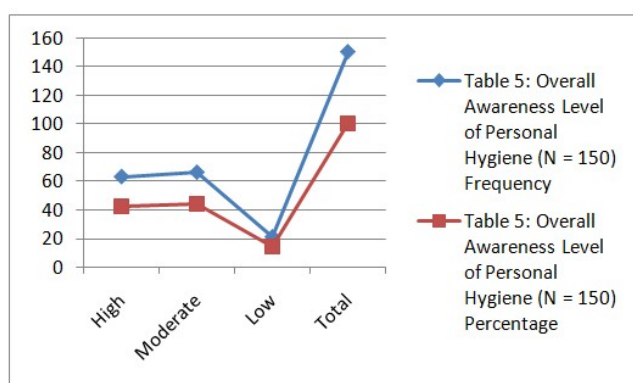


The findings presented in the table indicate that 64.0% of respondents demonstrated adequate awareness of menstrual hygiene, while 26.0% exhibited a moderate level of awareness.

In contrast, 10.0% of respondents had inadequate awareness. Overall, these results suggest that the majority of respondents possessed an adequate level of menstrual hygiene awareness. However, the presence of respondents with moderate and inadequate awareness underscores the need for sustained menstrual health education and school-based counseling programs to further enhance knowledge and promote appropriate menstrual hygiene practices.

Table 8. Overall Awareness Level of Personal Hygiene

Awareness Level	Frequency	Percentage
High	63	42.0
Moderate	66	44.0
Low	21	14.0
Total	150	100.0



The findings revealed that 44.0% of respondents demonstrated a moderate level of personal hygiene awareness, while 42.0% exhibited a high level of awareness. In contrast, 14.0% of respondents had a low level of personal hygiene awareness.

These results indicate that the majority of respondents possessed moderate to high levels of awareness regarding personal hygiene. However, the proportion of respondents with low awareness highlights the need for targeted school-based health education interventions to strengthen knowledge and promote optimal personal hygiene practices among this group.

Ethical Considerations: Ethical standards were strictly maintained throughout the study. Prior permission was obtained from the principals of the selected schools before data collection. Informed consent was obtained from all participants and parental or guardian consent was obtained whenever required by the respective schools. Participation was entirely voluntary, and participants were free to withdraw from the study at any stage without any consequences. The privacy, anonymity, and confidentiality of the participants were maintained throughout the research process, and the collected data were used solely for academic and research purposes.

Suggestions

Strengthen Health Education Programs: With the assistance of medical professionals, schools should regularly host awareness seminars on nutrition, disease prevention, menstrual hygiene, and personal hygiene.

Enhance Sanitation Facilities: Make sure that every school has sanitary product disposal facilities, clean restrooms, safe drinking water, and hand washing stations with soap.

Encourage Parent and Community Involvement: To promote good hygiene at home and lessen social stigma

associated with teenage health, plan awareness campaigns for parents and community members.

Include Hygiene Education in the School Curriculum: To promote healthy habits from a young age, personal hygiene and life skills education should be regularly incorporated into the curriculum.

Conduct Periodic Monitoring and Health Check-ups: To guarantee long-term progress, schools should frequently evaluate students' hygiene awareness and behaviors through health check-ups, counseling, and follow-up activities in partnership with local health agencies.

CONCLUSION

The study discovered that although there are still notable disparities in knowledge and habits, high school females in Karnataka's Gadag District are typically becoming more conscious of personal cleanliness. It emphasizes the significance of ongoing health education to raise awareness and promote good hygiene practices among teenage girls. The results show that encouraging good personal hygiene requires assistance from educators, parents, schools, and medical professionals. Hygiene habits and general wellbeing can be further enhanced by regular awareness campaigns and access to sufficient sanitary facilities. The study also highlights the necessity of government entities and educational institutions working together to close awareness and implementation gaps. In general, raising high school girls' awareness of personal cleanliness will improve their quality of life, confidence, and health.

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