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Research Article

Sanitary Practices of the Batak Tribe in Nanabu, Caramay, Roxas, Palawan

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Abstract

This study was conducted to: (1) describe the demographic characteristics of the respondents; (2) identify the sanitary practices of the respondents; (3) to identify the personal hygiene practices of the respondents. Data were gathered by means of personal interview among 30 respondents and were analyzed using statistical tools such as frequency counts, percentages and averages. The study showed that majority of the respondents are females, married, and had an average of 3 to 4 number of children in the family. The study showed that most of respondents earned below 5,000 and not higher than 10,000 monthly income. Most of them had attained elementary level and majority of them were almasiga gatherer. The study showed that most of the respondents do not have garbage can inside the home. They used open type of drainage, cleaned their home every other day, cleaned their surrounding weekly and burned their garbage. The main source of drinking water was from streams and all drinking water were taken directly from the source. As to their comfort room, majority of the respondents defecated everywhere. Majority of the respondents ate thrice a day, washed their hands before and after they ate; took a bath thrice a week; brushed their teeth twice a day; cleaned their ears twice a week; cut their nails once a month, and cut their hair twice a month. Furthermore, most of the respondents had detergent soap, bath soap, tooth paste and tooth brush and the least toiletry was shampoo and towel.

Keywords: Hygiene, Sanitary, Batak Tribe, Demographic Profile, Palawan, Philippines

Introduction

Cleanliness is one of the most important aspects of man's life. It is the main concern in today's education. Access to safe drinking – water, good sanitation and hygiene services is a fundamental element of healthy communities and has an important positive impact on nutrition. A clean surrounding reflects human personality and it enables him to live effectively and happily and healthily.

Sanitary and personal hygiene practice has a big role to every individual specially to avoid sickness. It helps everyone to maintain and improve his good health specially it helps to avoid any kinds of problems regarding our health. Moreover having proper sanitation and hygiene's will help us to protect our mental health and activity.

The World Health Organization (WHO) even the Department of Health (DOH) under our Philippine Government established its own way in caring the safety and cleanliness of all Filipino Citizens. It promoted a lot of programs to help Filipino to do a safe and proper sanitary and personal hygiene practices. In fact, the Department of Health (DOH) here in the Philippines has implemented 3 o'clock habit where they teach the citizen to clean their surroundings regularly. They even show and demonstrate to some commercial the proper and recommended place that we should clean to be safety. Not only in sanitary practices but they are also promoting healthy life style. The study was conducted to contribute information on sanitary practices of Nanabu, Caramay, Roxas, Palawan.

Research Questions

This study sought to find answers to the following questions:

1. What are the demographic characteristics of the respondents?
2. What are the sanitary practices of the respondents?
3. What are the personal hygiene practices of the respondents?

Literature Review

Human health depends mainly on the foods we intake every day. While some foods can cause diseases, others can heal, prevent, and relieve ailments. Eating meal three times a day is good for our health, but we must practice a proper diet. Most of the people did not eat meals in the morning. It can lead to ailments such as headache, and low energy, and sometimes lead to being absent-minded as stated by Plamplona (2013).

De Guzman (2011) states that improper or illegal disposal of solid waste creates environmental health problems through pollution of our air, soil, and water.

With that, we get cholera, diarrhea, and leptospirosis. Drainage clog, resulting in stagnant water and flood. So, we can help lessen the trash we send to our landfills by reducing solid waste through product design, materials substitution, re-use, and packaging restrictions.

According to the Human Rights Forum, in cooperation with WHO and UNICEF (2016), some 2.4 billion people across the globe did not use sanitation facilities, and almost one billion people practice open defecation. Notably, many African countries were unlikely to meet the MDG targets for water or sanitation. Due to the lack of proper sanitation, insufficient hygiene, and the presence of harmful pest causes diseases such as diarrhea, measles, and malaria, which can spread quickly among many people. The significant problem of these diseases falls heavily on children. They contribute to malnutrition, reduced resistance to infections and, when prolonged, impaired mental growth and physical development as well as school performances and children's readiness.

World Health Summit (2016) noted that from age-old nemeses like malaria and tuberculosis to modern adversaries like Zika and Ebola, communicable and infectious diseases are one of the most significant challenges the public health sector has to face. The consequences of failure are tremendous: 2014's Ebola outbreak cost the estimated US $1 billion to bring under control. The solutions, experts say, are within our grasp: Funding is needed for new vaccines, education programs to emphasize the importance of hygiene, and international coordination to deal with disease outbreaks promptly.

As cited by Mahmud, et al., (2016), evidence of the impact of poor water and sanitation on diarrhea is undisputable. Over the last few decades, diarrhea has also been implicated as an important cause of poor infant and child growth. However, current evidence suggests that the effect of diarrhea on permanent stunting is smaller than previously thought. Infections have more severe consequences in malnourished people, and, conversely, infectious diseases can result in borderline nutritional deficiencies becoming more severe undernutrition. These were caused by unsafe water, inadequate sanitation, or insufficient hygiene. Subsequent studies from various countries suggested that diarrheal illnesses affect a child's growth by reducing gains in weight and height of a child. The most remarkable effects of diarrhea are witnessed with frequent/recurrent bouts of the illness, which lessen the critical catch-up growth that otherwise occurs after diarrheal conditions or severe undernutrition.

United State Agency for International Development (USAID) and Wash, Sanitation, Hygiene (WASH) (2015) noted that to obtain safety personal hygiene, everyone is required to clean all parts of the body - specifically the face, hair, body, legs and hands. The face and hair must be cleaned because they accumulate grime, different skin diseases, emit foul odours and make oneself dull and uncomfortable. The hands and finger nails must be cleaned because the germs and bacteria between the fingers and fingernails cause infections and contiguous diseases such as diarrhea, worms and many others. The teeth and mouth must be cleaned because they emit foul odours, and cause mouth and dental conditions such as cavities, gingivitis, and stomach disorders due to indigestion.

Schools and communities with poor water, sanitation, and hygiene practices, and intense levels of person-to-person contact, are high-risk environments for children and staff for health hazards. It affects children's ability to learn due to inadequate water, sanitation and hygiene conditions and practices in several ways. With poor environmental conditions in the classroom can also make both teaching and learning very difficult (Adams, 2015).

As cited by Cronk, et al., (2015) that in low-income countries, 15% in estimation of the whole patients develop one or more infections during a hospital stay. Inadequate environmental conditions in health care facilities including poor WASH, lack of ventilation, and inadequate management of health care waste can can cause infections through contaminated water, food, hands, fomites, medical equipment, and unsafe blood transfusions. Associated adverse health outcomes include many infections: gastrointestinal, respiratory, surgical site, burn wound, and sharps related. Adequate hand sanitation and hygiene such as hand washing with soap, is critical for preventing diseases – but several hundred million patients are affected annually by infections arising from poor hand and body washing practices.

According to the World Health Summit (2015), climate change poses a significant threat to human health in many direct and indirect ways specifically when the extreme severe weather events, such as floods, storms and droughts arises, it could cause an increase in deaths, injuries, and some infectious diseases and displacement of the people. And because of this there may be an increased incidence of food contamination and increased prevalence of poisoning and malnutrition due to reductions in crop yields and other resources. Also, rising temperatures may increase heat-related deaths and heat stress. There may

be significant changes in the incidence of some vector-borne diseases, particularly at the edges of their distributions, and increasing incidence of emerging infections among livestock and people.

Robert Sebbag (2015) noted that climate change is expected to lead an extreme increase in ill health in many regions, especially in developing countries with low income, including the Philippines. Direct effects include temperature-related illness and death, and morbidity during extreme weather events. Indirect impacts include the influence of climate on microbial populations, distribution of vector-borne diseases, host resistance to infectious agents, food and water shortages, food borne diseases, and the consequences of non-communicable diseases, such as cardiovascular or respiratory diseases. Domesticated animals, including livestock, will also be affected, threatening human health.

As stated by Benova, et al., (2014), unsafe wash and poor environmental conditions in health care facilities are particularly significant to maternal and neonatal health. They contribute to maternal and neonatal mortality by increasing the risk of infection during and shortly after delivery.

Based on the study conducted by Macaraeg (2012), a person's behavior in sanitation and personal habits has significant effect on the safety on the food production and distribution. This means that food handlers should be trained to ensure appropriate behavior. Cleanliness and personal hygiene is essential for those who handle and make foods. A desirable behavior, including when and how to wash hands properly is a must. To avoid spreading possible infections and diseases good personal habits such as bathing, restraining hair, keeping finger nails short and clean, washing after using toilets should be maintained and executed, as well as maintaining good health and reporting when feel sick.

As stated by Hassan (2012) that in order to reach to the required point of minimization of diseases and their spreading, there are some important points to do that: First, the use of protective clothing and barriers (masks, gowns, caps, eyewear and gloves). Second, disinfection of reusable materials or things (linen, pads, uniforms). Third, isolation of infectious persons or materials. Fourth, sterilization of instruments used in surgical operations and last safe disposal of medical waste.

Indigenous people knowledge are accumulated and developed by interaction with their natural environment, hence, proper education related to environment, health, and hygiene should be given to them as cited by Abejuela III (2011).

According to the United Nations Children's Fund (2011), lack of access to sanitation services is aggravated by poverty, inequity, and poor health system and services. Without access to these basic needs and services, people, especially children, miss out on opportunities to improve their living which dignity and good health should be seen to them. Furthermore, suppose the human right of access to adequate sanitation and safe water supply is denied to the poor. In that case, the health of millions of children across the globe will not improve sustainably. But it continously leading to several diseases, including cholera, typhoid fever, paratyphoid fever, and many other related diseases.

Poor personal practices can contaminate food and food surfaces (Ang. 2010). Common personal hygiene violation that can results in food borne illness include failure to wash and sanitize hand properly, failure to follow proper hygiene habits, working when sick, and lack of training personal hygiene practices. Furthermore, cross-contamination occurs when microorganisms are transferred from contaminated food contact surface of food to a non-contact surface or food. Therefore, common source of food borne illness can be traced to food handlers.

As cited by Duncan, et al., (2010), about 2.6 billion people in the world lack adequate sanitation - the safe disposal of human excreta. It contributes to about 10% of the global disease burden, causing mainly diarrheal diseases. Due to this problem, government agencies typically built sanitation infrastructure a long time ago, but nowadays, sanitation professionals are concentrating on helping people to improve their sanitation, hygiene, and to change their behavior. Improved and proper sanitation has significant impacts not only on health, but on social and economic development, particularly in developing countries, especially in areas far from the center of trade. On this matter, the health sector has a strong role to play in improving sanitation of the developing countries through policy development and the implementation of sanitation conditions as well to food sanitation protocols which are designed to prevent the possible contamination of food.

Jacobs (2009) stated that "safe disposal" implies not only that people must excrete properly and hygienically but also that their excreta should be contained or treated to avoid adverse effects on their health and other people.

Due to majority of residents in the world are women (Roysianipar, 2008). In Batak tribe, women frequently stay in their houses while men always go around in the wild to gather food for the family (Novellino, 2008).

Raw materials are prone to contamination, and soil, sewage, live animals, external surface, and the internal organs of meat animals is the possible cause. But contamination can be reduced through practical housekeeping and sanitation, protection against contact with toxic substances, as cited by Norman (2006)

Orbeta Jr. (2005) stated that each additional child, by driving more school-age children out of school, also pushes the succeeding generation into poverty. Effectively, each additional child constitutes an inter-generational tax household impose upon themselves, and this tax is highly regressive.

People should secure the area where to build a toilet, and see to it that wells or groundwater not be polluted. To secure it, local conditions must be considered - the type of soil, moisture amount in the area, and groundwater depth. There are rules and conditions in digging pit: it should be at least 2 ½ meters above the groundwater. If the soil is very wet or with water, this is bad and not good to continue to dig and make toilet pits. Always, keep in mind that water levels are much higher in the wet season than in the dry season. Do not build pit toilets on the ground that gets flooded as stated by Conant (2005).

As noted by Toepfer (2004), water-related disease recorded statistically at stark and tragic of 80% of illness and death in the developing world. People with water-related diseases occupied half of the world hospital beds; diarrhea and malaria are by far the largest causes of morality in children <5 years of age (34%)in the world; and the number of illness such as diarrhea and malaria is came from water-related disease approaches 5 million yearly, majority are children.

As cited by Skirbekk, el., al (2004), those that depend on knowledge, such as verbal abilities—may improve with age. For 5 out of the 7 employer-employee studies, an inverted U-shaped work performance profile is found, where individuals in their 30s and 40s have the highest productivity levels. Employees above the age of 50 are found to have lower productivity than younger individuals, despite their higher wage levels.

Identified by UNESCO that each indigenous people has different unique marriage practices and rituals. And according to the Family Code of the Philippines- R.A 8533: Executive Order No. 209, Article 1 "Marriage is a special contract of permanent union between a man and a woman entered into in accordance with the law for the establishment of conjugal and family life." Hence, it is the foundation of every Filipino family. Also, the sacred social institution which nature, consequences, and incidents are governed and protected by the law. Moreover, it is not subject to stipulation, "except that marriage settlements may fix the property relations during the marriage within the limits provided by this Code."

Methodology

Research Design

This study used a descriptive research design. It made use of a questionnaire to gather the data needed in this study.

Locale of the Study

The study was conducted at Nanabu, Caramay, Roxas, Palawan.

Respondents of the Study

The respondents were randomly selected. Household heads, the father or mother served as respondents of this study.

Research Instrument

The survey questionnaire and interview schedule were used by the researcher in gathering information from the selected household of Nanabu, Roxas, Palawan.

Sampling Procedure

Random sampling was used in conducting the study.

Data Collection Procedure

The researcher asked permission from the Barangay Captain of Nanabu, Roxas, Palawan prior to the conduct of the study. Also, the researcher obtained authorization from the Chieftain of Batak Tribe of Nanabu.

The survey questionnaire was distributed personally among the selected respondents of Nanabu, Roxas, Palawan. Results were recorded and served as raw data of the study.

Results and Discussion

Demographic Characteristics

The results and discussion presented were the information gathered regarding the demographic characteristics of the respondents that include: age, sex, civil status, size of the family, educational attainment and occupation. Thirty (30) respondents were used in this study.

Age

With regards to their age, 9 (30%) were within the age brachet of 20 to 29 years old; 5 (16.67%) of them belonged to the age range of 30 to 39 years old; 4 (13.33%) of them belonged to the age range 40 to 49 years old; 3 (10%) of them belonged to the age bracket 50 to 59 years old; 6 (20%) of them belonged to the age range 60 to 69 years old; and the rest 3 (10%) of the respondents belonged to the age range 70-79 years old. The mean age of the respondents was 44.83 years old. This implies that the respondents are on their productive years. The result conformed with Skirbekk, et., al (2004) that individuals in their 30s and 40s have the highest productivity levels.

Sex

Majority (60%) of the respondents are females and the rest (40%) are males. This implies that majority of the respondents are females. The result conformed with Roysianipar (2008) that due to majority of resident in world are women (Roysianipar, 2008) and also as cited by Novellino, (2008) that in Batak tribe, women is frequently stay in their houses while men are always go around in the wild to gather foods of the family.

Civil Status

The data show that 24 (80%) of the respondents were married; 3 (10%) of the respondents were widow/widower; 2 (6.67%) were separated; and 1 (3.33%) was single. This implies that majority of the respondents were married and have their own family.

The result shows that marriage in the Batak people are still practice because UNESCO identified that each indigenous people has different unique marriage practices and rituals. Since that they are also Filipino citizen, marriage to them is also important because according to the Family Code of the Philippines-R.A 8533: Executive Order No. 209, Article 1 that "marriage is a special contract of permanent union between a man and a woman entered into in accordance with law for the establishment of conjugal and family life".

Number of the Children

As to the number of children, 16 (53.33%) of the respondents had 3 to 4 children, 6 (20%) had 5 to 6 children, 5 (16.67%) had 1 to 2 children in the family, and the rest 3 (10%) of the respondents had 7 to 8 children in the family. This implies that most of the respondents had 3 to 4 family members.

The result indicates that it may lead them to poverty because as stated by Orbeta, Jr (2005) that each additional child within school-ages children pushes the succeeding generation also into poverty.

Educational Attainment

The study revealed that 18 (60%) of the respondents attained elementary level, 11 (36.67%) had no schooling and 1 (3.33%) attained high school level. This implies that most of the respondents were under elementary graduate. The result of this study support, as cited by Wongaiham (2012) that the highest educational level attained by a Batak is Grade 6 and it is relevant to what as cited by Abejeula III (2011) that indigenous people knowledge are accumulated and developed by interaction with their natural environment.

Monthly Income

The data in Table 1 indicated that half (50%) of the respondents earned 5,000 below monthly and the rest half (50%) earned 5,000 to 10,000 monthly. It implies that the economic status of the respondents is below the poverty threshold level wherein they could not earn more than enough to sustain the basic needs of their families. The result has a negative effect because according to NEDA (2016) that a simple and comfortable life would entail having a gross monthly income of P120,000 per family per month.

Occupation

The data show that, 10 (33.33%) of the respondents were almasiga gatherers, 9 (30%) farmers, 6 (20%) were handy craft makers and 5 (16.67%) were gold miners. This implies that the respondents depend their livelihood from forest product. This conformed to what Wongaiham (2011) stated that Batak people is also indigenous and their occupation is dependent on their environment.

Table 1. *Demographic characteristics of the respondents*

Characteristics	*Frequency (n=30)*	*Percentage (%)*
Age		
20-29	9	30.00
30-39	5	16.67
40-49	4	13.33
50-59	3	10.00
60-69	6	20.00
70-79	3	10.00
Mean: 44.84 years old		
Sex		
Female	18	60.00
Male	12	40.00
Civil Status		
Married	24	80.00
Single	1	3.33
Widow/widower	3	10.00
Separated	2	6.67
Number of Children		
1-2	5	16.67
3-4	16	53.33
5-6	6	20.00
7-8	3	10.00
Mean: 4 children		
Educational attainment		
No schooling	11	36.67
Elementary Level	18	60.00
High School Level	1	3.33
Income		
Below - 5000 monthly	15	50.00
5000 to 10, 000 monthly	15	50.00
Occupation		
Farmer	9	30.00
Handy Craft	6	20.00
Almasiga gatherer	10	33.33
Gold panning	5	16.67

Sanitary Practices of the Respondents

Table 2 shows the sanitary practices of the respondents. As to the availability of garbage can inside the house, 29 (66.67%) of the respondents do not have garbage can inside the house and only one (3.33%) had garbage can inside the house. This implies that most of the respondents do not have proper waste products.

As to their type of drainage, it can be noted that 30 (100%) of the respondents had open type of drainage in the kitchen. This implies that the bacteria, germs, flies and other illness – causing viruses are widespread in the kitchen area. The result is crucial to the environmental health as cited by De Guzman (2011) that improper or illegal disposal of solid waste creates environmental health problems through pollution of our air, soil, and water.

As to their frequency of cleaning the house, majority (83.33%) of the respondents cleaned their home every other day, while (10%) cleaned their home every day, and the rest (6.67%) cleaned their homes weekly. This implies that majority of the respondents were not totally conscious of the cleanliness of their house.

As to the frequency of cleaning their surroundings, it can be noted in table 2 that 19 (63.33%) of the respondents cleaned their surrounding weekly, while 6 (20%) cleaned their surrounding every day, and the rest (16.67%) of the respondents cleaned their surroundings every other day. This implies that majority of the respondents were not totally conscious of the cleanliness of their surroundings.

As to the ways of disposing garbage, it can be noted that 20 (66.67%) of the respondents burned their garbage and the rest (33.33) used compost pit. This implies that majority of the respondents disposed their garbage the easy way, like burning.

Table 2 revealed their source of drinking water, majority (70%) of the respondents got their drinking water from stream, 5 (16.67%) from creek, 3 (10%) from faucet and the rest (3.33%) of the respondents got their drinking water from open well. This implies that their main source of their drinking water is from the streams.

Table 2 further shows the manner of treating their drinking water, al (100%) of the respondents drank the water directly from the source.

Table 2 shows that as to who owns a comfort room, majority (90%) of the respondents do not have comfort room and the rest (10%) have their own comfort room. This implies that majority of the respondents do not have comfort room. Which means that it may cause high risk of illness and diseases specially to the children as noted by Toepfer (2004) that it is important to the children to have toilets that are safe and that feel safe.

Table 2 also shows the type of comfort room, 2 (6.67%) used open pit type of comfort room, 1 (3.33%) of the respondents used ‘antipolo type of comfort room, while majority (90%) of the respondents defecated anywhere. This implies that majority of the respondent were not used comfort room to defecate. The result conformed to what as cited by Duncan, et al., (2010) that 2.6 billion people in the world lack adequate sanitation – the safe disposal of human excreta which contributes to about 10% of the global disease burden, causing mainly diarrheal diseases.

Table 2. *Sanitary practices of the respondents*

Practices	*Frequency (n=30)*	*Percentage (%)*
Respondents' response when asked if they have garbage can inside the house		
Yes	1	3.33
No	29	96.67
Type of drainage in the kitchen		
Open	30	100.00
Frequency of cleaning the house		
Everyday	3	10.00
Every other day	25	83.33
Weekly	2	6.67
Frequency of cleaning the surroundings		
Everyday	6	20.00
Every other day	5	16.67
Weekly	19	63.33
Way of disposing garbage		
Burning	20	66.67
Compost pit	10	33.33
Source of drinking water		
Open well	1	3.33
Streams	21	70.00
Creek	5	16.67
Faucet	3	10.00
Ways of treating the drinking water		
Drinking water direct from the source	30	100.00
Respondents' responses when they asked if they have comfort room		
Yes	3	10.00
No	27	90.00
Type of comfort room		
Antipolo	1	3.33
Open pit	2	6.67
Anywhere	27	90.00

Personal Hygiene Practices of the Respondents

Frequency of eating in a day

It can be gleaned in the table the frequency they ate in a day, majority (60%) of the respondents ate three times a day; 11 (36.67%) of the respondents ate two times a day; and the rest (3.33%) ate only once a day. This implies that majority of the respondents ate three times a day. The result has a positive effect especially to the health of Batak because as cited by Plamploma (2013) that eating thrice a day is good to our health but we just need to practice eating proper diet.

Respondents response when asked if they wash their hands before and after eating

Table 3 shows the distribution of the respondents as to washing of their hand before and after eating, 29 (96.67%) of the respondents washed their hands, and the rest 1 (3.33%) do not wash their hands before and after they ate. This implies that most of the respondents wash their hands before and after they eat. The result reflects that Batak can possibly avoid such diseases because as cited by Cronk, et al., (2015) that adequate hand hygiene (such as sanitizing and washing hand with soap) is critical for preventing infection – but several hundred million patients are affected yearly by infections arising from poor hand washing practices.

Frequency of taking a bath

The study also shows the frequency they take a bath, half 15 (50%) of the respondents took a bath three times a week; 12 (40%) took a bath every day; 8 (6.67%) of them took a bath twice a week; and the rest (3.33%) took a bath once week. This implies that majority of the respondents took a bath thrice a week.

Toiletries used by the respondents*

Majority (86.67%) of the respondents had toiletries like bath soap, tooth paste, and tooth brush; 17 (56.67%) had toiletries like shampoo; 30 (100%) had toiletries like washing soap; and the rest (33.33%) toiletries like towel. This implies that most of the respondents have toiletries like detergent soap, bath soap, and tooth brush and tooth paste.

Frequency of brushing the teeth

Table 3 shows the frequency they brushed their teeth, 20 (66.67%) of the respondents brushed their teeth twice a day, while 6 (20%) brushed their teeth thrice a day, and the rest 4 (13.33%) of the respondents brushed teeth once a day. This implies that majority have dental sanitation, however it still needs improvement. United State Agency for International Development (USAID) and Wash, Sanitation, Hygiene (WASH) (2015) stated that the teeth and mouth have to be cleaned because they emit foul odours, cause mouth and dental conditions such as cavities, gingivitis, etc., as well as stomach disorders due to indigestion.

Frequency of cleaning the ears

As to the frequency of cleaning their ears, majority (66.67%) of the respondents cleaned their ears twice a week, 7 (23.33%) cleaned their ears thrice a week, and the rest 3 (10%) of the respondents cleaned their ears once a week. This implies that majority of the respondents cleaned their ears regularly.

Frequency of cutting the nails

As to the frequency of cutting nails, majority (80%) of the respondents cut their nails once a month, while 5 (16.67%) cut their nails twice a month, and the rest (3.33%) of the respondents cut their nails thrice a month. This implies that majority of the respondents cut their nails once a week. As noted by USAID and WASH (2015), that hands and fingernails have to be

cleaned because the germs and bacteria between the fingers and fingernails cause diseases such as diarrhea, worms, etc.

Frequency of cutting the hair

As to the frequency of cutting hair, table 3 show that majority (86.67%) of the respondents cut their hair twice a month, while (10%) cut their hair once a month, and the rest (3.33%) of the respondents cut their hair once a month. This implies that most of the respondents cut their hair twice a month. The result has a positive effect for them because as noted by Wash, Sanitation, Hygiene (2015) that hair has to be cleaned because it accumulates grime and emit foul odours.

Table 3. *Personal hygiene practices of the respondents*

Practices	*Frequency (n=30)*	*Percentage (%)*
Frequency of eating in a day		
Once	1	3.33
Twice	11	36.67
Thrice	18	60.00
Respondents' response when asked if they wash their hands before and after eating		
Yes	29	96.67
No	1	3.33
Frequency of taking a bath		
Everyday	12	40.00
Once a week	1	3.33
Twice a week	2	6.67
Thrice a week	15	50.00
Toiletries used by the respondents*		
Bath soap	26	86.67
Detergent soap	30	100
Shampoo	17	56.67
Tooth paste	26	86.67
Tooth brush	26	86.67
Towel	10	33.33
Frequency of brushing the teeth		
Once a day	4	13.33
Twice a day	20	66.67
Thrice a day	6	20.00
Frequency of cleaning the ears		
Once a week	3	10.00
Twice a week	20	66.67
Thrice a week	7	23.33
Frequency of cutting the nails		
Once a month	24	80.00
Twice a month	5	16.67
Thrice a month	1	3.33
Frequency of cutting the hair		
Once a month	3	10.00
Twice a month	26	86.67
Thrice a month	1	3.33

Conclusion

After thorough consideration of the findings of this study, the following conclusions were derived: The respondents had attained elementary level. They are not totally conscious to the cleanliness of their houses and surroundings. Their income reflected them that their income is below poverty line. In terms of personal hygiene, the respondents had knowledge because they are already aware about proper personal hygiene practices. The respondents already practiced washing their hands before and after they eat.The respondents brushed their teeth but only twice a day. The respondents are also concerned on their ears, nails and hair cleanliness. Therefore, the Batak people of Nanabu, Caramay, Roxas, Palawan had knowledge in practicing proper hygiene.

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