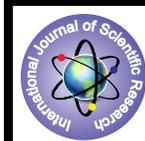


A Study to Assess The Effect of Planned Health Teaching on Knowledge of Practices of Selected Personal Hygienic Practices among School Children of Bharati Vidyapeeth School, Pune



Nursing

KEYWORDS : Effect, Knowledge, planned health teaching Personal hygienic practices, School children.

**Asha Shankar
Khobragade**

Professor cum vice Principal Kasturba Nursing College Sevagram, Dist- Wardha, Maharashtra

ABSTRACT

Background: The practice of personal hygiene is as old as the origin of mankind. Personal hygiene is indicated by the two words 'PERSONAL' and 'HYGIENE' which refer to the principles of health and sanitation to be practiced by individuals at a personal level. Personal hygiene if practiced properly gives great significance to the health status of people in the community, and in a country as a whole. In India the concept of personal hygiene is intermixed with several ritual ideas and traditions. The motto 'Cleanliness is next to Godliness', which is taught to a child even from the primary school days till adulthood guides what every individual becomes.

The community health nurse can be involved in shaping the future of citizens by proper maintenance of their health and providing guidance and motivation through planned health teaching. Proper health attitudes and practices based on correct information needs to be developed from childhood to help an individual to attain the highest level of health for himself and his family and therefore his community

Objectives: 1) To assess the knowledge regarding selected personal hygienic practices among school children before and after teaching in experimental and control group.

2) To assess the hygiene states of school children before and after teaching in experimental and control group.

3) To compare the knowledge regarding selected personal hygienic practices among school children between experimental and control group.

4) To correlate knowledge and Hygiene State of school children with selected demographic variable.

Method: This study based on interventional evaluative approach with Quasi experimental pre and post research design. The total number samples selected for the study were 60. Girls student from both the schools were selected. The total number of students is 300 studying in 5th standard, and a list was prepared. Every 5th student was selected by systematic random sampling. 30 students from Bahrathi Vidyapeeth School were assigned to the experimental group and 30 students from Priyadarshni School were assigned to the control group. The tool was structured questionnaire interview schedule and observational checklist.

Result and conclusion:

The mean pre-test and post-test scores of samples in experimental group was 21.86 and 30.50 respectively whereas in the control group it was 20.96 and 18.96. There was no significant difference between pre-test and post-test knowledge scores of control group while significant difference was observed in experimental group at $p < 0.05$. This indicates that the planned health teaching is effective in increasing the knowledge of the samples regarding personal hygienic practices.

The mean pre-test and post-test observation check list scores of control group were 10.73 and 10.83 respectively whereas in the experimental group it was 11.10 and 14.80. There was no significant difference between pre-test and post-test observation checklist scores of control group while highly significant difference was observed in experimental group at $p < 0.01$. This indicates that the planned health teaching is effective in increasing the observation practices of the samples regarding personal hygienic practices.

Introduction :

In India the concept of personal hygiene is intermixed with several ritual ideas and traditions. The motto 'Cleanliness is next to Godliness', which is taught to a child even from the primary school days till adulthood guides what every individual becomes.

It is a well-recognized fact that "Children of today are the citizens of tomorrow" The nation will be shaped and moulded into a healthy and stronger one if its children are strong and healthy. The future of a country and of mankind depends on its children. Children spend most of their time in school. The teachers have more influence on the student's mind and their teachings are usually more acceptable to the children. The teachers can be a useful tool in promoting good personal hygiene practices among students. Even the school health nurse can be an important source of giving such information to the school children. Information regarding health can cover various aspects like skin care, hair care, teeth care, eye care, ear care etc.

The community health nurse can be involved in shaping the future of citizens by proper maintenance of their health and providing guidance and motivation through planned health teaching. Proper health attitudes and practices based on correct information needs to be developed from childhood to help an individual to attain the highest level of health for himself and his family and therefore his community.

The aim of hygiene is not only to preserve health, but also to improve health. Good personal hygiene usually means those measures which help a school going child to keep their skin, hair, eyes, ears, mouth (teeth) hands feet and nails in good condition.

Children between the age of 5 to 14 years form one fourth of India's total population. In 1951 there were 2,09,671 primary school children which has increased to 5,81,305 in 1995. The enrollment of children in schools has gone up from 19.2 million in 1951 to 108 million in 1995.

The child spends most of the time in school; therefore the school is an ideal place of learning and growing up for the school child. The school children are exposed to a variety of infections and hazards daily. Extensive surveys carried out in different part of our country showed that mortality and morbidity rate of children in India are the highest in world and is largely attributed to malnutrition, infectious disease, acute respiratory infections, dental caries, worm infection, scabies etc, and the root cause of all these being lack of personal hygiene.

Material & method:

This study based on interventional evaluative approach with Quasi experimental pre and post test research design. The study was conducted in two selected schools in the Pune City. First school is Bharati Vidyapeeth School. Second school Priyadarshani Madhyamic Vidyalaya Dhankawadi, Pune. The sampling technique used is systematic random sampling technique. The total number samples selected for the study were 60. Girls student those who

fulfill the criteria from both the schools were selected. The total number of students is 300 studying in 5th standard, and a list was prepared. Every 5th student was selected by systematic random sampling technique. 30 students from Bharathi Vidyapeeth School were assigned to the experimental group and 30 students from Priyadarshini School were assigned to the control group. The present study aimed at assessing the effect of planned health teaching on personal hygiene in terms of knowledge gained by the children of 10 to 12 years of age studying in selected school of Pune city. Thus, a structured questionnaire schedule and observational checklist was prepared and used for data collection.

Pilot study :

The pilot study was conducted on 29 August 2005 to 6 September 2005 to assess feasibility of the study. Total of 30 students in Pratap School, 15 were selected for experimental group by systematic sampling. However out of 30 students of Purna school 15 students were selected for control group by systematic sampling. Pre-test was taken in both schools on the same day which was followed by planned health teaching for the experimental group. After the seventh day post-test was taken for control and experimental group.

Data was analyzed by statistical tests. Findings indicated that planned health teaching was effective for the school children of ten to twelve years of age from Purna and Pratap school Pune, as well as significantly increasing knowledge regarding personal hygienic practices.

Data collection:

The final study conducted from 8th September 2005 to 16th September 2005. Data collection was done by structured questionnaire technique and observation checklist of hygiene state was done. On pre testing, purpose of the study was explained to the girls participating in the study. Confidentiality of their responses was assured. Formal consent was taken. The pretesting took 10 to 15 minutes. After pre testing the planned health teaching were disseminated to experimental group only. The instruction about post-test was given to the respective participants of control group as well as experimental group and Post-test was conducted on the seventh day. Time taken for the test was 10 minutes approximately. The collected data was coded, tabulated and analyzed by using descriptive and statistics (mean percentage, standard deviation) and inferential statistics. To associate the demographic characteristics, one way ANOVA test was used

Result:

Majority age that nearly half of control group i.e. 14 (47%) and experimental group i.e.18 (60%) of the samples were 10 years old. However nuclear type of family predominates in both the groups i.e. 83% in control group 73% in experimental group. Similarly in both the groups 4-6 family members are present consisting 23 (77%) controls and 20 (67%) in experimental group. Majority of father's education i.e. 17 (57%) of the samples were higher secondary in control group and 15 (50%) in experimental group. In both groups majority of mother's education was upto higher secondary level i.e. 13(43% in control group) and 15 (50%) experimental group.

Father's occupation was service in 12 (40%) in control group and 16 (53%) in experimental group. Majority of mother's occupation was housewife in both groups i.e. 27 (90%) in control group and 25 (83%) in experimental group. Majority of children lives in pacca house in control group i.e. 27 (90%) and interesting finding was that all (100%) experimental group children lives in pacca house. Nearly

half of control group i.e. 14 (47%) and around one third of experimental group i.e. 11(37%) having at least two rooms in their houses. Private tap is the main source of water supply i.e.83% and 63% in control and experimental group respectively. Similarly in 97% of both groups have electricity supply in their houses, Majority of the samples were from families with total family income of Rs. 5000-10,000 including 12 (40%) controls and 14 (47%) in experimental group. That's why mother gives more attention to the children about personal hygiene.

Table no 1. Deals with analysis of data related to knowledge of school children before and after planned health teaching.

Knowledge scores.	Control group.			Experimental group.		
	Mean	S D	P value	Mean	SD	P value
Pre-test	20.96	2.12	0.0052	21.86	2.44	
Post-test	18.96	2.22		30.50	2.12	0.0000123**

** p < 0.01

The above table no 1. indicates that the mean pre-test and post-test scores of samples in experimental group was 21.86 and 30.50 respectively whereas in the control group it was 20.96 and 18.96.

There was no significant difference between pre-test and post-test knowledge scores of control group while significant difference was observed in experimental group at p < 0.05.

This indicates that the planned health teaching is effective in increasing the knowledge of the samples regarding personal hygienic practices.

Figure 1. Distribution of pre and post -test mean knowledge score in control and experimental group.

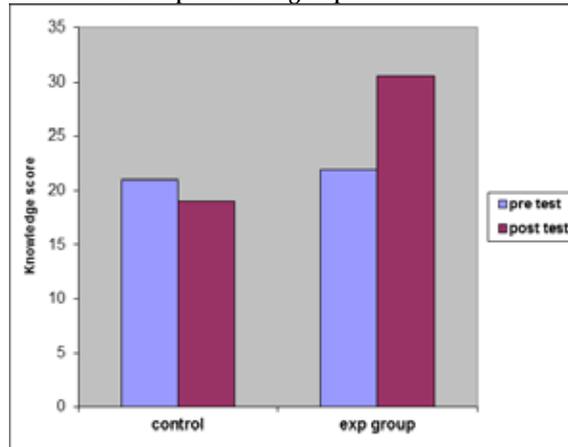


Table no 2. Deals with analysis of data related to observational checklist of personal hygiene state for control and experimental group.

Observation check list	Control group			Experimental group.		
	Mean	SD	P value	Mean	SD	P value
Pre-test	10.73	1.87	0.823	11.10	2.36	0.0000082**
Post-test	10.83	1.89		14.80	1.62	

** = P < 0.01

The above table 5 indicates that the mean pre-test and post-test observational check list scores of control group was 10.73 and 10.83 respectively whereas in the experimental group it was 11.10 and 14.80. There was no significant difference between pre-test and post-test observational check list scores of control group while highly significant difference was observed in experimental group at $p < 0.01$.

This indicates that the planned health teaching is effective in increasing the observation practices of the samples regarding personal hygienic practices.

Figure -2
Distribution of pre-test and post-test mean of observation check list in control and experimental group.

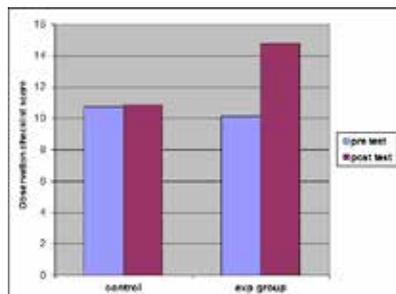


Table no 3. Distribution of pre-test and post-test knowledge scores of control and experimental group.

Knowledge score	Control group (N=30)		Experimental group (N=30)	
	Average	Good	Average	Good
Pre-test	26	4	21	9
Post-test	29	1	0	30

From above table it was observed that in control group as there was no planned health teaching most of the students were in average knowledge score group. However in experimental group all the students who were in average score group were shifted to good knowledge score group. This clearly indicates that planned health teaching had improved the knowledge of experimental group.

There is no association between the knowledge scores and the selected variables such as the age, type of family, total family members, parents education, occupation, total family income per month, type of house, total rooms in house, type of water supply and presence of electricity.

Table 4.
Pre-test and post-test Knowledge scores regarding different aspect of personal hygiene of control and experimental group.

Aspects	Pre-test Mean	Post-test Mean	't' value	P value
1. Skin	85	90	37.995	0.00001**
2. Hair	50	92		
3. Ears	66	91		
4. Eyes	71	90		
5. Teeth	47	84		
6. Hands' feet and nails.	69	79		

** P << 0.01

There is highly significant difference between means of different aspects of personal hygiene in pre-test and post-test. It shows that the planned health teaching about personal hygiene has been of significant effect in improving the knowledge of the school children.

Discussions and conclusions:

In the experimental group the mean post-test knowledge score is 30.50, which is higher than the mean pre-test knowledge score of 21.86. As regarding information about knowledge score in control group p value is > 0.01 which indicates that there is no significance. This shows that there is no increase in knowledge scores. In the experimental group the p value < < 0.01** which shows a high significance. This indicates that knowledge scores increased in the experimental group. That means planned health teaching was effective in improving the knowledge. Findings related to compare knowledge scores in control and experimental group "paired 't' test" was applied. In control group p value (0.052) > 0.05 is of insignificant difference, which shows there is no difference in pre-test and post-test knowledge. In experimental group the p value is (0.000057**) < < 0.01 therefore it is highly significant. This shows that there is difference between pre-test and post-test scores, which indicates that after planned health teaching there is increase in knowledge scores. Findings related to compare the knowledge scores between pre-test scores of control and experimental to post -test scores of control and experimental group " standard two sample t-test" was applied. Result shows that p value>0.01 therefore there is no significant difference between pre test scores of control and experimental group. In post-test scores of control and experimental group p value<< 0.01 so there is highly significant difference. This indicates that because of intervention i.e. planned health teaching there is increase in post-test knowledge scores.

It is observed by the study that there is no significant association between age, type of family, total family members, parent's education and occupation, total family income per month, type of house, total rooms in house, type of water supply and presence of electricity.

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