Research Paper Medical Science

Effectiveness of STP on Knowledge and Practice Regarding Personal Hygiene Among Primary School Children

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ABSTRACT

Background-
Personal hygiene is an important set of practices in daily living of every human being as it maintains the current health status as well as promotes and elevate the standard of health. The meaning could be different from person to person depending on culture, beliefs, values, socio-economic status etc. Poor personal hygiene practices creates burden of communicable disease over community and to reduce it one should learn the practices by the beggning of learning phase of their life. It is assumed that the teaching program regarding better personal hygiene can be fruitful and can improve the level practice and knowledge of children regarding hygiene, so this study was carried out to know the effect of health education on the knowledge and practice regarding personal hygiene of primary school children of waghodiya taluka.

Aims and ojectives-
This study was conducted to evaluate the effect of structured teaching program on primary school children by assessing their existing knowledge and practice level regarding personal hygiene.

Materials and Methods-
Pre experimental one group Pre test and Post test research design with quantitative approach was used. Purposive sampling technique was adopted to select 80 samples from selectedprimary schools of waghodia taluka,Vadodara district. Self Administered Structured Questionnaire was used to collect the data. Analysis of data was done by descriptive and inferential statistics. The level significance of the study is fixed at 0.05level.

KEYWORDS: effectiveness, personal hygiene, primary school children, hand hygiene, oral hygiene, hair care, bathing, brushing, nail care.

INTRODUCTION

The word personal hygiene is the set of two words personal and hygiene where personal stands for individual and hygiene stands for grooming and cleanliness. The meaning of personal hygiene can be very from individual to individual depending on the culture, socio-economic status, gender, Concepts and many other factors. Personal hygiene is very essential and important part for maintaining the current health status and also to elevate the status of health.

When the personal hygiene is taught during the childhood like good practices, habits, social interaction etc. This will help making the child a good human being. As well as it helps in reducing morbidity rate of communicable diseases and parasitic infection prevalent in children which occur due to lack of personal hygiene among children.

A large fraction of the world's mortality and morbidity is due to communicable diseases. 62% and 31% of all deaths in Africa and Southeast Asia, respectively, were caused due to infectious disease. This trend is especially notable in developing countries where acute respiratory and intestinal infections are the primary causes of disease and death among young children. Inadequate sanitary conditions and poor hygiene practices play major roles in the increased number of communicable disease within this developing countries.[1]

There are about 6.3 lakh schools in India, including primary schools and upper primary schools, with 128.3 million children in primary school in about 50 million in upper primary school but it is also a fact that only 8% of the schools have premises, only 44% have water supply facilities, 19% have facilities of urinals and 8% have lavatory facilities for girls barely 19% of schools have separate urinals for boys and girls, only 4% have separate lavatory facilities.[2]

According to UNICEF at the end of 2007 More than 1000 children died every day in India from diarrhea. According to the WHO-UNICEF joint monitoring program, at the end of 2002, about 2.6 billion (40%) of the world's population did not have access to proper sanitation and living with good personal hygiene. According to UNICEF at the end of 2008, about 35% of Indian schools do not have toilets, the school toilets that exist; many of them are not functional or usable.[3]

RESEARCH STATEMENT

"A study to evaluate the effectiveness of structured teaching program on knowledge and practice of school going children regarding personal hygiene in selected primary schools of waghodiya taluka."

OBJECTIVES

- To assess pre-test level of knowledge and practice of school going children regarding personal hygiene.
- To evaluate the effectiveness of structured teaching program on knowledge & practices of school going children regarding personal hygiene.
- To find an association between knowledge and practice of school going children with their socio-demographic variables. (age. Gender, educational status of parents, religion, culture, nature of work of parents)
- To find co-relation between knowledge and practice of school going children regarding personal hygiene.

HYPOTHESIS

H_1 - There will be significant difference between pre-test and post-test knowledge and practice scores of school going children regarding personal hygiene.

H_2 - There will be significant association between pre-test knowledge & practice score of school going children with their selected socio-demographic variables.

H3 – There will be significant co-relation between pre-test knowledge and practice of school going children regarding personal hygiene.

MATERIALS AND METHODS

Research Approach: Evaluative research approach was used.

Research Design: the pre-experimental one group pre- test post –test research design was adopted.

Setting of the Study: The study was conducted in three selected schools of Waghodia Taluka, Vadodara.

Target Population: The target population for this study consisted of Primary School going children between the age group of 10-13 years.

Sample: The sample for the present study comprises of 60 primary school going children from three selected schools of Waghodia Taluka, Vadodara.

.**Sampling technique:** purposive sampling technique was used.

DEVLOPMENT OF TOOL FOR DATA COLLECTION

For collecting the data a set of questionnaire was prepared by the researchers. A set of questionnaire for assessment of knowledge and checklist questionnaire was prepared for assessing the practice of sample (primary school children). The tool consists of 3 sections.

- **SECTION : A**

Socio-demographic data that consist of 6 items seeking information related to gender, religion, father's occupation, mother's occupation, type of house and toilet facility.

- **SECTION : B**

Self-administer knowledge questionnaire is used to assess the knowledge of school children regarding personal hygiene. Following steps are considered in the development of tool.

The scoring scale consists of one correct option for all multiple choice questions. There are total of 20 question items. Score "1" is given for correct response score "0" is given for incorrect response.

The score range from minimum of "score 0" and maximum of "score 20". The knowledge level is arbitrarily divide into 3 categories based on self-administered knowledge questioner and accordingly the scores were allotted.

- o Adequate knowledge - >66%
- o Moderate adequate knowledge-35%-66%
- o Inadequate knowledge- <35%

- **SECTION : C**

Practice of school children regarding personal hygiene is assessed using non-standardized 3 point likart scale checklist. That contains 20 statements related to personal hygiene; Scoring have three options; always, sometimes, never and they contains 2, 1,and 0 marks respectively according to the response

The practice level is arbitrarily divide into 3 categories based on self administered non-standardized two point likart scale checklist and score were allotted accordingly.

- o Adequate knowledge >66%
- o Moderate adequate knowledge 35%-66%
- o Inadequate knowledge <35%

Validity of instrument

Prepared tool along with the objective of the study, criterion on rating scale and the blue print were submitted to 03 experts for content validity each from community health nursing, medical-surgical nursing and obstetrics and gynecological nursing. Who have given their valuable suggestion and opinion on the tool

Reliability

The reliability of the tool was computed using Split half technique employing Spearman Brown's Prophecy formula. The computed reliability coefficient of the knowledge tool was found to be (r11) = 0.9494 and further, the statistical validity coefficient was found to be 0.9754. It was statistically significant and thus, the tool was found reliable.

Data collection procedure

The data collection was carried out from 01.06.2015. to 18.08.2015. The purpose of the study was explained to the sample and informed consent was taken before starting the study. A Pre test was conducted by self administered structured knowledge questionnaire to each sample. Duration of 30-40 minutes was given for each sample to complete the tool. On the same day, the charts on Importance of personal hygiene and how to maintain them is shown along with the demonstration. Post test was conducted by using the same self administered structured knowledge questionnaire after 5 days of the implementation of STP. All School Principals and teachers co-operated well with the investigator in both Pre and Post test.

ANALYSIS OF DATA

The data was analyzed using descriptive and inferential statistical methods on the basis of objectives and hypothesis of the study. The knowledge scores and practice scores of primary school going children were analyzed in terms of frequency percentage, mean and standard deviation. The comparison of pre-test and post-test were determined using paired *t* test further chi-square test was employed to measure the association between knowledge, practice level and socio-demographic variables. The test results were subjected for testing at 0.05 level of probability. The outcome of the result interpreted below in tables.

RESULT

The findings discussed under the following headings

Section 1	Description of the samples according to their demographic data.
Section 2	Testing the hypothesis: Evaluate the effectiveness of structured teaching program on knowledge & practices of school going children regarding personal hygiene. To find an association between knowledge and practice of school going children with their socio-demographic variables. To find co-relation between knowledge and practice of school going children regarding personal hygiene.

SECTION-1 Description of samples according to demographical data

Variables	Categories	Frequency	Percentage
Gender	Male	31	51.66%
	Female	29	48.34%
Religion	Hindu	47	78.34%
	Muslim	13	21.66%
	Christian	0	0.00%
	Others	0	0.00%
Father's occupation	Business	16	26.66%
	Farmer	18	30.00%
	Service (private, govt.)	20	33.34%
	Labor work	06	10.00%
Mother's occupation	Housewife	54	90.00%
	Service (private, govt.)	06	10.00%
	Labor worker	0	0.0%
	Business	0	0.0%
Type of house	Pakka	28	46.66%
	Semi-pakka	18	30.00%
	kachha	14	23.34%
Type of toilet	Private	32	53.34%
	Sharing	15	25.00%
	Open	13	21.66%

From the 60 samples 31(51.66%) were male and 29(48.38%) were females. Religion distribution of samples shown 47(78.34%) as Hindu, and 13(21.66%) as Muslim. No samples from any other religion were found.

There were 16(26.66%) samples found whose father's having their own business while 18(30.00%) were doing farming as their occupation, 20(33.34%) were working in private or government sectors and 6(10.00%) of them were working as labor worker. We have found 54(90.00%) sample's mother working as housewife while 6(10.00%) were working in private or government sector.

From the 60 samples 28(46.66%) were living in Pakka house; 18(30.00%) were living in Semi-Pakka house and 14(23.34%) samples were living in Kachha house.

There were 32(53.34%) of samples had their own private toilet facility; 15(25.00%) were using toilet on sharing basis and 13 (21.66%) use open defecation method.

SECTION-2

A. Evaluate the effectiveness of structured teaching program on knowledge & practices of school going children regarding personal hygiene.

	Mean percentage	***t* value**	Inference
Pre-test knowledge	35.75%	34.494	S
Post-test knowledge	81.3%		
Pre-test practice	45%	34.4143	S
Post-test practice	82.58%		

The table show post test knowledge mean score of 33.033±2.57 is higher than the pre test knowledge mean score 18.00±2.247 with the t-value of 34.4143 which is significant at 0.05 level as it is greater than 2.0010 t-test significant at 0.05 level.

B. To find an association between knowledge and practice of school going children with their socio-demographic variables.

Association between demographic variables and knowledge regarding personal hygiene among school going children.

Demographic variables	Freq	Level of knowledge		df	χ^2
		Inadequate	Moderately adequate		
GENDER					
Male	31	26	5	1	0.064
Female	29	25	4		
RELIGION					
Hindu	47	41	6	1	0.849
Muslim	13	10	3		
FATHER'S OCCUPATION					
Business	16	12	4	3	1.874
Farmer	18	16	2		
Service (Pvt./ Govt.)	20	18	2		
Labor Work	06	05	1		
MOTHER'S OCCUPATION					
House Wife	54	46	8	1	0.015*
Service(Pvt./ Govt.)	06	05	1		
TYPE OF HOUSE					
Pakka	28	24	4	2	0.678
Semi-Pakka	18	16	2		
Kachha	14	11	3		
TOILET FACILITY					
Private	32	27	5	2	1.492
Sharing	15	14	1		
Open	13	10	3		

There was one significance found between mother's occupation and knowledge score with 0.015 χ^2 value (level of significance at 0.05).

i. Association between demographic variables and knowledge regarding personal hygiene among school going children.

Demographic variables	Freq.	Level of knowledge		df	χ^2
		Inadequate	Moderately adequate		
GENDER					
Male	31	1	30	1	0.951
Female	29	0	29		
RELIGION					
Hindu	47	0	47	1	3.67
Muslim	13	1	12		
FATHER'S OCCUPATION					
Business	16	1	15	3	2.79
Farmer	18	0	18		
Service (Pvt. /Govt.)	20	0	20		
Labor Work	06	0	6		
MOTHER'S OCCUPATION					
House Wife	54	1	53	1	0.113**
Service (Pvt./ Govt.)	06	0	6		

TYPE OF HOUSE					
Pakka	28	0	28	2	2.37
Semi-Pakka	18	1	17		
Kachha	14	0	14		
TOILET FACILITY					
Private	32	1	31	2	0.890
Sharing	15	0	15		
Open	13	0	13		

From the table 4.11 there was significance found between mother's occupation and practice score $\chi^2 = 0.113$ practice (level of significance at 0.05).

ii. To find co-relation between knowledge and practice of school going children regarding personal hygiene.

	Mean	r value
Pre test knowledge	7.15	0.637 significant
Pre test practice	18	

Analyzed data has shown moderate co-relation between pre-test knowledge and practice. This shows the perfect positive moderate co-relation between knowledge and practice.

CASE STUDY

In the present study, knowledge and practice regarding personal hygiene is assessed with the socio-demographic variables like gender, religion, type of house, toilet facilities, education and occupation of parents is assessed. A structured teaching program was planned and given it to the samples after pre-test and a post test after implementation of STP was conducted to assess the effectiveness of STP on school going children's knowledge and practice of personal hygiene.

CONCLUSIONS

Students have average knowledge regarding personal hygiene as well as about the diseases which can be spread by poor personal hygiene. The structured teaching program has shown remarkable increase in the knowledge score of the children as well as practice score of children. Using the statistical formulas we have computed the difference between pre-test and post-test, and highly significant difference is shown in knowledge (t=34.496) and practice (t=34.4143) score of the children in all the segments. So we can conclude that the structured teaching program on personal hygiene has shown its impact on primary school children in regards of knowledge and practices.

REFERENCES

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