Effectiveness of school based educational Program on knowledge and attitude regarding personal hygiene among primary school going children of selected Govt. and private school

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Abstract

Introduction: Personal hygiene related to cleanness. Proper knowledge and practice of personal hygiene plays critical role in avoiding communicable disease and benefits for primary school children to enjoy healthy and practice school life. Attitude regarding personal hygiene refers to positive behavior towards personal hygiene that improves health and prevents lot of diseases.

Objectives: objectives of this study was to assess the effectiveness of school based education program knowledge and attitude regarding personal hygiene among primary school going children of selected Govt. and Private schools and compare knowledge score and attitude score regarding personal hygiene among primary school going children of selected Govt. and Private school.

Materials and Method: Research design adopted for the study was Pre – experimental design. The setting of the study was at Govt. Primary school Amlidih, and Jyoti vidya mandir, Kawardha, Chhattisgarh. Population in the study was Primary school going children [8–12 year] who were studying at Govt. and primary school (Jyoti vidya mandir) at Kabirdham. In this study the sample size was 60 [Govt. school -30, Private school– 30]. The sampling technique was Systematic random sampling technique.

Results: Govt. school among primary school going children were pre test Mean score was 1.80 & Standard deviation was 0.6 and in post test Mean score was 17.40 & Standard Deviation was 1.22& paired ‘‘t’’ value of ‘‘t’’ =71 .68 . Degree of freedom 29 and level of significant [2-tailed] 0.001.

Govt. school going children were pretest,mean score was 2.40, and standard deviation 0.49, and in post test mean score was 48.53 and standard deviation was 3.69 and paired ‘‘t’’ value 66.28, degree of freedom 29 and level of significant 0.001.

Private school going children were pretest mean 2.00 and standard deviation 0.74 and in post test mean 16.93 and standard deviation 2.03, and paired ‘‘t’’ value 39. 90, degree of freedom 29 and level of significant 0.001. private school going children were pre test mean 2.70, and standard deviation 0.46, and in post test mean 49.23 and standard deviation 5.41 and paired ‘‘t’’ value 48.54, degree of freedom 29 and level of significant 0.001.

Keywords: School based education programme, Children, and personal hygiene.

Background of the study

Personal hygiene related to cleanness. In primary school going children, maintaining personal Hygiene helps to improve the quality of life and free from diseases. It is broad term include such personal habit choice as how frequently to bath’ wash hands ‘trim fingernails and change clothing’. Proper knowledge and practice of personal hygiene plays critical role in avoiding communicable disease and benefits for primary school children to enjoy healthy and practice school life. Attitude regarding personal hygiene refers to positive behavior towards personal hygiene that improves health and prevents lot of diseases. Around 1.7 million deaths occur every year due to lack of personal hygiene. In developing countries acute respiratory infection and gastrointestinal infection major cause of morbidity.

Previous researcher conducted study regarding personal hygiene M Sarkar[2013] across sectional observational study conducted in primary school situated in the slum area KOLKATA [INDIA] to find out the knowledge and practice regarding personal

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hygiene in school children the participant included 104 students male and female all primary school children grade 1st and 5th from selected school and tool was used in this study pre-designed, pre-tested and structured questionaire Result show that regarding practice of personal hygiene combing hair practice 48% and knowledge 74.04% brushing teeth 50% washing hands before eating in practice 84% and knowledge 96% and after toilet hand washing practice 94% and knowledge 99% trimming nails practice 76.92% and knowledge 98%.

Research Methodology
The research design selected for the present study was Pre experimental research design. In this study the independent variables was school Based Education Program (SBEP). Research approach was evaluative approach. In this study dependent variables are knowledge and attitude regarding personal hygiene. The setting for the present study was at selected private and government school Kabirdham (C.G). The sample size will be 60 primary school going children under [8–12 year] which are 30 from Govt. school and 30 from private school. The sampling technique was Systematic random sampling technique.

Tool was divided into three categories section one was socio demographic data here 11 items were included, section two was knowledge and section three was attitude regarding personal hygiene among primary school going children.

The tool developed was structured interview schedule consist of three section they were section A socio demographic data, section B attitude checklist, section C multiple choice question knowledge regarding personal hygiene.

Table 1: Knowledge score regarding personal hygiene among Govt. primary school going children

<table>
<thead>
<tr>
<th>Knowledge Score</th>
<th>Mean</th>
<th>N</th>
<th>SD</th>
<th>‘‘t’’ value</th>
<th>DF</th>
<th>Significant [2-tailed]</th>
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</thead>
<tbody>
<tr>
<td>Pretest</td>
<td>1.80</td>
<td>30</td>
<td>0.61</td>
<td>71.68</td>
<td>29</td>
<td>0.001</td>
</tr>
<tr>
<td>Post-test</td>
<td>17.40</td>
<td>30</td>
<td>1.22</td>
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</tr>
</tbody>
</table>

Table 1 reveled that Govt. school among primary school going children were pre test Mean score was 1.80 & Standard deviation was 0.6 and in post test Mean score was 17.40 & Standard Deviation was 1.22& paired ‘‘t’’ value of ‘‘t’’ =71.68. Degree of freedom 29 and level of significant [2-tailed] 0.001.
Table 2: Attitude score on personal hygiene among Govt. primary school going children

<table>
<thead>
<tr>
<th></th>
<th>Attitude score</th>
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<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>N</td>
<td>SD</td>
<td>‘t’ value</td>
<td>Df</td>
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<tr>
<td>Pretest</td>
<td>2.40</td>
<td>30</td>
<td>0.49</td>
<td>66.28</td>
<td>29</td>
</tr>
<tr>
<td>Post-test</td>
<td>48.53</td>
<td>30</td>
<td>3.69</td>
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<td></td>
</tr>
</tbody>
</table>

Table 2 revealed that at Govt. school going children were pretest mean score was 2.40, and standard deviation 0.49, and in post test mean score was 48.53 and standard deviation was 3.69 and paired ‘t’ value 66.28, degree of freedom 29 and level of significant 0.001.

Table 3: Knowledge score on personal hygiene among Private school going children

<table>
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<tr>
<th></th>
<th>Knowledge score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>N</td>
<td>SD</td>
<td>‘t’ value</td>
<td>df</td>
</tr>
<tr>
<td>Pretest</td>
<td>2.00</td>
<td>30</td>
<td>0.74</td>
<td>39.90</td>
<td>29</td>
</tr>
<tr>
<td>Post-test</td>
<td>16.93</td>
<td>30</td>
<td>2.03</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 3 revealed that Private school going children were pretest mean 2.00 and standard deviation 0.74 and in post test mean 16.93 and standard deviation 2.03, and paired ‘t’ value 39.90, degree of freedom 29 and level of significant 0.001.

Table 4: Attitude score on personal hygiene among Private primary school going children

<table>
<thead>
<tr>
<th></th>
<th>Attitude score</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>N</td>
<td>SD</td>
<td>‘t’ value</td>
<td>df</td>
</tr>
<tr>
<td>Pretest</td>
<td>2.70</td>
<td>30</td>
<td>0.46</td>
<td>48.54</td>
<td>29</td>
</tr>
<tr>
<td>Post-test</td>
<td>49.23</td>
<td>30</td>
<td>5.41</td>
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Table 4 revealed that private school going children were pre test mean 2.70, and standard deviation 0.46, and in post test mean 49.23 and standard deviation 5.41 and paired ‘t’ value 48.54, degree of freedom 29 and level of significant 0.001.

School going age is crucial age and schools are often the first contact point where children learn healthy lifestyle. They will pass on to the next generation and will influence the future community. Lacks of accurate information, absence of proper guidance, parent’s ignorance are the major barriers. Interventions should focus on providing psychological and mental health services and behaviour change communication towards leading a healthy lifestyle, awareness creation about personal hygiene.

**Conclusion**

After the detailed analysis the study leads to following conclusion that- School based education program was
effectively implemented and primary school going children improved their knowledge and attitude regarding personal hygiene. They got lots of knowledge and clear their doubts regarding personal hygiene. There was significant increase in knowledge and attitude after implementing school based education program regarding personal hygiene.

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Conflict of Interest
None.

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3. Bandy Opondhyay R. a competitive study common ear morbidity pattern among children in Kolkata, India med also (2005).

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