

Impact of Health Education Programme on the Knowledge and Practices of School Children Regarding Personal Hygiene in Rural Panipat

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ABSTRACT The present study was conducted in the villages of district Panipat of Haryana state on a sample of 60 rural school going children aged 8-10 years. The study revealed that majority of the respondents in the area had low scores on level of knowledge and practices regarding personal hygiene. In order, to enhance their level, a Health education programme was developed, the respondents were divided into experimental and control groups and the programme was administered in the experimental group. After the intervention of Health education programme the results showed an impact of the programme as the scores of the children after post-testing improved in the experimental group and they were found to be significant on various aspects of personal hygiene.

INTRODUCTION

“Health is Wealth” is a well known saying. In simple words health means the physical well-being of an individual. Health education aims at bringing about behavioural changes in the individuals attitude toward health. WHO (1948) has defined health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Health education may be defined as “general education which is concerned with changes in knowledge, feelings and behaviour of people. In its most usual forms it concentrates on developing about the best possible state of well being”. Moreover education concerning prevailing health problems and the method of preventing and controlling them is considered to be one of the first essential activities in primary health care.

Health education is an active process of learning and doing by one’s self and it may encompass various aspects like personal hygiene, home and environmental sanitation or nutritional hygiene. Personal hygiene is most important aspect of health education. It means taking care of the cleanliness of the body parts. Until and unless measures are taken for making the body parts clean, the body is liable to catch infections and it may pose threat to the physical well-being of the individual. Personal hygiene may not be taken care of due to ignorance or lack of proper education or lack of proper inculcation of hygiene habits.

Though a multitude of programmes are going on for the eradication and control of diseases yet

a lot needs to be done for giving first hand information about practices and prevention of spread of diseases. The home, the school and the community has to share the task of helping each child to realize optimal health and keep pace with his increasing maturity, train gradually to assume more and more responsibility for his own health. Biswas et al. (1990) reported that health knowledge of the student significantly improved after education. Attitude of the students towards personal hygiene also improved significantly after education. The practice of personal hygiene also revealed improvement. Moreover, Dongre et al. (2006). also ascertained that after giving an intervention of school health programme there was significant improvement in the personal hygiene of the students. It was also found that with the implementation of the school health education programme with the emphasis on improvement of personal hygiene, the proportion of children with clean and cut nails, clean hairs and clean clothes increased significantly. Thus, the ultimate goal of health education intervention is to positively influence health status and bring about behavioral changes regarding health.

So, keeping in mind, the need of developing an appropriate need based health education programme the present study was conducted with following objectives in mind.

Objectives

1. To assess the knowledge and practices of

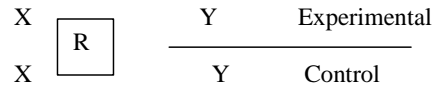
- respondents with regard to personal hygiene.
- To assess the effectiveness of the intervention regarding health education programme on personal hygiene.

METHODOLOGY

A sample of 60 school going children in the age group of 8-10 years were selected from rural area of district Panipat, Haryana. They were selected from the schools of village Ujha by simple random technique. The knowledge and practices regarding personal hygiene were assessed by a self structured pre-tested interview schedule. The schedule consisted of various questions like is it necessary to keep eyes clean?, why is it necessary to keep the eyes clean?, what are the main diseases of eyes?, how can we keep our ears clean?, is it necessary to keep our nails clean?, how do you get rid of lice from your hair?, how to clean our teeth?, when do you clean your hands?, do you clean your hands after toilet?, how do you clean your hands?, do you take bath daily? etc. The above sample was tested for knowledge and practices regarding various components of health education and on the basis of that a need based health education programme was developed in the year 2007-2008.

For action research, a group of 30 respondents was taken as the control group and the other 30 was taken as the experimental group. Efforts were made to control all the extraneous variables. At the pre-testing stage the existing status of personal hygiene a component of health education was assessed with a pre structured interview schedule. At the second stage, only the experimental group was exposed to the intervention package for 8 weeks. Intervention programme on health education was a complete package on activities related to personal hygiene. The helping aids were developed with easily available, low cost material. To make an assessment of the intervention post testing was done after 3 weeks of completion of health education programme on both the control as well as experimental group. The data was collected and subjected to various statistical tests i.e. mean, standard deviation and t- test.

The design applied for Research was "Experimental Group - Control Group: Randomised Subjects" as described by Kerlinger (1983). Theoretically all possible independent variables were controlled by randomization.



RESULTS AND DISCUSSION

Results of study have a difference in the proportionate mean scores of knowledge and practices of respondents with regard to personal hygiene. In the knowledge aspect the respondents scored higher than the actual practice of personal hygiene. More standard deviation has also been found regarding knowledge of the respondents for personal hygiene than the practice. This shows that though some of the individuals were having knowledge regarding good personal hygiene and the ways of achieving it but in real life situation they were not practicing it. Infact, the scores on both aspects were low. Lack of proper facilities like basic education, access to mass media might have affected their knowledge and practices for personal hygiene.

The thorough probing of data in Tables 1 and 2 elucidates the difference in the mean scores of pre- and post-testing of the control group to be very negligible on knowledge as well as practice of various components of personal hygiene of the respondents.

The data of the experimental group showed, the mean difference of the pre- and post-tested scores on knowledge with regard to various components of personal hygiene to be higher and the t-values were also significant. Similarly, on the practice aspect of the components of personal hygiene mean difference in the pre- and post-testing data was found to be higher but lower than the difference of means regarding knowledge of the respondents towards various components of personal hygiene. Thus, it can be concluded that the intervening variable i.e. the need-based health education programme has influenced both the knowledge and practices with regard to components of personal hygiene. But it is also quite evident that it has significantly affected the knowledge more rather than the practice. The mean difference of the pre- and post-tested data of the experimental group which was subjected to the health education programme has been found to be significant whereas, in the control group no such results have been obtained.

The results can be corroborated by the critical evaluation of the published outcome of studies on health and nutrition education programmes.

Table 1: Mean and S.D scores of knowledge and practices regarding personal hygiene on pre- and post-testing (N=60)

Components of personal hygiene		Control group N=30				Experimental group N=30			
		Pre-test	Post-test	M.D.	t-value	Pre-test	Post-test	M.D.	t-value
a.Eye	Knowledge	3.32±0.77	3.33±0.78	0.01	N.S	3.30±0.78	4.57±1.27	1.3	7.41*
	Practice	0.37±0.48	0.38±0.48	0.01	N.S	0.37±0.48	0.87±0.35	0.5	2.04*
b.Ear	Knowledge	1.57±0.57	1.59±0.56	0.02	N.S	1.56±0.56	2.84±0.38	1.3	8.15*
	Practice	0.27±0.45	0.29±0.44	0.02	N.S	0.28±0.45	0.75±0.45	0.5	3.82*
c.Nose	Knowledge	1.32±0.55	1.43±0.54	0.11	N.S	1.32±0.55	2.80±0.60	1.5	9.81*
	Practice	0.52±0.51	0.58±0.57	0.06	N.S	0.50±0.51	0.84±0.36	0.3	2.91*
d.Teeth	Knowledge	0.76±0.63	0.78±0.62	0.02	N.S	0.57±0.67	2.73±0.51	2.2	2.16*
	Practice	0.82±0.56	0.86±0.63	0.04	N.S	0.83±0.56	2.86±0.35	1	16.01*
e.Tongue	Knowledge	0.62±0.49	0.65±0.49	0.03	N.S	0.63±0.49	0.93±0.24	0.3	3.27*
	Practice	0.61±0.50	0.63±0.51	0.02	N.S	0.59±0.50	0.90±0.25	0.3	3.31*

*Significant at 10% level of significance

Table 2: Mean and S.D scores of knowledge and practices regarding personal hygiene on pre- and post-testing (N=60)

Components of personal hygiene		Control group N=30				Experimental group N=30			
		Pre-test	Post-test	M.D.	t-value	Pre-test	Post-test	M.D.	t-value
f.Nail	Knowledge	0.71±0.46	0.72±0.46	0.01	N.S	0.73±0.46	3.91±0.30	3.18	3.45*
	Practice	1.13±0.66	1.14±0.66	0.01	N.S	1.03±0.65	2.63±0.48	1.6	12.56*
g.Hair	Knowledge	0.83±0.37	0.84±0.38	0.01	N.S	0.83±0.37	2.93±0.25	2.1	12.20*
	Practice	0.50±0.67	0.53±0.58	0.02	N.S	0.51±0.67	2.83±0.37	2.32	2.36*
h.Hands	Knowledge	0.93±0.25	0.95±0.25	0.02	N.S	0.93±0.25	0.95±0.25	1.47	9.81*
	Practice	1.67±0.81	1.67±0.81	0	N.S	1.67±0.81	1.67±0.81	0.34	2.91*
i.Feet	Knowledge	0.80±0.40	0.81±0.40	0.01	N.S	0.80±0.40	3.96±0.31	3.16	3.46*
	Practice	0.72±0.45	0.78±0.53	0.06	N.S	0.72±0.45	0.78±0.53	1.03	16.01*
j.Bath	Knowledge	1.17±0.52	1.18±0.53	0.01	N.S	1.16±0.52	1.80±0.40	0.64	5.19*
	Practice	1.13±0.67	1.17±0.07	0.04	N.S	1.14±0.68	1.86±0.40	0.72	4.6*

*Significant at 10% level of significance

These have also suggested that school based health education could be significantly improved through health education programmes. Barlett (1981) found that such programmes were found to be effective in modifying health knowledge and awareness less effective in modifying attitudes and slightly less in modifying behaviour towards personal hygiene. The results have also been found to be concordance with the studies of Parcel et al. (1984), Peterson et al. (1984) and Hendricks et al. (1989). A similar study was conducted by Illika and Obionu (2002). They assessed 395 and 398 primary school pupils on personal hygiene before and after and three months of school based hygiene health education. In the results they found that less than 45% were rated clean before health education in both groups. But immediately after health education programme as an intervention more than 65% in the experimental group were rated clean whereas, there was no change in the control

group. The difference was also found to be statistically significant. Another study by Zivkovic et al. (1998) elucidated that intervention contributed symbolically to personal hygiene practice which is important to health as before and after difference was found to be significant.

CONCLUSION

The study concludes that if a need based school health education programme is developed for different age groups and classes, it definitely leads to improvement in the knowledge and practices of school children regarding personal hygiene.

RECOMMENDATIONS

It is suggested that health education should be made a compulsory component of school education at all levels. Efforts should be made to

develop nutrition and health education programmes and significant extra efforts should be made for its implementation. Moreover, such programmes should be regularly reinforced to sustain the desired results. The programmes can also be substantiated with community programmes on health education for teachers as well as parents.

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