Original Article

Knowledge and Attitude regarding Health Awareness among Primary School Children of Government School at Kheda district

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Abstract

Introduction: Personal hygiene is the technique of keeping one's own body clean. Personal cleanliness and good sanitary habits play a significant role in elements that relate to healthy living and the reduction of disease-related risks in primary school children.Health education about crucial aspects of personal hygiene and environment hygiene should be delivered in schools.Poor hygiene habits are a serious issue in underdeveloped nations. Diseases associated to hygiene and sanitation are a major burden in underdeveloped countries, making many children sick and even killing them.This study is projected for investigation of the prevalence of health awareness among primary school children. The goal of this study was to evaluate children's present level of knowledge and behavior about hand washing, bathing, brushing teeth, and taking care of their nails and hair.

Material And Methods: The sample size consisted of 100 primary school children of Government schools at Kheda district. Data were collected by Demographic data sheet, structured questionnaire and Structure Teaching Programme. The Knowledge and attitude Assessment Tool was administered to patients. Time taken by each respondent for filling the questionnaire was average 10-15 minutes. Demographic variables analyzed using frequency and percentage.The data were analyzed by structured knowledge questionnaire and attitude scale

Result: In our study out of 100 samples 02 (02%) sample had obtained poor knowledge scores ranging inadequate (<50%), while 96 (96%) sample had obtained average knowledge scores moderately adequate (50-75%) and only 4 (4%) sample had obtained Adequate (>75%) scores. It can be revealed that 96 (96%) sample had obtained moderately knowledge scores. Out of 100 samples 79 (79%) sample had obtained poor attitude scores ranging below 13 and 12 (21%) sample had obtained average attitude scores ranging between 13 to 15. It can be revealed that 79 (79%) samples had obtained poor attitude scores (unfavorable). There was poor correlation between knowledge and attitude (r-0.477) regarding health awareness among primary school children's.

Conclusion: The purpose of present study is to a descriptive research study to assess the effectiveness of structure teaching programmeon knowledge and attitude regarding health awareness among primary school children at government schools of kheda district. And according to our study knowledge and attitude regarding health awareness among primary school children is average.

Keywords: Assess, Knowledge, Attitude, Health awareness, primary school, children, Government.

INTRODUCTION

Personal hygiene has been a significant global public health issue. Practices related to maintaining cleanliness and good health are referred to as hygiene. Personal hygiene is the technique of keeping one's own body clean. Personal cleanliness and good sanitary habits play a significant role in elements that relate to healthy living and the reduction of disease-related risks.Health education about crucial aspects of hygiene, environment, and sanitation, as well as social customs, is delivered in schools.1. Entry into school, ongoing involvement in school, and academic success are all significantly influenced by one's health.the majority of childhood illnesses can be avoided by encouraging healthy habits in schoolchildren through effective health education provided by their parents and teachers2.According to the World Health Organization, acute respiratory tract infections and acute diarrheal illnesses claim the lives of 3.8 million children under the age of five each year. 88% of diarrheal deaths worldwide are linked to the use of contaminated water, poor sanitation, and poor hygiene habits3. One of the most frequent issues affecting school-age children is communicable infections. The main causes of illnesses are the use of contaminated or hazardous water, inadequate sanitation, and poor sanitary habits. Human-to-human transmission of infection is typically favored

by low sanitation standards and a lack of personal cleanliness.People in developing nations often experience extreme poverty, per-urban life, a lack of access to clean water, and poor sanitation. Poor hygiene practices are one of the major issues that contribute to this type of circumstance4.Poor hygiene habits are a serious issue in underdeveloped nations. Diseases associated to hygiene and sanitation are a major burden in underdeveloped countries, making many people sick and even killing them (UNICEF, 1998)5. The teacher is the child's guardian at school and is crucial to the entire process of primordial prevention8.One of the most frequent issues affecting school-age children is communicable infections. The main causes of illnesses are the use of contaminated or hazardous water, inadequate sanitation, and poor sanitary habits. Human-to-human transmission of infection is typically favored by low sanitation standards and a lack of personal cleanliness. As a result, starvation and infection create a vicious cycle that harms children's physical development6. According to the World Health Organization, acute respiratory tract infections and acute diarrheal illnesses claim the lives of 3.8 million children under the age of five each year. 88% of diarrheal deaths worldwide are linked to the use of contaminated water, poor sanitation, and poor hygiene habits9.In order to maintain the body's health and beauty, one must practice personal hygiene. Evidently, good personal hygiene is one of the key elements that influence human health and shield it from a wide range of disorders. It is well recognized that poor personal hygiene contributes to the bulk of diseases being transmitted to humans7.

Objectives of study were:

- To assess knowledge of primary school children regarding health awareness.
- To assess the attitude of primary school children regarding health awareness.
- To find out correlation between knowledge and attitude of primary school children regarding health awareness.
- To find out the association between the knowledge and attitude of primary school children regarding health awareness.

Methods:

A cross sectional study was conducted in 2022. A brief description of study objectives was explained and by convenience, those who agreed to respond to questioner confirmed their agreement by signing the consent form. The study was approved by the institutional research committee of Dinsha Patel College of Nursing. The Data collection tool consist of 3 sections, namely demographic details, knowledge questioner and attitude scale (3 pointlikert scale). Participants details includes of following: Age, gender, religion, standard, types of family, family income, educational status of mother and father, source of information regarding personal hygiene.3 pointlikert scale includes 5 items for checking attitude of children regarding health awareness.The reliability of the structured knowledge questionnaire was determined by correlation coefficient formula and attitude was determined by cronbach's alpha formula.The reliability of structured knowledge questionnaire was 0.8 and attitude was 0.793.The descriptive and inferential statistical procedure used the data from the structured knowledge questionnaire and attitude scale analyzed using mean, standard deviation (SD), and paired t-test that presented in the form of tables.

Results:

According the age, 30% (30) of the respondent are in the group of 12 years, 26% (26)of the respondent are in the group of 10 years, 25% (25) of respondent are in the group of 11 years, 19% (19) of respondent are in the group of 13 years. According to Gender 51% (51) of the respondents are in the group of Female, and 49% (49) of the respondents are Male. According to religion 48% (48) of respondent are Hindu, 36% (36) of respondent are Muslim. 12% (12)of the respondent are in the Christian and 4% (4) of the other group of religion.According to standard 30% (30) of the respondent are in the group of 7, 26% (26) of respondent are standard 5, 25% (25) of respondent are standard 6, 19% (19) of respondent are standard 8.According to Educational status of father38% (18) of respondent are secondary section, 28% (28) of respondent are higher secondary section, 22% (22) of respondent are primary section and 12% (12) of respondents are illiterate. According to Educational status of mother 45% (45) of respondent are Primary section, 25% (25) of respondent are Illiterate and secondary section, 05% (05) of respondent are higher secondary section. According to types of family 80%(80) of respondent are joint family, 18% (18) of respondents are nuclear family, 2% (2) of respondents are single parent. According to monthly income 80%(80) of respondent are 5000-15000,10 %(10) of respondent are<5000,09 %(09) of respondent are 15,000-30,000, 01% (01) of respondent are

>30,000.According to Source of information on personal hygiene62% (62) of respondents are family member, 28% (28) of respondents are school and peer group, 7% (7) of respondents are mass media, and 3% (3) of respondents are other sources.

Correlation between knowledge and attitude of mean 13.33 and 11.63, Median 13.00 and 12.00, Mode 14 and 12, SD 1.178 and 1.022. and correlation was 0.477 and the tabulated 't' was (0.195). Here, the study was average knowledge and attitude about the health awareness among primary school children.

Table 1. Demographic Details Of Primary School Children

Demographic Data	Frequency	Percentage
Age		
a) 10	26	26%
b) 11	25	25%
c) 12	30	30%
d) 13	19	19%
Gender		
a) Male	49	49%
b) Female	51	51%
Religion		
a) Hindu	48	48%
b) Muslim	36	36%
c) Christian	12	12%
d) Other	04	04%
ndards		
a) 5th Standard	26	26%
b) 6th Standard	25	25%
c) 7th Standard	30	30%
d) 8th Standard	19	19%
ucational Status Of Father		
a) Illiterate	12	12%
b) Primary Education	22	22%
c) Secondary Education	38	38%
d) Higher Secondary And Above	28	28%
ucational Status Of Mother		
a) Illiterate	25	25%
b) Primary Education	45	45%
c) Secondary Education	25	25%
d) Higher Secondary And Above	05	05%
pes Of Family		
a) Nuclear	18	18%
b) Joint	80	80%
c) Single Parent	02	02%
d) Other (Specify)	00	00%
nily Income		
a) Rs. Less Than 5000	10	10%
b) Rs.5000 To 15000	80	80%
c) Rs.15000 To 30000	09	09%
d) Rs. More Than 30000	01	01%
rce Of Information On Personal Hygiene		
a) Family Members		
b) Mass Media	62	62%
c) School And Peer Group	07	07%
d) Other(Specify)	28	28%
	03	03%

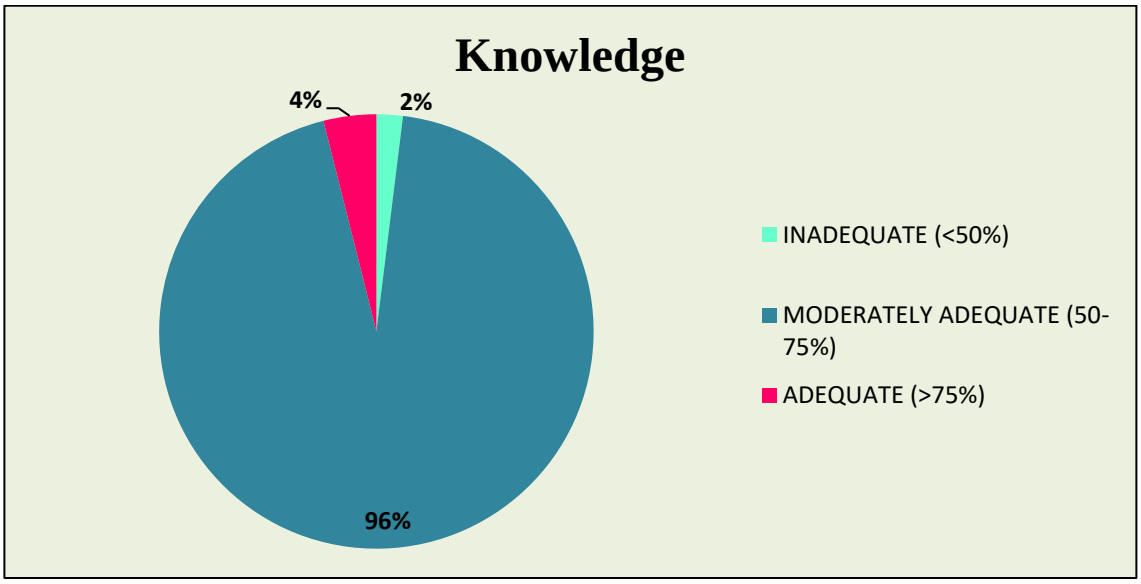

Figure 1: Pie chart showing the distribution of Inadequate, Moderately Adequate, and Adequate Knowledge regarding health awareness.

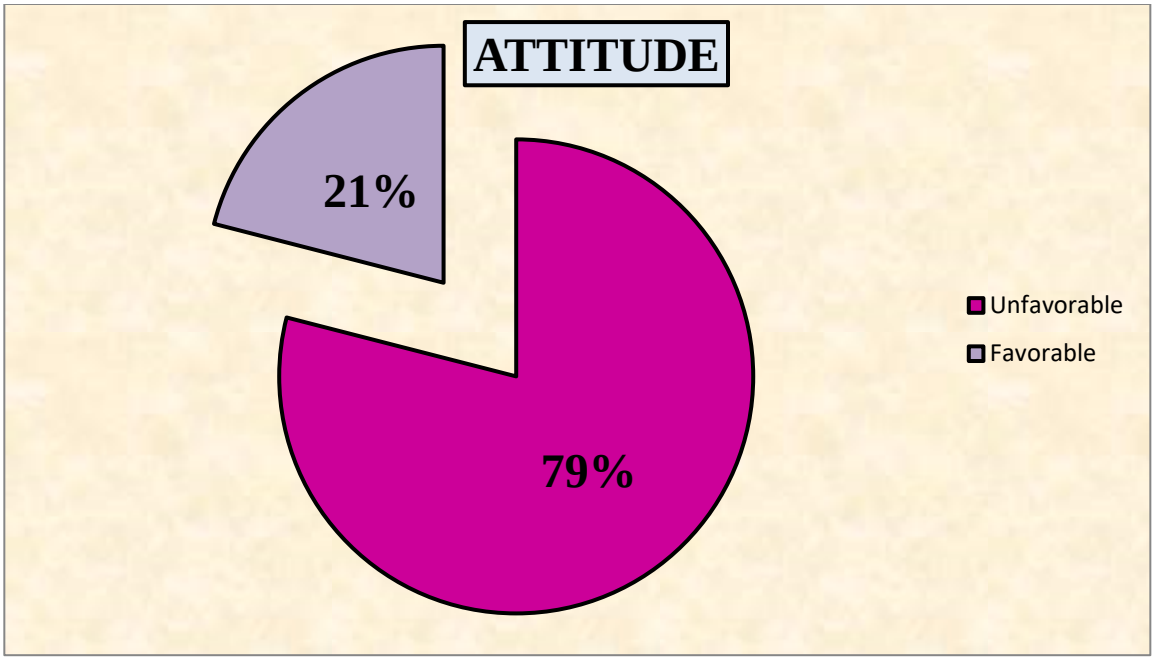

Figure 2: Pie chart showing the distribution of favorable and unfavorable attitude regarding health awareness

TABLE 2. CORRELATION BETWEEN KNOWLEGDE AND ATTITUDE

	Knowledge Value	**Attitude Value**
Mean	13.13	11.63
Median	13.00	12.00
Mode	14	12
Standard Deviation	1.178	1.022

Variables	R	P- Value	TV
Knowledge	0.477	P<0.05	0.195
Attitude			

The above table shows that there was poor correlation between knowledge and attitude (r-0.477) regarding health awareness among primary school children's.

Tables 3. Find Out The Association Between The Knowledge With Their Demographic Variable Of Primary School Children Regarding Health Awareness

Demographic Variable		Level Of Knowledge						Total	DF	X^2	TV	NS
		Inadequate		Moderately Adequate		Adequate						
		F	%	F	%	F	%					
Age (in years)	**A.** 10	2	2%	24	24%	0	0%	26	6	11.13	12.59	NS
	B. 11	0	0%	23	23%	2	2%	25				
	C. 12	0	0%	30	30%	0	0%	30				
	D. 13	0	0%	17	17%	2	2%	19				
Gender	**A.** Male	1	1%	44	44%	4	4%	49	2	4.34	5.99	NS
	B. Female	1	1%	50	50%	0	0%	51				
Religion	**A.** Hindu	1	1%	43	43%	4	4%	48	6	4.96	12.59	NS
	B. Muslim	1	1%	35	35%	0	0%	36				
	C. Christian	0	0%	12	12%	0	0%	12				
	D. Other	0	0%	4	4%	0	0%	4				
Standard	**A.** 5th Standard	2	1%	23	23%	0	0%	25	6	11.28	12.59	NS
	B. 6th Standard	0	0%	24	24%	2	2%	26				
	C. 7th Standard	0	0%	30	30%	0	0%	30				
	D. 8th Standard	0	0%	17	17%	2	2%	19				
Educational status of Father	**A.** Illiterate	1	1%	11	11%	0	0%	12	6	7.148	12.59	NS
	B. Primary Education	0	0%	24	24%	0	0%	24				
	C. Secondary Education	0	0%	34	34%	3	3%	37				
	D. Higher Secondary Education	1	1%	25	25%	1	1%	27				
Educational status of Mother	**A.** Illiterate	1	1%	24	24%	1	1%	26	6	1.297	12.59	NS
	B. Primary Education	1	1%	42	42%	2	2%	45				
	C. Secondary Education	0	0%	23	23%	1	1%	24				
	D. Higher Secondary Education	0	0%	5	5%	0	0%	5				
	A. Nuclear	1	1%	18	18%	0	0%	18	4	12.29	9.49	NS
	B. Joint	2	2%	75	75%	3	3%	80				

Types of Family	**C.** Single Parent	0	0%	1	1%	1	1%	2				
	D. Other	0	0%	0	0%	0	0%					
Family Income	**A.** <5000	0	0%	9	9%	1	0%	10	6	1.868	12.59	NS
	B. 5000 to 15000	2	2%	75	75%	3	3%	80				
	C. 15000 to 30000	0	0%	9	9%	0	0%	9				
	D. >30000	0	0%	1	1%	0	0%	1				
Source of information on personal hygiene	**A.** Family member	2	2%	56	56%	3	3%	61	6	1.919	12.59	NS
	B. Mass media	0	0%	7	7%	0	0%	7				
	C. School and Peer group	0	0%	28	28%	1	1%	29				
	D. Other	0	0%	3	3%	0	0%	3				

Tables 4. Find Out The Association Between The Attitudes With Their Demographic Variable Of Primary School Children Regarding Health Awareness

Demographic Variable		**Level Of Attitude**				**Total**	**DF**	**X^2**	**TV**	**NS**
		Poor		**Average**						
		F	**%**	**F**	**%**					
Age (in years)	**A.** 10	19	19%	7	7%	26	3	0.945	7.82	NS
	B. 11	21	21%	4	4%	25				
	C. 12	24	24%	6	6%	30				
	D. 13	15	15%	4	4%	19				
Gender	**A.** Male	38	38%	11	11%	49	1	0.122	3.84	NS
	B. Female	41	41%	10	10%	51				
Religion	**A.** HIndu	37	37%	11	11%	48	3	2.677	7.82	NS
	B. Muslim	30	30%	6	6%	36				
	C. Christian	8	8%	4	4%	12				
	D. Other	4	4%	0	0%	4				
Standard	**A.** 5th Standard	18	18%	7	7%	25	3	1.251	7.82	NS
	B. 6th Standard	22	22%	4	4%	26				
	C. 7th Standard	24	24%	6	6%	30				
	D. 8th Standard	15	15%	4	4%	19				
Educational status of Father	**A.** Illiterate	10	10%	2	2%	12	3	0.169	7.82	NS
	B. Primary Education	19	19%	5	5%	24				
	C. Secondary Education	29	29%	8	8%	37				
	D. Higher Secondary Education	21	21%	6	6%	27				
Educational status of Mother	**A.** Illiterate	20	20%	6	6%	26	3	0.584	7.82	NS
	B. Primary Education	37	37%	8	8%	45				
	C. Secondary Education	18	18%	6	6%	24				
	D. Higher Secondary Education	4	4%	1	1%	5				

Types of Family	**A.** Nuclear	13	13%	5	5%	18	2	1.078	5.99	NS
	B. Joint	64	64%	16	16%	80				
	C. Single Parent	2	2%	0	0%	2				
	D. Other	0	0%	0	0%	0				
Family Income	**A.** <5000	8	8%	2	2%	10	3	1.145	7.82	NS
	B. 5000 to 15000	64	64%	16	16%	80				
	C. 15000 to 30000	6	6%	3	3%	9				
	D. >30000	1	1%	0	0%	1				
Source of information on personal hygiene	**A.** Family member	49	49%	12	12%	61	3	0.583	7.82	NS
	B. Mass media	5	5%	2	2%	7				
	C. School and Peer group	23	23%	6	6%	29				
	D. Other	2	2%	1	1%	3				

Conclusion:

The purpose of present study is to a descriptive research study to assess the effectiveness of structure teaching programme on knowledge and attitude regarding health awareness among primary school children at government schools of kheda district. And according to our study knowledge and attitude regarding health awareness among primary school children is average.

Ethics Declaration and consent:

Dinsha Patel College of Nursing, Institute ethics committee reviewed this study and granted ethical approval. Consent has been obtained from all participant.

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