



EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON KNOWLEDGE AND PRACTICES REGARDING PERSONAL HYGIENE AMONG PRIMARY SCHOOL CHILDREN OF URBAN GOVERNMENT SCHOOLS, MEERUT, UP.

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ABSTRACT

Healthy child makes healthy generation. There is a close relationship between unhealthy children to a worsened future of the world. The children are one third of our population and all of our future. Personal hygiene is a vital component for the proper growth and development of human beings. Poor personal hygiene among children is the major cause of leading illnesses in India. An experimental research approach with total number of 60 primary school children of Meerut were selected in this study. Pre experimental one group pre test post test design was used for the study. The study revealed that mean post test knowledge score (17.4 ±1.86) was higher than the mean pre test knowledge score (11.26 ±3.30) by 6.14. It was found to be statistically significant at p=0.05. The mean post test practice score (23.8±3.56) was higher than the mean pre test practice score (21.45±2.17) by 2.36. There was association found between the age, type of family with gain in knowledge scores of students. Occupation of the mother was found to be significantly associated with the practices of students regarding personal hygiene. The study

concludes that the Video-Assisted Teaching (VAT) is an effective strategy in improving knowledge and practices of Primary School Students regarding Personal Hygiene.

Keywords: *Effectiveness, VAT, Knowledge, Practice, Personal Hygiene, Primary School Children*

Background of the Study

Children represent the future, and ensuring their healthy growth and development ought to be a prime concern of all societies. A substantial proportion of ill health in India can be attributed to lack of safe drinking water, poor sanitation and hygiene practices. Hygiene is an old concept related to medicine awareness to personal and professional care practices related to most aspects of living. Inadequate sanitary conditions and poor hygiene practices play major roles in the increased burden of communicable disease within the developing countries.¹

The WHO report shows that, of the top 10 leading causes of death worldwide, lower respiratory tract and diarrhoeal infections rank 3rd and 5th respectively, accounting for 7.1% and 2.2% of all deaths. Of the 10.4 million deaths among children under 5 years old, diarrhoeal diseases and neonatal infections (mainly sepsis) account for 17% and 9% of deaths, respectively.²

Personal hygiene habits such as washing hands and hair, daily bathing and grooming, brushing and flossing your teeth, etc will help keep bacteria, viruses, and illnesses at bay. Practicing good body hygiene helps you feel good about yourself, which is important for your mental health.³

Approximately 400,000 to 500,000 children below five years of age die due to diarrhoeal diseases annually in India. Young Children bear a huge part of the burden of disease resulting from the lack of personal hygiene and sanitation. High infant mortality rate and high levels of malnutrition are also attributed to poor hygiene.⁴

Hygiene practices prevent or minimize disease and the spreading of disease. Microbial growth due to germs may lead to various infectious diseases specifically among children. Kids with poor personal hygiene may get teased by the other children for having a dirty body, dirty clothing or greasy hair.⁵

OBJECTIVES OF THE STUDY:

1. To assess and evaluate the knowledge and practices of primary school children on personal hygiene by pre test and post test scores.
2. To prepare and administer Video Assisted Teaching (VAT) on personal hygiene
3. To determine the association of post test knowledge scores of primary school children with their selected socio-demographic variables.

MATERIALS AND METHODS

The research approach adopted for this study was evaluative in nature. The target population of the study is made up of children who are studying in primary classes in the government school of Meerut. A pre-experimental single group pre-test post-test design was used to assess the effectiveness of VAT on the knowledge and practices of children regarding personal hygiene. The sample consists of 60 primary school children of government school, Meerut. Simple random sampling method (lottery method) was used for the selection of samples. The instrument for the data collection was a structured questionnaire and had three parts: A: Socio-demographic data, B: Structured questionnaire to assess the knowledge level of the children regarding personal hygiene, C: Practice check-list consisting of 10 statements. The data obtained was analysed by using descriptive and inferential statistics in terms of frequency, percentage, mean, standard deviation, paired 't' test and Chi-square test. The setting for the study was Golabad Government Primary school, Meerut. The anonymity and confidentiality of the study subjects was maintained throughout the study.

RESULTS

A total of 60 primary school children were included in this study from the Government Primary School, Meerut.

Table 1: Determination of Overall Mean Knowledge Score Before and After VAT N=60

	No. of students	Pre-test Mean±SD	Post-test Mean±SD	Student paired t- test
Overall Knowledge score	60	11.26± 3.30	17.4 ± 1.80	t=12.53P=0.001 significant

Table 1 shows the comparison of overall knowledge of primary school children before and after the VAT. On an average the primary school children improved their knowledge from **11.26 to 17.4** after VAT. In other words, we can say that in pre-test the students were able to answer only 11 questions before the VAT, after VAT they were able to answer 17 questions, out of 20 questions. Statistical significance was calculated by using student's paired 't' test. Overall 30.67% of the knowledge gain is the net benefit of the study.

Table 2: Determination of Overall Mean Practice Score Before and After VAT N=60

	No. of students	Pre-test Mean \pm SD	Post-test Mean \pm SD	Student paired t-test
Overall Practice score	60	21.45 \pm 2.17	23.8 \pm 3.56	t=4.36 P=0.001 significant

Table 2 shows the comparison of practice on personal hygiene before and after VAT. In all the aspects, primary school students improved their practices after the administration of VAT. The difference between pre and post-test practice score is significant. Statistical significance was calculated by using student's paired 't' test. Overall 2.35% practice gain is the net benefit of this study, which indicates the effectiveness of VAT.

Table 3(A): Association between Post-Test Level of Knowledge and students Demographic Variables N=60

Demographic variables		Good		Moderate		Total	Table value & d.f	Pearson chi square test
Age	8-9yrs	16	84.2 %	3	15.7%	19	$\chi^2=7.81$ d.f=3 at P=0.05	$\chi^2= 12.91$ P=0.05 Significant
	10-11 yrs	16	84.2 %	3	15.7%	19		
	12-13 yrs	19	95%	1	5%	20		
	13yrs & above	0	0.0%	2	100%	2		
Type of family	Nuclear	38	95%	2	5%	40	$\chi^2=5.99$	$\chi^2=12.896$

							df=2 P=0.05	P=0.05 Significant
	Joint	13	68.4%	6	31.5%	19		
	Extended	0	0.0%	1	100%	1		

Table 3(B): Association between Post-Test Level of Practice and students Demographic Variables N=60

Demographic variables		Good		Moderate		Total	Table value & d.f	Pearson Chi square test
Occupation of Mother	House wife	20	76.9%	6	23.1%	26	$\chi^2= 9.49$ d.f=4 P=0.05	$\chi^2= 10.81$ P=0.05 Significant
	Labour	1	100%	0	0.0%	1		
	Agriculture	23	82.14%	5	17.85%	28		
	Govt. employee	0	0.0%	3	100%	3		
	Private employee	1	50%	1	50%	2		

The association between socio-demographic variables and the post-test level of knowledge and practice score of personal hygiene is observed as Table 3 (A) Age of students ($\chi^2= 12.91$ at **P= 0.05 level of significance**) and the type of family ($\chi^2=12.896$ at **P=0.05 level of significance**) are significantly associated with their post-test knowledge score. Table 3 (B) Occupation of mother ($\chi^2= 10.81$ at **P=0.05 level of significance**) are significantly associated with their post-test practice score. The association was calculated by using Chi square test.

DISCUSSION

The findings of this study support the need for primary school students to understand the importance of personal hygiene and its role in preventing illnesses among children. The findings of this study was supported by a research conducted to assess the impact on the knowledge and practices of School Children Regarding Personal Hygiene in Rural 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 the level of knowledge and practices regarding personal hygiene. 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.⁶

This study has proved that the primary school students have a remarkable increase in the knowledge regarding personal hygiene and developed excellent practices when compared to their previous knowledge and practice, prior to the administration of the VAT.

CONCLUSION

Personal hygiene involves those practices performed by an individual to care for one's bodily health and well being, through cleanliness. Good personal hygiene works a lot more than just providing you with a presentable appearance. Personal hygiene includes every day habits which are helpful in maintaining the body cleanliness. The most important ones include regular brushing, bathing, shampooing the hair, hand wash, applying deodorant, and wearing clean clothes.

The findings of the study indicate that there is improvement in knowledge and practice of primary school students which indicate that the VAT is an effective in improving the knowledge and practices of the students and preventing diseases.

REFERENCES

1. Personal, domestic and community [Internet] cited on 2015 January 8 Available form: www.who.int/water_sanitation_health/hygiene/settings/hvchap8.pdf
2. Child health [Internet] cited on 2015 2015 January 8 Available form: http://www.who.int/topics/child_health/en/
3. Curits VA, Danquah LO, Aunger PV,(2009). Planned motivated and habitual hygiene behavior:An eleven country review. Health education. [Internet] Cited on January8 Available From: <http://www.Res4:655-73./ong>
- 4 .The Global Burden of Disease 2008 WHO [Internet] cited 2015 January 10 Available from: [GBD_report_update2008_full.pdf](http://www.who.int/mediacentre/factsheets/fs204/en/)
5. Epidemiology and management of common skin diseases in children in developing countries[Internet] Cited on: 2015, January19 ; Available from: [WHO_FCH_CAH_05.12_eng.pdf](http://www.who.int/mediacentre/factsheets/fs204/en/)

6. Ashutosh Shrestha, Mubashir Angolkar, “Impact of Health Education on the Knowledge and Practices Regarding Personal hygiene among Primary School Children” IOSR Journal of Dental and Medical Science, Volume-13, April 2014, pageno-86 to 89. Cited on: 22 February 2015; Available from: <http://www.iosrjournals.org/iosr-jdms/papers/Vol13-issue4/Version-7/R013478689.p>.