

Effectiveness of Role Play on Knowledge Regarding Personal Hygiene among School going Children at Selected School, Bhubaneswar, Odisha

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Abstract

For kids, maintenance of personal hygiene helps to enhance the standard of life and longevity. Hygiene springs from "Hygeia" the divinity of health in Greek mythology. Hygiene is one in every of the important a part of life. one in every of the foremost effective ways in which we've to safeguard ourselves from sickness is nice personal hygiene. Personal hygiene facilitates to prevent/reduce kid mortality from communicable diseases, injuries and different health issues by implementing the academic programme, health education. A interventional study was beneath taken to find out the level of knowledge relating to personal hygiene, measure the effectiveness of role play on knowledge relating to personal hygiene among school going kids and To verify the association between the pre-test knowledge score with selected socio-demographic variables. The abstract framework adopted for the study was supported the modified Widen back clinical nursing theory (1964). In this study purposive sampling techniques was accustomed choose a hundred school going children (10-12 years) who are meeting the sampling criteria. Descriptive and inferential statistics were accustomed to analyze knowledge within the study. Chi square was taken to seek out the association between levels of data with socio-demographic variables. The finding of the study unconcealed that the role play relating to personal hygiene was vital wherever the "t" value was 23.799. The study concluded that the role play was a best method for improve the knowledge of kids relating to personal hygiene.

Keywords: Effectiveness, Role play; Knowledge; Personal hygiene; School going children

Introduction

Personal hygiene is outlined because the science of health and embraces all factors that contribute to healthful living. It includes bathing, clothing, laundry hands once rest room, care of nails, feet and teeth [1,2]. Personal hygiene facilitate to prevent/reduce kid mortality from communicable diseases, injuries and different health issues by implementing the academic programs, health education particularly in school youngsters because the school youngsters are a lot of suffered during this problems [3,4]. The aim of personal hygiene is to promote standards of personal cleanliness. Every year 1.5 million under-five youngsters die from symptom because of unsafe water, lack of sanitary, and hygiene. The youngsters are a lot of prone to the diseases arising out of poor personal hygiene like symptom, worm infestation, unfold of metabolic process infections.

Schools are usually the primary contact purpose wherever youngsters learn healthy habits from academics or different youngsters. Approximately 6.3 lakh schools in India cater to one of the largest groups of school going children including both primary and upper primary schools. The United Nations reported that there are 2.5 billion people who still do not use an improved sanitation facility and a little over 1 billion practicing open defecation. Diarrhea is the largest cause of under-five mortality globally in developing countries due to poor personal hygiene practices.

Role play is a very important teaching strategy or technique for youngsters as a result of it simply captured concentration, will increase the Patience, large areas is present in a very small period of time [5,6].

Methodology

A Interventional and one group pre-test post-test design was utilized in this study Purposive sampling techniques was adopted for

choosing a hundred sample at Slum Project faculty, Niladri Vihar, Bhubaneswar, Orissa [7]. The data assortment was done by victimization self-structured information form relating to personal hygiene [8]. The content validity of the tool was established with the assistance of specialists from connected field. Pilot study was conducted on ten samples and located that the tool was validity and reliability. Data obtained were analysed within the term of objectives and victimization descriptive and inferential Statistics. Data was collected in the month of April. Analysis and moral clearance was obtained from Research and moral Committee of KIIT Deemed to be University, Bhubaneswar, Odisha. Permission was obtained from the top mistress of Slum Project faculty, Niladri Vihar, Bhubaneswar The investigator herself collected the information by victimization self-structured information form. Role play was given when pre take a look at to every group [one time, 100=10 group, 15 min for every cluster]then when one week's post pap was taken knowledge was Analyzed by victimization descriptive and interferential statistic. Demographic knowledge was analyzed in terms of frequency and share combine to take a look at was victimizations for to evaluate the effectiveness of role play and Chi-square take a look at was victimization for to work out association between pre-test information with chosen socio-demographic variables [9].

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Result and Discussion

Major findings of the study revealed with reference to objectives

Section-1: Analysis of the study samples according to socio demographic variables using frequency and percentage. As per socio demographic variables in Table 1 with respect to age of the students that majority of students 61[61%] were belong to 11-12 yrs age group and 39[39%] belong to 10-11 yrs. In regards to sex of the group majority students 69[69%] were belong to female Group and 31[31%] belong to male group. In religion majority of students 86[86%] were belong to Hindu Group 5% [5%] belong to Muslim group and 9[9%] Christian group. In educational status of father majority of fathers 31[31%] were belong to illiterate group 45[45%] belong to primary School, 11[11%] secondary school and 13[13%] graduation and above. In educational status of mother 75[75%] mothers were belong to illiterate group 3[3%] belong to primary School, 14[14%] secondary school and 8[8%] graduation and above, In occupation of father majority 75[75%] were daily Labour 3[3%] farmer, 21[21%] Govt. Employees and 1[1%] private employees.

In occupation of mother majority were 35[35%] Daily labor 56[56%] house wife, 7[7%] Govt. Employees and 2[2%] private employees. In diet of children majority were 9[9%] Veg diet 7 [7%] non veg diets, 84[84%] mix diet. In monthly family income majority families were 45[45%] <3000, 14[14%] 3001-5000, 8[8%] 5001-7000 and 33[33%] >7000 and above income per month (Table 1).

Section -II: The Table 2 and Figure 1 revealed that before intervention in pre-test majority of students 56[56%] had below average knowledge on personal hygiene, 25[25%] average knowledge and 19[19%] good knowledge. With mean score 12.38, standard deviation 4.94, standard error 0.494.

After intervention in The Table 2 and Figure 2 the post-test shows majority of students 89[89%] had good knowledge on personal hygiene, 10[10%] average knowledge and 1[1%] below average knowledge. With mean score 20.86, standard deviation 2.01, standard error 0.2010. The result shows pair “t” test value was 23.799 with 99 degree of freedom under 5% level of significance where tabulated value is 0.98 so it is Significant. It means that the role play was effective in improving the knowledge of student regarding personal hygiene.

Table 3 shows that association between pre-test knowledge score with selected demographic variables. In case of demographic no. 1 the association between ages with pre-test knowledge scores. At degree of freedom 2 the chi square value is 0.69 where the tabulated value is 5.991 so chi square value is less than the tabulated value so it is non-significance. Demographic no. 2 the association between sexes with pre- test knowledge scores. At degree of freedom 2 the chi square value is 9.115 where the tabulated value is 5.991 so chi square value is

more than the tabulated value so it is significance. Demographic no. 3 the association between Religions with pre-test knowledge scores. At degree of freedom 4 the chi square value is 3.82 where the tabulated value is 9.488 so chi square value is less than the tabulated value so it is non-significance. Demographic no.4 the association Educational status of father with pretest knowledge scores. At degree of freedom 6

Demographic Variables	Frequency	Percentage	Cumulative Frequency
Age			
10-11yrs	39	39	39
11-12 yrs	61	61	100
Sex			
Male	70	70	70
Female	30	30	100
Religion			
Hindu	86	86	86
Muslim	5	5	91
Christian	9	9	100
Educational Status of Father			
Illiterate	31	31	31
Primary education	45	45	76
Secondary education	11	11	87
Graduation and above	13	13	100
Educational Status of Mother			
Illiterate	40	40	40
Primary education	38	38	78
Secondary education	14	14	92
Graduation and above	8	8	100
Occupation of Father			
Daily labour	75	75	75
Farmer	4	4	79
Govt. employees	21	21	100
Primary employees	0	0	100
Occupation of Mother			
Daily labour	35	35	35
House wife	56	56	91
Govt. employees	7	7	98
Private employees	2	2	100
Diet of Children			
Veg diet	9	9	9
Non veg diet	7	7	16
Mix diet	84	84	100
Monthly Family Income			
<3000	45	45	45
3001-5000	14	14	62
5001-7000	8	8	68
>7000	33	33	100

Table 1: Distribution of socio demographic variables with frequency and percentage.

	Frequency	Percentage	Cumulative Frequency	Total Score	Mean	SE	SD	DF	t. value	Interference
Pre-Test										
Below Average[<50%]	56	56	56	25	12.38	0.494	4.94	9	23.799	Significant
Average[50-75%]	25	25	81							
Good[>75%]	19	19	100							
Post Test										
Below Average[50%]	1	1	1	25	20.86	0.2010	2.01	9	23.799	Significant
Average	10	10	11							
Good	89	89	100							

Table 2: Finding related to assess the pre and post-test knowledge and evaluate the Effectiveness of role play on knowledge regarding personal hygiene.

Sl no.	Demographic Variables	Below Average	Average	Good	Total	Chi Square	DF	Significant
1	Age					0.69	2	5.991
	10-11yrs	27	8	4	39			
	11-12yrs	38	17	6	61			
2	Sex					9.155	2	5.991
	Male	35	23	12	70			
	Female	24	2	4	30			
3	Religion					3.82	4	9.488
	Hindu	47	24	15	86			
	Muslim	4	1	0	5			
	Christian	7	2	0	9			
4	Educational qualification of father					8.08	6	12.592
	Illiterate	20	5	6	31			
	Primary school	22	18	5	45			
	Secondary school	6	2	3	11			
	Graduation and above	9	2	2	13			
5	Educational qualification of mother					7.02	6	12.592
	Illiterate	27	8	5	40			
	Primary school	17	14	7	38			
	Secondary school	10	2	2	14			
	Graduation and above	4	2	2	8			
6	Occupation of father					6.11	6	12.592
	Daily labour	42	21	12	75			
	Farmer	3	0	1	4			
	Govt employees	12	2	7	21			
	Private employees	0	0	0	0			
7	Occupation of mother					5.98	6	12.592
	Daily labour	20	10	5	35			
	House wife	30	15	11	56			
	Govt employees	6	1	0	7			
	Private employees	0	1	1	2			
8	Diet					2.58	4	9.488
	Veg diet	7	1	1	9			
	Non veg diet	5	1	1	7			
	Mix diet	46	25	13	84			
9	Monthly family income					11.94	6	12.592
	<3000/-	24	17	14	45			
	3001-5000/-	13	3	1	17			
	5001-7000/-	4	1	3	8			
	>7000/-	14	6	9	33			

Table 3: Finding related to association between pre-test knowledge score with selected demographic variables.

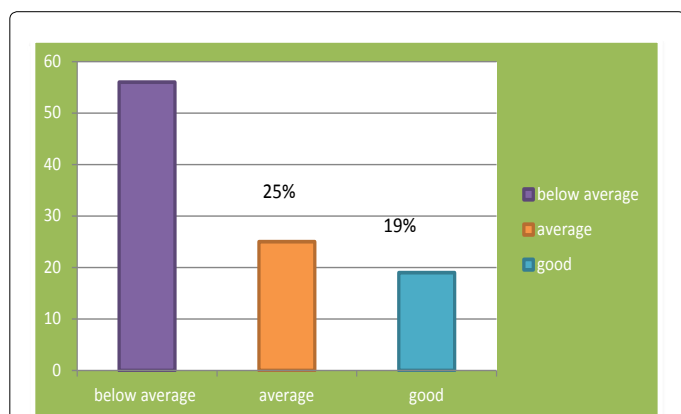


Figure 1 Bar diagram shows pre-test level of knowledge regarding personal hygiene.

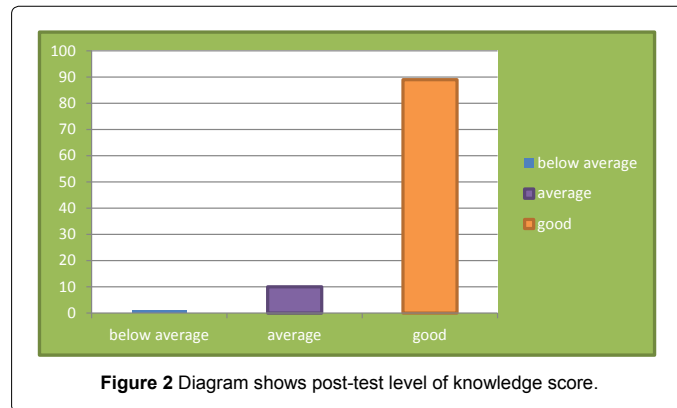


Figure 2 Diagram shows post-test level of knowledge score.

the chi square value is 8.08 where the tabulated value is 12.592 so chi square value is less than the tabulated value so it is non-significance. Demographic no 5 the association Educational status of mother with

pretest knowledge score. At degree of freedom 6 the chi square value is 7.02 where the tabulated value is 12.592 so chi square value is less than the tabulated value so it is non-significance. Demographic no.6 the association Occupation of father with pretest knowledge scores. At degree of freedom 6 the chi square value is 6.11 where the tabulated value is 12.59 so chi square value is less than the tabulated value so it is non-significance. Demographic no.7 the association Occupation of mother with pre-test knowledge scores. At degree of freedom 6 the chi square value is 5.98 where the tabulated value is 12.592 so chi square value is less than the tabulated value so it is non-significance. In case of demographic no.8 the association between Diets of children with pre-test knowledge scores. At degree of freedom 4 the chi square value is 2.58 where the tabulated value is 9.488 so chi square value is less than the tabulated value so it is non-significance. In case of demographic no 9 the association between Monthly income of family with pre-test knowledge score. At degree of freedom 6 the chi square value is 11.94 where the tabulated value is 12.952 so chi square value is less than the tabulated value so it is non-significance.

Discussion

In the present study the role play on personal hygiene is taken that 89% school going youngsters were having good knowledge and 10% school going were having average knowledge and 1% students were below average knowledge score relating to personal hygiene. Therefore this study drawn that the majority of the had good knowledge relating to personal hygiene.

The finding were probably to supported by a study was conducted by Mrs. shilpa pm, Mr. Hindu Pgn on effectiveness of role play on data relating to oral hygiene among higher {secondary school} youngsters in elect school at Tumkur, Karnataka. The pre-experimental one cluster pre-test post-test analysis style study result shows that the obtained t worth 30.067 is bigger than the table worth at zero.05 level of significance. So “t” worth is found to be vital. It indicates that there's a major distinction between pre-test and post-test data many school youngsters relating to oral hygiene.

Limitation

The study was only limited to 100 samples. This limits the generalization of findings.

Conclusion

The findings of the study conclude that Most of the students have adequate knowledge regarding personal hygiene. This study is helpful for the students to gain more insight regarding personal hygiene through role play. There was positive significant relationship between knowledge of pre-test and post test scores regarding personal hygiene.

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