



## EFFECTIVENESS OF VIDEO ASSISTED TEACHING (VAT) ON KNOWLEDGE AND PRACTICE REGARDING PERSONAL HYGIENE AMONG SCHOOL CHILDREN

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### ABSTRACT

A study was conducted to assess the effectiveness of Video Assisted Teaching (VAT) on the knowledge and practice regarding personal hygiene among children between 8-10 years in selected schools in areas at Madurai. The main objective of the study was to find out the effectiveness of video teaching on personal hygiene among children. Quasi experimental design with one group pretest and post test design was used to assess the knowledge and practice of personal hygiene. The study setting was Rajaji Government School, Sellur at Madurai. The sample size was 60. Simple random sampling technique was used to select the sample. Structured Questionnaire was used to assess the knowledge and Checklist was used to assess the practice regarding personal hygiene. Results showed that, there was improved knowledge and positive changes in the practice on personal hygiene among school children after video assisted teaching. Pre test knowledge score revealed that only 3% were having adequate knowledge; 58% were having moderately adequate knowledge and 42% were having inadequate knowledge. The school children gained knowledge after video assisted teaching the knowledge score revealed that 95% had adequate knowledge, 5% were moderately adequate and no one had inadequate knowledge. The effectiveness of health education was evident by the gained in knowledge and improvement in healthy practices after video assisted teaching program.

**KEYWORDS:** *Personal hygiene, Video Assisted Teaching, Knowledge, Practice.*



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Received on: 17-12-2016

Revised and Accepted on: 22-08-2017

DOI: <http://dx.doi.org/10.22376/ijpbs.2017.8.4.b103-106>



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## INTRODUCTION

A good health is the right of every child according to United Nation's declaration on right of children. The child shall enjoy special protection and shall be given opportunities and facilities by law and order and by mean to enable him to develop physically and specially in health.<sup>1</sup> There is meaningful truth is saying that 'Nation marches on the tiny feet of young children'. They have to be protected and look after, if a country is to thrive and prosper in all sphere of human activity. In fact children are valuable assets not only to the family but also to the world as a whole. By promotion their good health, we will be strengthening the development of the family, country, nation and world. It is nation's responsibility to develop human resources.<sup>2</sup> Habits includes bathing, washing hands before taking food and after attending toilet, care of feet, nails and teeth, personal appearance and inculcation of clean habits in the young. Training in personal hygiene should begin at a very early age and must be carried throughout school age.<sup>3</sup> A large fraction of the world's illness and death is attributable to communicable diseases 62% and 31% of all deaths in Africa and Southeast Asia, respectively, are caused by infectious disease, This trend is especially notable in developing countries where acute respiratory and intestinal infections are the primary causes of morbidity and mortality among young children. Inadequate sanitary conditions and poor hygiene practices play major roles in the increased burden of communicable disease within these developing countries.<sup>4</sup> Improved awareness and hand hygiene practices especially among children have effectively reduced gastrointestinal and respiratory tract infections by up to 50% the two leading causes of childhood morbidity and mortality around the world. In addition, studies have also shown that school children with better knowledge and practices of personal hygiene have fewer sick days and absenteeism in school and achieve higher grades.<sup>4</sup> According to Helen Haikreader., (2000), the school age child is independent in self-care activities related to personal hygiene, but may need adult supervision to see that skin care and oral hygiene are being performed completely and correctly. In this period a different kind of assistance, supervision and teaching may be needed.<sup>5</sup> School is the place where health education regarding important aspects of hygiene, environment and sanitation, as well as social customs is being imparted. Health is a key factor in school entry, as well as continued participation and attainment in school. The teacher is the guardian of the child in school and plays a pivotal role in the whole process of primordial prevention. Bearing in mind that school children have been consistently implicated in the spread of communicable diseases and that the school has been recognized as a vital setting for health promotion.<sup>6</sup> Personal Hygiene is a concept that is commonly used in medical and public health practices. It is also widely practiced at the individual level and at home. It involves maintaining the cleanliness of our body and clothes. Personal hygiene is personal, as its name implies. In this regard, personal hygiene is defined as "a condition promoting sanitary practices to the self". Everybody has their own habits and standards that they have been taught or that they have learnt from others. Generally,

the practice of personal hygiene is employed to prevent or minimize the incidence and spread of communicable diseases.<sup>7</sup>

### Statement of the problem

A study to assess the effectiveness of Video Assisted Teaching (VAT) on knowledge and practice regarding personal hygiene among children in selected school in rural area at Madurai.

### Objectives

- To assess the pre test knowledge and practice regarding personal hygiene among school children before intervention.
- To find out the effectiveness of video teaching on knowledge and practice regarding personal hygiene among school children.
- To find out the relationship between knowledge and practice regarding personal hygiene among school children.
- To find out the association between knowledge and practice on personal hygiene with selected demographic variables of school children.

### Hypotheses

- H<sub>1</sub>: There is a significant difference between pre test and post test knowledge regarding personal hygiene among school children at 0.05 level of significance.
- H<sub>2</sub>: There is a significant difference between pre test and post test practice regarding personal hygiene among school children at 0.05 level of significance
- H<sub>3</sub>: There is a significant relationship between knowledge and practice regarding personal hygiene among school children.
- H<sub>4</sub>: There is a significant association between pre test knowledge and selected demographic variables.
- H<sub>5</sub>: There is a significant association between pre test practice and selected demographic variables.

## MATERIALS AND METHODS

### Research approach

A quantitative approach was used to evaluate the effectiveness of video assisted teaching on personal hygiene among school children in selected school in rural area at Madurai.

### Research design

In this present study quasi experimental design with one group pretest and post test design was found to be suitable for this study.

### Setting of the study

The setting of the study was Rajaji Govt. School in Sellur at Madurai.

### Population

A target population of this study included children between the age group of 8-10 years studying in schools.

### Sample size

60 school children between the age group of 8-10 years

**Sampling technique**

Simple random sampling technique was used to select the sample. Here the researcher selected the samples from 3<sup>rd</sup>, 4<sup>th</sup> & 5<sup>th</sup> standard children. Sampling frame was prepared. 60 samples were selected by lottery method.

**Description of the Tools**

**Section A**

**Demographic Data**

The demographic data consisted of baseline information of school children regarding their sample number, age, sex, educational status, parent education, income location of house, source of water.

**Section B**

**Structured Questionnaire on knowledge regarding personal hygiene**

It consisted of five areas of personal hygiene such as

- a. Oral hygiene
- b. General Cleanliness
  - Care of hair
  - Care of Body
  - Care of hands
  - Care of feet
  - Care of eyes
  - Care of nails

**Section C**

**Check List to assess the practice regarding personal hygiene**

It consisted of 20 statements with Yes (or) No responses in 5 areas of personal hygiene.

- a. Oral hygiene
- b. General Cleanliness

- Care of hair
- Care of body
- Care of hands
- Care of feet
- Care of eyes
- Care of nails

**Development of teaching module on personal hygiene**

The researcher prepared the teaching module after referring the Literature and in consultation with subject experts. The video display consisted of personal hygiene practices like brushing, bathing, combing of hair, care of hands. The method of instruction adopted was lecture cum discussion and visual aid was CD.

**Data collection procedure**

The main study was done for six weeks at Rajaji School, Sellur, Madurai. Subjects were selected by simple random sampling technique (Lottery method) from each class. Sixty children who met the inclusion criteria were selected. The researcher divided the samples into six groups for six weeks. Each group had 10 children. For the each 10 children in every week, the 1<sup>st</sup> day pre test was conducted by using Knowledge assessment questionnaire the health practices. The same day video teaching was given to students for about 15-20 minutes. After fifth day the researcher conducted the post test among the school children.

**Findings**

pre test and post test knowledge and practice regarding personal hygiene among school children through Video Assisted Teaching

**Table 1**  
**Effectiveness of Video Assisted Teaching on knowledge and practice on personal hygiene among school children N=60**

Areas of assessment	Mean		SD		Paired 't' test Value
	Pretest	Post Test	Pretest	Post Test	
Over all knowledge	6.32	19.68	±3.793.	± 4.28	23.049*
Over all health practices	7.12	21.32	±9.55	±2.44	23.740*

\*= significant (P<0.05)

Table -1 depicts the overall mean knowledge scores of pre-test and post-test, which reveals that the mean post-test knowledge score was higher (19.68) with SD of ± 4.28 when compared with mean pre-test mean knowledge score value which was 6.32% with standard deviation of ± 3.793. The statistical paired 't' test was computed. The calculated 't' value 't'= 23.049 is higher than the table value at 0.05 level of significance. The overall mean knowledge scores of pre-test and post-test, which reveals that the mean post-test Practice score was higher (21.32) with SD of ± 2.44 when compared with mean pre-test practice score value which

was 7.12% with standard deviation of ± 9.55. The statistical paired 't' test was computed. The calculated 't' value 't'= 23.740 at is higher than the table value (t =1.98) at 0.05 level of significance. This shows that that the mean post test knowledge and Practice score is higher than the mean pre test knowledge and Practice score. The 't' values are more than the table value at 0.005 level and it was highly significant. The effectiveness of video-teaching was evident by gained in knowledge and improvement in healthy practices after video assisted teaching program.

**Table 2**  
**Correlation between knowledge and practices on personal hygiene among school children.**

Post test	Coefficient of correlation	Statistical result
Knowledge Vs Practice	0.864*	Positive correlation

\*= significant (P<0.05)

Table-2 shows the relationship between knowledge and practice regarding personal hygiene of school children. The results revealed that there was a highly positive correlation ( $r = 0.864$ ) between knowledge and practice regarding personal hygiene. It shows that there was a positive change in the practice on personal hygiene among school children after video assisted teaching.

## DISCUSSION

In this study the findings consists of in age 27% of children were in the age of 8 years, 40% were 9 years, 33% were 10 years. 51% of them were males and 48% were females. The children were selected from 3<sup>rd</sup>, 4<sup>th</sup>, 5<sup>th</sup> standards, 20%, of children were selected from each class. ority (48%) of the childrens' family income was Rs.5000-10,000, 15% were Rs.10,000-15,000 and 37% were Rs.<5000. Majority (52%) of the children from rural area and from urban only 48%. The level of existing knowledge on personal hygiene in the area of oral hygiene was 75%, Skin hygiene was 66%, Hair hygiene was 55%, Hand hygiene 68% and foot hygiene was 45%. The level of existing health practice in area of oral hygiene 80%, Skin hygiene 80%, Hair hygiene 72%, Hand hygiene 66%, Foot hygiene 50%. Pre test knowledge score revealed that only 3% were having adequate knowledge; 58% were having moderately adequate knowledge and 42% were having inadequate knowledge. The school children gained knowledge after video assisted teaching the knowledge score revealed that 95% had adequate knowledge, 5% were moderately adequate and no one had inadequate knowledge. The pre test health practice scores showed that 58% had poor health practices, 42% were average and no one had good health practice. After the video assisted teaching the children improved their health practices. About 40 were followed good health practices, 60% were average, and no one had poor health

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practices. There was a positive correlation ( $r = 0.864$ ) between knowledge and practice on personal hygiene among school children. None of the demographic variables had association with knowledge and practice.

## CONCLUSION

A good health is the right of every child. The practice of personal hygiene is employed to prevent the incidence and spread of communicable diseases. The planned health teaching through video display was found to be very effective in improving the knowledge and practice among school children on personal hygiene. The study concluded that personal hygiene knowledge and practices are satisfactory among the school children in Madurai. Personal hygiene is not an isolated behaviour; instead it varies from person to person according to different factors. Intervention programs raising the awareness and importance of personal hygiene among school children through coordinated education measures by parents, teachers and media will be beneficial to impart these early in life. Based on our research finding we believe that the educational authorities in the country can develop and adopt policies and guidelines that will make way to have adequate access to resources, items and opportunities to maintain personal hygiene at school and home. Schools should provide hygiene education to kindergarten and early grade school children to supplement the training provided by parents and guardians, to ensure that all children learn at an appropriate age how to protect themselves and others from preventable exposure to illness and other hygienic hazards

## CONFLICT OF INTEREST

Conflict of interest declared none.

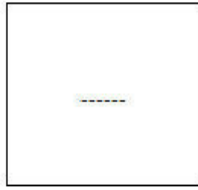
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We sincerely thank the above reviewers for peer reviewing the manuscript