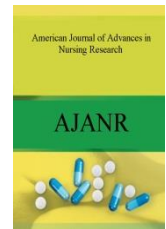




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EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE, PRACTICE AND ATTITUDE REGARDING HAND WASHING AMONG SCHOOL CHILDREN AT A SELECTED SCHOOL, THINDIVANAM IN VILLUPURAM DISTRICT, TAMILNADU

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ABSTRACT

A quantitative research approach of pre-experimental with one group pre and posttest design was chosen for this study. By using stratified random sampling technique, a total of 100 samples were included for the study. The structured teaching Programme was given by researcher. Pre and posttest were conducted by multiple choice questions, observation check list and modified liker attitude scale. Data were recorded and coded. The data analysis was done by using descriptive and inferential statistics. The result revealed that there was a statistically significant difference between pre and posttest knowledge, practice and attitude scores regarding hand washing among school children at $p < 0.001$. This study implies that creating awareness on hand washing will prevent the occurrence of infection among school children.

INTRODUCTION

"Our hands do so much for us. They are capable of a wide variety of functions like touching, grasping, feeling, holding, manipulating, caressing, and performing daily activities and more. They are a vitally important part of who we are and how we see ourselves". Good hand hygiene is one of the most critical control strategies in outbreak management. Hand hygiene is defined as any method that removes or destroys microorganisms on hands. It is well-documented that the most important measure for preventing the spread of pathogens is effective hand washing.

Children become infected with respiratory illnesses such as influenza or the common cold, diarrhoea. For example, if they do not wash their hands before touching their eyes, nose, or mouth. Indeed, the Centre for Disease Control and Prevention (CDC) 2014 has stated: "one of the most important measures for preventing the spread of pathogens is effective hand washing". It protects best against diseases transmitted through fecal-oral routes (such as many forms of gastroenteritis) and direct physical contact such as impetigo, which may increase the child mortality and morbidity.

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OBJECTIVES:

1. To assess the knowledge, practice and attitude of school children regarding hand washing.



2. To evaluate the effectiveness of structured teaching programme (STP) on knowledge, practice and attitude regarding hand washing among school children.
3. To associate the selected demographic variables with knowledge, practice and attitude regarding hand washing among school children.

HYPOTHESES:

H1: There is a significant difference between pre and post test level of knowledge, practice and attitude regarding hand washing among school children before and after structured teaching programme.

H2: There is a significant association of selected socio demographic variables and health related variables with post test level of knowledge, practice and attitude regarding hand washing among school children.

METHODOLOGY:

A quantitative research approach of pre experimental with one group pre and post test design was chosen for this study. By using stratified random sampling technique a total of 100 samples were included for the study. The structured teaching programme was given by researcher. Pre and post test was conducted by multiple choice questions, observation check list and modified likert attitude scale. Data were recorded and coded. The data analysis was done by using descriptive and inferential statistics.

DESCRIPTION OF THE TOOL:

The tool for this study consists of three parts.

PART- I

SECTION: A- SOCIO DEMOGRAPHIC VARIABLES

The demographic variables consisted of ten items which included age of the children, gender, domicile, educational status of father, educational status of mother, occupational status of the father, occupational status of the mother, family income per month, type of family and number of siblings.

SECTION: B - HEALTH RELATED VARIABLES

It consisted of five items which included sources of water supply, nature of drainage, toilet practice, pet animal and previous source of knowledge.

PART- II: STRUCTURED QUESTIONNAIRE

SECTION: A

It consisted of two parts,

Part- I included nine structured multiple choice questions in general information about hand washing.

Part- II included six structured multiple choice questions related to significance of hand washing. A total of fifteen multiple choice questions were used to assess the level of knowledge regarding hand washing among school children in pre and post test. The questions were constricted relevant to definition, importance, indications, general steps and consequences of poor hand washing.

It consisted of 15 self administered multiple choice questions regarding general information about hand washing and significance of hand washing. The correct and wrong answer was given one and zero respectively. The maximum total score was fifteen.

The total score were computed and categorised as follows.

SECTION- B

It consisted of observation checklist to assess the practice of hand washing. The nine items were included in the check list, based on the steps of hand washing.

It consisted of observation check list which contains ten items and it has a minimum score of '9' and maximum of '18'. A score were interpreted as follows;

14- 17 : Excellent practice

10-13 : Good practice

1-9 : Poor practice.

SECTION- C

It consisted of modified likert three point attitude scale to assess the attitude of hand washing which composed of 20 items which included both positive and negative statements.

It consisted of self administered modified likert three point scale. It included both positive and negative statement. The scores assigned were as follows;

Positive statement: Disagree- 1, Uncertain- 2 and Agree-3

Negative statement: Disagree- 3, Uncertain- 2 and Agree-1.

PART- III

It consisted of structured teaching programme on hand washing which included definition, importance, indications for hand washing, general steps of hand washing and consequences of poor hand washing. The lecture cum demonstration methods was adopted and visual aids like roller board, chart, banner and pamphlet were used.

Table 1.1: Score Interpretation of Knowledge

Category	Level of knowledge in percentage
<50%	Inadequate knowledge
51 – 75%	Moderately adequate knowledge
>75%	Adequate knowledge



Table 1.2: Distribution of level of Knowledge on hand washing among school children in pre and post test.

S.No	Level of knowledge	Pre - test		Post – test	
		no	%	No	%
1	Inadequate knowledge	82	82	0	0
2	Moderately adequate knowledge	15	15	4	4
3	Adequate knowledge	3	3	96	96
Total		100	100	100	100

Table 1.3: Distribution of level of Practice on hand washing among school children in pre and post test (n=100).

S.No	Level of practice	Pre - test		Post – test	
		no	%	No	%
1.	Poor	70	70	3	3
2.	Good	17	17	10	10
3.	Better	10	10	27	27
4.	Excellent	3	3	60	60
Total		100	100	100	100

Table 1.4: Distribution of level of Attitude on hand washing among school children in pre and post test (n=100).

S.No	Level of Attitude	Pre - test		Post – test	
		no	%	no	%
1.	Good	76	76	9	9
2.	Better	6	6	2	2
3.	Best	18	18	89	89
Total		100	100	100	100

Table 1.5: Comparison of pre and post test Knowledge, Practice and Attitude on hand washing among school children (n=100).

S.No	Observation	Mean	SD	Paired 't' value	P value
1.	Pre – test Knowledge	4.32	3.44	-27.14***	0.000
2.	Post – test Knowledge	13.75	1.25		
3.	Pre – test Practice	10.21	2.26	-20.02***	0.000
4.	Post – test Practice	16.57	2.37		
5.	Pre – test Attitude	27.61	11.82	-17.45***	0.000
6.	Post – test Attitude	53.55	9.59		

RESULTS AND DISCUSSION:

The above table reveals that 82 (82%) study participants had inadequate knowledge whereas 15 (15%) had moderately adequate knowledge only 3 (3%) had adequate knowledge in pre – test. But in post test 96 (96%) study participants had adequate knowledge and 4 (4%) had moderately adequate knowledge.

The above table infers that 70 (70%) study participants had poor practice whereas 17 (17%) had good practice, 10(10%) had better practice and only 3(3%) only had excellent practice in pre – test. But in post – test 60(60%) study participants had excellent practice, 27(27%) had better practice, 10(10%) had good practice and three (3%) had poor practice.

The above table discloses that 76 (76%) study participants had good attitude where as 6 (6%) had better attitude and 18 (18%) had best attitude in pre test. But in post – test 89 (89%) study participants had best attitude, 2 (2%) had better attitude and 9 (9%) had good attitude.

The above table unveils that there was a statistically significant difference at $P < 0.001$ between pre and post knowledge score on hand washing among school children.

The above table illustrates that there was a statistically significant difference at $P < 0.001$ between pre and post practice score on hand washing among school children.

The above table unveils that there was a statistically significant difference at $P < 0.001$ between pre



and post attitude score on hand washing among school children.

LIMITATION:

There was difficulty to gather all the students in a single class room because of different time table with the teacher cooperation, the researcher could make it possible.

NURSING EDUCATION:

The investigator had drawn the following implication for nursing education. Nursing educator can encourage the student's nurses to organize hand washing programme to school children.

- Health education should be imparted regularly based on evidenced based practice in all nursing curriculum.

- The faculty members in nursing education can motivate the students to arrange health programs for parents regarding the hand washing techniques in attractive way, to make them to practice it.
- Nursing curriculum should prepare nurses to motivate the teachers to improve the student's knowledge, practice and attitude regarding hand washing.

CONCLUSION:

The study finding proved that the structured teaching program administered by the researcher was effective to increase the knowledge, practice and attitude of the school children on hand washing.

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