

Attitude towards Health and Hygiene among School Children in Mangalore City

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Abstract: *The common saying Health is Wealth fits to everyone's life. It is important to promote good attitude towards health and hygiene among children as most of the children are not active physically. Hygiene is a habit that needs to be focused on and inculcated in children at an early age, to make them healthy adults. Hence this study is undertaken with the objectives, to find the attitude on health and hygiene among school children in Mangalore city and to compare their attitude on health and hygiene between Government, Private and Aided school children. Survey method and Questionnaire were the tools used for the study. Sample of 820 children in the age range 10-12 years were taken for the study. A survey was conducted to know the attitude towards health and hygiene of children of Mangalore city. Eight schools from north and eight schools from south a total of 16 schools were selected for the study. Questionnaires were distributed to 183 Government, 309 Aided and 328 Private school children to elicit information regarding their attitude towards health and hygiene. The opinions collected by using the questionnaire were scored and tabulated. The mean attitude score was found highest in Private school as compared to Aided school and Government school. From the F test it was found that there was a highly significant difference between different types of school and the mean attitude score on health and hygiene (379.86**, p<0.05).*

Keywords: Attitude, Government school, Aided school, Private school, Health among School Children.

1. Introduction

“He, who has health, has hope. And he, who has hope, has everything” goes the Arabian Proverb. Every human being is the author of his own health and disease. So, we should learn and teach our children to maintain better health. Hygiene is a contributing factor to enhance health. Hence it is important to develop good attitude towards maintaining hygiene.

Maintaining a healthy body is not that easy and not so difficult also. Always there is a need to be healthy because unhealthy body will be attacked by many diseases. The child is quite vulnerable at its growing age and hence become easy victims of many non-communicable diseases such as dental caries, anaemia; visual and hearing defects (Asgar, 2017). Unhealthy lifestyle caused most of the children dislike physical bodily movement and lack of physical fitness. Asghar (2017) assessed the health status of primary school children in Lucknow. The common infirmities found were dental caries, anaemia and ear discharge.

Kulkarni (2016) indicates about overweight. In addition to this he has assessed the morbidity pattern and nutritional status among school children in a rural area of coastal Karnataka. The common morbidities found were dental caries, pallor, upper respiratory tract infection and refractory error. Overweight was also observed among the school children. The change to healthy attitude can be brought about by giving adequate information and motivation to the subjects.

2. Methodology

Aim

The study aimed at finding the attitude towards health and hygiene among school going children aged 10-12 years in Mangalore city.

Objectives

- 1) To know the attitude towards health and hygiene among school children.
- 2) To compare the attitude towards health and hygiene among Government, Aided and Private school children.

3. Research Design

The researcher referred the DPI (Directorate of public instruction) to identify and shortlist schools in Mangalore city. Selection was done keeping in mind the type of school that is Government, Aided and Private and two zones of Mangalore city namely north and south. Eight schools from the north and eight schools from the south zone a total of 16 schools were selected. In the selected 16 schools questionnaires were distributed to the children aged 10-12 years studying in V, VI, VII standards. A total of 820 of which 183 Government, 309 Aided and 328 Private school children were surveyed. Questions were explained to them clearly during the study. The opinions collected by using the questionnaire were scored and tabulated

4. Analysis of the data

Background information

A sample of 820 children aged 10-12 years were taken for the study. They were identified from Government, Aided and Private schools from the North and South zones of Mangalore city.

It was found that majority of the students belonging to Government and Private school were in the age of 12 years followed by 11 years and 10 years.

It was found that most of the students of Aided school were in the age of 12 years followed by 10 years and 11 years.

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Majority of the students belonging to Government and Aided school were studying in the class VII followed by class VI and class V.

Further it was also found that most of the students of the Private school were studying in class VI followed by VII and V class.

Girl students were more when compared to boys in Government, Aided and Private school.

Higher percentage of the respondents belonging to Government, Private and Aided were from nuclear families.

Most of Government and Aided school children's mother tongue was Kannada followed by Tulu. Further it was also found that Tulu speaking respondents were more in Private schools than in Aided and Government schools. It was also found that respondents' fathers belonging to Private school were better educated when compared to respondents' fathers from Aided and Government school

It was found that mothers of the respondents of Private school were better educated when compared to Aided and Government school. Higher percentages of the respondents' fathers were commission agents, brokers. Most of the respondent's mothers were housewives among Government, Aided and Private school. The income distribution of Parents from Private and Aided school were found to be more as compared to respondents from Government school. Majority of the respondents were non-vegetarians among Government, Aided and Private schools. There was no significant difference among different types of school with respect to health status of respondents' parents and health problems ($p > 0.05$). Majority of the respondents of Aided school, Government and Private school were malnourished.

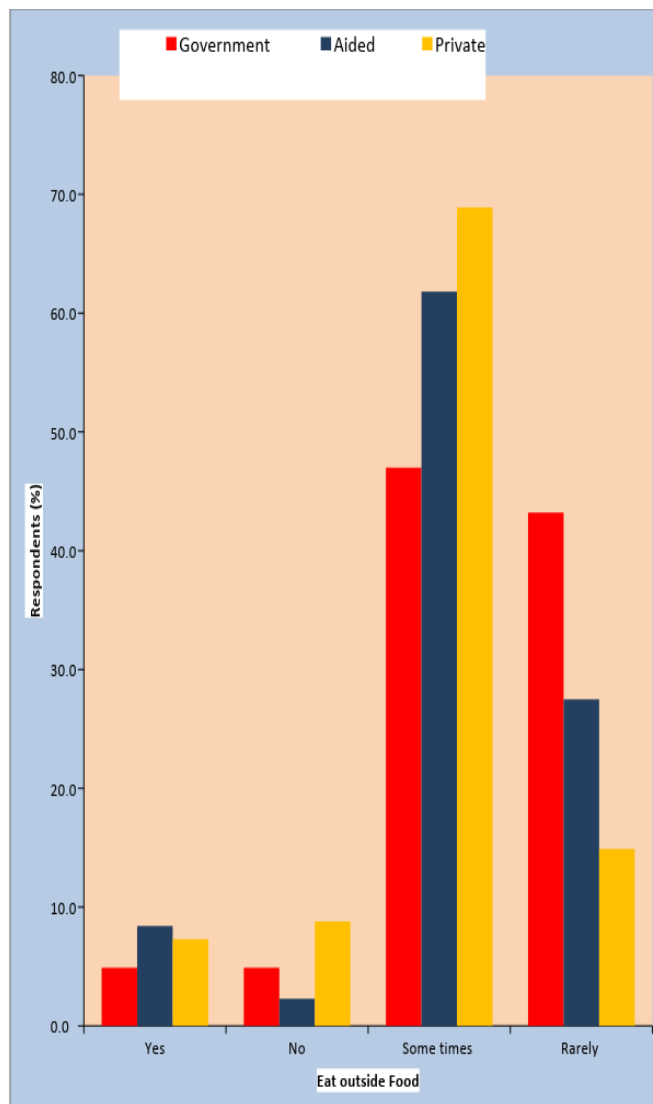


Figure 1: Classification of Respondents by Eating outside food

Figure 1 depicts the respondents eating outside food. It was found that majority of the respondents eat sometimes outside food among Private (68.9%), Aided (61.8%) and Government school (47.0%) followed by rarely Government (43.2%), Aided (27.5%) and Private school respondents (14.9%). A very few respondents remarked that they eat outside food and a very few said that they did not eat outside food.

The data was analyzed statistically using the Chi-square test and was found that there was a significant difference among different types of school with respect to respondents eating outside food ($\chi^2 = 60.34^*$).

Table 1: Overall Mean scores of Respondents on Attitude towards Health and Hygiene by Type of school, N=820

Response	Sample (n)	Statements	Max. Score	Scores				'F' Test
				Mean	SD	Mean (%)	SD (%)	
Government	183	33	132	73.3	16.7	55.5	12.6	379.86**
Aided	309	33	132	79.7	13.9	60.4	10.6	
Private	328	33	132	106.7	15.4	80.9	11.7	
Combined	820	33	132	89.1	21.0	67.5	15.9	

** Significant at 1% level,

Table - 1 reveals the overall mean scores of respondents on Attitude towards Health and hygiene by Type of school. It is seen from the finding that overall mean attitude scores of respondents found to be 67.5% on health and hygiene.

It is interesting to know that the mean attitude score was found highest in Private school (80.9%) as compared to Aided school (60.4%) and Government school (55.5%).

From the F test it was found that there was a highly significant difference between different types of school and the mean attitude score on health and hygiene (379.86**, $p < 0.05$).

Table 2: Aspect wise Comparison of Attitude Scores on Health & Hygiene among School Children, N=820

No.	Attitude Aspects	Respondents						'F' Test
		Government.		Aided		Private		
		Mean	SD	Mean	SD	Mean	SD	
I	General Health	55.8	22.1	64.4	18.6	84.0	11.1	192.08**
II	Personal hygiene	52.0	17.8	56.7	17.0	76.4	19.1	143.10**
III	Environmental hygiene	53.4	22.2	61.5	21.0	85.6	15.3	205.90**
IV	Food hygiene	54.8	18.8	56.9	17.7	80.0	20.2	156.06**
V	Water hygiene	57.1	21.6	59.7	18.7	76.1	20.7	73.71**
VI	Dental & Oral hygiene	58.2	14.8	60.6	12.6	78.0	15.5	162.12**
VII	Visual hygiene	55.6	22.2	58.5	20.9	85.1	16.7	196.95**

** Significant at 1% level

Table.2 depicts the aspect wise comparison of attitude scores on health and hygiene among school children. It was found that the children belonging to private school had high attitude score of health and hygiene on all the aspects when compared to Government and Aided school children. Further, it was found that Aided school children had high mean attitude scores on General health (64.4%), Environmental hygiene (61.5%) and Dental and oral hygiene (60.6%) when compared to Government school children. It was found from mean attitude score that children belonging to Government school had low attitude score towards all aspects when compared to Private and Aided school children.

The data was analyzed statistically by using F-test and found that there was a highly significant difference among different types of schools on all attitude aspects under study.

5. Conclusion

It was found from the results that Government and Aided school children had moderate level of attitude towards health and hygiene as compared to Private school children. It was found that the children belonging to Private school had a favourable attitude of health and hygiene when compared to Government and Aided school children.

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