

Assessing the Knowledge on Health Promotion among Primary School Children in Selected Rural Schools of Udupi Taluk in Karnataka

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Abstract: A study was conducted to assess the knowledge of health promotion among primary school children of selected rural schools of Udupi Taluk in Karnataka. Objectives of the study were to find the knowledge of health promotion among primary school children of selected rural schools. Demographic proforma and structured knowledge questionnaire on health promotion were administered 80 primary school children selected using proportionate sampling technique. The findings of the study showed that majority (n=36, 45.0%) children belonged to the age group of 10 years, (n=48, 60%) were boys and (n=41, 51.25%) children were in fifth standard. Out of 80 children, 66 (82.5%) had average knowledge and about 12 (15.0%) had poor knowledge whereas only 2 (2.5%) had good knowledge regarding health promotion. Health promotion activities have to be started in early childhood, so that children can lead healthy life in future.

Children are the most valuable resource of the family and the nation. Health and education are interrelated components in early years of a child's life. Health promotion is one of the important aspects of health that is given importance in the school curriculum. It is the health care provider's responsibility also to promote the normal health of the child. Health promotion aspects taught in the early years of child's life will be inculcated as a healthy lifestyle in future.

The individual's health is related to his behaviour, culture, attitude and these can also have an impact on their health (Langford & Bonell, 2013). Joronen, et al (2008) conducted an experimental study on school based drama interventions in health promotion among 260 children and adolescents. The interventions were drama and role play which was based on the individual's social, mental and health behaviour. The results showed that the use of drama is effective $t=12.45$ ($p<0.01$) in improving the knowledge of the children as well as adolescents on health promotion. Knowledge assessment of children on health promotion will help in designing intervention in the schools that can benefit teachers, school children and the parents.

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Objectives

The objective of the study was to assess the knowledge of primary school children on health promotion among primary school children in selected rural schools. This study is part of the study of the effectiveness of game-based learning on knowledge of health promotion among primary school children in selected rural schools of Udupi Taluk, Karnataka.

Materials and Methods

Eighty children were selected from 5th, 6th, and 7th standard of six rural primary schools of Udupi Taluk. Proportionate sampling technique was used to select the samples from each school.

Data were collected by the primary investigator in the schools using demographic proforma and structured knowledge questionnaire on health promotion. Demographic proforma was developed by the investigator for the purpose of collecting background information of the samples. It consisted of items namely age, gender, class in which child is studying, education status of father and mother.

Health promotion questionnaire had four areas namely nutrition, exercise/ physical activity, personal hygiene and environmental hygiene. Total items in the questionnaire were 30. There were four options for each question and the maximum score possible was 30. Correct response for each item was given score of 1 and for the wrong or unanswered

items, it was scored 0. The knowledge score was arbitrarily categorised as poor knowledge 0-10, average knowledge 11- 20, and good knowledge 21- 30. The content validity of the tool was established by taking the suggestions from the subject experts.

The reliability of the tool was assessed by administering the tool to 20 students studying in 5th, 6th and 7th standards in the month of January 2015. To determine the reliability, test retest method was used for the tool on structured knowledge questionnaire on health promotion and the reliability coefficient obtained was $r = 0.99$. The tool was found to be reliable.

Ethical clearance was obtained from institutional ethical committee, from district block officer and the principal of the school. Informed written consent from the parents and assent form the participants were obtained before collecting the data.

Results & Discussion

Sample characteristics

Majority of children ($n=36$, 45.0%) children were in the age group of 10 years, 48(60%) were boys and 41 (51.25%) children were in fifth standard. With regard to the parents education, majority of the parents were educated till primary school ($n=44$, 55%) of fathers and 55 (68.75%) of mothers.

Knowledge of children on health promotion

Out of 80 children, 66 (82.5%) had average knowledge and about 12 (15.0%) had poor knowledge whereas only 2 (2.5%) had good knowledge regarding health promotion. The mean knowledge score was 13.78 and the standard deviation was 3.42. (Fig 1)

Area wise distribution of knowledge score on health promotion.

The knowledge questionnaire had four areas of health promotion. The areas were nutrition, physical activity/exercise, environmental hygiene and personal hygiene.

The maximum score and mean show that mean knowledge score was higher in the area of nutrition and personal hygiene when compared to exercise and environmental hygiene.

Discussion

With regard to the knowledge on health promotion, it was found that majority, of the students 66 (82.5%) had average knowledge, 12 (15.0%) were found to have poor knowledge. The mean knowledge score was higher in the area of nutrition and

Table 1: Frequency and percentage distribution of sample characteristics (n=80)

Sample characteristics	Category	Frequency (f)	Percentage (%)
Age (in years)	10	36	45.00
	11	27	33.75
	12	17	21.25
Gender	Boys	48	60.00
	Girls	32	40.00
Class	5 th	41	51.25
	6 th	19	23.75
	7 th	20	25.00
Education of father	Primary	44	55.00
	High school	36	45.00
Education of mother	Primary	55	68.75
	High school	25	31.25

Table 2: Area wise knowledge score on health promotion (n=80)

Area of knowledge	Max.score	Mean
Exercise	05	1.88
Nutrition	10	4.06
Environmental hygiene	06	2.82
Personal hygiene	09	4.58

personal hygiene when compared to exercise and environmental hygiene. The findings were supported by an experimental study conducted by Yang & Hang (2007) on children's knowledge attitude and behaviour on nutrition among 480 school children in Taiwan. Data were collected using knowledge questionnaire and attitude scale. The study result showed that 68 percent of children had good knowledge on nutrition whereas 37 percent of children had poor knowledge in the physiological

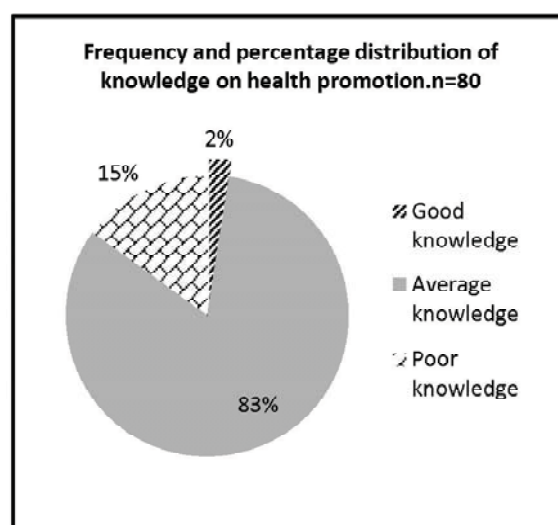


Fig 1. Knowledge of children on health promotion

function of nutrients. This study showed that there was good knowledge in the area of personal hygiene. Similar findings were reported in the study conducted by Williamsa & Gelaye (2010) on knowledge, attitude, and practices of hygiene among school children in Angolela, Ethiopia. This study was conducted among 699 children studying in sixth standard. The study result showed that 52 percent of students had adequate knowledge in the area of personal hygiene. The studies carried out in Denmark on students participation on health promotion activates showed steady participation. Schools are important arenas for interventions among children as health promoting initiatives in childhood is expected to have substantial influence on health and well-being in adulthood (Nabe NK, et al 2015).

Conclusion

Health promotion is major aspect human beings, especially in children, to achieve a better health and eliminate the illnesses. Health promotion activities have to be started in early childhood, so that children can lead healthy life in future.

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