

Assessment of Knowledge on Health among School Children in Mangalore City

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Abstract:- Health refers to a person's physical, mental and social wellbeing. Good health is essential for learning and cognitive ability. Ensuring good health when children are of school age can boost attendance and educational achievement.

Hence this study is undertaken with the objectives, to find the knowledge on health among school children in Mangalore city and to compare the knowledge on health 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 assess the knowledge on health 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 knowledge on health. Questions were explained to them clearly during the study. The opinions collected by using the questionnaire were scored and tabulated. The overall mean score knowledge with regard to health was found that the students belonging to Private school have more knowledge (69.3%) when compared to Aided (56.3%) and Government schools (54.8%) on health. The data were analyzed statistically by using F-test and found that there was a highly significant difference among types of school with respect to knowledge on health among respondents ($\chi^2=139.74$ **).

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

I. INTRODUCTION

Health is a matter of great concern than wealth. Every human being is the author of his own health and disease. So, we should learn and teach our children to maintain better health. The World health organization (WHO) defined health in its broader sense in 1946 as "a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".

Physical, Mental, Social, emotional and spiritual health can be maintained by proper exercise, nutrition and by observing proper hygiene. According to the World

health organization (WHO) the main determinants of health include the social and economic environment, the physical environment, and the person's individual characteristics and behaviours.

"Health status of the population at large in India leaves much to be desired despite having a well-developed administrative system and technical skills". The conditions in India are not up to the mark. The series of papers has highlighted the important health care challenges impeding our health system, namely- co-existence of substantial burdens of infectious diseases, reproductive and child health problems, nutritional deficiencies, chronic diseases, and injuries (PatiSanghamithraet *al.*2012)

In India and other under developed countries sanitation is the least that gets priority. Many defecate in the open air. Poor hand washing practices and limited access to sanitation facilities perpetuate the transmission of disease-causing germs. The inadequacy of health and hygiene in India has prompted the Prime Minister to promote a slogan to the People that "Swachh Bharat, Swasth Bharat" meaning Clean India is a healthy India.

Our Prime Minister Narendra Modi aptly initiated Swacha Bharath Abhiyan is also called as the Clean India Mission or Clean India drive or Swachh Bharat Campaign. It is a national level campaign run by the Indian Government to cover all the backward statutory towns to make them clean. This campaign involves the construction of latrines, promoting sanitation programmes in the rural areas, cleaning streets, roads and changing the infrastructure of the country to lead the country ahead.

Children are the foundation of a strong and healthy nation .Poor health may retard children's normal growth and development. Morbidity rate is high among school children..Nutritional deficiencies are commonly found among school children. The school and home should share the task of helping each child to realize optimal health and keep pace with his increasing maturity, train gradually to assume more and more responsibility for his own health.

Hence this study is undertaken by the investigator to find the knowledge on health among school children in Mangalore city.

II. METHODOLOGY

A. Aim

The study aimed at assessing the knowledge of health among school going children aged 10-12 years in Mangalore city.

B. Objectives

- To know the existing knowledge of school children on health.
- To compare the knowledge on health among Government, Aided and Private school children.

C. 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. The questionnaire consists of background information of the respondents and specific data includes questions related to knowledge on health. Questions were explained to them clearly during the study. The opinions collected by using the questionnaire were scored and tabulated

D. 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. 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 of Aided school, Government and Private school were malnourished.

Food pattern	Sample (n)	Respondents						χ ² Test
		Government		Aided		Private		
		N	%	N	%	N	%	
Vegetarian	194	51	27.9	56	18.1	87	26.5	8.53*
Non vegetarian	626	132	72.1	253	81.9	241	73.5	
Total	820	183	100.0	309	100.0	328	100.0	

Table 1:- Food pattern of Respondents (N=820 * Significant at 5% level, χ² (0.05, 2df) = 5.991)

Table -1 depicts the food pattern of the respondents. Majority of the respondents belonged to non-vegetarians among Government schools (72.1%), Aided (81.9%) and Private (73.5%) schools. However, fewer percentages were vegetarians among Government school (27.9%), Private (26.5%) and Aided schools (18.1%) in food pattern.

The data was analyzed statistically using the chi-square test and found that there was a significant difference among different types of school with respect to respondents' food pattern (χ²=8.53*).

Eat outside food	Sample (n)	Respondents						χ^2 Test
		Government		Aided		Private		
		N	%	N	%	N	%	
Yes	59	9	4.9	26	8.4	24	7.3	60.34*
No	45	9	4.9	7	2.3	29	8.8	
Some times	503	86	47.0	191	61.8	226	68.9	
Rarely	213	79	43.2	85	27.5	49	14.9	
Total	820	183	100.0	309	100.0	328	100.0	

Table 2:- Eating outside food by the Respondents (N=820 * Significant at 5% level, χ^2 (0.05, 6df) = 12.592 eat outside food)

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

Source of Information	Sample (n)	Respondents						χ^2 Test
		Government (n=183)		Aided (n=309)		Private (n=328)		
		N	%	N	%	N	%	
Newspaper	678	158	86.3	273	88.3	247	75.3	21.11*
Magazine	559	139	76.0	249	80.6	171	52.1	65.93*
Television	738	165	90.2	290	93.9	283	86.3	10.14*
Radio	551	145	79.2	246	79.6	160	48.8	84.10*
Internet	494	134	73.2	183	59.2	177	54.0	18.41*
Hoarding	423	145	79.2	176	57.0	102	31.1	114.72*
Posters	529	143	78.1	240	77.7	146	44.5	95.52*
Pamphlets	384	120	65.6	163	52.8	101	30.8	64.05*
Word of mouth	617	167	91.3	282	91.3	168	51.2	169.39*
Doctors	684	165	90.2	263	85.1	256	78.0	13.50*
School	733	175	95.6	294	95.1	264	80.5	45.71*

Table 3:- Source of Information on Health and hygiene (N=820 * Significant at 5% level, χ^2 (0.05, 2df) = 5.991)

Table-3 indicates the Source of Information on Health and hygiene. The observation of the table clearly shows that the majority of the respondents was firstly the School information among Government school (95.6%), Aided (95.1%) and Private (80.5%) as compared to Television information by Aided school (93.9%), Government (90.2%) and Private (86.3%) followed by Doctors information Government school (90.2%), Aided (85.1%) and Private(78.0%), Further, Newspapers

information in Aided school (88.3%) Government (86.3%), and Private (75.3%), Word of mouth information equal percentage. Government and Aided school (91.3%) and Private (51.2%), Magazines information Aided school (80.6%), Government (76.0%), and Private (52.1%) Internet information among Government schools (73.2%), Aided (59.2%) and Private (54%), and Hoardings information among Government schools (79.2%), Aided (57.0%) and Private (31.1%),

Pamphlets information among Government schools (65.6%), Aided (52.8%) and Private (30.8%), Posters information Government schools (78.1%), Aided (77.7%) and Private (44.5%), and Radio information. Aided schools (79.6%), Government (79.2%) and Private (48.8%) were the source of information for lesser percentage of the respondents.

It was found from the statistical analysis that there was a significant difference among different type of schools with respect to respondents source of information ($p < 0.05$).

Response	Sample (n)	Statements	Max. Score	Scores				'F' Test
				Mean	SD	Mean (%)	SD (%)	
Government	183	50	50	27.4	5.1	54.8	10.2	139.74**
Aided	309	50	50	28.2	4.7	56.3	9.4	
Private	328	50	50	34.7	6.8	69.3	13.6	
Combined	820	50	50	30.6	6.6	61.2	13.2	

Table 4:- Overall Mean Scores of Respondents on Knowledge of Health by Type of School (N=820 ** Significant at 1% level,) Source: Field Survey

Table 4 reveals the overall mean score knowledge of the respondents with regard to health. It was found that the respondents belonging to Private school had more knowledge (69.3%) when compared to Aided (56.3%) and Government schools (54.8%) on health.

The data were analyzed statistically by using F-test and found that there was a highly significant difference among types of school with respect to knowledge on health and hygiene among respondents ($\chi^2 = 139.74$ **).

No.	Aspects	Respondents						'F' Test
		Government.		Aided		Private		
		Mean	SD	Mean	SD	Mean	SD	
I	General Health	49.2	11.2	51.0	10.7	61.8	16.0	75.81**

Table 5:- Comparison of Knowledge scores on Health among school children (N=820)

Table 5 shows that the respondents belonging to Private school had more mean knowledge score on health (61.8%) when compared to Aided (51%) and Government school children (49.2%).

III. CONCLUSION

From the results of the present study, it can be concluded that children from Government and Aided school lacked an adequate level of knowledge towards health when compared to private school children.

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