Effectiveness of Demonstration Technique on Hand Washing Practices among School Children Aged 7-11 Years in Selected Schools of District Mohali

Kaur Amanpreet¹, Kaur Amanjot², Kaur Manpreet²

¹MSC Nursing Student, ²Assistant Professor, ^{1,2}Child Health Nursing, S.PH.E College of Nursing, Gharuan, Punjab, India

ABSTRACT

INTRODUCTION: Hand washing is the single most preventive measure for reducing the spread of contagious diseases. Hands are the main pathways of transmission. Keeping hands clean through improved hand hygiene is one of the most important steps one can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands.

AIM: The aim of the study to assess the effectiveness of demonstration technique on hand washing practices among school children.

MATERIAL AND METHODS: A quasi experimental, pre-test post test control group study design was used to assess the effectiveness of demonstration technique on hand washing practices of district Mohali, on 100 school children (50 in experimental and 50 in control group) fulfilling the inclusion criteria by using convenient sampling technique.

RESULTS: The result of the study revealed that there is pre demonstration mean practice score of experimental group was 5.66, and post demonstration mean practice score was 6.60 among school children regarding hand washing. It shows that there is significant difference between pre- test and post- test mean practice scores found statistically significant at p<0.005 level.

CONCLUSION: demonstration technique was effective for improving the practice of hand washing among school children

KEYWORDS: Practice, Hand washing, School children

INTRODUCTION

Hand washing is the single most preventive measure for reducing the spread of contagious diseases. Inadequate sanitary conditions and poor hygiene practices play major role in the increased burden of communicable diseases. Proper hygiene practices learned by kids in early childhood will usually carry those habits into their adulthood too. Keeping hands clean through improved hand hygiene is one of the most important step one can take to avoid getting sick and spreading germs to others. Many diseases and conditions are spread by not washing hands with soap and clean water. The use of soap and water is the best way to keep hands clean and free from micro organisms.^{1,2} *How to cite this paper*: Kaur Amanpreet | Kaur Amanjot | Kaur Manpreet "Effectiveness of Demonstration Technique on Hand Washing Practices among School Children Aged 7-11 Years in Selected Schools of District

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School children are exposed to different kinds of germs and bacteria that they usually not come into contact with at home. Children are naturally curious and exploring things by touch and become the breeding ground for germs and bacteria, which could make them seriously ill. Young children are placed at a high risk of illness because of transfer of germs. Hand washing correctly with soap could protect young children who get sick with diarrhea and with respiratory infections like pneumonia. This emphasizes how important it is for children to learn how to wash their hands as early as possible. It will minimize the risk of contracting anything more harmful than a common cold.³

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Diarrhea and Pneumonia are among the leading cause of child mortality worldwide. In fact, 18% children under five years die due to diarrhea and 19%bdie due to pneumonia every year. In India, this translates to the loss of over six lakh children under the age of five, every year. Many of these deaths are easily preventable through simple practice such as hand washing with soap. Evidence suggests that improved hand washing can have a major impact on public health in any country and significantly reduce the two leading causes of childhood mortality. Hand washing habits must be improved along with access to safe water and sanitation. Hand washing with soap has been shown to reduce risk of leading causes of child mortality. Pneumonia accounts for 17% of the 6.6 million deaths of children under 5 years of age and diarrhea accounts for 9%, Over 750, 000 deaths during the neonatal period are estimated to occur annually because of infectious syndromes such as sepsis, acute respiratory infection, neonatal tetanus and diarrhea, many of these can be prevented by hand washing with soap.⁴,⁵

OBJECTIVES OF THE STUDY

- 1. To assess the pre demonstration technique score of hand washing practice in experimental and control group.
- 2. To assess the post demonstration technique score of hand washing practice in experimental and control group.

HYPOTHESIS

There will be significant difference between the pretest and post- test mean practice scores of practice regarding hand washing among school children.

RESULTS

Table 1 shows frequency, percentage distribution of socio demographic characteristics of subjects with regards to age, gender, class, educational status of father and mother, occupational status of father and mother, source of previous knowledge.

				19-100
Socio domographia variable	Experimental group (n=50)		Control group (n=50)	
Socio demographic variable	f	%	f	%
1. Age (years)				
(a) 7-8	8	16	9	18
(b) 8-9	14	28	5	10
(c) 9-10	19	38	19	38
(d) 10-11	9	18	17	34
2. Gender				
(a) Male	18	36	21	42
(b) Female	32	64	29	58
3. Class				
(a)1 st	12	24	16	32
(b) 2^{nd}	24	48	15	30
(c) 3^{rd}	11	22	12	24
(d)4 th	3	6	7	14

Table 1 Demographic characteristics of the subjects

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N = 100

MATERIAL AND METHODS

Research approach and design: A Quantitative research approach with quasi experimental, pre- test and post test control group design was adopted.

Sample and Sampling technique: Sample size was 100 (50 in experimental and 50 in control group), fulfilling the inclusion criteria by using convenient sampling technique.

Descriptions of tool

Part I- Socio demographic profile of school children include age, gender, class, education status of father and mother, occupation status of father and mother, source of previous knowledge. Data was collected by interviewing school children.

Part II-It was consisted of observation checklist to assess the practices of hand washing. Ten steps were included in this.

ETHICAL CONSIDERATION

Approval of research/ ethical committee of Saraswati Professional and Higher Education College of nursing before starting the study were taken. Permission was obtained from the Principal of school, District Mohali to conduct the study.

Criterion Measure

		n	
0	PRACTICE	SCORE	PERCENTAGE
130	Excellent	8-9	76-100
cn	Good 🚽	9-10	51-75
pm	ent Average	10-11	26-50
56-6	Below Average	11-12	<25

4.	Educational status of father				
(a)	No formal education	22	44	17	34
(b)	Primary	17	34	25	50
(c)	Secondary	7	14	8	16
(d)	Sr. secondary	4	8	0	0
(e)	Graduate and above	0	0	0	0
5.	Educational status of mother				
(a)	No formal education	37	74	35	70
(b)	Primary	6	12	11	22
(c)	Secondary	7	14	3	6
(d)	Sr. secondary	0	0	1	2
(e)	Graduate and above	0	0	0	0
6.	Occupational status of father				
(a)	Private job	5	10	12	24
(b)	Govt. job	0	0	1	2
(c)	Others	45	90	37	7
7.	Occupational status of mother				
(a)	Home maker	16	32	27	54
(b)	Private job	2	4	7	14
(c)	Govt. job		2	1	2
(d)	others	31	62	15	30
8.	Source of previous knowledge	in Scienti	fin The		
(a)	Media Angle	• • 0 • • •		0	0
(b)	Printed material	0	0	0	0
(c)	School Zo	J 50 R	100	50	100
(d)	others 2 a Int	ornational I		0	0

Table 2 shows that in the experimental group out of 50; slightly about near three quarters 37 (74%) were having good hand washing practice followed by 7 (14%) had average hand washing practice and only 6 (12%) had excellent hand washing practice although in the control group, 35 (70%) had good hand washing practice followed by 12 (24%) had average hand washing practice and only 3 (6%) had excellent hand washing practice. It was concluded that majority of school children in experimental and control group had good hand washing practice.

	antitore				N=100
Criterion measure		Experimental group (n=50)		Control group (n=50)	
Hand washing practice	Score	F	%	F	%
Excellent	8-10	6	12	3	6
Good	6-7	37	74	35	70
Average	4-5	7	14	12	24
Below average	<3	0	0	0	0
Mean ± SD		5.66±1.154		5.36 ± 1.139	
Maximum = 10					
Minimum = 0					

Frequency and percentage distribution of pre demonstration Technique of experimental and control group

Table 3reveals that experimental group; 36 (72%) were having good hand washing practice followed by 12 (24%) had excellent hand washing practice and only 2 (4%) had average hand washing practice although in the control group; 46 (92%) had good hand washing practice and only 4 (8%) had average hand washing practice. It was concluded that majority of school children had good hand washing practice in experimental and control group and only 12 (24%) had excellent hand washing practice in experimental group

Technique of experimental and control group					
Criterion measure		Experimental group (n=50)		Control group (n=50)	
Hand washing practice	Score	f	%	F	%
Excellent	8-10	12	24	0	0
Good	6-7	36	72	46	92
Average	4-5	2	4	4	8
Below average	<3	0	0	0	0
Mean ± SD		6.60±1.125		5.64 ±	0.851

Frequency and percentage distribution of post demonstration Technique of experimental and control group

DISCUSSION

Maximum = 10 Minimum = 0

In the present study, it was found that pre demonstration technique score of hand washing practice among school children. It was observed on 100 children; 50 in experimental group and 50 in control group in selected schools. In the experimental group out of 50; slightly about near three quarters 37 (74%) were having good hand washing practice followed by 7 (14%) had average hand washing practice and only 6 (12%) had excellent hand washing practice although in the control group.

5 (70%) had good hand washing practice followed by 12 (24%) had average hand washing practice and only 3 (6%) had excellent hand washing practice. It was concluded that majority of school children in experimental and control group had good hand washing practice.

These study findings are supported by the similar study conducted by **Rarichan AM**, (2018)⁶The practice score of hand hygiene assessed by observation checklist before and after training revealed that during the pre-test majority (87.1%) had average practice score, 12.9% had poor practice score and none of the study subjects had good practice [3] score.

In the present study, it was found that in experimental group; 36 (72%) were having good hand washing practice followed by 12 (24%) had excellent hand washing practice and only 2 (4%) had average hand washing practice although in the control group; 46 (92%) had good hand washing practice and only 4 (8%) had average hand washing practice. It depicts that majority of school children had good hand washing practice in experimental and control group and only 12 (24%) had excellent hand washing practice in experimental group.

These study findings are supported by the similar study conducted by **Nivetha R**, $(2016)^7$ Most of the 60 (60%) school children had excellent practice in hand washing in the post test whereas 70 (70%) had poor hand washing practice in the pre-test. Further it also revealed that 27 (27%) school children had better practice on hand washing in the post test against 10

(10%) in the pre- test. In post -test, only 3(3%) school children had poor level of practice on hand washing whereas it was 70 (70%) in pre- test. The mean score of pre -test practice 10.2 was increased to 15.47 in post- test. These findings proved that there is a greater improvement in level of the practice on hand washing because of structured teaching program.

CONCLUSION

The study reveals that majority of school children had good hand washing practice in experimental and control group but there is difference between pre and post demonstration technique in experimental group. Thus demonstration technique was effective for improving the practice of hand washing among school children.

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