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A Descriptive Study to Assess the Knowledge of School Teachers Regarding School Health Programme in Selected Rural Schools of Waghodia

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Abstract--- *Introduction: Education is the backbone of development and in order to be really fit for school, children need to be healthy. Those who suffer from health cannot concentrate or actively participate in school. Healthy children, on the other hand, attend school more regularly and can benefit fully from what the education system has to offer. Hence, School health programmes have the greater potential to link resources for education, health, nutrition and sanitation for school teachers and children at school.*

Material and methods: A descriptive research design was conducted to assess the knowledge regarding school health programme among 60 school teachers of selected Rural Primary and secondary schools of Waghodia by purposive sampling technique. Self structured knowledge questionnaire was used to assess the knowledge. Descriptive analysis was done by using Excel and SPSS 20.

Results: More than half of 36 (60%) school teachers had poor knowledge regarding school health programme and 24 (40%) of school teachers had average but none of them were in the level of very poor and good knowledge. In relation to area-wise of school health programme shows that over-all mean percentage of the knowledge scores was 44.43% with mean and SD (13.33±2.297). The current study reveals that there was no significant association between mean knowledge score and age, gender, qualification, religion, marital status, family type, working area and experience of school teachers, P>0.05.

Conclusion: School teachers had an average knowledge on school health programme which implies greater effort to be made by improving their awareness towards the various school health programmes periodically. Moreover, the teachers experience may affect the understanding the health programmes.

Keywords--- *Awareness, Rural Schools, School Health Programmes, Teachers.*

I. INTRODUCTION

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity[1]. To ensure good health for school children, the Department of Health & Family Welfare conducts School

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Health Programme every year. School Health Programme is a commendable effort of the Health Department in the direction of cultivating healthy habits among children and thereby makes the future generation of the state health. The programme includes all the possible steps required to make children healthy – right from Primary health check-up to providing super specialty treatment if necessary . It is an ambitious socially oriented programme under which approximately 15 million children are covered every year[2].

School health programme emphasize on promotive and preventive aspects and also significant on health education to promote, protect, improve and maintain health of children and teachers[3]. The school teacher must be aware of their roles and responsibilities of School Health Programme and also medical examination should be given to teachers and other school personnel as they form part of the environment to which the child is exposed[4].

Objectives: Assess the existing knowledge of school teachers regarding school health programme and to find out the association between level of knowledge and socio-demographic variables.

Hypothesis

H_1: There will be significant association between pretest knowledge score and socio-demographic variables of school teachers.

II. MATERIAL AND METHODS

The descriptive research study was conducted among 60 school teachers working in selected Rural Schools, who met the inclusion sampling criteria. Non-randomized purposive sampling technique was adopted to select the school teachers, who were willing to participate, who were working in primary and secondary rural schools of Waghodia, who were present at the time of data collection. The tool consists of demographic variables such as age, gender, qualification, religion, marital status, family type, working area and experience of school teachers. In addition, a closed ended self structured knowledge questionnaire was prepared, which consists of 30 multiple choice questions. Validity of the tool was ensured through consultation from experts and the questionnaire was pretested. The reliability coefficient of the whole test was then estimated by using Spearman Brown Prophecy formula. The tool was found reliable ($r = 0.85$, $p<0.05$). Prior permission was obtained from Principals of selected rural schools. In every school, we informed all the teachers to gather in class room during break time. Informed consent was taken followed by tool was distributed and after 15 minutes collected tool back. A descriptive statistics was used for analysis of data by using Excel and SPSS 20.

III. RESULTS

I. Socio-demographic Data

Out of 60 school teachers, more than half of 37(61.7%) primary school teachers and secondary school teacher were in the age group between 41 and 50 years, 14(23.3%) of school teacher were in the age group between 31 and 40 years and only 9(15%) of them were in between 51 and 60 years. 36 (60%) of the school teachers were female and 24 (40%) were male. Majority 52 (86.7%) of school teacher were qualified with B. Ed and very few 8 (13.3%) of them were with D.Ed. Most of 30 (70%) the samples belongs to Hindu religion, followed by 12 (20%) and 6

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(10%) belongs to Muslim and Jain respectively. Most of (76.7%) school teachers were live in joint family, more than half proportion (66.7%), around one fourth of (33.3%) school teachers had between six and ten years of experience.

II. Level of Knowledge Regarding School Health Programme among School Teachers

Table 1: Distribution of Participants according to their level of knowledge

n=60

Scoring	*Level of knowledge*	*Frequency*	*Percentage*
≤ 7	Very poor	0	0%
8 - 14	Poor	36	60.0%
15 - 22	Average	24	40.0%
23 - 30	Good	0	0%

Maximum score=30

More than half of 36(60%) school teachers had poor knowledge on school health programme and 24(40%) of school teachers had average but none of them were had very poor and good knowledge.

III. Association between Existing Knowledge and Demographic Variables

In current study shows that the calculated chi-square value is less than chi-square table value, P>0.05, hence, H_1 was rejected, there was no significant association between mean knowledge level and age, gender, family type, working area, experience of school teachers.

IV. DISCUSSION

The School Health Programme has been defined as "school procedures that contribute to the understanding, maintenance, and improvement of health of pupils and school personnel [5]. More than half, 37(61.7%) of school teachers were in the age group between 41 and 50 years which is in agreement with a study conducted in Ibadan, Nigeria with a similar findings[6]. In addition, another study done by Chhaya J., shows that (42.54%) of school teachers were from the age group of 45-54[7] which is almost similar compared to our study.

In our study (86.7%) of school teachers were qualified with B. Ed which is not similar to other study done by Missiriya S., shows that (39.6%) of school teachers were qualified with B.Ed[8] and also study conducted by Bankole and Mabekoje (2008), shows that 72.8% of the teachers were university graduates[9]. However, it could probably be the reason that in our study, nearly half (40%) of the respondents had an average knowledge on school health programme. In another study done in Nigeria[6], 84.2% of the school teachers had inadequate knowledge of school health programme, but even in our study 60% poor knowledge, which is almost similar.

In our study (60%) of school teachers were female and (40%) school teachers were males which was opposite to other study done by Chavan. G.M and Chavan V.M, which shows that (63.46%) were males and (36.54%) feamale[10.] In relation to religion, most of (70%) school teachers of our study belong to Hindu, in which study done by Chavan. G. M and Chavan V.M, shows that majority of (97.69%)[10] belongs to Hindu religion which is almost 27% greater than our study.

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The mean percentage of the knowledge scores was (44.43%) which is 15% less compared to Chavan. G. M and Chavan V. M, (60.87%) [10]. In our study, (60%) of school teachers knowledge level was poor and (40%) was average, which less similar compared to study by Missiriya S, where (78%) of school teachers have not adequate knowledge about National health care programme and (22%) of school teachers have adequate knowledge about National health care programme. So that it is to our study[8].

The study carried out in Nigeria, found that the age (P = 0.007) and level of education (0.036) of the participants were significantly associated with the knowledge of SHP[6]. However which is in contrast, where we could not find any significant association between mean knowledge level regarding school health programme and demographic variables.

V. CONCLUSION

The present study was under taken to assess the knowledge of school teacher regarding school health programme in selected rural schools. Analysis showed that most of the school teachers had poor knowledge on school health programmes, hence we recommend that the concerned authority had to take initiative to focus on awareness and updating the school health programmes for school teachers. This will be beneficial part for school children for improving their health and preventing disease.

CONFLICT OF INTEREST

The author declares that there is no conflict of interest

SOURCE OF FUNDING

The expenditure were borne by the investigator

ETHICAL CLEARANCE

Ethical clearance was obtained from institutional ethical committee of Sumandeep Vidyapeeth Deemed University, Vadodara. Permission was taken from Principals of selected schools. Informed consent was drawn from study participants.

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