



EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON THE LEVEL OF KNOWLEDGE REGARDING THE HEALTH EFFECTS OF HABITUAL SPITTING AMONG SCHOOL CHILDREN'S (7 -10 YEARS), IN SELECTED SCHOOLS OF NAMMAKKAL DISTRICT

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ABSTRACT

Context: Habitual spitting increases the risk of transmitting the disease, especially since a large fraction of the population already hosts the disease. Hence this study was aimed to provide knowledge regarding the health effects of habitual spitting among the school children's. **Methods:** Quasi experimental research design, where one group pre and post Test was adopted Total 30 school children's fulfilling the inclusion were recruited and enrolled in the study at Nathamedu Government Primary school Namakkal (Dt). Out of 30 school children's selected by stratified random sampling technique. Structured teaching was given regarding the health effects of habitual spitting, totally 30 school children's were taught for one hour, Level of knowledge was measured by structured knowledge Questionnaire before and after structured teaching programme. **Results:** It was revealed that the pre test mean score was 6.6(33%) and the post test mean score was 13.4 (67%) which shows the difference of 34% in the level of knowledge regarding the health effects of habitual spitting. The calculated 't' value for the level of knowledge was **13.95**. It depicts that the structured teaching programme was effective in improving the knowledge regarding the health effects of habitual spitting among school children's. **Conclusion:** It was statistically identified that the structured teaching programme was effective in improving the level of knowledge regarding the health effects of habitual spitting among school children's (7 -10 years).

KEYWORDS: Habitual spitting, Knowledge, Structured teaching programme, Health effects, School children.

INTRODUCTION

Spitting in public remains common in many parts of the world. Public health campaigns 'beyond the West' tend to stress, that spitting in public spreads diseases, and is also, in essence, disgusting, uncivilized and deviant.^[1] Spitting in the street is one of the growing concerns of sanitation issues around the world. Though many countries have taken charge of this issue, India is yet to take a strong stand on it. Spitting in public places is not only a major threat to hygiene, but also an act which is considered ugly and anti-social. Reducing the sputum vector of contagion by changing public behavior initially focused on anti-spitting campaigns.^[2]

Union Health Minister J. P. Nadda promised concerned members in the Rajya Sabha by 2016, that he would advise all States to ban spitting in public. He was reassuring several MPs led by K.T.S Tulsii, who expressed worry that "the great Indian spit" was causing

many communicable diseases. Thus there is a need to create awareness among School children about the harmful effects of spitting in public places.^[3] After regress literature search it was analyzed that dearth of studies were found regarding structured teaching programme on health effects of habitual spitting among children, which initiated to conduct this study.

METHODS AND MATERIALS

Quantitative pre experimental one group pre test post test design was used in this study. After getting informed consent from school authorities, school children's were selected proportionately using stratified random sampling technique who fulfilled the inclusion criteria like children's of age 7-10years, present during data collection and who were willing to participate. Based on Proportional allocation, the sample sizes from three strata were selected with a total sample of 30 school children's in selected schools of Namakkal District. Pre

test knowledge was assessed using a structured questionnaire which consists of demographic variables and knowledge questionnaire. Structured teaching programme was provided for 6 days with duration of 30 minutes using flash cards and the post test was conducted on the 7th day.

RESULTS

The data was analyzed using descriptive and inferential statistics. Majority of subjects 26 (87%) had poor knowledge, 4 (13%) had average knowledge and no one

had good knowledge about the health effects of habitual spitting in the pre test (Table-1).

Table: 1 Frequency and distribution and grading of school children's according to their pre test knowledge score.

Knowledge Score	Level of Knowledge	Frequency	Percentage N = 30
< 8	Poor	26	87 %
9-12	Average	4	13 %
13 - 20	Good	0	0

Table 2: Effectiveness of structured teaching programme on knowledge level regarding the health effects of habitual spitting among school children's was analyzed using mean, standard deviation and mean percentage.

School Children's	Maximum Score	Mean		SD		Mean %		't' value
		Pre Test	Post Test	Pre Test	Post Test	Pre Test	Post Test	
7 – 10 years	20	6.6	13.4	1.93	2.66	33%	67%	13.95

Comparison of mean, standard deviation, mean percentage of knowledge scores regarding the health effects of habitual spitting among school children's before and after structured teaching programme was analyzed. It was revealed that the pre test mean score was 6.6(33%) and the post test mean score was 13.4 (67%) which shows the difference of 34% in the level of knowledge regarding the health effects of habitual spitting. The calculated 't' value for the level of knowledge is 13.95. It depicts that the structured teaching programme was effective in improving the knowledge regarding the health effects of habitual spitting among school children's (Table-2).

Association of demographic variables with the post test knowledge score of the school children's were analyzed using Chi – Square Test. It revealed that there was no significant association between the post test knowledge score with their demographic variables such as age, gender, education, religion, residence, Educational qualification of parent sand the previous history of recurrent respiratory infections.

DISCUSSION

In this study inferential statistics implied majority of subjects 26 (87%) had poor knowledge, 4 (13%) had average knowledge and no one had good knowledge about the health effects of habitual spitting in the pre test. Similar significant results were reported by Umesh Isalkar (2010), who had conducted a study to assess the knowledge, attitude, belief and practices of spitting from 500 peoples of various strata of Pune, among which 12.4% of people recommended that social awareness would curb spitting.^[5]

Public health campaigns in the early 20th century were based on a direct model of information transfer that assumed unhealthy behaviours stemmed from a lack of knowledge (Zarcadoolas et al 2006).^[4] Anti-spitting education programs were meant to stop spitting through

the efforts of an organized and engaged popular majority inspired by, and in support of, state authority.^[6]

This study revealed that the pre test mean score was 6.6(33%) and the post test mean score was 13.4 (67%) which shows the difference of 34% in the level of knowledge regarding the health effects of habitual spitting. The calculated 't' value for the level of knowledge is 13.95.

CONCLUSION

The study findings revealed that the structured teaching programme was effective in improving the knowledge regarding the health effects of habitual spitting among school children's. Health care personnel, teachers and the parents are responsible to make awareness about the health effects of habitual spitting to their children's to prevent the respiratory borne infections.

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