

**A QUASI EXPERIMENTAL STUDY TO ASSESS THE
EFFECTIVENESS OF KINDER GARDEN METHOD OF
TEACHING ON KNOWLEDGE REGARDING PERSONAL
HYGIENE AMONG SELECTED RURAL PRIMARY SCHOOL
CHILDREN'S IN DINDIGUL DISTRICT.**



REGISTER NO: 301328103

**A DISSERTATION SUBMITTED TO THE TAMIL NADU DR.
MGR MEDICAL UNIVERSITY, CHENNAI, IN PARTIAL
FULFILLMENT FOR THE DEGREE OF
MASTER OF SCIENCE IN NURSING**

OCTOBER 2015

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EXTERNAL EXAMINER

INTERNAL EXAMINER

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ABSTRACT

Title: Effectiveness of kindergarden method of teaching on knowledge regarding personal hygiene among primary school children in selected rural primary schools at ,dindigul district, tamilnadu, .” **Objects:** 1. To assess the pre - test knowledge level of primary school children regarding personal hygiene. 2. To assess the post - test knowledge level of primary school children regarding personal hygiene. 2. To evaluate the effectiveness of Kinder Garden Method Of Teaching on personal hygiene by comparing the pre-test and post-test knowledge scores. 3. To find out the association between pre-test knowledge level of primary school children regarding personal hygiene with selected socio-demographic variables.**Hypotheses****H1** : The post- test mean knowledge score will be higher than the pretest mean knowledge score regarding personal hygiene among primary school children. **H2** :There will be significant association between pre-test knowledge levels of primary school children regarding personal hygiene with selected socio-demographic variables. **Conceptual frame work** : of the present study was developed by the investigator based on General system’s theory. The research design used in this study was Quasi -experimental approach. (One group pretest - posttest design.), Sample comprises of 60 primary school children’s studying in 1st standard in selected rural primary school, at Dindigul District, Tamil Nadu, 5 school’s were selected and Formal written permission was obtained from the school authorities for conducting the main study. The method of data collection adopted for the study was structured interview questionnaire. The subjects of the study were gathered in the school. **Conclusion:** Totally 60 samples were collected from 5 Primary school children’s. The obtained overall post test mean 22.68 (SD=2.383) was less than the pre test mean 8.73 (SD = 3.52). The obtained mean difference was – 15.917 and “t” value $t = 2.00$ ($P = 0.05$) was significant 17 (28.4 %) childrens took moderate and 43 (71.6 %) children took in adequate marks in Pre test. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %) children took moderate marks. It inferred that knowledge had significantly increased after the Kinder Garden method teaching program among Primary school children’s. It was found to be very effective. Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene.

CHAPTER – I
INTRODUCTION
BACKGROUND OF THE STUDY

“If I hear I forget, If I see I remember, If I do I know”,

Chinese proverb

‘What we remember from childhood we remember for ever’. It can be regarding good practices, habits, social interaction etc. A good habit of personal hygiene is an integral part of daily life of an individual. Hygiene refers to the set of practices associated with the preservation of health and healthy living. It is a concept related with cleanliness and preventive measures.

“A healthy body is the guest-chamber of the soul; a sick, its prison.”

Personal hygiene is important in every stage of life, but good cleanliness habits start in childhood. Kids who learn what it is and how to follow proper hygiene practices will usually carry that into adulthood. Hygiene education starts with the family, and eventually youngsters can learn what to do and follow cleanliness rules on their own when a baby makes the transition into childhood, it may be more of a challenge to keep them fresh. Learning proper cleanliness skills in childhood can help prevent the spread of germs and illness. As a child grows, good hygiene becomes increasingly important because hormonal changes during puberty lead to stronger body odor and oilier hair and skin.

Discussing personal hygiene is something most people prefer to avoid. After all, it can be tricky to let someone know that his hygiene is lacking without giving offense. In school, teachers often find themselves having to instruct students on the importance of good hygiene. Teaching the basics of proper personal hygiene is important for keeping kids healthy and clean. Children with poor hygiene often suffer from health problems. They may be ostracized and ridiculed by their peers, as well. To avoid damaging the student's self-esteem, a teacher must broach the subject of personal hygiene carefully

Common childhood infections like childhood diarrhea, respiratory illnesses and

bacterial skin infections can be averted by simple hand washing with soap before eating and after using the toilet. In India, a survey carried out by UNICEF among school children revealed that about half the ailments found were related to unsanitary conditions and lack of personal hygiene. It is important for grade-schoolers to practice good hygiene particularly hand washing because they spend so much of their time in close contact with each other in the classroom, sharing everything from desks and chairs to germs. A study done by researchers from Yamaguchi University School of Medicine in Japan and the U.S. Centers for Disease Control and Prevention prove this in a low-income area of Pakistan, where families could not afford soap. Through donations, they supplied the families with soap and taught them correct hygiene practices. This reduced childhood infections in that region to 50 percent

Children tend to tease a child who picks her nose or comes to school with matted hair, dirty clothing or a foul smell. According to Australian psychologist Marion Kostanski, teasing is strongly related to a child's self-esteem, and our society has a low tolerance for individuals who look and act differently. The psychologist's study suggests a child who does not practice good personal hygiene is placed at risk for injurious teasing by peers. Take the time to teach your child at a young age the basics of good hygiene to avoid unnecessary teasing and taunting by peers.

So it is the responsibility of either the teacher or nurse to educate child in personal hygiene. Because hygiene practices can stave off childhood illness and infections. So training in personal hygiene could also save child from embarrassing moments and teasing by peers. Nurse should set a standard for other family members to follow. Overall better health will be family's reward if you stress the importance of personal hygiene. According to WHO study, every rupee spent on improving hygiene generates an average economic benefit of RS. 9/.

The personal hygiene habits developed by child can be taught in a fun way. Making up of games to see if child can remember what steps are needed to accomplish a specific hygiene goal. Using creativity and imagination will help child maintain an interest in personal hygiene. Charts, graphs, humor, stickers, puppets or songs are some ideas to use to motivate the child.

Care must be there for not to make personal hygiene too much work for child. Keep it light and fun as child transitions into owning these habits for a lifetime. Consistency in good hygiene can help the child establish healthy habits for a lifetime.

NEED FOR THE STUDY

Personal hygiene refers to the cleaning and grooming of the body. In addition to improving appearance, personal hygiene is an important form of protection against disease and infections of all kinds. Understanding the importance of personal hygiene allows child to make informed decisions about how to care for their health and appearance. The main purpose of personal hygiene is to prevent illness and improve appearance, but hygiene also plays an important role in social acceptance and can either improve or hinder a person's reputation in social situations. Bad breath, body odor and an unkempt appearance, for example, are often considered undesirable and can give a bad first impression to peers, acquaintances and potential mates. Personal Hygiene can be improved by educating individual's in communities on basic tips of achieving personal cleanliness through their organized efforts in informed choices. Personal Hygiene can be improved by educating individual's in communities on basic tips of achieving personal cleanliness through their organized efforts in informed choices.

Elias. M.J. et al. says School health is an important branch of community Health. The school years are a time of increase risk for negative health related outcomes. Hence these groups develop cognitive, affective and behavioral changes which in turn can promote children's health and prevent health problems, Thus the school remains a natural channel through which the health of the community can be improved with the children as the natural agent to change

International Journal of Science and Research, 2013 says Childhood is the best time to learn about Hygiene and Sanitation. In today's society children's are exposed to media from a very young age. Teaching with different methods stories, of the topic to be covered will catch their attention soon.

Mosby's Text Book for Nursing Assistant describes about Personal Hygiene promotes comfort, safety and Health. The skin is the body's first line defense against disease. Intact skin prevents microbes from entering the body and causing an infection. Likewise mucus membrane in the mouth, genital area and Anus must be clean and Intact.

American Dental Association says that Infants need mouth care to remove food and bacteria. Thus help's prevent baby bottle decay (early childhood tooth decay) more common in the upper front tooth. It can be occur in all teeth. Mouth care does the following,

1. Keeps the mouth and teeth clean
2. Prevents mouth odors and infection
3. Increase comfort
4. Makes food taste better
5. Reduces the risk of cavities

As per ati .Nursing Education Baby cleans the skin. It also leans the mucus membrane of the genital and anus areas, Microbes, perspiration and excess oils are removed. At bath is refreshing and relaxing. Circulation is stimulated and body part's exercised.

Oxford Journals – 2009 March describes Simple Hand Washing with soap helps to protect children from the 2 biggest global pediatric killers. Diarrhoea and lower respiratory tract infection. These disease kills > 3.5 million children under age of five years, school and day care center have reputedly been implicated in the spread of infection, disease, both among the children them selves and among their families and communities.

Census India 2010 Lack of hygiene practice and inadequate sanitary condition play major roles in the increase burden of communicable disease with in developing countries, In India 1 child Dies in every 17 minutes due to easily preventable disease.

As per Food Safety Association Of India – 2009 Around 5.5 million people are affected with food borne disease due to unhygienic food handling The children are more important segment of our population and intend to receive attention from family, school, society and government. Children are truly the foundation of a society because healthy children grow to become healthy and strong adults who can actively participate in the developmental activities of a Nation.

Winslow -1920 Personal Hygiene can be improved by educating individual's in communities on basic tips of achieving personal cleanliness through their organized efforts in informed choices.

School is one of the most organized secondary group and social institution which implements strategies to meet the Health needs of the children. School is an organized community and easy to reach for implementing any programs related to health and hygienic practices.

The first concept in personal hygiene is the positive and negative emotions that affect physical health, such as feeling pride in being neat and clean or feeling frustration in using hygiene tools. The second concept is personal hygiene practices such as hand washing, oral hygiene etc. The third concept is the fact that germs that can lead to common diseases such as the flu or a cold. Nurses can use various techniques to help kids remember this lessons.

The present study includes one such implementation of the health programmer related to personal hygiene. It is a teaching programme named 'Kindergarten Method of Teaching'. The kindergarten method of teaching refers to the method of teaching which helps the child to express himself and thus produce development.

It consists of three coordinate forms of expression

- song
- action / movement
- construction

Play is the most important way followed in the kindergarten method of teaching. Play enables children to achieve confidence and balance in an orderly fashion. By this method of teaching the child can express his feelings and ideas through singing. Then he can dramatize the song in movements and gestures and finally it is illustrated by construction from paper clay, or any other material. As the Chinese proverb says "If I hear I forget, If I see I remember, If I do I know", lays importance for this method of teaching. 'What we remember from childhood we remember for ever'. It can be regarding good practices, habits, social interaction etc. A good

habit of personal hygiene is an integral part of daily life of an individual. Hygiene refers to the set of practices associated with the preservation of health and healthy living. It is a concept related with cleanliness and preventive measures.

Personal hygiene involves practice of keeping oneself clean in order to prevent illness and disease. Keeping oneself clean will not only protect one from germs but also allows to have confidence in relationships and social life. Actions to ensure personal hygiene are simple but most of the people neglect to practice the habits. Good message and healthy practices can start with school children and slowly make their way into their families and to other children in the neighborhood. The daily habit of ensuring and maintaining cleanliness promotes healthy living. The present study includes the education on personal hygiene with regard to oral care, bathing, hand washing and toileting. So investigator felt that there is **imperative** consensual need for action to avoid ill effects of poor hygiene being as part of health care delivery system, hence with the above mentioned statistics and literature investigator have chosen a study to evaluate the effectiveness of Kinder Garden Method of Teaching on personal hygiene among primary school children.

STATEMENT OF THE PROBLEM

“A quasi experimental study to evaluate the effectiveness of Kindergarden method of teaching on knowledge regarding personal hygiene among primary school children in selected rural primary schools at ,Dindigal district, Tamilnadu, .”

OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge level of primary school children regarding personal hygiene.
2. To assess the post -test knowledge level of primary school children regarding personal hygiene
3. To evaluate the effectiveness of Kinder Garden Method Of Teaching on personal hygiene by comparing the pre-test and post-test knowledge scores.

4. To find out the association between pre-test knowledge level of primary school children regarding personal hygiene with selected socio-demographic variables.

HYPOTHESES

H1 : The post- test mean knowledge score will be higher than the pretest mean knowledge score regarding personal hygiene among primary school children.

H2 :There will be significant association between pre-test knowledge levels of primary school children regarding with their selected socio-demographic variables.

OPERATIONAL DEFINITIONS

Evaluate: It refers to the findings of the value of Kinder Garden Method of Teaching on the Knowledge of primary school children regarding personal Hygiene.

Effectiveness: It refers to the desired change brought about by the Kinder Garden Method Of Teaching and is measured in terms of significant knowledge gain in the post test.

Kinder Garden Method Of Teaching :

It consists of three coordinate forms of expression like song, action, and construction

Play is the most important way followed in the kindergarten method of teaching. Play enables children to achieve confidence and balance in an orderly fashion. By this method of teaching the child can express his feelings and ideas through singing. Then he can dramatize the song in movements and gestures and finally it is illustrated by construction from paper clay, or any other material.

Knowledge: Refers to response of primary school children to the structured interview questionnaire which will be measured by structure interview schedule.

Personal Hygiene: Refers to aspects regarding personal hygiene such as oral care, Skin care, eye care, hair are, ear are, nose care, nails care, and feet care.

Primary school children: Refers to primary school children studying in 1st standard in selected Rural Primary schools.

ASSUMPTIONS

1. Primary school children are more prone to get physical health problems due to poor personal hygiene.
2. Improving knowledge of primary school children on personal hygiene may help them to prevent complication of poor personal hygiene.
3. Kinder Garden Method Of Teaching may help the primary school children to understand the concept of personal hygiene easily.

DELIMITATION

1. The study is delimited to the primary school children who are studying in selected rural primary schools at Dindigul District, Tamil Nadu.
2. The duration of the study period is limited to 4 weeks.

CHAPTER – II

REVIEW OF LITERATURE

One of the most important early steps in a research projects is the conducting of the literature review. A literature review is an account of what has been published on a topic by accredited scholars and researchers.

In the present area of research, review of literature is mainly divided into three headings,

- 1. Studies regarding impact of poor personal hygiene among primary school children.**
- 2. Studies regarding importance of personal hygiene among primary school children.**
- 3. Studies regarding impact of health education in regard to personal hygiene among primary school children**

1. Studies regarding impact of poor personal hygiene among primary school children.

Mahajan M,A (2011) conducted a cross sectional, study among 627 primary school children (rural 145, urban 482) to compare the common ear morbidity pattern between an urban slum of Kolkata and a rural area of Hooghly. Middle ear pathology was found in 20% and 12.6% among rural and urban students respectively. Cerumen in the external auditory canal was found to be present in 35.86% of rural and 30.70% of urban population respectively. Smoke nuisance, bathing in open ponds and overcrowding were some of the predisposing factors causing ear diseases.

Lopez-Quintero C, Korea at. Al(2011) conducted a study to assess the effectiveness of tooth brushing education on oral health of preschoolers. The study consisted of randomly selected 78 preschoolers from two kindergartens. 39 preschoolers from one kindergarten were assigned to experimental group and 39 from the other kindergarten to the control group. Data were collected by structured interview. The result showed that there was a significant increase in the use of tooth paste and the practice of correct tooth brushing and a decrease in plaque and

development of dental caries in experimental group. The study concluded that tooth brushing education was partially effective in improving oral health of the preschoolers hygienic practices.

Gorter AC (2007) in Gurvez valley (Kashmir) conducted a study in school-going children of the India, to determine the prevalence of helminthic infection and to assess the epidemiological factors associated with endemic disease. Stool samples were collected from 352 children and samplestkato-katz thick smear technique and microscopically examined for intestinal parasites. Out of 352 children 75.28% had one or more types of parasites. Prevalence of ascarislumbricoides (71.18%), trichuristaeniasaginata (26.42%), enterobiusvermicularis (13.92%), taeniasaginata (5.39%) conditions most frequently associated with infection included the personal hygiene, defecation site. The study results shows that primary health care activites should be undertaken to improve personal hygiene of the children.

S.P. Rao (2002) Shimla conducted a study to estimate the prevalence of ocular morbidity among Government and private co-educational school children in urban area. About 1561 school children were examined. A doctor did visual acuity and detailed ophthalmic examination. Prevalence of ocular morbidity was 31.6%, refractive errors 22%, squint 2.5%, color blindness 2.3%, vitamin - A deficiency 1.8%, conjunctivitis 0.8%. Higher prevalence of conjunctivitis in children studying in government schools could be because of many of the students in government schools are having sordid personal hygiene, low living standards, overcrowding which are all more likely to induce conjunctivitis.

A.N. Han (1999); U.S.A conducted a study to evaluate the outcomes of short [15 minutes] oral hygiene vs. hand hygiene education for preschool children. 61 preschool children were randomly selected from four kindergarten classes. 30 children from two classes had given specific instructions on oral hygiene and for remaining 31 children were given instructions on hand and nail cleaning. The oral hygiene status was assessed by using plaque control record [PCR], the cleanliness of hands and finger nails was determined by using hand hygiene index [HHI] and nail hygiene index [NHI]. The result showed that after the education programme the PCR had improved for all the children from 79.95 percent to 72.35 percent [$P < 0.001$]. The NHI had improved from 74.91 percent to 61.71 percent [$P < 0.001$]. The study concluded that parents

and teachers should be encouraged to educate children from an early age about oral hygiene promotion.

A study conducted by Mahajan M according to WHO oral health assessment in 1988 was designed to assess the prevalence of dental caries in school children in Chidambaram between 5-15 age groups. Out of 2362 children, 1258 were boys and 1104 were girls. A total of 7 schools were selected and were examined according to WHO oral health assessment 1987. In total, dental caries were observed in 1484 [63.83%] of study population. In all 80.4% of the students belong to low socio-economic group and were having the habit of using chewing stick which is the important factor for dental caries. It was concluded that there is a need for more oral hygiene education in schools.

Chaturvedi (1999) was conducted to assess the awareness of hygienic practices among children in Government School in Hyderabad. 30 preschool children were selected non-randomly. The data was collected by structured interview. Findings revealed that majority of children had moderately adequate awareness (70 percent). According to age wise analysis of data 62.5 percent of 5 year old children and 12.5 percent of 4 year old children had moderately adequate awareness. 47.7 percent of 3 year old children had inadequate awareness. The study concluded that regular education has to be given to preschool children regarding

Sperduto RD, Ellwein LB. A conducted a study at Jordon. on impact of tooth brushing on dental plaque, dental caries and periodontal condition in school children at Jordon. It was revealed that both 99 percent males and 89 percent of females reported to brush their teeth on regular basis. The mean scores were lower in those who brushed than those who did not brush their teeth. There were slight differences in dental caries experience among males and females. The oral health status among them found to be poor. The study concluded more emphasis should be placed on proper oral hygiene and also implementation of school based oral health education programme is urgently needed in order to prevent problems

Aggarwal OP in Srinagar city, Kashmir, India conducted a study to find out the prevalence of intestinal parasitic infections among school children enrolled in various schools, to

assess epidemiological factors associated with the extent of endemic disease, stool samples were collected from 514 students, and about 46.7% had one or more parasites. Prevalence of ascarislumbricoides 28.4%, giardia lamblia 7.2%, trichuristrichiura 4.9%, taenissaginata 3.7%, conditions most frequently associated with infection included the water source, defecation site, personal hygiene and maternal education.

Sandiford P, PauwJ,Morales P conducted a descriptive, cross-sectional study in five governmental schools in Eastern Nepal. Among 818 students, 61% of the students were found to be malnourished. The collected blood and stool samples from the students revealed parasitic infestation of 65.8% and anemia of 58%. The most common diseases in those schools were: skin diseases (20%), dental caries (19.8%), and lymphadenopathy (10.5%). Among skin diseases, pediculosis was more common among girls while ringworms and scabies were common among boys. The study result revealed the urgent need for initiation of school health program on prevention of diseases, and improvement of personal hygiene.

2. Studies regarding importance of personal hygiene among primary school children.

A UNICEF case study programme for schools began in Mysore district in 1992, with 20 schools, and today covers 1474 schools in Mysore, Tumkur, Chitradurga, Mandya, Raichur, and Bangalore urban and rural districts. The strategic focus of the project was school water supply, sanitation like schools with clean toilet, availability of consumables like soap, jug, etc. and hygiene education have been planned to create healthy schools bringing about behavioral change for lasting impact on children. The government of India is fully committed to extend proper water, sanitation and hygiene learning coverage to all rural schools to ensure child survival, their protection and development.

Kandpal SD, Prasad D conducted a study in 2011 to determine frequency of tooth cleaning varies with social group, family, size, and other personal hygiene habits among school children, age 8-16 years of Udaipur district, sample size was 852 children. Data were collected by means of structured questionnaires which consisted of questions related to oral hygiene

habits, general hygiene habits, family size and family income. The results show that 30.5% of the total sample cleaned their teeth twice in a day and frequency of tooth cleaning was significantly lower among children of parents with low level of education and less annual income . In addition tooth cleaning habits were more regular in children using tooth paste, so need to improve oral hygiene via oral health education

A study was under taken by Mematian (2004) in Denmark to determine the effect of mandatory, scheduled hand washing on actual absenteeism due to infectious illness in elementary school pupils, randomized between 2 schools, was performed on 652 pupils. The pupils at the intervention school (IS; n=209) were required to wash their hands before the first lesson, before lunch, and before going home. Those at the control school (CS; n=362) continued their usual hand washing practices. All absences due to illness were recorded, a reduced rate of absenteeism for the IS compared with the CS. This study suggests that hand washing could be an effective tool to reduce absences due to infectious illness in elementary school pupils.

Lopez-Quintero C, Freeman P, (2012) conducted a study to assess the hand washing behaviors and intentions among school children, Colombia. Data on hand washing behavior and intentions were collected from 2042 students in 25 schools, via anonymous questionnaires. The study result shows that, a high level of perceived control was the strongest predictor of positive hand-washing intentions, about 95% school with practice hand-washing behavior were less likely to report previous month gastro intestinal symptoms or previous year school absenteeism.

3. Studies regarding impact of health education in regard to personal hygiene Among Primary school children

Mrs. Nisha (2012) conducted study to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore . Pre-experimental design with one group pretest-posttest was used to evaluate the effectiveness of puppet show on personal hygiene among 60 primary school children. A structured interview questionnaire was used to collect the data from subjects. Pretest was

conducted on first day among children after explaining the purpose of the study. Puppet show on personal hygiene was shown among the samples on first day after conducting pretest examination. Posttest was done on the seventh day after pretest to evaluate the effectiveness of puppet show on personal hygiene. With regard to the children majority 63.3% of them had inadequate knowledge ($\leq 50\%$) scores, 36.7% of them had moderate knowledge (51-75%) scores and none of them had adequate knowledge ($>75\%$) score in pretest regarding personal hygiene among primary school children. In the present study it was also found that the overall pre test knowledge scores of the children regarding personal hygiene were found to be inadequate with 39.9% and a standard deviation of 20.8%. The highest mean pretest knowledge score 43.8% in the area of general information on personal hygiene, regarding oral hygiene the mean percentage score was 40.2%, about hair care, eyes and nose care, foot care etc., In the present study it is observed that the mean post test knowledge score is 84.7% in the area of impact of poor personal hygiene which is found to be higher than the mean pre test knowledge of 34.0%, on aspect regarding general information on personal hygiene the mean percentage score was 83.1% which is found to be higher than the mean pre test knowledge score of 43.8%, regarding oral hygiene the mean percentage score was 81.1% which is found to be higher than the mean pre test knowledge score of 40.2% and on hair care, eyes and nose care, foot care, etc., aspects the mean percentage score was 79.4% which is found to be higher than the mean pre test knowledge score of 37.1%.

A study was under taken to determine the effectiveness of dental education program in improving oral health knowledge and oral hygiene practices among school children in aged 12 to 13 years, Mangalore. About 210 children attended pre-test to find out the status of oral health knowledge, only 30% of the children had moderate knowledge of oral health and only 23.2% following oral hygiene practices. Health education was undertaken with the use of charts and posters regarding oral hygiene, impact of poor oral hygiene practice after post test significant improvement in oral health knowledge. Similar programs could improve the health of children worldwide.

Dongre AR 2009 conducted a study in the villages of district Panipat of Haryana state on a sample of 60 rural School going children aged 8-10 years. The study revealed that majority of the respondents had low scores on level of knowledge and practices regarding personal hygiene. A Health education programme was developed, the respondents were divided into experimental and control groups and the programme was administered in the experimental group. After the intervention of Health education programme the results showed as the scores of the children after post-testing improved in the experimental group and they were found to be significant on various aspects of personal hygiene.

Nayar in 2006 study was undertaken in adivasi ashram school of village mandwa (Wardha district) to assess the impact of “school health education program” on improvement in personal hygiene of school children, about 145 children attended pre-test to find out the status of personal hygiene, health education among school children was under taken with the use of flip books, which imparting on hand washing, nail cutting, and cleaning teeth. After the implementation of school health education program, the proportion of children with clean and cut nails, clean hairs, and clean clothes increased significantly

A study was carried out to assessment of school based health education on the practice of personal hygiene by children in primary schools in Nigeria. 395 and 398 preschool children were selected randomly as intervention group and control group. Less than 45 percent were rated clean before health education in both groups. After health education 65 percent were rated clean. There was no change in the control group. The study concluded that school based health education improved the personal hygienic practices of the preschool children. There is need for regular reinforcement to sustain the gains.

CONCEPTUAL FRAMEWORK

Conceptual framework acts as a building block for research study. The overall purpose of framework is to make scientific findings meaningful and generalized. It provides certain framework of reference for clinical practice, research and education. Framework can guide a researchers understanding of not only what of natural phenomena, but also the why of their occurrence. They also give direction for relevant questions to practical problems.

The present study aims at evaluating the effectiveness of Kinder Garden Method of Teaching on personal hygiene among primary school children at selected rural primary schools of Dindigul . The conceptual framework of the present study was developed by the investigator based on General system's theory with input, through put, output and feedback. This theory was introduced by Ludwig von Bertalanffy.

A system theory is a group of elements that interact with one another in order to achieve the goal. The component interacts with in a boundary and filters the type and rate of exchange with an environment. An individual is a system, because he/she receives input from the environment. All living systems are open, in that, there is a continual exchange of matter, energy and information. Each system may be viewed as having or more supra systems and subsystems. In open system there are varying degree of interaction with the environment from which the system receives input and gives back output in the form of matter of energy and information. In this primary school children are considered as the open system. All system must receive varying type and amount of information from the environment. The system uses this input to maintain its homeostasis.

Input:

The first component of the system is input, which is the information energy or matter that enters the system. For a system to work well, input should contribute to achieve the purpose of the system. It refers to primary school children's socio demographic data (age, gender, class, religion, and type of family) and the existing knowledge regarding personal hygiene. These factors were taken into consideration on input for evaluation of effectiveness in bringing out change in the knowledge level of primary school children.

Through put:

It is the action needed to accomplish the desired task. In the study it refers to the evaluate the effectiveness of Kinder Garden Method Of Teaching on knowledge regarding personal hygiene, Pre-test knowledge is assessed by using a structured interview schedule followed by Kinder Garden Method Of Teaching will be taken regarding personal hygiene on the same day of pre-test. Post-test knowledge is assessed by using structured interview schedule after 7 days of Kinder Garden method Of Teaching.

Output:

It refers to energy, matter or information disposed by the system as a result of its process. In the present study, output refers to the gain in knowledge achieved by primary school children after the Kinder Garden Method Of Teaching on personal hygiene. The output indicates whether the puppet show is effective in increasing the knowledge of primary school children regarding personal hygiene. This is found out by comparing the pre and post-test knowledge score of the subjects.

CHAPTER - III

METHODOLOGY

Methodology represents the framework of a study. It indicates the general pattern for organizing the procedure to gather valid and reliable data for an investigation. This chapter presents the description of methodology and the different steps that were taken to collect the data and organize the data for investigation. It includes description of research approach, research design, setting, sample technique, sampling, development and description of the tool, pilot study, data collection and plan for data analysis. The methodology of an investigation is of vital importance to understand the view of the nature of problem selected for the study and the objectives to be accomplished.

Research approach

A research approach tells the researcher to know what data to collect and how to analyze it. Research approach is the most significant part of any research. An evaluative approach was used for this study to test the effectiveness of Kinder Garden Method of Teaching on personal hygiene among primary school children.

Research Design

Researcher's overall plan for obtaining answer to the research questions for testing the research hypothesis is referred to be as the research design. The essential question that the research design is concerned with is how the study subjects will be brought into the research and how they will be employed within the research design. The research design used in this study was Quasi - experimental approach. (One group pretest - posttest design.)

| GROUP | PRE TEST | INTERVENTION | POST TEST |
|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------|
| Selected rural Primary school children's. | Assessment of Knowledge regarding personal hygiene by using Structured Interview Questionnair, before teaching Programe | Kinder Garden Method Of Teaching regarding Personal hygiene was taken on the same day after pre test, | Assessment of knowledge regarding Personal hygiene among primary school on 7 th day after kinder garden method of teaching. |

Table I –Shows Research methodology , (One group pretest - posttest design.)

Variables

Variables are the characteristics that vary among the subjects being studied. It is the focus of the study and it reflects the empirical aspect of concepts being studied, the investigator measures the variable.

Independent Variables

Independent Variable is the response, behavior or outcome i. e. predicted or explained in research. Changes in the independent variable are presumed to be caused by the dependent variable. In this study, the level of knowledge of primary school children on personal hygiene is the independent variable.

Dependent Variable

Dependent variable is a variable which influences the independent variable. In this study, the Kinder Garden Method of Teaching on personal hygiene is the dependent variable.

Socio-Demographic Variables

Baseline characteristics such as age, gender, class, religion and type of family and housing pattern.

Setting of the study

60 children studying in primary classes from 1st standard were selected for the study.

Population

The study population consists of:

Primary school children studying 1st standard in selected rural primary school's , at Dindigul, Tamil Nadu.

Sampling technique

Sample consists of the subjects selected to participate in a research study. In the present study, samples are the primary school children who fulfill the inclusion criteria. Samples were selected from 5 Primary school in Dindigul district. In this study, the convenience Sampling technique was used to select the samples based on inclusion and exclusion criteria.

Sample size

Sample comprises of 60 primary school children's studying in 1st standard in selected rural primary school, at Dindigul District, Tamil Nadu .

Sampling criteria

1. Inclusion criteria

Primary school children who are

- Studying in rural government school.
- Both girls and boys.
- only 1st standard students.
- Willing to participate in the study.
- Present at the time of data collection.
- Able to speak and write in Tamil.

2. Exclusion criteria Primary school children who are

- Not willing to participate.
- Not present at the time of data collection.

Data collection instrument

A structured interview questionnaire was used for data collection. A structured interview questionnaire is a method of gathering self reported information from respondents.

Development and description of the tool

Data collection tools are the procedures or instruments used by the researcher to observe or measure key variables in the research problem.

Method of developing instrument

The prepared tool was based on

- Literature review
- Discussion with the experts
- Preparation of blue print.

Preparation of blue print

A blue print of the tool was prepared by the researcher, which includes sections, number of questions and weight age in percentage for each section.

Components of the Instrument

The instrument consists of two sections

Section A: This consists of seven items related to socio-demographic variables like (Age, Sex, class, religion, and type of family) of primary school children of selected rural schools in Dindigul District, Tamil Nadu.

Section B: Consists of 30 items regarding the knowledge of primary school children regarding personal hygiene.

Scoring technique

The structured interview questionnaire consisted of 30 close ended multiple choice questions with a single correct answer.. The maximum score on knowledge questionnaire was thirty (30). A scoring key item was prepared showing item numbers and correct responses. The different levels of knowledge and practice are categorized as follows

Inadequate Knowledge - <10.

Moderate Knowledge – 11 to 20

Adequate Knowledge - > 21

Development of Kinder Garden Method Of Teaching on personal hygiene

The development of the Kinder Garden Method of Teaching on personal hygiene was based on the review of related research. The following steps were adopted to develop the same.

- Preparation of first draft
- Development of criteria checklist

- Description of the Kinder Garden Method of Teaching
- Content validity of Kinder Garden Method of Teaching
- Preparation of final draft

Preparation of first draft

Preparation of first draft of Kinder Garden Method of Teaching was developed based on objectives, literature review and opinion of the experts. The main factors kept in mind while preparing the content was the understanding level of children and relevance of illustration with Kinder Garden Method Of Teaching.

Development of criteria checklist

The criteria checklist was developed to evaluate the Effectiveness of Kinder Garden of Method of Teaching on personal hygiene based on the criteria stated. The criteria checklist consisted of headings such as baseline objectives, content, presentation, language and practicability. Three response column was developed such as strongly agree, agree, disagree and a column of remarks/suggestions of the evaluator.

Content Validity

Validity refers to the degree to which an instrument measures what it is supposed to measure. Content validity refers to the degree to which items in an instrument adequately represent the universe of content. To ensure content validity of the tool comprising of the socio-demographic data, structured interview questionnaire and Kinder Garden Method of Teaching on personal hygiene were submitted to 2 Medical experts, 1 statistician and 3 community health nursing experts. Minor suggestions were given regarding spellings and some difficult medical terms were converted into simple words. The final personal hygiene content and tool was prepared as per the suggestions and advice given by the experts.

Preparation of the final draft

The final draft of this study was edited by English language expert. The modifications and suggestions were incorporated with the final preparation of the tool.

Pretesting of the tool

Pretesting is the process of measuring the effectiveness of an instrument. The purpose is to reveal problems relating to understanding and answering, and to point out weakness in the organization, and collecting the response. After obtaining permission from the study setting, the tools were pretested by taking interview with 2 children. The pretesting of the tool was done to check the clarity of the items, ambiguity of the language and feasibility of the tool.

Reliability of the tool

The reliability of the tool is defined as the extent to which the instrument yields the result on repeated measures. It is concerned with consistency, accuracy, stability, equivalence and homogeneity. The reliability of the tool was a major criterion for assessing its quality and accuracy. Reliability of the tool was established by split half method. Six children were selected and structured interview questionnaire was given followed by puppet show on personal hygiene on the same day and after 1 week the respondents were given the same questionnaire. The Reliability of score was obtained by Karl's Pearson's coefficient of correlation method. The 'r' value obtained for questionnaire was $r = 0.837$. Hence the tool was found to be reliable to proceed for the data collection.

Pilot Study

Pilot study is a small preliminary investigation of the same general characters as a major study. The main aim is to assess the feasibility, practicability and assessment of measurement. Formal approval was obtained from C.S.M.A Primary school, Dindigul, Tamil Nadu. The investigator selected 6 samples by systematic random sampling technique. After a brief self

introduction, the investigator explained the purpose of the study and obtained consent from them. On the first day, data was collected by structured interview schedule on knowledge regarding personal hygiene and Kinder Garden method of teaching was shown to them on the same day. On the seventh day, a posttest was conducted on knowledge regarding personal hygiene, administering the same structured questionnaire. Totally 55 minutes was taken for the post test. The statistical analysis of the pilot study for the overall knowledge on personal hygiene was the mean pretest knowledge scores was 24.3 % and the same for the mean posttest knowledge score was 81.9 % . From the above analysis, the Kinder Garden Method of Teaching was found to be effective and the same was used for the main study.

Procedure for data collection

5 school's were selected and Formal written permission was obtained from the school authorities for conducting the main study. The method of data collection adopted for the study was structured interview questionnaire. The subjects of the study were gathered in the school. After brief introduction of self, the investigator explained the purpose of the study and obtained consent from them. For this study the investigator took into consideration of the ethical issues. No ethical issue confronted while conducting this study. The purpose of the study was explained to the samples and informed consent was obtained prior to the data collection, to get their cooperation.

Phase 1

In this phase, pre-test was conducted by interview method through structured interview questionnaire. Each child took 45 minutes to answer the demographic data and to retort the questionnaire.

Phase 2

In this phase the same day, Kinder Garden Method of Teaching was done to the primary school children regarding personal hygiene. Song, Action, Play and Puppets were used to make teaching programme very effective. Adequate explanation was given where ever needed.

Phase 3

In this phase, post-test was conducted on 7th day after Kinder Garden Method Of Teaching . It was conducted by taking interview with same structured interview questionnaire. During the conduction of the study there was no problem encountered and subjects were cooperative to conduct the study.

Processing of the data

Data collected was processed every day. Missed out data were identified and immediately with in one day it was rectified.

Plan for data analysis

The data collected was analyzed on the basis of objectives of the study using descriptive and inferential analysis.

Descriptive statistics

Frequency distribution and percentage distribution was used to interpret the socio demographic variable and Mean, mean percentage and standard deviation were used to determine the knowledge level of primary school children on personal hygiene.

Inferential statistics

Paired “t” test was used to determine the effectiveness of Kinder Garden Method of Teaching on personal hygiene comparing the mean knowledge pre test and post test scores of primary school children.

Ethical Consideration

The research and ethical committee of the institution approved the study objectives, intervention and data collection procedures. Informed consent was obtained from the adolescent students by orally. The students had the freedom to leave the study at her will without any reason. Due permission from authorities were obtained. Explanation regarding the purpose of the kinder garden method of teaching program was given to the students involved in the study. Thus the ethical issues were ensured in this study.

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Analysis and interpretation of data of this study was done by description and inferential statistics. Analysis was done by using SPSS, version 16. A probability value of less than 0.05 was considered to be significant.

This chapter deals with analysis and interpretation of data collected on knowledge regarding Personal Hygiene before and after Kinder Garden Method of Teaching among Rural Primary school children's.

THE OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge level of primary school children regarding personal hygiene.
2. To assess the post -test knowledge level of primary school children regarding personal hygiene
3. To evaluate the effectiveness of Kinder Garden Method Of Teaching on personal hygiene by comparing the pre-test and post-test knowledge scores.
4. To find out the association between pre-test knowledge level of primary school children regarding personal hygiene with selected socio-demographic variables.

| | |
|-------------|-----------------------------------------------------------------------------------------------------------------------------|
| Section I | :Data on background factor of personal hygiene among Primary school children |
| Section II | :Data on knowledge pre test and post test after the Kinder Garden Method of teaching program among Primary school children. |
| Section III | :Data on association between the mean differences in post test and back ground factors among Primary school children |

Section I:

Data on background factors of the Primary school children's.

TABLE – II

FREQUENCY AND PERCENTAGE DISTRIBUTION OF PRIMARY SCHOOL CHILDREN'S REGARDING BACK GROUND FACTORS

N = 60

| S.N | DIMENSION | FREQUENCY | PERCENTAGE |
|-----|---------------------------|-----------|----------------|
| 1 | AGE | | |
| | a) 6 years | 38 | 63.3 % |
| | b) 7 years c) Above | 22 | 36.7 % |
| 2 | SEX | | |
| | a) Male b) Female | 25 35 | 41.7% 58.3% |
| 3 | RELIGION: | | |
| | a) Hindu | 26 | 43.7 % |
| | b) Christian c) Muslim | 22 12 | 36.3 % 20 % |
| 4 | TYPE OF FAMILY : | | |
| | a) Joint b) Nuclear | 36 24 | 60 % 40 % |
| 5 | OWNERSHIP OF HOUSE | | |
| | a) Own b) Rental | 37 23 | 61.7% 38.3% |

Table II Shows that frequency distribution and percentage on demographic variables among Primary school children aged between 6 - 7years and above.

Regarding age, 38 (63.3 %) were between the age group of 6yrs, 22 (36.7 %) were between the age group of 7 yrs.

Regarding Sex, 25 (41.7 %) were male, 35 (58.3 %) was Female.

Regarding Religion, 26 (43.7 %) were Hindu, 22(36.3%) was Muslim, 12 (20 %) were Christian.

Regarding Type of family, 15 (25 %) were joint, 45 (75 %) was nuclear.

Regarding Ownership House, 37(61.7%) were own, 23(38.3%) were rental.

Figure 3: Frequency and percentage distribution of Age

AGE

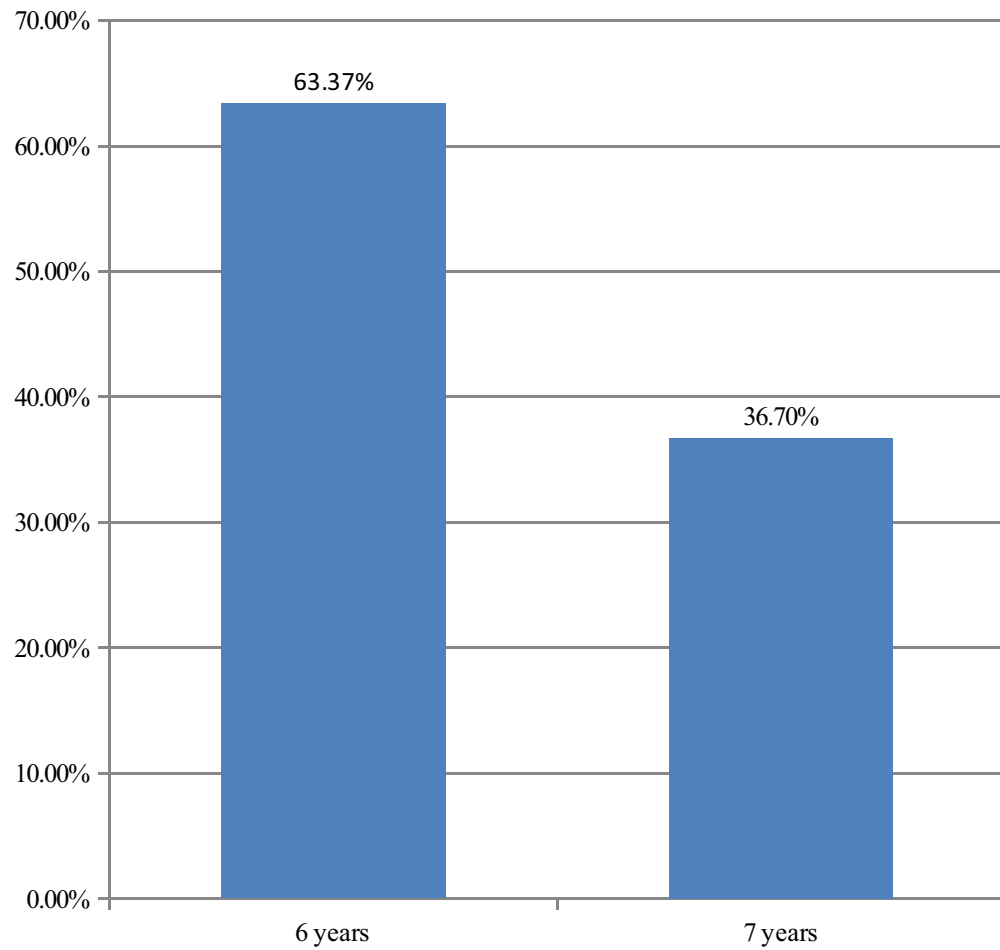


Figure 3: Frequency and percentage distribution of Age regarding age, 38 (63.3 7%) were between the age group of 6yrs, 22 (36.7 %) were between the age group of 7 yrs.

GENDER

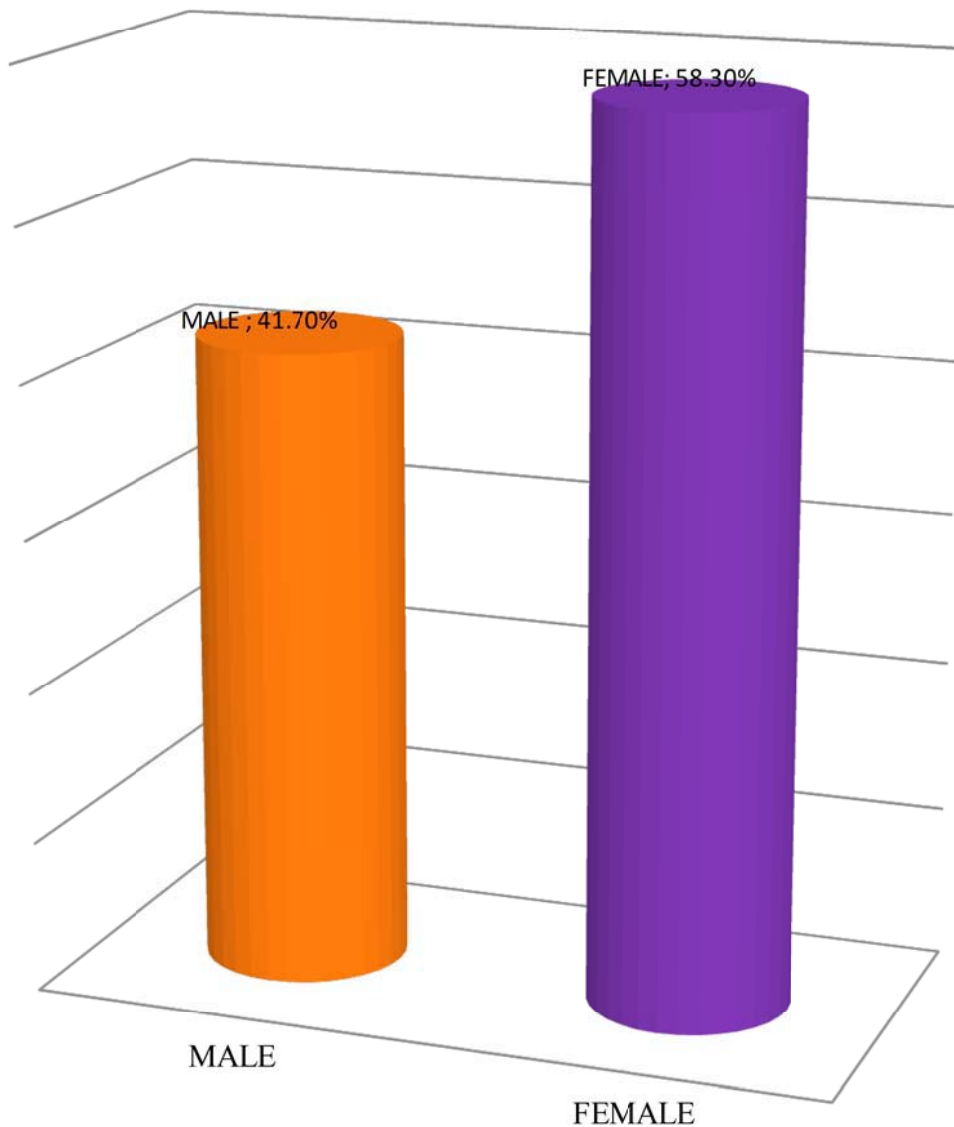


Figure 4 : Frequency and percentage distribution of Gender

Figure 4 : Frequency and percentage distribution of Gender regarding Sex, 25 (41.7 %) were male, 35 (58.3 %) was Female.

RELIGION

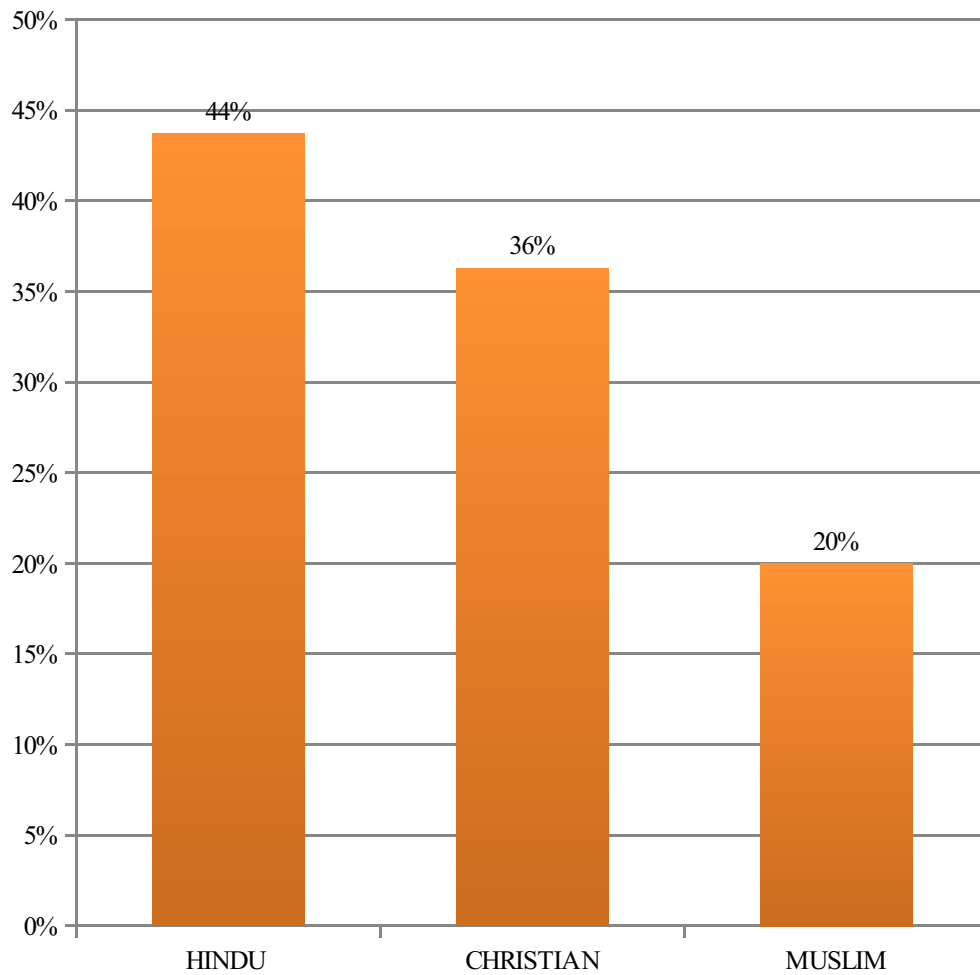


Figure 5 : Frequency and percentage distribution of Religion

Figure 5 : Frequency and percentage distribution of religion regarding Religion, 26 (43.7 %) were Hindu, were Christian, 22(36.3%) was Muslim was 12 (20 %).

FAMILY TYPE

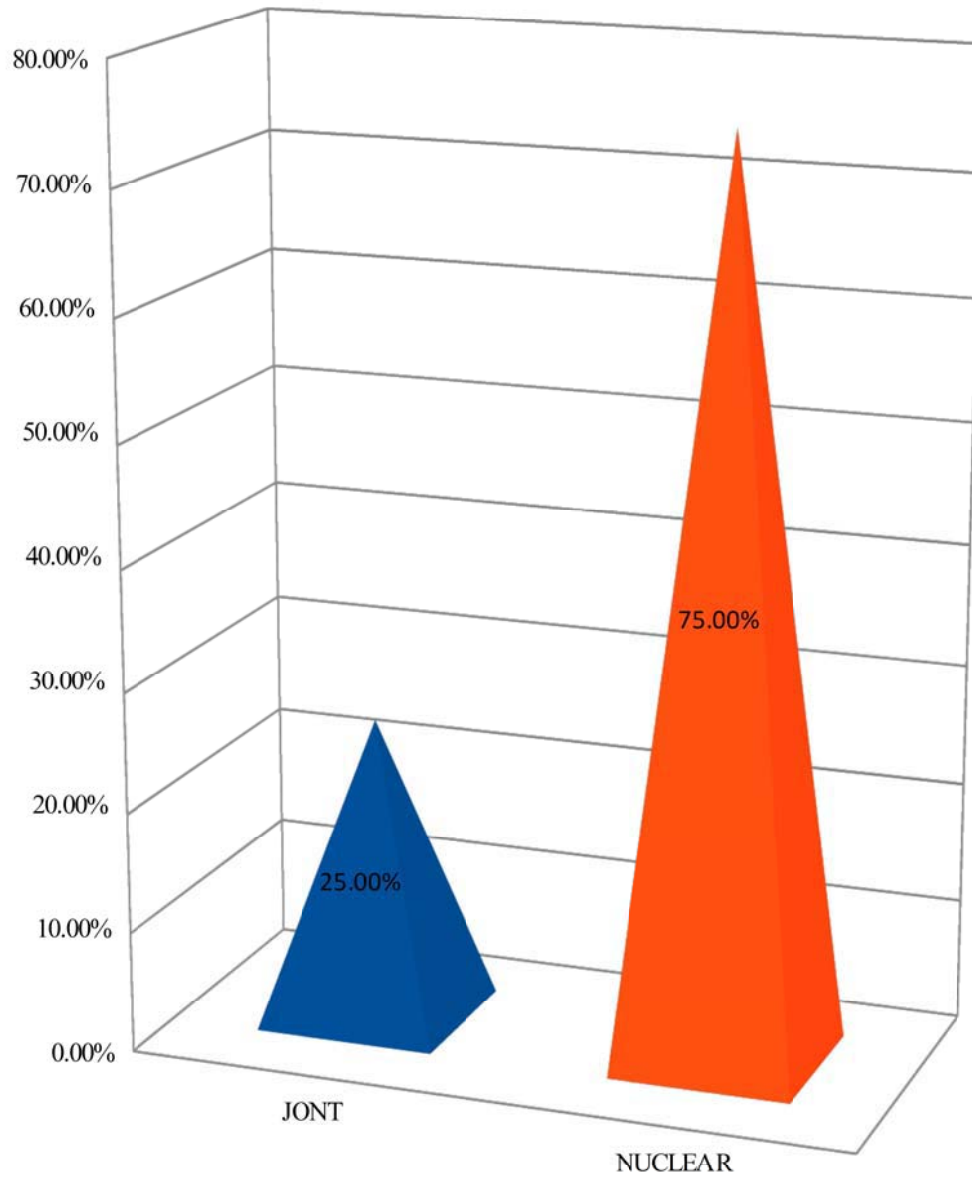


Figure 6 : Frequency and percentage distribution of Type of family

Figure 6 : Frequency and percentage distribution of Type of family regarding Type of family, 15 .(25 %) were joint, 45 (75 %) was nuclear.

OWNERSHIP OF HOUSE

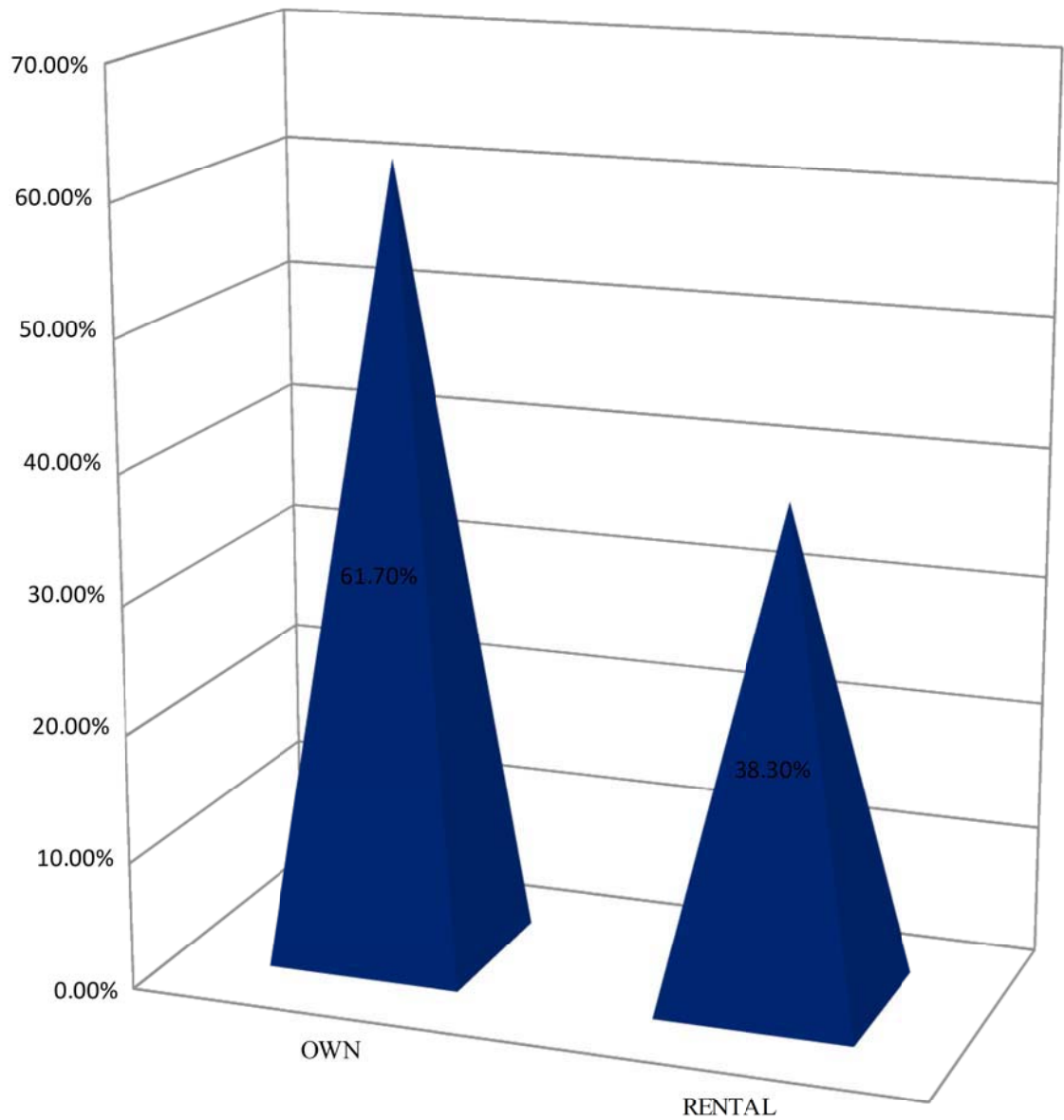


Figure 7: Frequency and percentage distribution of Ownership of House

Figure 7: Frequency and percentage distribution of Ownership of House Regarding House, 37(61.7%) were own, 23(38.3%) were rental

Section II

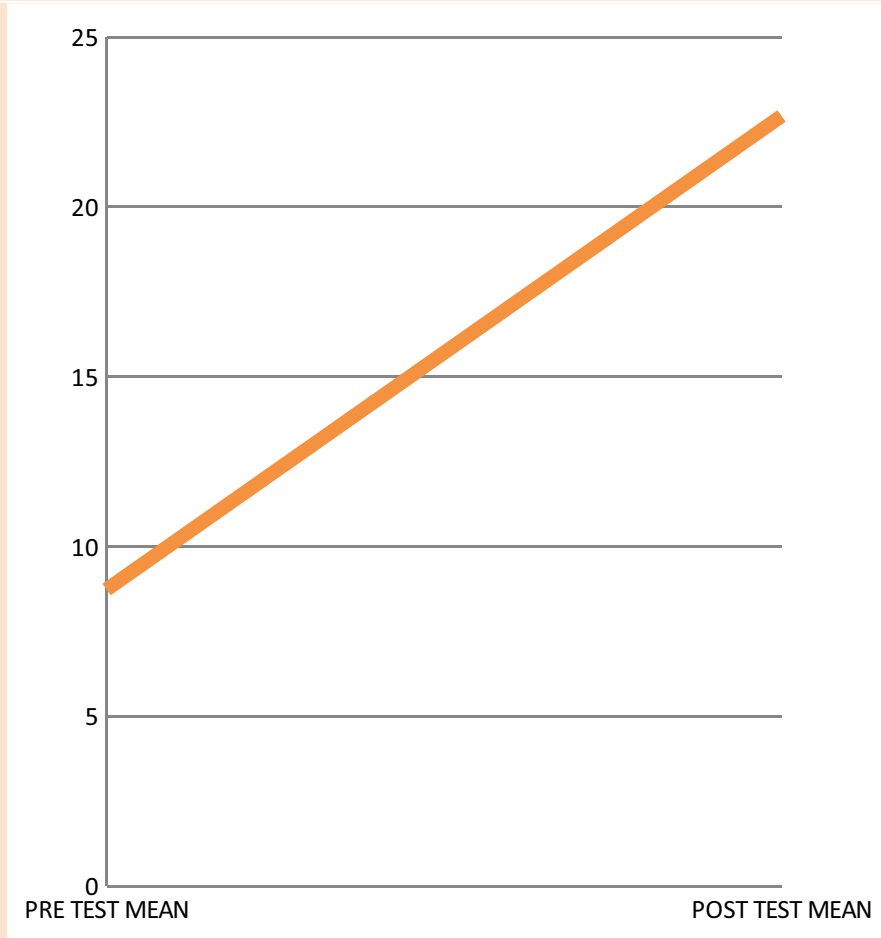
DATA ON KNOWLEDGE PRE TEST AND POST TEST AFTER THE KINDER GARDEN METHOD TEACHING PROGRAM AMONG PRIMARY SCHOOL CHILDREN.

For the purpose of this study the following null hypothesis was stated.

- HI : There will be significant difference between the before and after the intervention.
- H2 : There will be the significant difference between the post test knowledge score and the selected demographic variables among Primary school children'

TABLE III**MEAN, SD, MEAN DIFFERENCE AND “t” VALUE ON PRE TEST AND OVERALL POST TEST ON KNOWLEDGE AMONG PRIMARY SCHOOL CHILDREN.****N=60**

| | Mean | Standard deviation(SD) | MEAN DIFFERENCE | Obtain value “t” | Table value “t” | S/NS |
|-----------|-------------|-------------------------------|------------------------|-------------------------|------------------------|-------------|
| Pre Test | 8.73 | 3.52 | 8.73 | 19.209 | 2.00 | S |
| Post Test | 22.68 | 2.383 | 22.683 | 73.769 | | |
| | | | | | | |



MEAN - PRE TEST AND OVERALL POST TEST ON KNOWLEDGE AMONG PRIMARY SCHOOL CHILDREN

Table II: shows that mean, SD, mean difference and “t” value on pre test and over all post test on knowledge among Primary school children’s. The obtained overall post test mean 22.68 (SD=2.383) was less than the pre test mean 8.73 (SD = 3.52). The obtained mean difference was – 15.917 and “t” value of pre test is= 19.209 (P = 0.05) and post test “ t” value is t = 73.739 (P = 0.05) was significant. It inferred that knowledge had significantly increased after the Kinder Garden method teaching program among Primary school children’s. It was found to be very effective.

SECTION III

DATA ON ASSOCIATION BETWEEN THE MEAN DIFFERENCE OF POST TEST KNOWLEDGE ON PERSONAL HYGIENE AND BACK GROUND FACTORS AMONG PRIMARY SCHOOL CHILDREN.

For the purpose of this study the following null hypothesis was stated.

- HI : There will be significant difference between before and after the intervention.
- H2 : There will be the significant difference between the post test knowledge score and the selected demographic variables among Primary school children .

TABLE:IV

LINEAR REGRESSION REGARDING ASSOCIATION BETWEEN MEAN DIFFERENCES OF POST TEST KNOWLEDGE ON PERSONAL HYGIENE AND BACK GROUND FACTORS AMONG PRIMARY SCHOOL CHILDREN’S

| Model | Unstandardized Coefficients | | Standardized Coefficients | t | Sig. |
|---------------------------------|-----------------------------|------------|---------------------------|--------|------|
| | B | Std. Error | Beta | | |
| (Constant) | 20.987 | 1.826 | | 11.494 | .000 |
| Age | .003 | .662 | .001 | .004 | .997 |
| Sex | .140 | .632 | .029 | .222 | .825 |
| Religion | .887 | .434 | .285 | 2.044 | .046 |
| Familytype | .319 | .678 | .066 | .470 | .640 |
| House | -.392 | .674 | -.081 | -.582 | .563 |
| a. Dependent Variable: posttest | | | | | |

Table III, reveals the standardized co-effecient and “t” value regarding mean difference of post test knowledge on Personal Hygiene and selected back ground factors among Primary school children’s based on linear regression.

The obtained “t” value $t=0.004(0.997)$, $t= 0.222(0.825)$, $t=-2.044(0.046)$, $t=-0.470(0.640)$, $t=-0.081(0.563)$ reported for age, sex , religion, house, type of family, of the family, were not significant in relation to structure teaching program.

It inferred that there was no significant association between the mead difference in post test knowledge on Personal Hygiene and back ground variables among Primary school

children's. Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene

TABLE – V

**COMPARE PRE TEST AND POST TEST KNOWLEDGE OF CHILDREN
REGARDING PERSONAL HYGIENE**

N = 60

| TEST | MARK & PERCENTAGE | | | | | | TOTAL |
|-----------|-------------------|------------|----------|------------|------------|------------|-------|
| | ADEQUATE | PERCENTAGE | MODERATE | PERCENTAGE | INADEQUATE | PERCENTAGE | |
| PRE TEST | 00 | 00 | 17 | 28.4% | 43 | 71.6 % | 60 |
| POST TEST | 50 | 83.3 % | 10 | 16.7% | 00 | 00 | 60 |

Table 5.1 shows in total 60 samples 17 (28.4 %)childrens took moderate and 43 (71.6 %)children took in adequate marks in Pre test. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %)children took moderate marks.

PRETEST

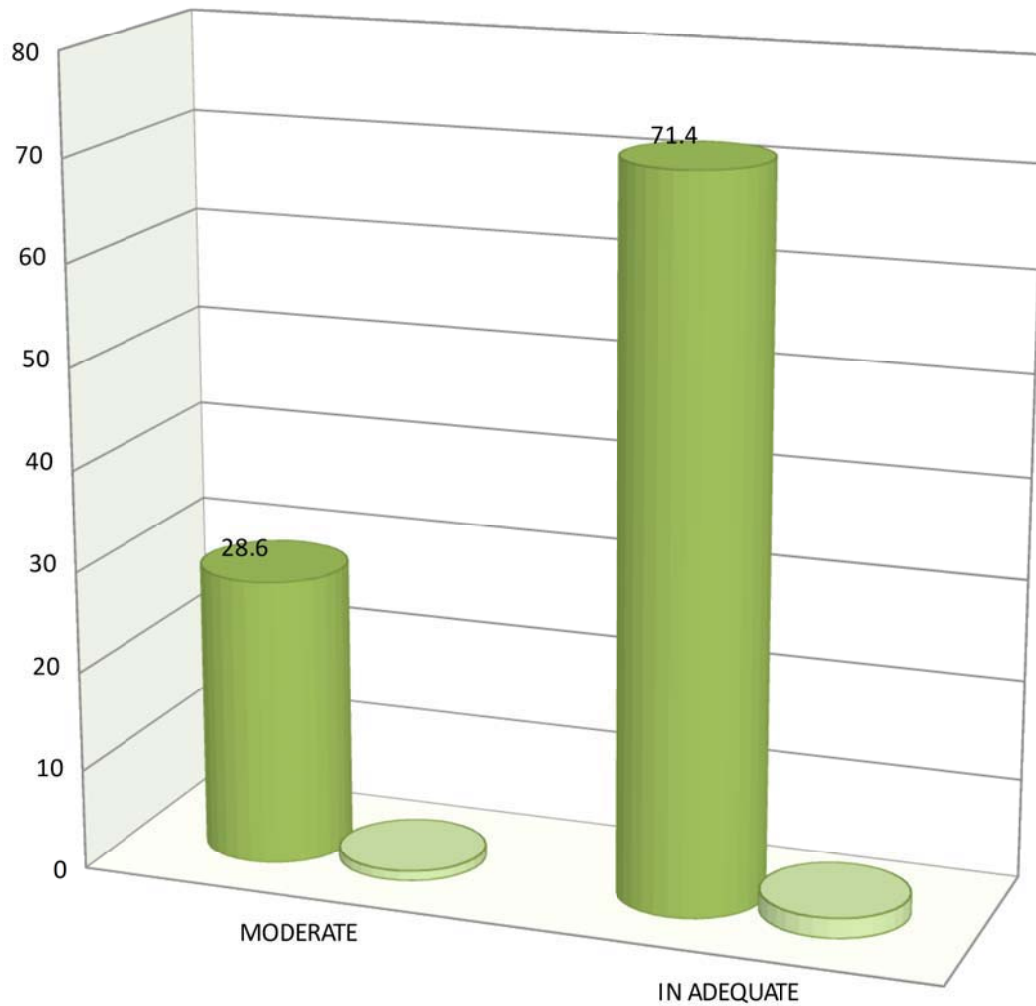


Figure 8 :Pre Test Knowledge among Primary school children in Percentage

Figure 8 :Pre Test Knowledge among Primary school children in Percentage shows 28.4 % of student had moderate knowledge and 71.6 % had in adequate knowledge

POST TEST

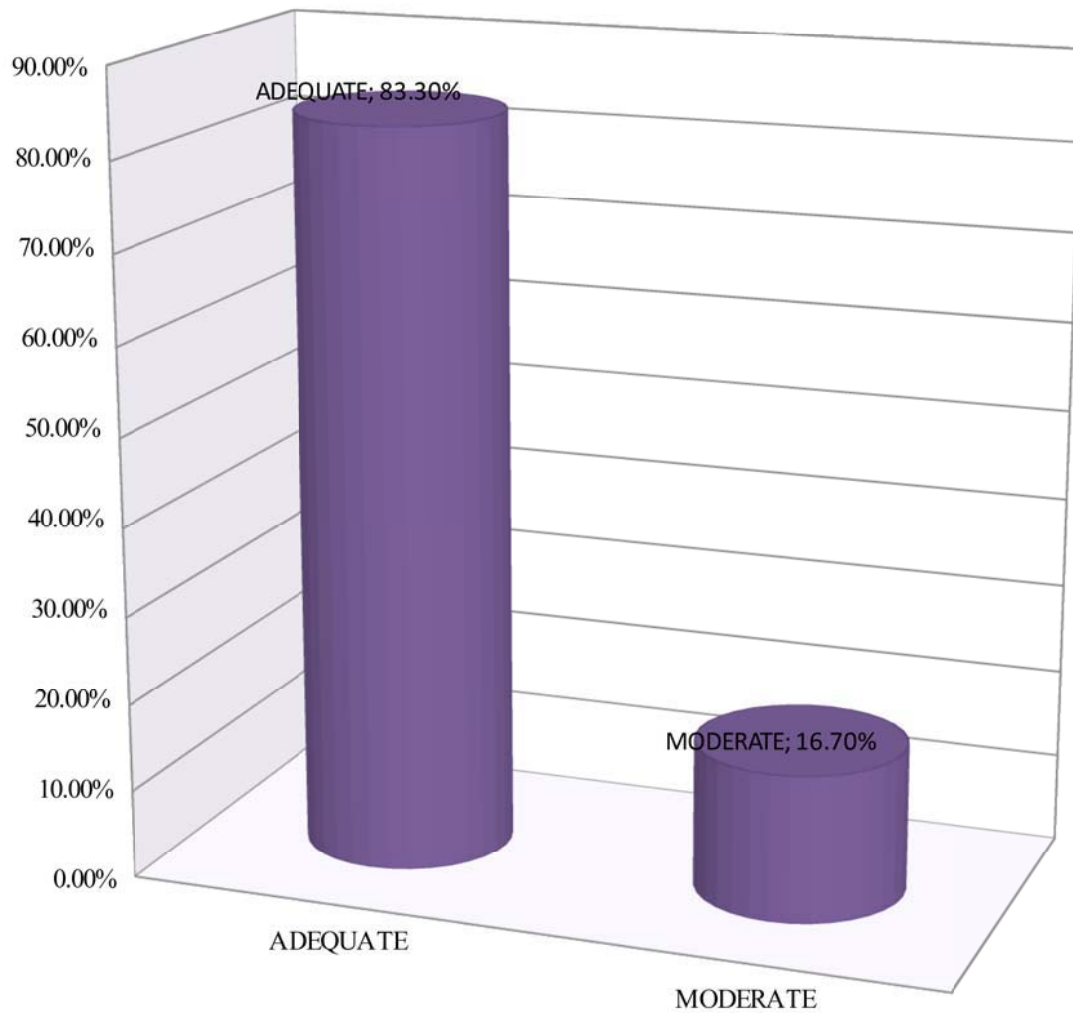


Figure 9 :Post test knowledge among primary school children in percentage

Figure 9 :Post test knowledge among primary school children in percentages shows 50 (83.3 %) children took adequate and 10 (16.7 %) children took moderate marks.sss

CHAPTER V

DISCUSSION

This chapter deal with the discussion of the study with appropriate literature, statistical analysis and the findings of the study based on the study objectives.

The aim of the study was to assess the effectiveness of Kinder Garden Method of Teaching on personal hygiene among Primary school children in Dindigul district.

The main study was conducted from sample numbering of 60 children's from varies rural primary school in Dindigul district.

This chapter presents the major findings and discusses them in relation to similar studies conducted by other researchers.

Quasi – experimental design with one group pretest-posttest was used to evaluate the effectiveness of kinder garden method of teaching on personal hygiene among 60 primary school children. A structured interview questionnaire was used to collect the data from subjects. Pretest was conducted on first day among children after explaining the purpose of the study. Kinder Garden Method of teaching on personal hygiene was shown among the samples on first day after conducting pretest examination. Posttest was done on the seventh day after pretest to evaluate the effectiveness of kinder garden method of teaching on personal hygiene.

OBJECTIVES OF THE STUDY

1. To assess the pre-test knowledge level of primary school children regarding personal hygiene.
2. To assess the post -test knowledge level of primary school children regarding personal hygiene.
3. To evaluate the effectiveness of Kinder Garden Method of Teaching on personal hygiene by comparing the pre-test and post-test knowledge scores.
4. To find out the association between pre-test knowledge level of primary school children regarding personal hygiene with selected socio-demographic variables.

HYPOTHESES

H1 : The post- test mean knowledge score will be higher than the pretest mean knowledge score regarding personal hygiene among primary school children.

H2 : There will be significant association between pre-test knowledge levels of primary school children regarding personal hygiene with selected socio-demographic variables.

Objective 1 - Assess the Pre Test knowledge of children regarding personal hygiene.

In the present study it was also found that the overall pre test knowledge scores of the children regarding personal hygiene were found to be inadequate with Mean 8.73 and a standard deviation of 3.52. overall the rural primary school children's had inadequate knowledge on Personal hygiene during my Pre test. 17 (28.4 %)childrens took moderate and 43 (71.6 %) children took in adequate marks in Pre test.

Supportive study : study was conducted by Mrs.Nisha to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012 .With regard to the children majority 63.3% of them had inadequate knowledge ($\leq 50\%$) scores, 36.7% of them had moderate knowledge (51-75%) scores and none of them had adequate knowledge ($>75\%$) score in pretest regarding personal hygiene among primary school children. In the present study it was also found that the overall pre test knowledge scores of the children regarding personal hygiene were found to be inadequate with 39.9% and a standard deviation of 20.8%.

Objective – 2 Assess the effectiveness of Post Test Knowledge on Personal Hygiene

In this present study after kinder garden method of teaching children's knowledge regarding personal hygiene was improved. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %)children took moderate marks.

Supportive study : A study was conducted by Mrs.Nisha to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012 . %. In the present study it is observed that the mean post test knowledge score is 84.7% in the area of impact of poor personal hygiene, on aspect regarding general information on personal hygiene the mean percentage score was 83.1%.

Regarding oral hygiene the mean percentage score was 81.1% .

Objective - 3 To evaluate the effectiveness of kinder garden method of teaching on knowledge regarding personal hygiene among primary school children.

In the present study it is observed that the mean post test knowledge score is 22.68 in the area of impact of poor personal hygiene which is found to be higher than the mean pre test knowledge of 8.73, The present study shows that mean, SD, mean difference and “t” value on pre test and over all post test on knowledge among Primary school children’s. The obtained overall post test mean 22.68 (SD=2.383) was less than the pre test mean 8.73 (SD = 3.52). The obtained mean difference was – 15.917 and “t” value $t = 19.209$ ($P = 0.05$) was significant.

It inferred that knowledge had significantly increased after the Kinder Garden method teaching program among Primary school children’s. It was found to be very effective.

Supportive study : A study was conducted by Mrs.Nisha to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012. In the study it is observed that the mean post test knowledge score is 84.7% in the area of impact of poor personal hygiene which is found to be higher than the mean pre test knowledge of 34.0%, on aspect regarding general information on personal hygiene the mean percentage score was 83.1% which is found to be higher than the mean pre test knowledge score of 43.8%, regarding oral hygiene the mean percentage score was 81.1% which is found to be higher than the mean pre test

Objective – 4 To find out the association between mean pre test knowledge scores and selected socio demographic variables.

In the present study association was sought between pre test knowledge level of children and selected socio demographic variables where a significant association was found. The present study reveals the standardized co-effecient and “t” value regarding mean difference of post test knowledge on Personal Hygiene and selected back ground factors among Primary school children’s based on linear regression. The obtained “t” value $t = 0.004(0.997)$, $t = 0.222(0.825)$, $t = -2.044(0.046)$, $t = -0.470(0.640)$, $t = -0.081(0.563)$ reported for age, sex , religion, house, type of family, of the family, were not significant in relation to kinder garden method of teaching

program. It inferred that there was no significant association between the mean difference in post test knowledge on Personal Hygiene and back ground variables among Primary school children's. Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene.

Supportive study: A study was conducted by Mrs.Nisha to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012. In this study association was sought pre test knowledge level of children and selected demographic variables where a significant association was found like age table value = 3.841 with 1 df at 0.05 level of significance. Type of family table value = 3.841 with 1 df at 0.05 level of significance. The other demographic variable like gender, class, parent education, and monthly income of family, did not show any significance with pre test knowledge level of children.

CHAPTER VI

SUMMARY , CONCLUSION, IMPLICATIONS AND RECOMMENDATIONS

This Chapter represents the summary, findings, conclusion, implications and recommendations which create a base for the future researcher for an evidence-based practice.

SUMMARY OF THE STUDY

Personal hygiene is much important in all stage of life, but good habits start in childhood. Kids who learn what it is and how to follow proper hygiene practices will usually carry that into adulthood.

With regard to the children majority of them had inadequate knowledge scores, some of them had moderate knowledge scores and none of them had adequate knowledge (>75%) score in pretest regarding personal hygiene among primary school children.

In the present study it was also found that the overall pre test knowledge scores of the children regarding personal hygiene were found to be inadequate with Mean 8.73 and a standard deviation of 3.52. overall the rural primary school children's had inadequate knowledge on Personal hygiene during my Pre test.

In the present study it is observed that the mean post test knowledge score is 22.68 in the area of impact of poor personal hygiene which is found to be higher than the mean pre test knowledge of 8.73, **The present study** shows that mean, SD, mean difference and "t" value on pre test and over all post test on knowledge among Primary school children's. A study was conducted by Nursing students to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012. In the present study association was sought between pre test knowledge level of children and selected socio demographic variables where a significant association was found. **The present study** reveals the standardized co-efficient and "t" value regarding mean difference of post test knowledge on Personal Hygiene and selected back ground factors among Primary

school children's based on linear regression. The obtained "t" value $t=0.004(0.997)$, $t=0.222(0.825)$, $t=-2.044(0.046)$, $t=-0.470(0.640)$, $t=-0.081(0.563)$ reported for age, sex, religion, house, type of family, of the family, were not significant in relation to kinder garden method of teaching program. In total 60 samples 17 (28.4 %) childrens took moderate and 43 (71.6 %) children took in adequate marks in Pre test. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %) children took moderate marks.

It inferred that there was no significant association between the mean difference in post test knowledge on Personal Hygiene and back ground variables among Primary school children's. So Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene

MAJOR FINDING OF THE STUDY

The main study was conducted from sample numbering of 60 among studying 1st standard in rural Primary school children's from 5 primary school's in Dindigul district .The Level of knowledge was assessed by questionnaire.

With regard to the children majority of them had inadequate knowledge scores, some of them had moderate knowledge scores and none of them had adequate knowledge (>75%) score in pretest regarding personal hygiene among primary school children.

In the present study it was also found that the overall pre test knowledge scores of the children regarding personal hygiene were found to be inadequate with Mean 8.73 and a standard deviation of 3.52. overall the rural primary school children's had inadequate knowledge on Personal hygiene during my Pre test.

In the present study it is observed that the mean post test knowledge score is 22.68 in the area of impact of poor personal hygiene which is found to be higher than the mean pre test knowledge of 8.73, **The present study** shows that mean, SD, mean difference and "t" value on pre test and over all post test on knowledge among Primary school children's. A study was conducted by Nursing students to evaluate the effectiveness of puppet show on personal hygiene among primary school children at selected rural primary schools of Chola Nagar, Bangalore on 2012. In the present study association was sought between pre test knowledge level of children and selected socio demographic variables where a significant association was found. **The present**

study reveals the standardized co-efficient and “t” value regarding mean difference of post test knowledge on Personal Hygiene and selected back ground factors among Primary school children’s based on linear regression. The obtained “t” value $t=0.004(0.997)$, $t= 0.222(0.825)$, $t=-2.044(0.046)$, $t=-0.470 (0.640)$, $t=-0.081(0.563)$ reported for age, sex , religion, house, type of family, of the family, were not significant in relation to kinder garden method of teaching program. In total 60 samples 17 (28.4 %)childrens took moderate and 43 (71.6 %)children took in adequate marks in Pre test. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %)children took moderate marks.

It inferred that there was no significant association between the mead difference in post test knowledge on Personal Hygiene and back ground variables among Primary school children’s. So Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene

CONCLUSION

This study was conducted to assess the effectiveness of kinder garden method of teaching on knowledge regarding personal hygiene in primary school children. **Objectives of the study were** to assess the pre-test knowledge level of primary school children regarding personal hygiene. 2. To evaluate the effectiveness of Kinder Garden Method Of Teaching on personal hygiene by comparing the pre-test and post-test knowledge scores. 3. To find out the association between pre-test knowledge level of primary school children regarding personal hygiene with selected socio-demographic variables. Conceptual frame work of the present study was developed by the investigator based on General system’s theory. The research design used in this study was Pre-experimental approach. (One group pretest - posttest design.), Sample comprises of 60 primary school children’s studying in 1st standard in selected rural primary school, at Dindigul District, Tamil Nadu, 5 school’s were selected and Formal written permission was obtained from the school authorities for conducting the main study. The method of data collection adopted for the study was structured interview questionnaire. The subjects of the study were gathered in the school. The obtained overall post test mean 22.68 (SD=2.383) was less than the pre test mean 8.73 (SD = 3.52). The obtained mean difference was – 15.917 and “t” value $t= 19.209$ (P = 0.05) was significant. In total 60 samples 17 (28.4 %)childrens took moderate and 43 (71.6 %)children took in adequate marks in Pre test. In posttest 50 (83.3 %) children took adequate and 10 (16.7 %)children took moderate marks.

It inferred that knowledge had significantly increased after the Kinder Garden method teaching program among Primary school children's. It was found to be very effective.

It inferred that there was no significant association between the mean difference in post test knowledge on Personal Hygiene and back ground variables among Primary school children's. Kinder Garden Method teaching program was independently effective to increase the knowledge on Personal Hygiene

IMPLICATIONS

The data analysis results give rise to few suggestions to the nursing profession.

NURSING PRACTICE

Awareness Programme by using different teaching methods can be made as a routine in nursing services in rural community school's.

NURSING EDUCATION

Importance of Personal Hygiene in children and using of different method of teaching during Health Education can be brought in detail in nursing curriculum from undergraduate level.

NURSING ADMINISTRATION

In service education can arranged to the staff nurses Awareness Programme on of in both Personal Hygiene in children and using of different method of teaching during Health Education in clinical and community setting.

NURSING RESEARCH

This research findings can be utilized for the development of research based protocols and policies in health care setting.

RECOMMENDATIONS

- Same study can be conducted with large samples.
- Same study can be conducted as effectiveness of animated teaching programme among primary school children in rural primary school.
- Same study can be conducted as comparative study to assess the significant knowledge on Personal Hygiene between urban and rural Primary school children's
- Same study can be conducted for Nursery school children's

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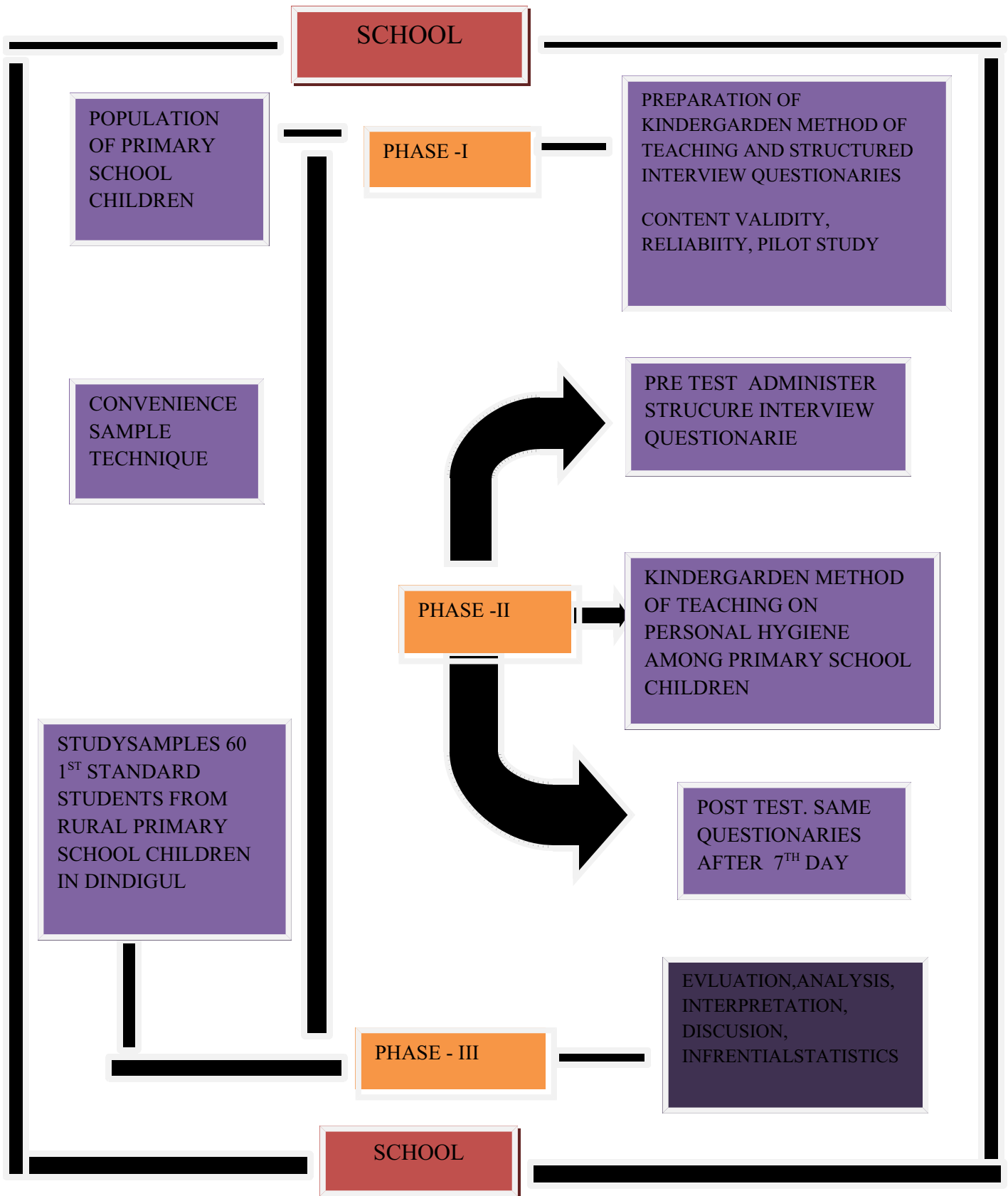
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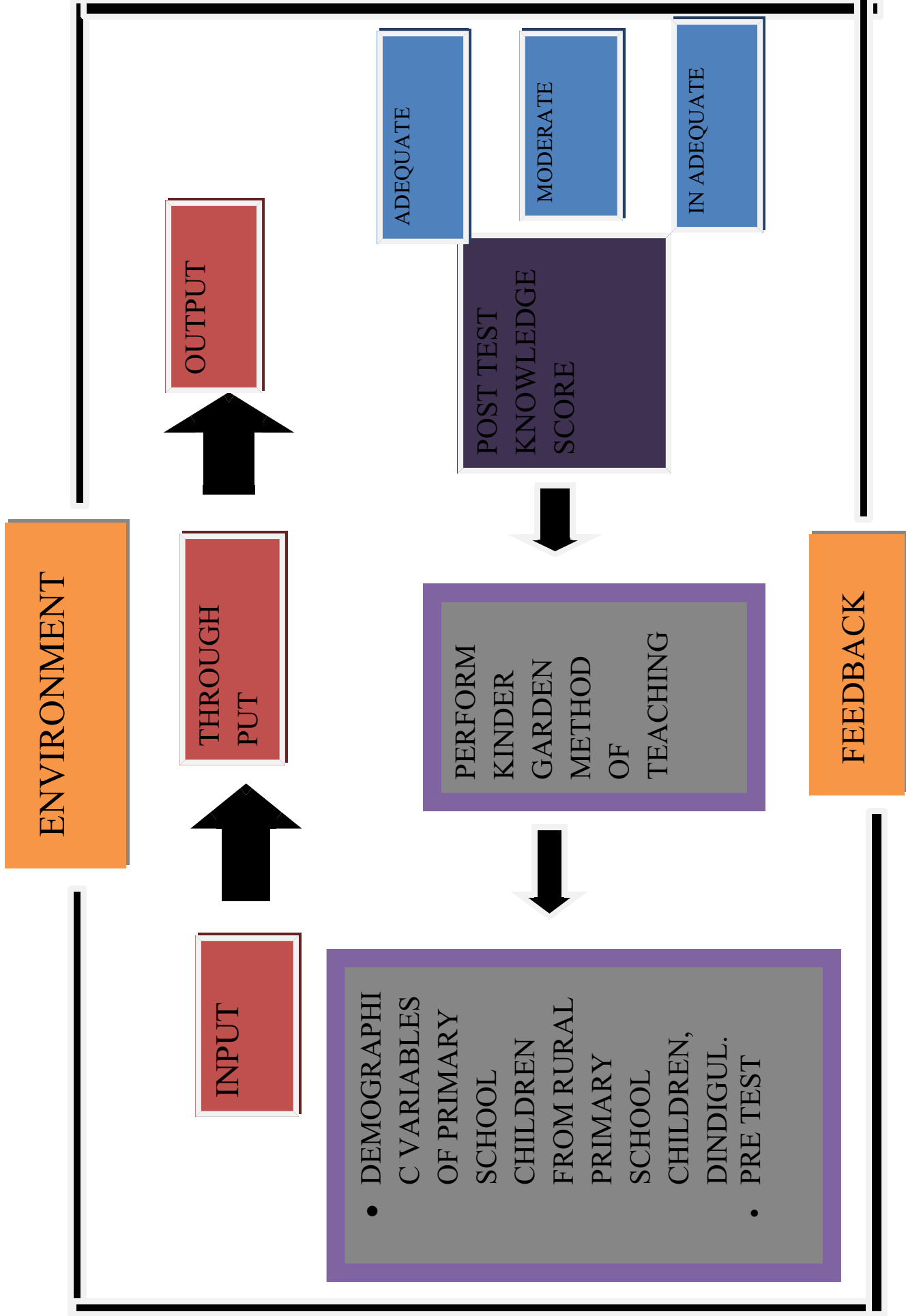
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PICTURE – II RESEARCH METHODOLOGY



CONTENT VALIDITY

The content validity was obtained from nursing and medical practitioners. The suggestions given content validity by experts were incorporated and the tool was finalized.

Content validity was obtained from & exports.

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**TOOL USED FOR ASSESSMENT OF KNOWLEDGE AND EVALUATION OF THE
EFFECTIVENESS OF KINDER GARDEN METHOD OF TEACHING ON
KNOWLEDGE REGARDING PERSONAL HYGIENE AMONG PRIMARY SCHOOL
CHILDREN.**

This questionnaire is designed for collecting relevant information from respondents regarding Personal Hygiene

Questions are divided in in 2 parts

SECTION A

This consist of 5 items related to socio-demographic variables, (age, sex, religion, type of family, house) of primary school children

SECTION B

This consists of 30 items, knowledge of primary school children regarding personal hygiene.

SECTION – A

Instruction to the investigator :

Investigator explain the purpose of the study to the participants and obtain informed consent and records the responses to the interviewed questions. Each question has 1 single correct answer

SECTION – I

SOCIO DEMOGRAPHIC PROFILE

1. Age
A) 6 yr
B) 7 yr
C) Above
2. Gender
A) Boy
B) Girl
C) 3ed Gender
3. Religion
A) Hindu
B) Christian
C) Muslim
D) Others
4. House
A) Own
B) Rental
C) Others
5. Type of Family
A) Joint
B) Nuclear
C) Others

SECTION – II

STRUCTUERED INTERVIEW QUESTIONNARIE ON PERSONAL HYGIENE

Instruction to the participants

You are requested to answer with single responses to the questions. Your answers will be kept confidential

1. Personal Hygiene is -----
 - a) Keeping body clean
 - b) Keeping surrounding clean
 - c) None of the above A & B

2. Cleaning of body should be done
- a) Once in a week ()
 - b) Twice in a week ()
 - c) Every day ()
 - d) Thrice a day ()
3. Personal Hygiene helps to keep individual free from
- a) Bad odour ()
 - b) Infection ()
 - c) Dullness ()
 - d) All the above ()
4. Personal Hygiene includes
- a) Only oral Hygiene ()
 - b) Only foot care ()
 - c) Head to foot care ()
 - d) Only nail care ()
5. Personal hygiene is essential for
- a) Only boys ()
 - b) Only girls ()
 - c) Only elders ()
 - d) All the human beings ()
6. Bath soap is good to
- a) To clean hair ()
 - b) To clean teeth ()
 - c) To clean whole body ()
 - d) To clean tongue & nail ()
7. What are the things you should not share with others
- a) Inner wears ()
 - b) Food ()
 - c) Books ()
 - d) Dress ()
8. Oral hygiene is -----
- a) Keeping nails clean ()
 - b) Keeping teeth clean ()
 - c) Keeping foot clean ()
 - d) Keeping head clean ()
9. Things which you use for brushing
- a) Tooth paste ()
 - b) Charcoal ()
 - c) Neem stick ()
 - d) None of the above ()
10. Cleaning of teeth should be done
- a) Once in a day ()
 - b) Two times a day ()
 - c) Once a week ()
 - d) Twice in a week ()

11. The reason we brush our teeth is
- a) To remove bacteria from teeth ()
 - b) To remove food particles ()
 - c) Avoid dental caries ()
 - d) All the above ()
12. Brushing should be done till
- a) 30 sec ()
 - b) 1 min ()
 - c) 2 min ()
 - d) 10 min ()
13. Tooth brush need to be changed frequently up to
- a) Every year ()
 - b) Every 3 month ()
 - c) Every 6 month ()
 - d) Never ()
14. Factor which can cause bad breath
- a) Not brushing properly ()
 - b) Brushing 2 times a day ()
 - c) Clean mouth ()
 - d) None of the above ()
15. Method of brushing you prefer is
- a) Right to left ()
 - b) Up & down ()
 - c) Inside & outside ()
 - d) All the above ()
16. A dentist is a doctor for
- a) Teeth ()
 - b) Bones ()
 - c) Heart ()
 - d) Kidney ()
17. To prevent oral disease
- a) Brush 2 times a day ()
 - b) Maintain good personal hygiene ()
 - c) Both a & b ()
 - d) Sleep more ()
18. The reason we apply oil to our hair is
- a) To remove tangles from hair ()
 - b) To remove blister ()
 - c) To remove bad odour ()
 - d) To remove lice and nits ()
19. Which one is best to use for hair wash
- a) Mud ()

- b) Bath soap
- c) Shampoo
- d) Washing powder

20. Apply hair oil ----- hour before bath

- a) 2 hrs
- b) ½ hrs
- c) 3 hrs
- d) 5 hrs

21. Discharge or crust formation in the eyes should be clean with

- a) Bare hands
- b) Gloved hands
- c) Plastic bag
- d) Wet cotton

22. Always trim your nails with

- a) Nail cutter
- b) Knife
- c) Blade
- d) None of the above

23. Nail care means

- a) clean and trim hair
- b) Apply nail polish
- c) Remove nail polish
- d) Grow the nails

24. Hand washing should be done

- a) before food and after defecation
- b) only before food
- c) only after defecation

25. Wash your hands with

- a) soap and water
- b) sand and water
- c) washing soap
- d) all the above

26. How to cough and sneeze

- a) In front of other's ()
- b) cover your mouth and sneeze ()
- c) cough sneeze loudly ()
- d) all the above ()

27. Good Hand Washing help us to

- a) prevent spread of Infection ()
- b) prevent Diarrhoea and Vomiting ()
- c) to keep clean hand ()
- d) above all ()

28. Ear should be clean with

- a) Hair pin ()
- b) Vehicle Key ()
- c) Cotton Buds ()
- d) Safety pins ()

29. Dental caries caused by

- a) Bad Oral Hygiene ()
- b) Not brushing daily ()
- c) both a & b ()
- d) none of the above ()

30. Bare foot can lead to

- a) Gastric Problem ()
- b) worm infestation ()
- c) Dental problem ()

d) Eye problem

()

SCORING KEY:

For each correct answer 1 mark and incorrect answer 0

gphpT – 1

Ra Fwpg;G:

vz:

Njip

1. taJ

m. 6 taJ

M. 7taJ

., mjw;f;F Nky;

2. ghypdk;

m. Mz;

M. ngz;

., %d;whk; ghypdk;

3. kjk;

m. ,e;J

M. fpwpl;jtk;

., K];ypk;

<. kw;wit

4. FLk;gk;

m. \$l;L FLk;gk;

M. jdp FLk;gk;

., kw;wit

5. tPL

m. nrhe;j tPL

M. thlif tPL

., kw;wit

gphT - 2

jd: Rj;jk: gw:wpa Nfs:tpfs:

1. jd; Rj;jk; vd;gJ

m. cliy Rj;jkhf itg;gJ

M. Rw;Wg;Gwj;ij Rj;jkhf itj;jpUg;gJ

., Rj;jkhd cil cLj;Jjy;

<. ,it midj;Jk; jtW

2. vj;jid Kiw Fspf;f Ntz;Lk;.

m. thuk; xU Kiw

M. thuk; 2 Kiw

., jpdKk;.

<. thuk; 3 Kiw

3. ehk; Rj;jkhf ,Ug;gjd; %yk; fPo;fz;ltw;wpy; vjpypUe;J tpLglyhk;.

m. Jw;ehw;k;.

M. Neha; njhw;W.

., Nrhk;Ngwpjdk;.

<. midj;Jk; rhp

4. jd; Rj;jk; vd;gJ clypd; ve;nje;j cWg;Gfis Rj;jk; nra;tJ

m. tha; Rj;jk; kl;Lk;.

M. ghjk; Rj;jk; kl;Lk;.

., jiy Kjy; fhy; tiu Rj;jg;gLj;JtJ.

<. efk; Rj;jk; kl;Lk;.

5. jd;Rj;jk; ahh; ahUf;F Njitg;gLfpwJ.

m. Mz;fSf;F kl;Lk;.

M. ngz;fSf;F kl;Lk;.

., Kjpath;fSf;F kl;Lk;.

<. midj;J kdpjh;fSf;Fk;.

6. Fspf;Fk; Nrhg;ig nfhz;L fPo;f;fz;ltw;wpy; vtw;iw Rj;jg;gLj;j Ntz;Lk;?

m. Kbia.

M. gy;iy.

., cly; K0tijAk;.

<. ehf;F kw;Wk; efj;ij

7. fPo;fz;ltw;wpy; ve;j nghUis mLj;jtUld; gfph;e;J nfhs;sf; \$lhJ

m. cs;shilfs;.

M. czT.

., Gj;jfk;.

<. cilfs;.

8. tha; Rj;jk; vd;gJ

m. efj;ij Rj;jkhf itj;jpUg;gJ.

M. gy;iy Rj;jkhf itj;jpUg;gJ

., ghjj;ij Rj;jkhf itj;jpUg;gJ.

<. jiyia Rj;jkhf itj;jpUg;gJ.

9. gy;Jyf;f fPo;fz;gtw;wpy; vij gad;gLj; Ntz;Lk;.

m. Ng;l;.

M. fhpJ}s;.

., nrq;fy; J}s;.

<. vJTk; ,y;iy.

10. gw;fis vj;jid Kiw Rj;jg;gLj;j Ntz;Lk;.

m. xU ehisf;F 2 Kiw

M. xU ehisf;F 5 Kiw

., thuk; 1 Kiw

<. thuk; 2 Kiw

11. gw;fis vjw;fhf Rj;jg;gLj;j Ntz;Lk;.

m. gw;fsps; ,Uf;Fk; fpWkpfs; ePf;f

M. czT Jfs;fis ePf;f.

., gy; nrhj;ij tuhky; ,Uf;f.

<. Midj;Jk; rhp

12. xU Kiw gy; Jyf;f vt;tsT Neuk; vLj;Jf; nfhs;s Ntz;Lk;.

m. 30 nehbfs;.

M. 1 epkplk;.

., 2 epkplk;.

<. 5 epkplk;.

13 J}hpifia (gpu;.) vj;jid ehl;fSf;F xU Kiw khw;w Ntz;Lk;.

m. tUlj;jpw;F xU Kiw

M. %d;W khjj;jpw;F xU Kiw

., MW khj;jpw;f;F xU Kiw.

<. khw;wf; \$IJ.

14. tha; Jh;ehw;wk; tPRtjw;f;F fhuzq;fs; vd;d?

m. rhpahf gy;Jsf;fhky; ,Ue;jhy;.

M. cjL ntbg;gjhy;

., tha; Rj;jkhf ,Ug;gjhy;

<. vJTkpy;iy.

15. gy; Jsf;Fk; rhpahd Kiwia Njw;T nra;.

m. tyJGwk; ,Ue;J ,IJGwk;>

M. NkypUe;J fPohf

., cs;spype;J ntspahf

<. midj;Jk; rhp
16. nld;b];l; vd;gth; ve;j cWg;gpw;fhd rpwg;G kUj;jth;.

m. gy;

M. vYk;G

., jak;.

<. rpWePufk;.

17. thapy; neha; Vw;glhky; jLf;f vd;d nra;a Ntz;Lk;.

m. ed;whf rhg;gplTk;.

M. ey;y MNuhf;fpakhd eilKiwfis gpd;gw;w Ntz;Lk;.

., ey;y tha; Rfhjhu Kiwfis gpd;gw;Wjy;

<. ed;whf J}q;fTk;

18. vjw;fhf jiy Kbapy; vz;nza; itf;fpNwhk;.

m. Kb rpf;fy;fis epf;f

M. nfhg;gsq;fis ePf;f

., Jw;ehw;wj;ij ePf;f

<. Ngd;fis ePf;f

19. jiy Kb fOTtjw;f;F fPo;fz;ltw;wpy; vJ rhpahdJ.

m. kz;.

M. Fspf;Fk; Nrhg;G.

., rhk;G <.Jzp Jitf;Fk; Nrhg;G

20 Fspggjw;F vt;tsT Neu;Jf;f Kd; jiyapy; vz;nza; itf;f Ntz;Lk;

m. 2 kzp

M. ½ kzp

., 3kzp

<. 5kzp

21 fz;fspy; mOf;F kw;Wk; ePh;tope;jpUe;jhy; mij vt;thW ePf;f Ntz;Lk;?

m. ntWk; if.

M. ifAiu mzpe;j iffs;.

., gpsh];bf; ig.

<. <ukhd gQ;R

22. efj;ij vij itj;J ntl;l Ntz;Lk.

m. efk; ntl;Lk; fUtp (fl;lh;)

M. fj;jp.

., gpNsL.

<. NkNy fwpg;gpl;l vJkpy;iy

23. efj;ij Rj;jkhf itj;jpUg;G vd;gJ.

m. Rj;jkhf kw;Wk; fl;ilahf itj;jpUg;gJ.

M. efk; ghyp]; NthLtJ.

., efj;ij fOTtJ

<. efk; tsh;g;gJ.

24. iffis vg;nghOnjy;yhk; fOt Ntz;Lk;.

m. rhg;gpLk; Kd; kyk; fopj;j gpd;

M. rhg;gpLk; Kd; kl;Lk;.

., kyk; fopj;j gpd; kl;Lk;.

<. J}q;Fk; Kd.

25. fpo;fz;ltw;wpy; vij itj;J if fOT Ntz;Lk;.

m. Nrhg;G kw;Wk; jz;zPh;.

M. kz; kw;Wk; jz;zPh;.

., JzpJitf;Fk; Nrhg;G.

<. Nky; Fwpg;gpl;l vy;yhk;.

26. Jk;ky; kw;wk; ,Uky; tUk; NghJ vd;d nra;a ntz;Lk;.

m. vJTk; nra;a Ntz;lhk;.

M. %f;F kw;Wk; thia %lTk;.

., Rj;jkhf ,UkTk; kw;Wk; Jk;kTk;.

<. Nky; Fwpg;gpl;l vJTk; ,y;iy

27. ed;whf if fOTjy; ekf;F vjw;F cjTfpwJ.

m. Neha; njhw;W guthky; jLf;fpwJ.

M. tapw;Wg; Nghf;F kw;Wk; the;jp tuhky; jLf;f

., iffis J}a;ikahf itf;f

<. Nky; Fwpg;gpl;l vy;yhk;

28. fhJ Rj;jg;gLj;Jk; NghJ fPo; Fwpg;gpl;ltw;wpy; vij itj;J Rj;jg;gLj;j Ntz;Lk;.

m. nfhz;il Crp.

M. Cf;F

., ,uz;L gf;fKk; gQ;R itj;J cUthf;fg;gl;l rpwpa Fr;rp>

<. tz;bapd; rhtp

29. gy; nrhj;ij vjdhy; Vw;gLfpwJ?

m. Nkhrkhd tha; Rfhjhuk;.

M. jpdKk; gy; Jyf;fhky; ,Uj;jy;

., Nkw;Fwpg:gpl;l ,uz;Lk;.

<. vJTk; ,y;iy

30. mRj;jkhd iffshy; rhg;gpLjtjhy; fPo;fz;ltw;wpy; ve;j Neha; Vw;g;gLk;.

m. the;jp

M. tapw;W Nghf;F.

., tapw;W typ

<. midj;Jk;.

LESSON PLAN ON

PERSONAL HYGIENE

Lesson plan on Kinder Garden method of teaching regarding personal hygiene


Topic : personal hygiene
Group : primary school children(1st standard)
Place : Rural schools of Dindigul
Method of Teaching : Kinder Garden Method Of Teaching, (song, play, puppets, stories)
Duration : 30 minutes teaching

GENERAL OBJECTIVES:


On completion of this kinder garden method of teaching on personal hygiene, primary school children will acquire adequate knowledge on personal hygiene and develop desirable attitude to improve their hygiene, at early stages.

SPECIFIC OBJECTIVES: at the end of this teaching programme the children will be able to

- Define personal hygiene.
- List down the purpose of personal hygiene.
- Tell about the oral hygiene.
- Explain the eyes and nose care.
- Describe the ear care.
- Explain the perineal care.
- Discuss the foot care.

| TIME | OBJECTIVE | CONTENT | TEACHING LEARNING ACTIVITIES | A.V AIDS | EVALUATION |
|-------|----------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|-----------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| 1 mts | Introduces the topic | <p>INTRODUCTION</p> <p>Managing Personal Hygiene is important not only to look and smell your best on a daily basis, but also to prevent the onset and spread of Infectious disease. Taking the proper precautions can help us to learn how to manage personal hygiene personal hygiene to both improve overall appearance and ward of infection</p> <p>Personal hygiene is important in every stage of life, but good cleanliness habits start in childhood. Kids who learn what it is and how to follow proper hygiene practices will usually carry that into adulthood. Hygiene education starts with the family, and eventually youngsters can learn what to do and follow cleanliness rules on their own when a baby makes the transition into childhood, it may be more of a challenge to keep</p> | Teacher introduces the topic to the group, Group observes and listens and make action for songs. | <p>S O N G & A C T I O N</p> | <p>What is personal hygiene ?</p>  |

| | | | | | |
|--------------|--------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|----------------------------------------------|
| <p>1 mts</p> | <p>Defines Personal Hygiene</p> | <p>them fresh. Learning proper cleanliness skills in childhood can help prevent the spread of germs and illness. As a child grows, good hygiene becomes increasingly important because hormonal changes during puberty lead to stronger body odor and oilier hair and skin.</p> | <p>Defines personal hygiene, Observes and listens, and make action for song</p> | <p>E M O N S T R A T I O N</p> | <p>Define personal hygiene ?</p> |
| <p>2 mts</p> | <p>Describes the purpose of personal hygiene</p> | <p>DEFINITION The science of Health and the study ways of processing it, particularly by promoting cleanliness of the human during the life period</p> <p>PURPOSE</p> <ol style="list-style-type: none"> 1. To reduce the high risk of Infection 2. To prevent or detect and treat at earliest complication 3. To prevent illness <p>STEPS TO BE HYGENIC</p> <ol style="list-style-type: none"> 1. Shower daily 2. Wash your face frequently 3. Brush your teeth every morning and evening 4. Wash cloth's after wearing it | <p>List the steps by song, , Observes and listens make action</p> | | <p>List the purpose of personal hygiene.</p> |
| <p>3 mts</p> | <p>List the steps to be hygienic</p> | | | | <p>List the steps to be hygenic.</p> |

| | | | | | |
|--------------|--------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------|
| <p>5 mts</p> | <p>Explain about showering</p> | <p>5. Trim your finger nails every week 6. Wash hands frequently 7. Keep the surroundings clean 8. Cover mouth and nose when sneeze and cough 9. Don't share Towel's, make-up set, soap with other people</p> <p>SHOWER DAILY</p> <p>Daily bathing is the best way to get rid of any dirt, sweat ,germs, that your body may have accumulated through out the day. As a plus showering daily help you to feel, look, and smell on you best on the whole day. When bath give special attention to perennial area.</p> <p>BRUSHING</p> <ol style="list-style-type: none"> 1. Always use brush with soft bristles 2. Brush your teeth 2 times a day early morning and before | <p>Explain about showering Observes and listens, and make action for song</p> | <p>P U P P E T S & P L A Y</p> | <p>Explain about showering</p> |
| <p>3 mts</p> | <p>Describe brushing</p> | <p>Teacher's describe about brushing Listener's Observes and listens, and make action for song</p> | <p>Enumerate brushing technique.</p> |  | <p>Explain about showering</p> |

| | | | | | |
|--------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <p>3 mts</p> | <p>Explain hand washing</p> | <p>going to bed</p> <ol style="list-style-type: none"> 3. Brush for minimum of 2 minutes 4. Brush all sides of teeth, right to left inner to outer, up and down, chewing surface, gum 5. Change your brush after 3 month <p>HAND WASHING</p> <p>Wash hands in warm water, use soap or antiseptic lotion for about 20 sec, clean between the finger and nails properly. Washing hands helps to keep away from micro organism, entry of micro organism in to our body will be prevented to hand washing, most of the communicable diseases in children's like Diarrhoea, vomiting, stomach pain, may caused by improper hand hygiene.</p> | <p>Teacher explain about Hand washing listeners Observes and listens, and make action for song</p> | <p style="text-align: center;">S O N G & D E M O</p> | <p>Describe the technique of hand washing</p> |
|--------------|-----------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|-----------------------------------------------|

| | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------|--------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <p>1 mts</p> | <p>Enumerate perineal care</p> | <p>Describe foot care</p> | <p>Explain the importance of perineal care</p> |
| <p>When to do hand washing</p> <ol style="list-style-type: none"> 1. Before eating 2. After using bathroom 3. After touching animals 4. After cough and sneeze 5. After working, playing in ground <p>KEEP YOUR SURROUNDING CLEAN</p> <p>To avoid spread of infection always keep your surrounding's clean. Use dust bin for waste disposal.</p> <p>PERINEAL CARE</p> <p>Always give special attention to perineum and auxilia when you bath, clean the areas thoroughly with soap and water properly, never share your inner's with other's. wash inners daily and dry in it direct sun light.</p> | | <p>Describe about foot care and listener's observe</p> | <p>Teacher enumerate about perineal care and listener's listening and observe carefully.</p> |
| <h1>S O N G</h1> | | | |
| <p>what is foot care ?</p> | | | |

| | | | | |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| | | | <p>FOOT CARE</p> <p>Dry well, dry between toes as well, cut and files the nails. Always wear slippers when you go out</p> <p>Because bare foot can cause worm infestation.</p> <p>SUMMARY :</p> <p>The personal hygiene habits developed by child can be taught in a fun way. Making up of games to see if child can remember what steps are needed to accomplish a specific hygiene goal. Using creativity and imagination will help child maintain an interest in personal hygiene. Charts, graphs, humor, stickers, puppets or songs are some ideas to use to motivate the child. So for we</p> <p>Discused about personal hygiene and its uses, importance, techniques.</p> <p>BIBLIOGRAPHY :</p> <ol style="list-style-type: none">1. Sr. Nancy's text book of fundamentals of Nursing, vol.12. K. Park's Text book of preventive | |
|--|--|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|

APPENDIX

LETTER SEEKING EXPERTS OPINION FOR CONTENT VALIDITY OF TOOLS AND KINDER GARDEN METHOD OF TEACHING MODULE

From

N. JOHN KINGSLY,
M.Sc Nursing II Year,
Jainee College of Nursing,
Dindigul, Tamilnadu – 624002

To

Respected Sir/Madam,

Sub: Requisition for content validity of tool.

I am M.Sc Nursing II Year in the speciality of Community Health Nursing student of Jainee College of Nursing, Dindigul–Theni Main road, Atthupatty pirivu, Dindigul – 02. Under the Tamilnadu Dr.M.G.R Medical University. As per the requirement of a partial fulfilment of M.Sc (N) programme, I am conducting a study “To assess the effectiveness of kinder garden method of teaching programme on knowledge regarding personal hygiene among rural primary school children, in Dindigul, Tamilnadu.

One of the objectives of the study is to develop the tool to assess the effectiveness of the structured teaching from which i isolate the context from various literatures. I humbly request you to go through the following developed research tool and validate against criteria given the sheet.

Thanking you,

Yours faithfully,

Enclosures:

N. JOHN KINGSLY

1. Questionnaire
2. Kinder Garden Method of Teaching

APPENDIX

CERTIFICATE OF ENGLISH EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation done by Mr. N. John Kingsly M.Sc (Nursing) II year student of Jainee College of Nursing, Dindigul. “ To assess the effectiveness of kinder garden method of teaching on knowledge regarding personal hygiene among rural primary school children’s in Dindigul. ” Is edited for English language appropriateness by _____

Date:

Signature

APPENDIX

CERTIFICATE OF TAMIL EDITING

TO WHOM SO EVER IT MAY CONCERN

This is to certify that the dissertation done by Mr. N. John Kingsly M.Sc (Nursing) II year student of Jainee College of Nursing, Dindigul. “ To assess the effectiveness of kinder garden method of teaching on knowledge regarding personal hygiene among rural primary school children’s in Dindigul. ” Is edited for Tamil language appropriateness by _____

Date:

Signature

PRE TEST & POST TEST SCORE

| S.NO | PRE - TEST | SCORING | POST - TEST | SCORING |
|-------------|-------------------|----------------|--------------------|----------------|
| 1 | 15.0 | M | 25.0 | A |
| 2 | 9.0 | IA | 24.0 | A |
| 3 | 2.0 | IA | 18.0 | M |
| 4 | 7.0 | IA | 21.0 | A |
| 5 | 2.0 | IA | 19.0 | M |
| 6 | 8.0 | IA | 26.0 | A |
| 7 | 7.0 | IA | 18.0 | M |
| 8 | 9.0 | IA | 18.0 | M |
| 9 | 11.0 | M | 23. | A |
| 10 | 12.0 | M | 25.0 | M |
| 11 | 6.0 | IA | 26.0 | M |
| 12 | 3.0 | IA | 19.0 | M |
| 13 | 9.0 | IA | 26.0 | A |
| 14 | 10.0 | IA | 22.0 | A |
| 15 | 12.0 | M | 21.0 | A |

| | | | | |
|-----------|-------------|-----------|-------------|----------|
| 16 | 9.0 | IA | 25.0 | A |
| 17 | 15.0 | M | 23.0 | A |
| 18 | 5.0 | IA | 24.0 | A |
| 19 | 4.0 | IA | 21.0 | A |
| 20 | 7.0 | IA | 25.0 | A |
| 21 | 9.0 | IA | 19.0 | M |
| 22 | 11.0 | M | 22.0 | A |
| 23 | 12.0 | M | 24.0 | A |
| 24 | 7.0 | IA | 23.0 | A |
| 25 | 8.0 | IA | 24.0 | A |
| 26 | 5.0 | IA | 26.0 | A |
| 27 | 9.0 | IA | 25.0 | A |
| 28 | 13.0 | M | 22.0 | A |
| 29 | 10.0 | IA | 21.0 | A |
| 30 | 11.0 | M | 24.0 | A |
| 31 | 7.0 | IA | 22.0 | A |

| | | | | |
|----------|--------------|----------|------|--------|
| 32 | 6.0 | IA | 26.0 | A |
| 33 | 4.0 | IA | 18.0 | M |
| 34 | 9.0 | IA | 19.0 | M |
| 35 | 3.0 | IA | 22.0 | A |
| 36 | 11.0 | M | 22.0 | A |
| 37 | 14.0 | M | 21.0 | A |
| 38 | 8.0 | IA | 24.0 | A |
| 39 47 | 6.0 11.0 | IA M | 23.0 | A A |
| 40 48 | 9.0 14.0 | IA M | 21.0 | A A |
| 41 49 | 13.0 15.0 | M M | 23.0 | A A |
| 42 50 | 15.0 10.0 | M IA | 25.0 | A A |
| 43 51 | 10.0 6.0 | IA IA | 24.0 | A A |
| 44 52 | 9.0 7.0 | IA IA | 24.0 | A A |
| 45 53 | 12.0 9.0 | M IA | 26.0 | A A |
| 46 54 | 3.0 15.0 | IA M | 18.0 | M A |
| 55 | 2.0 | IA | 24.0 | A |
| 56 | 7.0 | IA | 25.0 | A |
| 57 | 6.0 | IA | 26.0 | A |
| 58 | 8.0 | IA | 22.0 | A |
| 59 | 9.0 | IA | 25.0 | A |
| 60 | 9.0 | IA | 22.0 | A |



RESEARCHER EXPLAIN ABOUT PERSONAL HYGIENE TO THE CHILDREN



