



A Study to Assess the Health Habits Among the Primary School Children (1st To 5th standard) at Selected Schools Of Wazirpur, Gurugram, Haryana

Kul Pooja, Suman Vashist, Nitika Thakur, Divya

Faculty of Nursing, SGT University, Gurugram, Haryana, India

ABSTRACT

Health is a measure of quality of life that is difficult to define and measure. A habit is a routine of behavior that is repeated and tends to occur unconsciously. Habits accumulated through generations emerge as customs and customs creates habits. Habits influence human behavior. There are both good and bad. Good habits promotes health, bad habits ruin the health. It should begin in childhood. It takes time to form habits; they cannot be formed overnight². As primary school students are in their early years of life and health habits encourage healthy living among children, the current study was conducted to evaluate their practices³. A non-experimental approach was adopted and convenient sampling technique used to select 100 students of primary school children (1 to 5 standard). Structured interview schedule and likert scale was used to assess the health habits of the subject. The data collection was done through interview method, and analysis was done by using descriptive and inferential statistics. The significant level was started at 0.05 level of degree of freedom. Hence the study concluded that the school children were having adequate health habits. The correlation was analyzed by using Chi-square test. Therefore, the correlation between health habits and primary school children (1 to 5 standard), so hypothesis H_1 was rejected. But H_2 was rejected according to age and education status of students.

Key words: Health habits, School children.

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INTRODUCTION

Personal hygiene is necessary in every stage of life. Children of school age benefit cognitively from breakfast [1-2]. In general, there is a wider gap between the last meal of the day and the first meal of the next morning that exists between other meals, such as breakfast and lunch or dinner. The prolonged gap causes metabolic changes that affect cognitive function and academic performance [3-4]. American children aged 9 to 11 who ate breakfast performed better on mental arithmetic activities, displayed more creative thinking, and improved on skills requiring the processing of complicated graphic representation. Other research show that eating breakfast enhances performance on tests involving memory [5].

There is evidence in the literature that children with special healthcare needs have poor oral hygiene, periodontal disease, more untreated caries, and fewer remaining teeth. They are people with chronic or ongoing physical, mental, sensory, behavior, cognitive, emotional, or medical disorders that call for care that extends above and beyond what is considered regular and necessitates particular training, attention, and accommodations [6].

To enhance health globally and avoid chronic disease, injuries, and other illnesses, encouraging physical exercise in families, schools, and society has become an important public health priority [7]. The foundation for lifestyle choices that can follow into adolescence and, to some extent, into adulthood, is laid throughout childhood. For the sake of public health, it is essential to expand chances for physical activity in a variety of contexts, including schools, homes, and communities, at an early age. Evidence suggests that young people are now choosing to engage in sedentary activities even when choices for physical activity are available, making it vital to develop physical activity behaviours during childhood. There is little knowledge of the impact and guidelines for physical activity on the health of school children and adolescents, despite the fact that childhood is a vital time for forming physical activity behaviours [8].

Objectives

- To assess the health habits of the Primary school children (1st to 5th standard) at selected school of Wazirpur, Gurugram (Haryana).

- To associate the health habits of primary school children with demographic variables.

Hypothesis

All the Hypothesis was tested at 0.05 levels of significance.

- **H₁:** There was no significant correlation between the health habits and primary school children (1st to 5th standard).
- **H₂:** There is was significant correlation between the healths habits among school going children and selected socio-demographic variables.

MATERIAL AND METHODS

Research Design: Descriptive research design was taken to assess health habits of children's.

Research Approach: The quantitative approach was adopted.

Study Setting: The present study was conducted in private school of Wazirpur, Gurugram [Haryana]. For this study researcher select some Schools at Wazirpur.

Population: Primary School children of 1st to 5th standard who were present at the time of data collection in selected schools of Wazirpur.

Sample size: In this study 100 Primary school children from 1st to 5th standard are selected for sample.

Sampling technique: Convenience sampling technique was used to select subjects from the target population.

Eligibility criteria

Inclusion criteria

- Children studying from 1th to 5th standard in age between 6 to 10 year of age group.
- School children available in school during the period of data collection.
- Children's willing to participate in program.
- Students having free lecture in school time.
- Children's those are able to understand Hindi/English Language.

Exclusion criteria

- Children who are absent during the period of data collection.
- Children do not have free lecture in school time.

Development of the tool

Tool-1st: Socio-demographic variables.

Tool-2nd: It consists of Structured Interview Schedule.

Description of the tools (annexure)

The tool used for the study is structured interview schedule. This tool was prepared for the assessment of health habits among 1st to 5th standard school children at selected schools of Wazirpur. This tool consists of two parts:-

Tool-1st: This tool include socio-demographic sheet used for obtaining information about socio-demographic variables – age, sex, educational status, area, religion and diet.

Tool-2nd: Researcher developed a questionnaire for assessing the health habits among primary school children. Rating scale 30 questions related to health habits are prepared. Each option having marks according to the importance of the option.

The responses were scored as follows: - Always = 3, Sometime = 2, Never = 1.

Reverse scoring was done for negative statements.

Validity and reliability of the tools validity

Validity of the tool was establish in consultation with the guide and experts from the various fields the suggestions was used for modification of the tool.

Reliability

Reliability is the ability of an instrument to create reproducible results. Reliability was established by using Karl Pearson's Correlation Coefficient formula and reliability value was $r = 0.75$ which revealed that the tool was highly reliable.

Ethical consideration

- Written permission was obtained from ethical clearance committee of R.R College of Nursing, Wazirpur.
- Written permission was obtained from principal of R.R college of Nursing, Wazirpur.
- Written permission was obtained from principal of Shree Shyam Public school.
- Written permission was obtained from principal of Jyoti Public school.
- Confidentiality and anonymity of samples was maintained throughout study.

Analysis of data

Both descriptive and inferential statistics were used to analyse the data. The descriptive statistics includes frequency and percentage. Chi-square inferential statistics were used to determine the correlation between the levels of healthy behaviour and the selected demographic factors.

Section 1: Distribution of subject according to Socio-demographical variables

Section 2: Item analysis of Health habits among the school children of 1st to 5th standard

Section 3: Association between demographical variables and health habits among school children

RESULTS

Section 1: Distribution of subject according to Socio-demographical variables

Table- 1 Distribution of subject according to Socio-demographical variables N= 100

S.No.	Demographical variables	n(Frequency)	%(Percentage)
1.)	Age in years:		
	6-7 years	16	16
	7-8 years	20	20
	8-9 years	16	16
	9-10 years	48	48
2.)	Gender:		
	Male	51	51
	Female	49	49
3.)	Education:		
	1 st standard	20	20
	2 nd standard	21	21
	3 rd standard	15	15
	4 th standard	15	15
	5 th standard	29	29
4.)	Habitat:		
	Urban	12	12
	Rural	88	88
5.)	Religion:		
	Hindu	98	98
	Muslim	2	2
	Sikh	0	0
	Christian	0	0
	Others	0	0
6.)	Diet:		
	Vegetarian	93	93
	Non-vegetarian	7	7

Section:2 Item analysis of Health habits among the school children of 1st to 5th standard

TABLE:-2 Item analysis of Health habits among the school children of 1st to 5th standard N= 100

S.No.	Items	Always (3)	Sometimes (2)	Never (1)
A.	ORAL HYGIENE			
1.	I brush my teeth daily.	84	7	9
2.	I brush my teeth twice a day.	40	32	28
3.	I rinse my mouth before & after meal.	73	9	18
4.	I clean my tongue while brushing.	45	29	26
5.	I eat chocolate and candies.	4	81	15
B.	DRINKING HABITS			
6.	I drink milk.	74	7	19
7.	I drink fruit juice.	12	66	22
8.	I drink tea/ coffee.	10	37	53
9.	I drink plenty of water in a day.	31	55	14
C.	EATING HABITS			
10.	I eat three meals per day.	70	12	18
11.	I skip breakfast.	4	44	52
12.	I skip lunch.	4	32	64

13.	I skip dinner.	3	28	69
14.	I take vegetables in my meal.	70	13	17
15.	I eat fruits.	40	46	14
16.	I wash fruits before eating.	75	10	15
17.	I eat vegetarian food.	76	6	18
18.	I eat non-vegetarian food.	2	10	88
D.	PERSONAL HYGIENE			
19.	I take bath daily.	77	11	12
20.	I wear clean clothes daily.	75	11	14
21.	I comb my hairs properly.	79	6	15
22.	I wash my hands after using toilet.	76	11	13
23.	I cut my nails once weekly.	68	16	16
24.	I cover my mouth while coughing and sneezing.	70	11	19
E.	PHYSICAL HABITS			
25.	I play games daily.	35	56	9
26.	I play indoor games.	16	57	27
27.	I play outdoor games.	17	60	23
28.	I play computer games.	6	44	50
29.	I go for morning walk.	23	35	33
30.	I do exercise.	39	35	26

Section3: Association between demographical variables and health habits among school children

**Table - 3 Association between demographical variables and health habits among school children
N= 100**

S.No.	Demographical variables	n (Frequency)	Chi-square	df	Tabulated value	p Value
1.)	Age in years: 6-7 years 7-8 years 8-9 years 9-10 years	16 20 16 48	45.35	6	.7067	>0.05
2.)	Gender: Male Female	51 49	0.11	2	.95000	<0.05
3.)	Education: 1 st standard 2 nd standard 3 rd standard 4 th standard 5 th standard	20 21 15 15 29	33.53	8	.6319	>0.05
4.)	Habitat: Urban Rural	12 88	1.56	2	.95000	<0.05
5.)	Religion: Hindu Muslim Sikh Christian Others	98 2 0 0 0	0.85	8	.6319	<0.05
6.)	Diet: Vegetarian Non-vegetarian	93 7	0.23	2	.95000	<0.05

This table shows the correlation of health habits among the 1st to 5th standard (6-10 year) school children with selected demographic variables like Age, Gender, Education, Habitat, Religion and diet.

DISCUSSION

According to the study's findings, 40 students (or 40%) always brushed their teeth twice a day, while 84 (or 84%) students always brushed their teeth once a day. The results of the study are comparable to those of a study done by PR Geethapriya & Sharath Asokan (2017) on oral health knowledge and status in two age groups of school-age children (8-11 years) in order to assess and compare variables relating to oral health status in two age groups of school-age children. Children in the first and third grades of the school who were in the fifth grade had considerably better oral hygiene ($p=0.004$ and $p0.001$, respectively). Children in the fifth grade were found to know more about oral health, and this finding proved statistically significant in the classroom [9].

According to the study's findings, 66 (66%) and 74 (74%) pupils, respectively, occasionally drank juice and milk, respectively. Just 2 (2%) of a participants always consume a non-vegetarian diet, compared to 76 (76%) who always eat vegetarian meals. The study's findings are comparable to those of a study Liliya Doichinova & Peter Bakardjiev (2015) conducted just on assessment of eating habits among children aged 6 to 12 and the risk of tooth decay. The findings are concerning because more over half of children rarely consumed milk products in their diets [10].

According to the study's findings, 77 (77%) of a student's always had a bath each day, & 75 (75%) of a pupils always wore clean clothes. In addition to constantly combing their hair every day, 76 percent of students wash their hands with soap, and 68 percent of students always trim their fingernails once per week. The study's findings are consistent with a study published in 2013 on the sense of personal hygiene amongst primary school students: A strengthening community cohort study by Baba Usman Ahmadu, Musa Rimamchika, and Pemb Emmanuel (2013) Personal hygiene was shown in connection to the subject's age. ($F= 61.47$, $p0.001$) The mean reduction of the several personal hygiene categories was significant. In this study sample, overall neatness and cleanliness increased with age [11].

CONCLUSION

This descriptive study done to assess the health habits among primary school Children (1st to 5th standard) in selected school of Wazirpur, Gurugram. The school children have adequate health habits. There is significant relation between the health habits and primary school children (1st to 5th standard), so the H_1 was rejected. According to age and education was significant correlate with health habits therefore H_2 was rejected.

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