IS GENDER AN ANTECEDENT TO ADOPTION OF PREVENTIVE HEALTHCARE PRACTICES?

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Abstract

Background:

Healthcare awareness especially preventive healthcare plays an important role to improve the physical and mental ability of children in the younger age group. Adoption of good health practices enables them to keep up their fitness to learn better and shape them up to become human capital of the country in the future.

Methods: The study was conducted in August, 2012. A structured questionnaire was designed and administered for 161 students of a high school located in rural area of Udupi district to assess the awareness of children on general hygiene, oral hygiene and food and nutrition.This paper attempts bring home the preventive healthcare awareness among high school children in rural areas and provide suggestions to impart the same through proper measures and programmes.

Results:

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The study indicated that both the girls and boys of high school have poor knowledge on the mode of spread of communicable diseases and causes of lifestyle disorders.

Conclusions: The present study concludes that awareness on preventive health practices is higher among high school girls than the high school boys.

Key Words: General Hygiene, Oral Care, Awareness

Introduction:

It is well known fact that children population in the younger age group of 6-15 years are vital while designing the community health programmes considering the futuristic approach of growing population. The report of WHO (1999) reveals that children population constitutes 25% of population in developing countries need to have physical and mental soundness for a good learning process. Poor health awareness and adoption among school children has a negative influence on the future career of children and also on the quantum of human capital of a nation. Inculcation of healthcare awareness and health promoting behavior among school children not only develop their physical and mental condition but also improve the health awareness and adoption of parents and local community. Preventive healthcare awareness include taking care of general hygiene , daily exercise and following proper diet practices. The major risk factors for communicable and non-communicable diseases are associated with hygienic practices and lifestyle pattern which arelearning of the younger age practices. Hence it is relevant to improve health awareness and adoption practice among children in the younger age group.

Materials and methods:

The objective of the paper is to find out the awareness of preventive healthcare among rural students studying in high school and to provide suggestions to improve their awareness through awareness programmes.

This study was conducted during August, 2012 in Sri Vishnumoorthy High school ,Kodibettu, which is a small village in Udupi District, located 18 kms away from Udupi city. The parents of selected students are labors, drivers and lower level employees. A structured questionnaire was designed and administered to 161 students (Table1) of the High School to assess the awareness of students on general hygiene, oral hygiene and food &nutrition. The study also focused to assess the awareness of students on the mode of transmission of common communicable diseases

like Malaria, Tuberculosis, Leprosy and Cholera and life style diseases like Diabetes. A scoring system was devised to quantify the awareness and practices of students. In addition to the group scoring ,Chi-square test is done to find out the association between gender and general hygiene, oral hygiene ,food &nutrition habits among students and mode of transmission of communicable diseases and cause for lifestyle diseases.

Table 1-Profile of students selected for the study,

Class	Boys	Girls	Total
VIII	27	29	56
IX	28	26	54
X	29	22	51
Total	84	77	161

Result and Discussion

Awareness on General Hygiene:

The questionnaire was administered to 161 students of a rural high school, belonging to the age group of 13-15 years. Table 2 displays the status of General Hygiene Awareness among the girls and boys. In the present study 52% of them were males and 48% of them were females. It was found that majority of girls (40%) are more aware and wash their hands before having food. It was evident that both boys and girls were conscious about washing hands after toilet habits and wearing clean cloths daily. In the study, a majority of boys (45%) have a favorable attitude than girls (42%) towards covering the mouth and nose while sneezing and coughing. Chi square test was conducted to determine the association between gender and general hygiene habits. Since the P value of the Chi square test is determined to be 0.000, it can be concluded that there is a significant differences between boys and girls with reference to the general hygiene awareness.

Table 2-General Hygiene Awareness

	Sometimes		Always		P value
	Boys	Girls)	Boys	Girls	0.000**
Wash hands before Food	29 (18.0)	13 (8.0)	55 (34.0)	64 (40.0)	
Wash hands after using toilet	4 (3.0)	2 (1.0)	79 (49.0)	76 (47.0)	
Taking bath	7 (4.5)	1 (0.5)	77 (48.0)	76 (47.0)	
Wearing clean	62	34	22	43	

cloths	(39.0)	(21.0)	(13.0)	(27.0)	
Covering mouth while sneezing, coughing	12 (7.0)	9 (6.0)	72 (45.0)	68 (42.0)	

Note: Figures in parenthesis indicate percentage:** indicates significance at 1% confidence level

Awareness on Oral care:

Table 3 indicates the Oral Care awareness among the samples in the study. The findings in the present study show that a majority of boys are aware about oral hygiene and do practice brush teeth twice daily (39%) and brush their teeth after having sweets(43%) and visit dentists regularly for dental checkup (32%). Chi square test was conducted to determine the association between gender and oral care awareness of samples. Since the P value of the Chi square test is determined to be 0.043, it can be concluded that there is a significant differences between boys and girls with reference to the general hygiene awareness.

Table 3- Oral Care awareness

	Sometimes		Always		P Value
	Boys	Girls	Boys	Girls	0.043*
Brushes teeth twice daily	21 (13.0)	45 (28.0)	63 (39.0)	32 (20.0)	
Brushes teeth after eating sweets	7 (4.5)	30 (19.0)	70 (43.0)	47 (29.0)	
Visiting dentist regularly	32 (20.0)	35 (22.0)	52 (32.0)	42 (26.0)	

Note: Figures in parenthesis indicate percentage :*indicates significance at 5 % level

Awareness on Food and nutrition:

Table 4 indicates the awareness on food and nutrition among the samples considered for the study. The study revealed that a majority of students (65%) did not boil water prior to consumption and among the students who were conscious about boiled water consumption majority were girls (23%). It is observed that 37 % of boys and girls (37%) regularly consumed junk food like chocolates, packed wafers and aerated juices. The present study revealed that 70% of the students (including boys and girls) did not consumer vegetables as a part of their daily diet. Chi square test was conducted to determine the association between gender and the

awareness about food and nutrition among the samples considered. Since the P value of the Chi square test is determined to be 0.170, it can be concluded that there no significant differences between boys and girls with reference to awareness about food and nutrition.

Table 4- Awareness onFood and Nutrition

	Sometimes		Always		P value
	Boys	Girls	Boys	Girls	0.179
Drinking boiled water	64 (40.0)	40 (25.0)	18 (11.0)	37 (23.0)	
Junk food habits	24 (15.0)	17 (11.0)	59 (37.0)	60 (37.0)	
Having three times food daily	30 (19.0)	30 (19.0)	53 (33.0)	47 (29.0)	
Taking vegetables	57 (35.0)	57 (35.0)	26 (16.0)	20 (12.0)	
Consumption of fruits	12 (7.0)	16 (10.0)	70 (43.0)	61 (38.0)	

Note:Figures in parenthesis indicate percentage

Awareness on mode of transmission of communicable diseases and Lifestyle diseases:

Table 5 displays the awareness on mode of transmission of communicable diseases and Lifestyle diseases among the samples studied. The study focused to know the awareness of the students about the spread of common communicable diseases and the causes for common non-communicable diseases**.** The study revealed that a majority of students (70%) are not aware of the mode of transmission of communicable disease and only30% of students are aware of the mode of spread of communicable diseases and causes for non - communicable diseases. Among the girls, 21% of girls are aware of mode of transmission of malaria and only 9% of the boys are aware of the same. As far as lifestyle diseases, namely Diabetes, only 8% of the samples are aware of the cause of disease.

Table5- Awareness on mode of transmission of Communicable and Lifestyle diseases

Diseases	**Boys**	**Girls**	**Total**	**P- value**
Tuberculosis	7 (4.0)	24 (15.0)	31 (19.0)	0.022*
Malaria	14	34	48	0.048*

	(9.0)	(21.0)	(30.0)	
Diabetes	10 (6.0)	4 (2.0)	14 (8.0)	0.008**
Leprosy	4 (2.0)	28 (17.0)	32 (19.0)	0.000**

:** indicates significance at 1% confidence level:*indicates significance at 5 % level

Conclusion:

The present study concludes that awareness on preventive health practices is higher among high school girls than the high school boys. It is also observed that the high school boys and girls have poor awareness on mode of spread of communicable diseases and causes of life style diseases. Hence there is a need for Healthcare awareness programmes in rural high schools so as to educate the students regarding hygienic practices for a healthy life. As 'school age' is a formative period of children, it is important to orient children during this phase to facilitate a strong foundation. This study provides important inputs to design and implement health education and awareness programs. The study indicates that girls in the age group of 13-15 years, in rural areas, are relatively more health literate than the boys of the same age group. Hence, there is a need to customize the content of the Healthcare awareness programs for both boys and girls. Boys in rural areas need to be addressed on general hygiene practices and mode of transmission of communicable. Girls in the rural areas, need to be addressed on oral care practices and mode of transmission of communicable.

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