Chapter II

REVIEW OF RELATED LITERATURE

A serious and scholarly attempt has been made by the research scholar to go through the literature related to this study. The relevant studies of specific importance are cited here under.

Marshall and Allison\(^1\) made a comprehensive survey of the signs of health and health habits among college freshman. Questionnaire was given to 218 college freshman, all men of average age eighteen in 1939. The general conclusion was in infavourable. There was 35 questions about common signs of health and health habits. It conclude that college freshman as represented by this group rank high in their possession of certain common signs of health and health habits. The exceptional case may be indicative of important weaknesses that should receive attention. Some of the individuals choose responses were in the low columns have been the victims of cotangential defects of accidents and of unfortunate circumstances. A few of them were presented under the best of conditions, to respond to such questions 'very little' or 'never' columns.

South Worth, Latiner and Turner\(^2\) conducted a study with purpose to survey the health practices to discover the factors which are directly related to the present physical status of youth and to use such information for the building of a more effective health programmes for high school on the basis of size, type of community (rural, industrial, residential) geographic distribution and economic status. 27 schools were selected and the number of pupils who took test in any one high school was limited to 600. In so far this test is an accurate reflection of health practices which remaining constant through out the high school period. No significant difference were reflected in the quality of healthy behaviour of high school peoples in different types of communities. Girl's however, had better ratings than boy's.

Loop and Titoe\(^3\) conducted a study on a health survey of Hunter College Freshman. The main objective of the study was to obtain description picture of health status, attitudes and practices of the freshman of Hunter College upon registration for the required course in personal hygiene. The data was collected from one thousand and

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\(^3\) Ann S. Loop and Anne B. Tiptoe, "Health Survey of Hunter College Freshman," *Research Quarterly* 23 (March 1952): 54.
thirty three freshman registered for the hygiene course over a period of four consecutive semesters. The inventory method was employed, questionnaire method was employed, questionnaire were distributed to the student body and answered individually anonymously. There are four main divisions of this study: Personal appearance and body grooming, daily health and physical status of the subjects. The results of the investigation of personal and body grooming indicated the major field of weakness than others.

Drury and Blanche⁴ purpose of this study was to give desired data regarding health instruction in the secondary school of California. A questionnaire which would attempt to give objective data on all aspects of health instruction were sent to all junior and senior high school principals. The questionnaire was divided into six major areas (1) general information (2) school and community resources (3) organisation and administration of health programme, (4) health instruction programme, (5) evaluation of health instruction, (6) personal teaching health education. From the results it was concluded that health does not occupy a prominent position in the curriculum of California Secondary Schools. Health instruction is poorly organised.

as a subject area in the California Secondary School. Supervision of health instruction is frequently performed by persons inadequately trained in this field. The schools are not fully availing themselves of opportunities for assistance from public and private health agencies to enhance health instructional programme.

Shaw and Coccari⁵ attempted to determine not only the changes in health knowledge evidenced by sixty-two participants in a three week health education workshop but also the relationship between each students knowledge and the ratings of his contribution to a workshop members. It was concluded that there was considerable gain in health knowledge. However there was substantial agreement between instructor and fellow students rating as to the contribution of a particular individual workshop, there was apparently little relationship, between his knowledge as measured by standardised test scores and the above ratings.

Dear-Born⁶ conducted a study in which a standard health knowledge test was given as a pre test to 12,000 freshmen and sophomore students in 15 Scattered university, colleges and junior

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colleges. A 25 percent sample was analysed to determine the health knowledge of students before instruction in college hygiene classes. The results were significant, showing health ignorance in both students, recognised and un-recognised to be wide spread specially among junior college students with considerable differences between institution mean test section scores as well as items scores showed great variation demonstrating the need for pre-testing as an aid to second planning of health instruction. As measured there was a constant significant. Significant differences in health knowledge achievement (9.9 points) between the junior college and universities.

Wassen and Schaller\(^7\) conducted a study for measuring the health needs and interests of secondary school students. Four adaptations to the inventory were administered to students, parents, health teachers and physicians. Results indicate a common case of health interests among high school students. Health needs as expressed by high school boys and girls were markedly different. The parents, health educators and medical doctors were in agreement to the basic health needs of high school students. The adult and student

parents of this sample were in some disagreement on what the high school child needs to learn about health.

Dent\textsuperscript{8} in an attempt to analysed health and safety knowledge and selected health and safety practices of the boys and girls of Morbridge Senior High School, conducted a study with 200 item questionnaire as a basis for instruction. The evidence showed tendency in both sexes for questionable health behaviour practices to increase with age. Comparatively the girls were much more concerned with forming to current fads and fashions were better informed on nutrition, observed better grooming habits and tended to data and go steady. Some other apparent differences in the responses of boys and girls were revealed in male and female characteristics and attitudes. The boys and girls of all the high school grade participated in a number of practices that were considered as unwise by health authorities.

Cauffman\textsuperscript{9} conducted a study to investigate the health behaviour of seventh and eighth grade of students as measured by the


Cockbank Health Behaviour and Inventory and attendance records. Significant differences favouring girl's were found in the mean total test scores and in the knowledge and practice subpart scores on the inventory. Highest mean scores were established in the health attitude sub part of Cockbank Health Behaviour Inventory, only nominal and non significant differences were evidenced between inventory items and scores of attendance groups. Findings of curriculum development in health education were discussed.

Pollock\textsuperscript{10} studied health needs and interest consulted as a basis for revising and updating the inventory. The revised inventory was administered to 438 students in eight randomly selected high schools in six states as a basis for determining item discrimination and difficulty. Non-functioning responses, reliability and standard error of measurement. The 25 new items correlated 82 with the original 50 items. Comments and suggestions by a experts panel provided for increased utility in determining a profile of health behaviour. The revised test was presented as the Le Maistre - Pollock health behaviour inventory.

Adelson\textsuperscript{11} developed two test forms with the help of community of the American College Health Association and were administered to 2400 students in 15 colleges and universities. The tests were revised for revised publication by the association.

Scabel\textsuperscript{12} administered a reliable and valid inventory of health knowledge and concept with 85 multiple choice items constructed covering heredity and reproduction; narcotics and stimulants; medical information; mental health, nutrition and diet; disease prevention and control, exercise and fatigue and rest, safety and biological background.

College freshmen, women (N=162) at Central Washington State College who had health instruction in the Iowa Secondary Schools.

Vollado\textsuperscript{13} in his study the source of data were questionnaire received from kintergarden through eight grade teachers from six elementary school and seven rural schools in Solano country. The


\textsuperscript{13} E.B. Vallado, "In Service Needs for Health Instructions in the School of Solano Country," \textit{Completed Research in Health, Physical Education and Recreation} 10 (1968):91.
data were compiled on the basis total response grade level taught and years of teaching experiences. The conclusions were as follows: health instruction programme including teachers preparation health texts and instructional materials needed to be improved and strengthened: to be effective in the service education programme, should be offered in the local district, should carry college credit and should organised as workshops, extension courses or institute: in service education programme in health education programme in health organised by subject matter and geared to grade level, are considered important by elementary teachers and teachers in Solano country need additional preparation in all health content areas except safety.

Bryan\textsuperscript{14} conducted a study on Reid Health Behaviour Inventory Group conventional health instruction areas into problems complexities was administered to 526 men and women for admission to college. Subjects were from the university and junior college level in the Los Angeles area. A significant difference was evidenced in level of health knowledge when schools were the variables. Men evidenced significant difference in three tested problem areas, while the women showed a significant difference in only one problem areas.

Newsom\textsuperscript{15} conducted a study to measure health knowledge and health practices of students grade 10, 11 and 12. The amount of health knowledge possessed by students increased on the grade level increase, although the mean score for all students (180) ranked below the 50th percentile of national norms. The mean score for health practices were below the 30th percentile for each class. For all grades the scores and the relationship between knowledge and practices were highest for the area of mental health and poorest for the area of nutrition.

Hosteler\textsuperscript{16} ranked school health programme by total score from score card and the three highest and three lowest rank from 3 enrolment classifications, the observed differences between the means of the upper and lower groups of boys, girls and the composite were not great. The upper groups had the higher percentage were not great. The upper groups had the higher percentage of correct responses in the health content areas of community health, personal health, drinking, smoking, narcotics, dental health and mental health. The


lower groups had the higher percentage of correct responses to the health contents areas of exercise, rest, relaxation, nutrition, safety and first aid and family health. These did not appear to be a relationship between students health behaviour and the quality of the school health programme.

Irenck\textsuperscript{17} constructed a test instrument containing 40 items. It was administered to 100 pupils in the fifth grade of one elementary school culvercity unified school district validity was established by selection of items from authoritative sources and submission of the test instrument to a jury of 10 authorities. The split half correlation method produced a reliability co-efficient for the test which satisfied statistical criteria for a reliable instrument for evaluated of growth and development knowledge for the second educational level.

Royce\textsuperscript{18} conducted a study on the needs of girls curriculum. The special needs of girls enrolled in those courses were given consideration. Interviews with teachers, school nurses and other school personnel helped in the planning of this programme. The


concept approach to curriculum development was selected by health education specialists and a few suggested changes were noted. A list of selected sources of teaching material available to Ontario teachers was also provided.

Yeakle\textsuperscript{19} conducted a multiple choice test based on the community health concept as stated by the school health education study. The average item difficulty (42.92) of the test was below the desired average of 50, discrimination indexes were under acceptable norms for 26 of the test items. The test was valid based on direct measures of validity; and the reliability co-efficient was accepted at 0.75. A final test form was prepared but no data were collected on it.

Carter\textsuperscript{20} collected data with respect to health behaviour, attitude and infirmary utilisation on 150 university. Women in the college of HPER; household arts and science and nursing health behaviour was measured by the level medical Inden-health questionnaire and attitudes were measured by the acceptance of self and other scale. Infirmary utilisation course were no differences found between


\textsuperscript{20} Jo Alice Carter, "Relationship Between Health Behaviour and Experienced Attitudes Towards Acceptance of Self and Others Among University Women with Respect to Utilisation of Infirmary Services," \textit{Completed Research in Health, Physical Education and Recreation} 5 (1972):140.
subjects in the three colleges with respect to the variables of physiological symptoms, psychological symptoms, acceptance of self acceptance of other, and infirmity utilisations. The selected variables were found to be inadequate predictors of infirmity utilisation.

Thompson\textsuperscript{21} obtained a data on health knowledge and practices of freshman students selected predominantly black state college and universities. The purpose of this study was to investigate the health knowledge level and practices of freshman students at predominantly black colleges and universities based on the findings of the study. The following major conclusions were drawn: (1) that freshman students in this study based on their responses demonstrated critically limited health knowledge and practices, (2) that those knowledge held by respondents regarding health has limited influence on their practices, (3) that the strengths indicated although minimal were in the following categories a) personal health, b) family health, c) mental health, d) dental health and e) that the most critical weakness was found in the category of community health.

Regan\textsuperscript{22} has done a study on teachers students attitude changes as a result of an experimental health programme. Main purpose of the study was to determine teachers and students attitude changes towards health as a result of an experimental health programme. Five measures were used to assess the success of an experimental health education programme. The experiment was conducted at .05 level of significance. Teachers and students attitudes towards health is measured by Byrd Health Attitude Scale was significantly affected by whether or not teachers participate in experimental health educational programme. The differences between control and experimental groups were significant at .05 level.

Kathryu\textsuperscript{23} conducted a study on undergraduate students at the university of Iowa. The purpose of the study was to determine the physical health practices of college students. On the basis of the study two groups were formed as those students who had good health practices, sixteen students in each group were interviewed. In general as compared to the poor health practice group. The student with good health practices were younger, had higher cadence and had more

\textsuperscript{22} Reagan, "A Study to Determine Teachers and Students Attitude Changes as Result of An Experimental Health Education Programme," Dissertation Abstracts International 36 (October 1975):2042-A.

positive attitude towards exercises. There were no significant
differences between the two groups for some of the characteristics i.e.
sex, socio-economic status, amount of health information attitudes
towards disease prevention, developing and maintaining healthy
nutrition and health education.

Health analogies test was administered by Linda\textsuperscript{24} to 200 male
and 290 females enrolled in a basic health education course to
evaluate the health education knowledge of freshman students. The
result served to plan health education course content at VSC health
education areas measured were disease, family living, personal
hygiene, community health, mental health, tobacco, drugs and
nutrition. ANOVA and Duncan multiple range were used to calculate
significant differences between males and females and the seven
health education categories, nutrition scored highest in knowledge for
both male and female, health education knowledge was weakest in
personal hygiene, family living and diseases. ANOVA revealed no
significant differences in health education knowledge in seven
categories between male and female freshmen students.

\textsuperscript{24} William Linda, "The Measurement of Health Knowledge and Selected Freshmen Students at
Bruce\textsuperscript{25} conducted a study to evaluate health instruction in a random sample of Colorado high school by analysing relationship of senior high school students, health knowledge to school district size and health instruction. The findings are:

1. Six of twenty schools offered health instructions in the form of basic health course.

2. Mean health knowledge scores for the total sample and the students from small, medium and large school districts and from direct health instruction were significantly higher than the norms (p .01).

3. Health knowledge scores were significantly higher (p .01) in large district schools with non-direct health instruction than medium and small district schools with non-direct health instruction. However, health knowledge scores were higher in small district schools with direct health instruction than large or medium district schools with direct health instruction.

4. Health knowledge mean scores were significantly higher (p .05) for non-direct health instructions in large and medium district

schools but not significantly different in small district schools. Conclusions :-

1. The importance of health instructions in the curriculum, especially non-direct was confirmed.

2. Health instruction type of district size were important variables in students health knowledge scores.

Faulkenberry\textsuperscript{26} has done a study to assess the current status of health instruction programmes in the public senior high schools of South Carolina. A questionnaire was developed to secure informations concerning the research questions proposed in the study. Conclusions of the study were (1) majority of the senior high schools in the south Carolina were offering a separate course in health education with credit given towards the graduation. (2) State adapted health text books and the state curriculum guide for health education were of generally poor quality and therefore provided little instructional direction for responding teachers.

The purpose of the study of the Burgess and James\textsuperscript{27} was to analyzed the health knowledge of VIIIth grade students in Arkansas for the purpose of developing a prospective curriculum guide. A total of 705 both VIIIth grade students were administered the AAHPER co-operative health test from the 22 randomly selected school, the conclusions drawn are (1) instructors teaching health education in Arkansas were usually teachers not prepared to teach health education. (2) Among schools in Arkansas participating in the study, the instruction of health education varied greatly in quality. (3) There is little variance between the different sizes of the schools and the knowledge possessed by students in the several content areas on the AAHPER co-operative health test. Based on results the context areas presented in curriculum guide are consumer health, community health, disease and disorders, personal health, growth and development, nutrition, drug use and abuse and safety and first aid.

Sharma\textsuperscript{28} compared of health practices of rural and urban government high school boys of Kota district. The subjects were ninety nine boy students from rural and the same from urban

\textsuperscript{27} Burgess and David James, "An Analysis of Health Knowledge of 8th Grade Students in Arkansas as For the Purpose of Developing a Prospective Curriculum Guide," Dissertation Abstracts International G1 (October 1980): 144-A.

government high schools of Kota district. The age of subjects ranged from 14 to 17 years. The rural subjects scored better at certain health practices than the urban school. Each of the respondent followed the health practices according to his knowledge awareness.

Gupta and Singh\textsuperscript{29} conducted a study on health awareness among adolescents to assess the degree of awareness about different aspects of healthful living among students during early adolescent age of development.

Study was conducted on pupils of classes VIII and IX studying in the experimental school of Model Institute of Education and Research. A questionnaire was developed by the investigators on health education comprising on one hundred and ten multiple choice items. The questionnaire contained items pertaining to eight different areas of health namely medical check-up, eating practices, balance diet, sports activities, environmental hygiene general health and physical well being. The results of the study clearly reveal significant differences among adolescent categorized on the basis of family size, family income and age respectively.

Quentin\textsuperscript{30} obtained data on health beliefs and health practices of children and youth. The major purposes of this study were to determine the health beliefs and health practices of children and youth and to determine the relationship between health beliefs and health practices. One hundred students from grade four, eight and eleven were randomly selected as subjects for the study. Questionnaire were developed on both health beliefs and health practices using a jury of experts to establish validity. Chi-square contingency tables were constructed for each item on the questionnaire to determine whether or not there were significant differences between grade levels. Chi-square contingency tables were also constructed for each pair of items that represented a corresponding belief and practice. It was concluded from the study that students in all the three grades were aware of health practices and there was no significant relationship between the health beliefs and health practices of children and youth.

Mitchell\textsuperscript{31} has done a study to analyse and assess the health education needs of students. To accomplish this purpose the study was designed to answer six specific research questions. A


questionnaire was designed for use in this study, containing 46 items. Findings of this study as perceived by the respondents were as follows: Health content areas of first aid, food, nutrition and physical/dental health were perceived as most important by all respondents and health education, sex education and marriage parenting were perceived as least important.

Cable\textsuperscript{32} conducted a study on a pilot project to assess health needs, selected health behaviours and patterns of health resource utilisation as perceived by residents of three neighbourhoods in an urban community. This explanatory health needs and health resources utilisation study assessed four hundred and fifty two families in urban community through household interview and random selection. The communities although adjacent to each other, had widely different population in items of income level, education, race and number of families living below the poverty level. The major hypothesis were that there was a positive association between selected democratic characteristics and the identification of a regular source of health care, upon whether or not a physician was seen in the past year, upon the

bind of health resources utilised, and upon those who reported life style changes in the interest of good health. In general the findings were similar to national and local studies with some exceptions.

Miller\textsuperscript{33} has conducted a study to develop a comprehensive health education programme in higher education for the preparation of public school health educators. After all the research had been completed the data gathered were analysed and the development of the criteria and the comprehensive programme of health education was developed. The proposed comprehensive health education programme presented in this study developed the concept that the thrust of health education should be directed towards the development of positive mental and emotional health concept within the individual, within the programme, each co-relation to the concept of positive health.

Nakamura and Loscant\textsuperscript{34} conducted a survey to assess the health behaviour of California school health association members to determine whether or not these individuals utilised their professional knowledge to maintain themselves at a high school level of health and


consequently act as positive role model in the school health programmes. The survey was designed to investigate behaviour patterns in categories relating to nutrition, drugs, exercise, risk and medical profiles. A questionnaire was designed to determine what percent of respondents practiced positive health behaviours. The survey result provide strong evidence that majority of those surveyed practiced what they have learned and taught. Sound nutritional habits were exhibited. Reasonable drug and risk taking behaviour was practiced. Excellent medical profiles were also maintained. Exercise was a basic component to most of the respondent lines, however increased participation and regular exercise programme could be improved. The result showed good overall health practices making California School Health Association members potentially good role models.

Chiedu\textsuperscript{35} in a comparative study of the health behaviour of international, Freshman students and American students enrolled in West Virginia University develop a 47 item questionnaire and its validity and reliability were established. The statistical technique

employed were analysis of variance of F statistic, chi-square and Duncan's multiple range.

Duncan multiple range was used for all quantitative items in each section to determine if any group was significantly different from other. The results indicated significance differences between all these groups in the following sections, health behaviour, adjustment, problems and communication problems. There was no significant difference in three groups, on how they utilised the medical health services. Based on the finding it was concluded that international Freshman students enrolled at the university have more health problem than their American counter parts and American freshman students had more health education classes between elementary school and senior high school than the international Freshman students.

Cormack and Renee's\textsuperscript{36} purpose of the study was to determine if participants and non-participants in a school based pit pleasure programme differed with respect to select dental health knowledge beliefs and practices. 160 seventh and eighth grade's completed dental health assessment profile after the pit and pleasure sealant

programme. Thirty one participant in the sealant programme, while an overwhelmingly one hundred and twenty nine did not participate. There were no statistically significant differences between the two groups on dental health knowledge. However, beliefs of the children who participated were significantly greater than the others. It is concluded and recommended that health educators should integrate dental health education into all applicable aspects of health.

Resnicow et al.\textsuperscript{37} conducted a study by using data from a school based nutrition education programme to examine the discriminant validity (DV) and predictive validity (PV) of 3 measures of curriculum implementation: classroom observation of fidelity and 2 measures of interview. A 4th measure, assessing student teacher interaction and student receptivity to the curriculum (labeled Rapport), was also obtained. PV was determined using the association of implementation measures with 3 study outcomes: Health Knowledge: asking behaviours related to fruit and vegetables and fruit and vegetable intake. Implementation measures were moderately correlated, an indication of DV. PV analyses indicated that the observed fidelity, Rapport and interview measures remains

significant after adjustment for pre-test knowledge values. None of the implementation variables were associated with student fruit and vegetable behaviours. Results indicate that TSRQ was not a valid measure of implementation completeness. Post implementation completeness interviews and dual observations of fidelity and rapport may be more valid.

Thomas et al.\textsuperscript{38} sampled the head teachers or health education coordinators for 121 secondary schools in Wales and 241 secondary schools in England to assess the health related policies and curricula and the overall health promoting status (HPS) of these schools. HPS was determined by 7 criteria. Similarities and differences in school practices between the two countries were examined. Only a small percentage of schools (2.9% in Wales, 5.5% in England) fulfilled all criteria and were judged health promoting. Policies tended to differ
Grier et al.\textsuperscript{39} have conducted a study to assess general knowledge of, attitudes towards and beliefs about HIV/AIDS and the effect of on-site HIV/AIDS education for school personnel on knowledge, attitudes, and beliefs and the use of disposable gloves in the school setting. Educational programs were provided to groups of teachers, staff, and PTA clinic volunteers (N=117). Each presentation included a pre-test, a belief formal presentation, and a question and answer session. A post-test was administered 3 mo following the presentation. While factual knowledge about HIV/AIDS was evident in school personnel, there was little working knowledge of universal precautions, and self reported glove use was minimal. All schools reported an increase in glove use following the presentation.

Samdal et al.\textsuperscript{40} have conducted a study of the importance of the school climate students satisfaction with school. Based on data from the school health behaviour in school-aged children survey. This paper presents a review of relevant literature and examines how the students perception of school climate relates to their satisfaction with school. Data from 11 -, 13 -, and 15 - year old students in Finland,

Latvia, Norway and Slovakia were used. In all countries the older students tended to be significantly less satisfied with school than the younger ones. The students in Latvia and Norway seemed to be more satisfied with school rather than students in the two other countries. The important predictors of students satisfaction with school were students feeling that they were treated fairly, that they felt safe and that they believed that teachers were supportive. The findings suggests that, in school health promotion, interventions, attention needs not only to be given to classroom teaching materials but also the quality of students school experience and the quality of the relationship with the teachers.