

ABSTRACT

Institutional based and school based cross sectional study was designed to assess the role of public health inspectors on implementation of health promoting school programme in Northern Province, Sri Lanka.

A self administered questionnaire was used to assess the knowledge and attitude of public health inspectors on implementation of health promoting school programme. The study results showed good (score 70 to 80) and satisfactory (score 60 to 70) level of score obtained by 30.6% (n=37) and 39.6% (n=48) of the participants respectively. None of them scored very good (score above 80). Among the participants 29.8% (n=36) failed to get satisfactory score (score above 60). There was no significant association between knowledge and socio-demographic characteristics age ($p>0.05$), marital stage ($p>0.05$) and ethnicity ($p>0.05$). There was no significant association between knowledge and educational characteristics training school ($p>0.05$) and higher educational qualification ($p>0.05$).

There was significant association ($p<0.05$) between schools in different district in implementation of various components of HPSP such as health medical examination, minimizing nutritional problems, contribution for school health programme and humanity environment.

There was significant association between knowledge and district of employment ($p<0.05$). There was no significant association between knowledge and service duration of public health inspectors ($p>0.05$). There was no significant association between knowledge and participation in training programme ($p>0.05$). This study

further showed, 68.6% (n=83) of public health inspectors had good attitude on implementation of health promoting school programme. Age group 20 to 29 years (78.3%, n=18) had right attitude in greater proportion compared to other age groups. There was significant association between age group and level of attitude ($p<0.05$).

There was no significant association between attitude and marital stage ($p>0.05$), ethnicity (>0.05), district of employment ($p>0.05$), availability of acting area ($p>0.05$), present grade (>0.05), population based workload ($p>0.05$), existence of number of schools ($p>0.05$), participation in training programme ($p>0.05$), working in permanent district ($p>0.05$). There was significant association between attitude and years of experience ($p<0.05$).

Level of implementation of health promoting school programme was assessed by using the evaluation format issued by Family health bureau, Sri Lanka. Very good level of implementation found in 10.2% (n=29) of schools only. Among the schools 33.3% (n=95) failed to implement the health promoting school programme.

This study further showed no association between knowledge level and level of implementation of HPSP ($p>0.05$). There was significant association between attitude and level of of implementation of HPSP ($p<0.05$).

These findings emphasize the recommendation for scheduled training programmes to increase the knowledge and to build right attitude for the implementation of HPSP. Further, other factors that hinders the HPSP also must be identified and improved to implement the programme.

Keywords: health promoting school, role, implementation, knowledge, attitude, evaluation of school health programme, school health, setting and training.

