



PROMOTION OF HEALTH AND HYGIENE AMONG SCHOOL CHILDREN BY HEALTH EDUCATION.

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Abstract

The important factors for cultivation of health are: environment conducive for healthful living, balanced diet, adequate physical activity and rest as per individual needs. Further it requires promotive, preventive, therapeutic and welfare services, suitable occupation with job satisfaction and proper use of leisure and wholesome mental attitude to life. The present study elucidates an immediate need to create awareness about the environmental sanitation and personal hygiene through some integrated tribal-rural sanitation programme dealing with their personal hygiene, waste water disposal, solid waste management and domestic sanitati for exit of smoke in any of their houses. It is necessary that people should be made aware of harmful impact of smoke accumulation on health of an individual and should be persuaded for making such provision in their houses.

Keywords: health, hygiene, promotion of health and hygiene, health education

Perfect health is an important requisite for an individual or a family Health is wealth. Optimum health is the highest level of health attainable by an individual. Positive health means striving for preservations and improvements of health. Negative health means scientific efforts for prevention and cure of diseases. The important factors for cultivation of health are: environment conducive for healthful living, balanced diet, adequate physical activity and rest as per individual needs. Promotive, preventive, therapeutic and welfare services, suitable occupation with job satisfaction, and proper use of leisure and wholesome mental attitude to life.

World health organization (WHO) defined health in its broader sense in 1946 as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.”

According to the World health organization (WHO) the main determinants of health include the social and economic environment, the physical environment, and the person’s individual characteristics and behaviors.

Health promotion is an important objective of the developing countries. Health can be determined by per capita income, nutrition, housing, sanitation, safe drinking water, social infrastructure, health and medical care services provided by government, geographic climate, employment status, and poverty. Health can be preserved by maintaining hygiene.

According to Mosby’s Dental Dictionary: hygiene is the science of health and its preservation school is an important channel to promote healthy lifestyles not only to students but also to their families and communities school hygiene or school hygiene education is a healthcare science, a form of the wider school health education. School hygiene is a study of school environment

influence; it explores affection of schooling to mental and physical health of students.

Why health education?

The primary aims of school hygiene education is to improve behaviour through useful practices connected to personal, water, food, domestic and public hygiene. Also, it aims to protect water and food supplies and to safely manage environmental factors.

A study conducted among 1608 school children for 3 items nails, scalp hairs and teeth relating to personal hygiene from two sets of villages i.e. one set where primary school teacher was working as primary care worker and the other set where community health volunteer was delivering primary health care to evaluate the efficiency of school teacher role Vs Community health Volunteers in improving health education to school children. Results was evident that children of Group 1 village were better with respect to all items related to personal hygiene and ineffective conditions except scalp infections, where difference not statistically significant, indicating teachers superiority over the Community Health Volunteers in imparting health education to school children

Personal hygiene is the practice of maintaining cleanliness of the body, it is done through bathing, hair grooming, and hand washing, brushing teeth, trimming nails & cleaning ears among others. Through these personal behaviours, social acceptances are gained. However maintaining good or acceptable personal hygiene is seldom perceived & acknowledged as protection against diseases.

Though a multitude of programmes are going on for the eradication and control of diseases yet a lot needs to be done for giving first hand information about practices and prevention of spread of diseases. The home, the school and the community has to share the task of helping each



child to realize optimal health and keep pace with his increasing maturity, train gradually to assume more and more responsibility for his own health.

Education means change of behavior. It moves the individual from lack of interest and ignorance to increasing appreciation and knowledge and finally to action. Health education offers a great opportunity to individuals to learn about the essentials for health. It helps them to take steps to improve the quality of their food and their lifestyle and thus their wellbeing.

Biswas et al. (1990) reported that health knowledge of the student significantly improved after education. Attitude of the students towards personal hygiene also improved significantly after education. The practice of personal hygiene also revealed improvement. Moreover, Dongre et al. (2007) also ascertained that after giving an Intervention of school health programme there was significant improvement in the personal hygiene of the students. It was also found that with the implementation of the school health education programme with the emphasis on improvement of personal hygiene, the proportion of children with clean and cut nails, clean hairs and clean clothes increased significantly. Thus, the ultimate goal of health education intervention is to positively influence health status and bring about behavioral changes regarding health.

Majority of the problems affecting school children are preventable by promotion of hygienic practices through proper health education.

Study conducted by R.M. Kapila Tharanga R athnayaka & Z hong-Jun Wang*(2012) shows that faeces of 260 out of 480 (54%) subjects were found to be contaminated with *Ascaris ova*. Helminthic infections are wide spread among people who live in line rooms in tea estates with low socio-economic status and poor sanitary facilities. Among them, majority of the subjects living in slums in tea estates (70%) and sub urban area (57%) used not well defined public toilets and open ground for their defecation

The key identified factors which are responsible for the prevalence of *Ascaris* infection, according to the results of the study are, frequency of worm treatment during the last 6 months, drinking unboiled water, washing hands without soap before meals and after defecation

An Island wide awareness, health education and a deworming program would help enormously to reduce prevalence and also to curb the spread of infection.

Oyibo. P.G. (2012) reveals that the average knowledge and practice scores related to basic personal hygiene recorded among the school children studied were 74.6 % and 54.9 % respectively. This high level of knowledge related to basic personal hygiene exhibited by the children was not totally reflective of their practices of basic personal hygiene; as 29.4 %, 37.0 % and 46.3 % of them washed their hands

after using the toilet, wash their uniform daily and wash their hands after playing respectively. The result of physical inspection of the children revealed that 17.9 %, 45.2 % and 57.4 % of them had dirty hair, dirty uniform and dirty nails respectively. This study have shown that although a sizeable number of the children studied had adequate knowledge related to basic personal hygiene, their practices related to same was poor.

Meena Siwach revealed that majority of the respondents in the area had low scores on level of knowledge and practices regarding personal hygiene. In order, to enhance their level, 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 an impact of the programme 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.

Vivas AP, Gelaye B, Aboset N, Kumie A, Berhane Y, Williams MA.(2010) shown that approximately 52% of students were classified as having adequate knowledge of proper hygiene. Most students reported hand washing before meals (99.0%), but only 36.2% reported using soap. Although 76.7% of students reported that washing hands after defecation was important, only 14.8% reported actually following this practice.

Study findings underscore the need for more hand washing and hygiene education in schools; and provide objective evidence that may guide the development of comprehensive health and hygiene intervention programs in rural Ethiopian schools. Successful implementation of these programs is likely to substantially attenuate the transmissible disease burden borne by school children in rural settings

Pankaj Dwivedi and A.N. Sharma (2007) observed that a maximum number of Baigas (61 percent) utilize well water for drinking Purpose. The maximum number of households dispose their garbage nearby the house (47 percent) or behind the house (42 percent), which is not proper from sanitation point of view. Most of the Baigas go to open fields for defecation purpose (68 percent). This practice also leads to frequent prevalence of certain diseases, especially in the rainy season. Their bathing habits are satisfactory, except for winter season, when they do take bath alternatively or weekly. Maximum numbers of individuals make use of soil, water and ash for taking bath (47 percent). The most unhygienic thing about Baigas, which has been observed during investigation, is that, they do not wash their hands after defecation, which cannot be stated as even satisfactory as far as personal hygiene is concerned. It is observed that most of the Baigas rub their hands on soil after latrine (37 percent) or



rub their hands on stone (21 percent). Most of the Baigas clean their clothes by boiling them with ash (51 percent). Most of the Baigas (80 percent) apply oil occasionally in their hairs.

Promoting health education

The present study elucidates an immediate need to make them aware about the environmental sanitation and personal hygiene through some integrated tribal-rural sanitation programme dealing with their personal hygiene, waste water disposal, solid waste management and domestic sanitati for exit of smoke in any of their houses, it is necessary that they should be made aware of harmful impact of smoke accumulation on health of an individual, and therefore should be persuaded for making such provision in their houses, there by bringing awareness in this regard.

As it is observed during the study that most of them go to the open fields for the defecation purpose, after which they generally do not wash their hands, the concerted efforts in this direction, such as the development of simple low cost designs of water sealed latrines in such areas, are needs of this hour.

Thus the bottom line of the present study comprises of the suggestion that the health education must be imparted to them regarding personal hygiene and cleaning habits, viz. washing hands after defecation, regular or alternate (rather than occasional) application of oil in their hairs, regular habit of taking bath, etc., so that they can understand about benefits of cleanliness, environmental sanitation and personal hygiene, and thus improve their overall health status.

Conclusion

this paper highlights the prevalence of malnutrition and poor personal hygiene and related morbidities among school children. Malnutrition is a problem in spite of the existence of various nutritional welfare schemes. Thus, considering the poor nutritional status and personal hygiene and related morbidities an intervention focusing health education efforts based on local epidemiology and behavioral practices is needed.

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