

Impact of health education regarding personal hygiene amongst school children

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Abstract

Background: The World Health Organization defined Health Education as "comparing of consciously constructed opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health." Schools provide an environment for acquiring skills and development of intelligence, which can be utilized by students to achieve their goals in life and develop as a good human being. **Methods:** A longitudinal study was conducted in a Maulana Azad primary school of Warudi village amongst 136 school students during the period of February 2015 to July 2015. We gave them health education regarding personal hygiene for two month in multiple sessions. We again conducted health check up camp in same school to find out impact of health education and its reduction in morbidities. **Results:** First visit we found 83% of student were suffering from various illnesses while on second visit it decreased to 48% after health education. There was statically significant difference in reduction of prevalence of morbidities between 1st and 2nd visit when morbidities like dental carries, worm infestation and diarrhea was considered. **Conclusion:** Simple health education activity will result in significant reduction in the morbidities among school children.

Key words: Health Education, Personal Hygiene, School children.

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INTRODUCTION

The World Health Organization defined Health Education as "comparing of consciously constructed opportunities for learning, involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health."¹ Health Education is also an effective tool that helps improve health. The Joint Committee on Health Education and Promotion Terminology of 2001 defined Health Education as "any combination of planned learning experiences based on sound theories that provide individuals, groups, and

communities the opportunity to acquire information and the skills needed to make quality health decisions."² It hopes to motivate them with whatever interests they may have in improving their living conditions. Its aim is to develop in them a sense of responsibility for health conditions for themselves as individuals, as members of families, and as communities. It not only teaches prevention and basic health knowledge but also conditions ideas that re-shape everyday habits of people with unhealthy lifestyles. This type of conditioning not only affects the immediate recipients of such education but also future generations will benefit from an improved and properly cultivated ideas about health that will eventually be ingrained with widely spread health education.³ A great deal of research tells us that schools can have a major effect on children's health, by teaching about health and promoting healthy behaviors. A child spends more time at school than anywhere else, except home. Schools provides an environment for acquiring skills and development of intelligence, which can be utilized by students to achieve their goals in life and develop as a good human being. The health status of children is an indicator of health status of population of a country. Poor personal hygiene practices, increasing the burden of communicable diseases among

school children it remains a concern on the public health agenda in developing countries. India has one of the largest groups of school going children, especially in rural areas. After school health checkup camp we found out most of the morbidities were associated with personal hygiene. Therefore our study was conducted to find out impact of health education amongst school children on personal hygiene and reduction in morbidities in and around rural area of Badnapur, Jalna, Maharashtra .

MATERIALS AND METHOD

A longitudinal follow up study was conducted at Maulana Azad Primary School at Warudi, Tq. Badnapur, district Jalna Maharashtra. The study conducted in between February 2015 to July 2015. As per convenience sampling, we selected Maulna Azad School at Warudi, because it is situated in our campus. We included all student from class I to class V as participants i.e. 136 students. 144 students

present at first visit in February 2015, but on second visit in June 2015. out of the 144 students 7 students were absent, so they lost to follow - up in 2nd visit. Therefore we decided to include 136 students as participants in our study. Department of Community Medicine conducted school health check-up camps in school. These health check-up camps were conducted, as a part of the fourth semester MBBS teaching curriculum under the Community Medicine departmental posting. We gave them health education for two month in multiple sessions. Every Saturday we visited school took a half hour lecture on personal hygiene. It includes hand washing before eating, brushing daily, bathing, nails cutting. After two months we again conducted health checkup camp in same school to find out impact of health education and reduction in morbidities.

RESULTS

There were 144 students present at first visit while on 2nd visit 7 students among 144 left the school so they were not followed in 2nd visit therefore 136 (94.4%) of participants included in the study.

Table 1: Distributions of school children according to class and sex

Class	Boys		Girls		Total	
	Number	Percentage	Number	Percentage	Number	Percentage
CLASS I	9	12.6	15	23.0	24	17.6
CLASS II	14	19.7	8	12.3	22	16.1
CLASS III	13	18.3	12	8.8	25	18.3
CLASS IV	16	22.5	14	21.5	30	22.0
CLASS V	19	26.7	16	24.6	35	25.7
TOTAL	71(52.2%)	100%	65(47.8%)	100%	136	100%

Table 1 shows in second visit, we found that there were total 136 students from class I to class V, out of which class V were having higher number of students 25.7 % followed by class IV students 22 %. Whereas Class II were having less number of students 16.1% as compare to other classes. In our study there were 52% male and 47.0% of female students. According to sex distributions higher male 26.7% from class V and 24.6% of female student also from class V were observed. There was lowest attendance from male side 12.6% in class I and 8.8% girls from class III. Total 136 students were present at both the visits. In the first visit we found 80 % of students suffer from one or two types of morbidity.

Table 2: Morbidities among school children in first and second visit

Morbidity	School children in academic year February 2015 (n=136)		School children in academic year July 2015 (n=136)		P-value
	Number	Percentage	Number	Percentage	
	URTI fever	21	18.5%	20	
Worm infestation	30	26.5 %	14	21.5 %	0.005*
Athlete’s Foot	09	7.9%	7	10.7 %	0.135
Dental caries	28	24.7%	13	20 %	0.005*
Diarrhea	25	22.1%	11	16.9 %	0.005*
TOTAL	113	100%	65	100%	

*McNemar test

Table 2 showed that the difference of morbidity during first visit and second visit. At first visit 113 students were suffering from illness, amongst them highest number of student 26.5 % students were having worm infestation followed by dental caries in 24.7% students, and Diarrhea in 22.1% students. Whereas less cases of Athlete’s Foot and URTI infection were

observed during first visit. All these diseases was related to personal hygiene. The second visit was held after six month. Between this time period we took lectures on health and personal hygiene. In second visit there was overall decrease in illness but the changes in disease pattern observed. Highest number of students suffer from URTI 30.7 %. Infections such

as Diarrhea decreased from 22.1% to 16.9% , dental caries from 24.7% to 20%, worm infestation from 26.5% to 21.5 % . which was statistically significant, by Mcnemar test. There was overall decrease in morbidity from 83% to 47.7 %.

Other disease like upper respiratory tract infection, fever, athlete's foot were showed small changes which are not statistically significant.

DISCUSSION

School is important part for creative and social development of children. Hygiene Education is necessary for the children to safe, secure and healthy environment for children to learn a better and face the challenges to future life³. Results from our study shows that giving knowledge regarding personal hygiene and its importance, this knowledge accepted by children in daily routine life they can live a healthy life. Personal hygiene is most important aspect of health education that means taking care of the cleanliness of the body parts. When a person not taking care of the cleanliness making the body parts unclean, the body is liable to catch infections and it may pose threat to the physical well-being of the individual. This study done in rural area of Jalna District Maharashtra, total 136 student participated in this study, out of them, 52.2% of boys and 47.8 % of girls. Boys were more in number as compare to girls, opposite finding seen in Ashutosh Shrestha *et al.* study it's because our study area was rural and Ashutosh Shrestha *et al.* study area was urban. In our study, when we visit for first time, we found that major morbidity was seen as URTI, diarrhea, dental caries, worm infestation. Similar findings were observed in studies carried out by Ashutosh Shrestha *et al.*⁶ Mayavati S. Mhaske *et al.*⁴, We took health education lectures after the first visit and after one year we again visit to same school, there was significant decrease in morbidity in school children after health education intervention ($p < 0.05$), similar finding were seen in A R Dongre *et al.* ,⁵ Ashutosh Shrestha *et al.*⁶ . In the present study, there was improvement in personal hygiene of the students. There was significant impact on reducing related morbidities like dental carries diarrhea and worm infestation. In A R Dongre,*et al.*,⁵ study. Similar findings was seen only regarding worm infestation but there was no significant impact on conditions like URTI, fever and Athlete's Foot. In our study dental carries decreased from 25% to 20% after intervention of lectures these findings were similar to the study conducted by Ashutosh Shrestha¹, Mubashir

Angolkar ⁶ study. In our study there statically significant difference was observed between first visit and 2nd visit this difference was seen in Worm infestation(0.005), and Diarrhea (0.005) in students. Similar finding seen A R Dongre,*et al.*,⁵ study . While about dental carries significant difference (0.005) was seen which is similar to studies in Ashutosh Shrestha¹, Mubashir Angolkar ⁶ study.

CONCLUSION

The present study concluded that the school health education and practice with active involvement of school children and teachers regarding improvement in personal hygiene of school children resulted reduction in health related morbidities.

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