

# Encourage Hygienic Education and Behavior Change in School Level: A Case Study in Aurangabad High School



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## Abstract

A world with a clean and safe toilet for everyone, everywhere at all times. The clean and safe toilet - something many of us take for granted - still remains out of reach for one-third of the world's population. Hygiene and Sanitation Awareness focuses on Child to Child methodology of hygiene promotion and education as overriding factor. Open defecation remains the predominant norm and poses one of the biggest threats to the health of the people in India. The practice of open defecation is reinforced by traditional behavior patterns and lack of awareness about the health threats posed by it. At the same time, there is little awareness about the potential health and consequent economic benefits of sanitation facilities. This is a key causative factor behind the high prevalence of soil and water borne diseases in rural India. This is so as to facilitate active and adequate participation of the pupils to enhance acquisition of knowledge and skills through improving key hygiene practices such as hand washing, and hygienic water uses. The research found that most parents and students had a general knowledge of hygiene and sanitation, understood how common illnesses are transmitted and prevented, knew the importance of drinking clean water, and had a positive attitude toward Save the Children's recommendations. Yet the study revealed that few students and families actually practiced the recommended behaviors.

**Keywords:** Hygiene And Sanitation, Common Transmitted Diseases, Promotion of Sanitation Among School Children.

## Introduction

A world with a clean and safe toilet for everyone, everywhere at all times. The clean and safe toilet - something many of us take for granted - still remains out of reach for one-third of the world's population. Hygiene and Sanitation Awareness focuses on Child to Child methodology of hygiene promotion and education as overriding factor. Open defecation remains the predominant norm and poses one of the biggest threats to the health of the people in India. Estimates suggest that nearly 65 percent of India's population still defecate in the open. This results in a faecal load of 200,000 metric tons per day, which finds its way into soil and water bodies, contaminating them with pathogens. The practice of open defecation is reinforced by traditional behavior patterns and lack of awareness about the health threats posed by it. At the same time, there is little awareness about the potential health and consequent economic benefits of sanitation facilities. This is a key causative factor behind the high prevalence of soil and water borne diseases in rural India. This is so as to facilitate active and adequate participation of the pupils to enhance acquisition of knowledge and skills through improving key hygiene practices such as hand washing, and hygienic water uses. As school children are being actively involved in promoting improved sanitation and hygiene Practices in their school, they are encouraged to reach their various households in the community. Between 2006 and 2008, hygiene and sanitation practices in schools and communities improved significantly. Students, families, and communities not only knew more about health, hygiene and sanitation, but also felt empowered to change their behaviors through practical, context-specific approaches. A series of field-tested messages, activities, and strategies based on formative research, and behavior-centered programming engaged specific groups. At the community level, the program inspired families to install sanitary latrines at home and ensure accessibility of hand-washing facilities. Poverty, illiteracy, remote and inaccessible villages and cultural mindsets, are major barriers in accelerating sanitation and hygiene

improvements. In schools where the committee was active, teachers and students received the support needed to conduct health sessions and organize awareness-raising activities. This paper aimed to assess student and community knowledge, attitudes, beliefs, and practices as well as barriers and motivations to practicing recommended behaviors. The research found that most parents and students had a general knowledge of hygiene and sanitation, understood how common illnesses are transmitted and prevented, knew the importance of drinking clean water, and had a positive attitude toward Save the Children's recommendations. Yet the study revealed that few students and families actually practiced the recommended behaviors.

**Objective of the Study**

1. To find out use of hygiene and sanitation toilet, understood how common illnesses are transmitted and prevented.
2. This paper focuses on promotion of sanitation and hygiene education among school children.

**Review of Literature**

Valerie Curtis, Sandy Cairncross, Raymond Yonli (Janaury, 2000): In this paper we review the biological, ecological and epidemiological evidence concerning the role of specific hygiene behaviours in the transmission of diarrhoeal disease. We look for basic principles to guide practitioners in the targeting of hygiene promotion programmer. The picture that emerges is incomplete and we highlight areas where more research is needed. Though this review confines itself to developing countries, the distinction between developed and developing countries is growing blurred and a further global review of the problem of diarrhoeal disease transmission is urgently need.

Feachem (1984): The major infectious agents use one of the four routes described above to reach human hosts. In situations where faecal contamination of the domestic environment is high, the majority of cases of endemic disease probably occur either by human-to-human transmission, or from the human-to-human transmission of pathogenic agents which have multiplied in the environment.

Wolf et al (2014): They has been found non-blinding bias adjustment in household-level interventions with subjective assessed outcomes, we believe such an approach is also appropriate for hygiene intervention studies. It is not possible to blind educational interventions. Therefore, meta-regression was repeated with the result of each study separately adjusted by introducing bias through a prior distribution in a Bayesian framework.

**Sample**

The samples of the study consist of students randomly choose from intra classes of VI VII and X of Aurangabad High School, under WBBSE. The sample was selected from minority based border area of semi rural region of West Bengal and 31 percent student are Hindu and 69 percent students are Muslims. We are observing 25 percent Hindus yet no toilet and 75 percent of Muslim have not toilet.

**Data Collection and Research Methodology**

The investigator had intimated the heads of higher secondary school about this programmed well

in advance. Data was collected individually by random sampling from source i.e. result register of the school. Data collection schedule was developed and used in present study for collection was starting in class VI, VII & X randomly selected 35 students of total number of students 420 in class VI, randomly selected 35 students of total number of students 510 in class VII and randomly selected 35 students of total number of students 350 in class X collected data was taken in personal interview as per schedule questionnaire. A 'Method' is different from a 'Tool'. While a method refers to the way or mode of gathering data, a tool is an instrument used for the method.

**Table no 1. Percentages of hygienic toilet.**

No. of hygienic toilet in class vi, among 35 student		No. of hygienic toilet in class vii, among 35 student		No. of hygienic toilet in class x, among 35 student	
Toilet at home	No toilet at home	Toilet at home	No toilet at home	Toilet at home	No toilet at home
32	3	31	4	33	2
91.42 %	8.58 %	88.58 %	11.42 %	94.30 %	5.70 %

**Table no 2. Percentages of use of hygienic toilet, use at home.**

No. of hygienic toilet use in class VI, among 35 student		No. of hygienic toilet use in class VII, among 35 student		No. of hygienic toilet use in class X, among 35 student	
Toilet use	No toilet use	Toilet use	No toilet use	Toilet use	No toilet use
31	4	32	3	33	2
88.58 %	11.42 %	91.42 %	8.58 %	94.30 %	5.70 %

In the above data shows that educational level improves the consciousness of no toilet, 91.42% in class VI, 88.58% in class VII and 94.30% in class X then no toilet at home 8.58% in class VI, 11.42% in class VII and 5.70% in class X. Similarly use of hygienic toilet, use at home gradually improve related to educational level i.e. 88.58% in class VI, 91.42% in class VII and 94.30% in class X and No toilet use 11.42% in class VI, 8.58% in class VII and 5.70% in class X. Educational level development upgraded the encourage hygienic education and behavior change.

**Conclusion**

Behavioral change is an integral guiding principle for our work in programmers like hygiene education in rural schools. Our World Toilet College initiative tackles community capacity building by training. This paper focuses on promotion of sanitation and hygiene education among school children with a goal of enhancing positive knowledge, attitudes and skills that help encourage them to become agents of hygiene behavior change in their schools, homes and communities. This paper leads to concluded that no hygienic toilet use in class VI 11.42%, class VII 8.58% and in class X 5.70%, this proves education level improve their to hygiene

behavior. It addresses why schools; and children and how children are becoming agents of change. This research finding is most parents and students had a general knowledge of hygiene and sanitation. The importance of hygienic latrines to reduce the spread of germs was high among pupils, with this being mentioned in all focus groups. So provide innovative and sustainable solutions that help improve sanitation in our target communities, and, in alliance with our local and international partners to drive global demand for better sanitation infrastructure.

#### References

1. Almendrom, Astier; Anila Kumary, K.; and Francis, K.A. et al. Kerala hygiene evaluation study. Trivandrum, India, Socio-Economic Units, Kerala, (Draft).1996.
2. Allensworth DD, Kolbe LJ. The comprehensive school health program: exploring an expanded concept. *J Sch Health* ,57(10):409-12.1987.
3. Blyler EM, Lucas BL. Position of the American Dietetic Association: nutrition in comprehensive program planning for persons with developmental disabilities. *J Am Diet Assoc*, 92(5):613-5. 1992.
4. Dongre, A.R. and Deshmukh, P.R. and Bortane, A.V. and Thaware Garg BS: An Approach to hygiene education among rural Indian school going children *journal of Health and allied Sciences*Volume 6, Issue 4, OctoDec 2007.
5. Dwivedi Pankaj and Sharma A,N.(2007) Department of Anthropology, Dr. H.S. Gour University, Sagar 470 001, Madhya Pradesh, India. A Study on Environmental Sanitation, Sanitary Habits and Personal Hygiene among the Baigas of Samnapur Block of Dindori District, Madhya Pradesh” *KamlaRaj , J. Hum. Ecol*, 22(1): 7-10, 2007.
6. Ekeh, H.E. and Adeniyi, J.D., “Health education for tropical disease control in school children,” *Journal of tropical medicine and hygiene*, vol. 91, p. 55-59, 1988.
7. Gregoire MB, Sneed J. Standards for nutrition integrity. *Sch Food Serv Res Rev*, 18(2):106-11. 1994.
8. Kapila Tharanga R.M , Rathnayaka & Z hong-Jun Wang., *ZENITH International Journal of Multidisciplinary Research* Vol.2 Issue 7 , ISSN 2231 5780, July 2012.
9. Park J.E. and Park K “Text book of Preventive and Social Medicine”10th edition January 1985.
10. Siwach Meena Impact of health education on the knowledge and practices of school children regarding personal hygiene in rural Panipat *Int J Edu Sci*, 1(2):115-118, 2009.
11. Vivas AP, Gelaye B, Aboset N, Kumie A, Berhane Y, Williams MA. “Knowledge, Attitudes, and Practices (KAP) of Hygiene among School Children in Angolela, Ethiopia” *Journal of preventive Medicine and Hygiene* Jun; 51(2):73, 2010.