

KNOWLEDGE AND ATTITUDE REGARDING SCHOOL WATER AND SANITATION TOWARDS HYGIENE AND HEALTH (SWASTHH) AMONG TEACHERS

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ABSTRACT

Background: School is important for cognitive, creative and social development of children. Hygiene has two aspects that are Personal hygiene and Environmental hygiene. Beside proper general hygiene practices, adequate sanitation is also very important for healthy living. In India, 700 million people lack access to sanitation facilities and resort to defecating in the open area. School Water and Sanitation Towards Health and Hygiene (SWASTHH), is a combination of technical and human development components that are necessary to produce a healthy school environment and to develop or support health and hygiene behaviours. It seeks to use water-sanitation-hygiene learning as a bridge linking children, their families and communities. The study was undertaken to assess the knowledge and attitude regarding SWASTHH among teachers in selected schools.

Aim: To assess, identify the relationship and to determine the association between the level of knowledge, attitude and selected demographic variables

Material and methods: A cross-sectional, descriptive research design was adapted. 50 subjects were recruited by non-probability convenience sampling technique among teachers. The data gathering was carried out with using structured knowledge questionnaire and attitude scale. The collected data was optimized and analysed by using descriptive statistics and inferential statistics

Findings:The study revealed that 38% of subjects had inadequate knowledge where as 60% of subjects had moderate knowledge and 2% of subjects had adequate knowledge. In respect towards attitude assessment, 46% of them had neutral attitude whereas 54% of the subjects had a positive attitude. Karl Pearson's correlation co-efficient showed that there is mild positive co relation. In relation to the association, there is no significance exists between knowledge and attitude with socio demographic variables.

Conclusion:Study concluded that majority of subjects had moderate knowledge and had positive attitude towards SWASTHH. It should be ensured that teachers should receive continuing education and trainings related to health, especially importance of first aid, hygiene and sanitation. This can help teachers to extend the importance of and need for better health in the school and community.

Introduction

Hygiene has two aspects that are Personal and Environmental. Personal hygiene includes bathing, clothing, washing hands and toilets; care of nails, feet and teeth; spitting, coughing, sneezing, personal appearance and inculcation of clean habits in the childhood. Training in personal hygiene should begin at a very early age and must be carried through school age. Environmental hygiene comprises that of the home, use of soap, need for fresh air, light and ventilation; hygienic storage of foods; hygienic disposal of wastes, need to avoid pests, rats, mice and insects. Improvement of environmental health is a major concern of many governments and related agencies throughout the world¹.

Beside proper general hygiene practices, adequate sanitation is also very important for healthy living. Around 8 lakh people in low and middle income countries die every year due to inadequate water, sanitation and hygiene, roughly constituting two-third of total diarrheal deaths and poor sanitation².

In India, 700 million people lack access to sanitation facilities and resort to defecating in the open. Diarrhoea claims the lives of two million children around the world every year. One million children in India die of diarrhoeal diseases each year directly as a result of drinking unsafe water and living in unhygienic conditions. The Government of India has reported that water- borne diseases have serious health implications due to the prevalence of high morbidity and mortality. Further, young children bear the main disease burden. Each year India loses about 400,000 children less than five years of age, mainly due to diarrhoea³.

School Water and Sanitation Towards Health and Hygiene (SWASTHH), which translate as Health in Hindi, is a combination of technical and human development components that are necessary to produce a healthy school environment and to develop or support health and

hygiene behaviours. The technical components include drinking water, hand washing and toilet facilities in and around the school compound. The human development components are the activities that promote conditions within the school and the practices of children that help to prevent water and sanitation related diseases and worm infestation. School sanitation and hygiene education depends on a process of capacity enhancement of teachers, education administrators, community members, village/ward water and sanitation committees, public health engineering and rural development departments, NGOs and CBOs. It seeks to use water-sanitation-hygiene learning as a bridge linking children, their families and communities⁴.

Its global objectives focus both on education and quality of life. SWASTHH seeks to develop, test and successfully demonstrate replicable models for hygiene education, water supply and environmental sanitation in rural and urban primary schools and Anganwadis for pre-school children⁵.

School, which plays a vital role in cognitive, creative and social development of children. They partly determine children's health and well-being by providing a healthy or unhealthy environment. Although water and sanitation facilities in schools are increasingly recognized as fundamental for promoting good hygiene behaviour and children's well-being, many schools have very poor facilities. The poor facilities contribute to absenteeism and the high drop-out rates of girls. Schools are learning laboratories where habits of good sanitation practices, personal health and hygiene can go a long way in inculcating these habits when they become adults. Children are the best change agents because who influence parents, community etc. Children are our biggest human resource and by reaching to the children today & giving them the knowledge & social responsibility, we can raise a healthy generation today and tomorrow^{6,7}.

The goal of the Water, Sanitation and School Hygiene Project, is to reduce child morbidity and mortality caused by water related disease. The SWASTHH programme is required to make an visible impact on the health and hygiene of children through improvement in the practices of children, their families and the communities. It also aims to improve the curriculum and teaching while promoting hygiene practices and community ownership of water and sanitation facilities within school⁸⁻⁹.

Keeping the above facts in view the investigators felt that to assess the knowledge and attitude regarding SWASTHH among school teachers in the urban area.

Aim: To assess, identify the relationship and to determine the association between the level of knowledge, attitude and selected demographic variables

Material and methods: A cross-sectional, descriptive research design was adapted. 50 subjects were recruited by non-probability convenience sampling technique among teachers. The study was carried out in government primary and high school of Bangalore. Teachers who are available during the period of data collection and who can respond and write in English were included. Teachers those who are unreachable in spite of two school visit and who are not willing to participate in the study were excluded. Formal written permission was obtained from concerned authority. The data collection was carried out in the month of March-April 2013. Primarily, the investigator surveyed the selected area to identify the number of government primary and high school teachers. Each of them was informed about intention of the study and consent obtained with their anonymity and confidentiality of data. The data gathering was carried out with using structured knowledge questionnaire and attitude scale. About 15 to 20 minutes was spent by each subject for assessment in each time. Approximately 4 to 6 subjects were assessed per day. The collected data was optimized and analysed by using descriptive statistics and inferential statistics.

The obtained data were analyzed using SPSS-20 software. More specifically, descriptive statistics (frequency and percentage, mean, standard deviation) were used to describe the subjects characteristics and level of knowledge and attitude. Karl Pearson correlation coefficient test was used to find the relation between the knowledge and attitude. Chi-square test used in order to find out the association between the level of knowledge and attitude and selected socio-demographic variables. The level of significance was set at $p < 0.05$.

Findings

Fifty (50) school teachers were participated in the study for final analysis. Where majority of the subjects 19 (38%) belongs to the age group of 51-60. Majority of the subjects 34 (68%) were female, subjects 44 (88%) were Hindu, subjects 18 (36%) had S.S.L.C, TCH. In relation to designation, majority of the subjects 35 (70%) were teacher, subjects 46 (92%) were married, subjects 36 (72%) had >10 years experience. Majority of the subjects 45 (90%) were living in urban, subjects 41 (82%) belonged to nuclear family, subjects 43 (86%) had awareness of SWASTHH and subjects 14 (28%) had information about SWASTHH from mass media.

30 (60%) of the subjects had moderately adequate knowledge and 19 (38%) of the subjects had inadequate knowledge. In relation to attitude, 27 (54%) of the subjects had favourable attitude and 23 (46%) of the subjects had neutral attitude.

Karl Pearson's correlation co-efficient 'r' value of 0.11 which showed that there is mild positive co-relation existing between knowledge and attitude. Study showed that there was no

significant association between level of knowledge, attitude and selected socio-demographic variables.

Discussion

Despite of caste, ethnicity, gender, socio-economic status and geographical location delivery of accessible, affordable and acceptable safe drinking water facility to each and every individual of the world is necessary.

However the level of knowledge on SWASTHH is generally moderate among teachers and in relation to attitude is favourable attitude among teachers.

Facility of safe drinking water at schools is very essential. This is especially true for a developing country like India. Teachers play an important role in inculcating good practices where the process of primordial prevention is concerned. Majority of diseases are preventable by the promotion of hygienic practices among school children through proper health education¹⁰.

A school child educated to the benefits of sanitation and good hygiene behaviour is a channel for carrying those messages far beyond the school walls, bringing permanent improvement not only to his or her health and wellbeing, but also to that of the family and the wider community¹¹.

School Sanitation and Hygiene Education is an 'approach to life' rather than an academic subject that can be taught with a focus on theory and written examinations. With that in mind classroom teaching has to go hand in hand with practice and that in turn demands that schools have adequate, clean and well maintained water and sanitation facilities¹¹. Those are the foundations for providing schools with clean drinking water and well-designed and maintained sanitation facilities a healthy school environment and a platform for capable teaching to introduce the hygiene habits that can bring lasting benefits to entire communities¹².

Conclusion: Study concluded that majority of subjects had moderate knowledge and had positive attitude towards SWASTHH. School teachers should be periodically assessed at various levels to get status of their knowledge and understanding regarding health education. It should be ensured that teachers should receive continuing education and trainings related to health, especially importance of first aid, hygiene and sanitation. This can help teachers to extend the importance of and need for better health in the school and community. Effective sanitation and hygiene practices in schools are important not only in disease prevention, but also in enhancing academic performance of the students.

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