Benchmarking the Indispensable Hygienic Behaviours of School Children as Healthy Life Skills to be imparted for Harnessing Future India

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ABSTRACT

The Millennium Developmental Goal (MDG) of the National Institute of Public Finance and Policy (NIPFP) in collaboration with the United Nations Children's Fund (UNICEF) (2016) correctly emphasized that Government of Madhya Pradesh do generate credible evidence for policy influencing and realizing the rights of every child particularly the most disadvantaged. Hence it is a predominant function of any school system is to generate a healthy well-being younger community which is vital our national growth. The present investigation has laid emphasis on the sanitation and healthy behavioural characteristics of the school children in the Anuppur district of Madhya Pradesh.

Key words: *Benchmarking; Indispensable Hygienic Behaviours; Healthy Life Skills; Harnessing Future*

INTRODUCTION

The paramount situation of basic amnesties in schools

Figure – 1: Showing the State wise functionality of drinking water facility

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The data revealed by the NUEPA (2010) is alarming as many of the schools in many states in India do not possess the water and toilet facilities which are to be realized for its noticeable implementation. Though responsibility of states is much realized, practicable implementation of schemes is not paramount as of now.

- The functional water facilities are much lesser in the 8 states at the level of below national average (Andhra Pradesh, Assam, Bihar, Jammu & Kashmir, Manipur, Meghalaya, Nagaland and Tripura)
- Functional toilet facility in schools is less than the national average in 13 states, which implies that a lot has to be done in ensuring safe sanitation to children in schools. [Source: DISE 2009-10, NUEPA, New Delhi].
- Though the governmental initiatives are at optimum level, yet a total 6.50 million children (3.46 % children of total enrolment) do not have access to drinking water facility in schools.,
- **13 states** (Meghalaya, Assam, Nagaland, Tripura, Mizoram, Jharkhand, Jammu & Kashmir, Orissa, Arunachal Pradesh, Uttarakhand, Karnataka, Manipur and Andhra Pradesh) account for **more than 3.39 million** children without access to drinking water facility in schools.
- Total of **27.6 million** children (**14.1 million boys** and **13.5 million girls**) accounting for 14.7% of total children enrolled do not have access to toilet facility in schools.

- **7 states** (Orissa, Meghalaya, Chhattisgarh, Jharkhand, Assam and Bihar) account for **almost 50% (13.8 million)** children without access to toilet facilities in schools. [Source: DISE 2009-10, NUEPA, New Delhi].

Prevailing Conditions in Madhya Pradesh

In Madhya Pradesh, Adolescent Girls' Health Project: CARE introduced this project in Jabalpur City; Madhya Pradesh with a focus on addressing reproductive health needs of adolescent girls. Although the target population of the project included slum community, schools were also used as platform for peer education for this project. (Amod Kumar 2003, Head, Community Health Department, St. Stephen's Hospital, Delhi). The same project was not extended to the rural and sub rural hamlets of the state and hence sub rural areas like Thali, Bejri, Pondki, Rajendragarh etc. of the Anuppur District encounter the extreme pitfall as for as the sanitation is concerned.

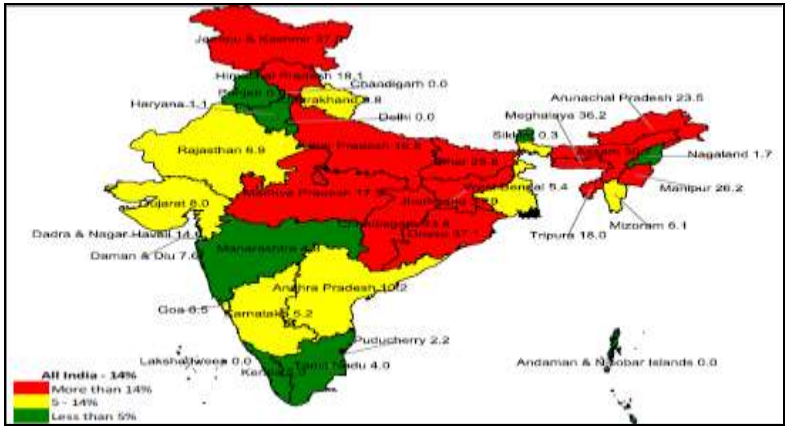

Figure – 2: The percentage of children without toilet facility

Participatory Transactional Process - The Crux of a Healthy Child Rearing

Child participation is a prerequisite for the realization of any WASH interventions in these distantly located schools. Generally, teachers in primary and secondary school have been trained in traditional classroom teaching approaches; in which there is most of the little children do not engage themselves for active participation.

Moreover, the participatory class room instruction has its significant role and the children are greatly influenced by the teaching methods adopted which give more learning benefits. These methods actively involve children in the learning process and allow them to learn from their actions and with their classmates.

Developing appropriate hygiene behaviour is greatly enhanced by allowing children to fully participate in the class room transaction. In this way, children:

- Learn and adopt new concepts and skills quicker.
- Acquire useful knowledge from participating in environmental activities.
- Are a source of creativity, energy, initiative, dynamism and social renewal
- Contribute meaningfully to environmental restoration and protection in their communities.

Through participatory teaching methods used by teachers or through special hygiene teachers in school, during school hours as part of the regular curriculum (generally a more sustainable approach) through special youth hygiene

clubs within and outside the school. Not part of the official curriculum, these clubs depend more on the motivation and enthusiasm of individuals and are thus less sustainable.

Participatory teaching methods can be used with the whole group or with several smaller groups. Working with a whole class is best when introducing a method in which students give each other positive feedback.

Further, use of small groups gives every student a chance to fully participate and encourages their contributions and exchanges of opinion. At the same time, the group work helps children to develop cooperation and teamwork skills. Youth hygiene clubs get schoolchildren actively involved as it invokes for a healthy and hygienic school and community. In the clubs, they learn appropriate hygiene behaviour and can train as peer educators and as overseers of hygienic conditions in the school and schoolyard.

Clubs also allow teachers to experiment without the constraints of a classroom. In-school health clubs run in conjunction with other school clubs and teacher led groups. After-school health clubs operated in the school after class with external input, such as from community health workers or NGO staff.

Situation Analysis of Adolescent Girls

(Source: Presentation made by Ministry of Women and Child Development, GOI, on SABLA)

- 21% of Adolescent Girls have no access to education
- The dropout rate (I-X): 57.29%

- Nearly 50% of Adolescent Girls marry before age of 18 years
- They are about 47% undernourished with low BMI

State Initiatives: Madhya Pradesh – Way Forward

MHM integrated in SABLA - in 15 Districts of the State, benefitting 800,000 adolescent girls.

- Training module on SABLA has exclusive section on MHM
- 10 State-level Master Trainers, 241 District level Master Trainers, 1073 ICDS supervisors and 50,000 AWW and "Adolescent Facilitators" (Sakhi-Saheli) have been trained on MHM
- Sanitary napkins production by Women Self-Help Groups in 2 SABLA Districts
- Supply chain and marketing of the existing producers: demand creation, mapping of catchment areas of existing production centers
- Expanding the reach - technical support to Women Self-Help Groups for development and marketing of low-cost sanitary napkins (2013-2015).

Educational Assistance

Girl student Assistance Programme (NASP) Rs. 3,000/is deposited in the name of eligible girls as fixed deposit after passing Grade 8 and enrolling in Grade 9. The girls are entitled to withdraw the sum along with interest on reaching 18 years and on passing 10th class.

Kasturba Gandhi Balika Vidyalaya (KGBV) residential schools with boarding facilities at elementary level for girls. 75% girls should be from SC, ST, OBC or minority communities and only thereafter, 25% girls from families below poverty line.

Generally, Neither the teachers nor the students are much familiar with these above stipulated schemes and may not have assistance from elder community in home or in school.

METHODOLOGY

The normative survey was adopted to analyze the hygienic conditions of the school students of Anuppur district.

Demographic Profile of the Study Area

The rural sub rural hamlets of Anuppur district are not well empowered for its healthy living mode of habits and people are not generally aware of the healthy practices attentively as the downtrodden economic condition prevails. This is characteristic feature is echoed in the school premises where the research is undertaken.

Selection of Project Priority Areas

The primary schools around Indira Gandhi National Tribal University were selected for the study where most of the tribal students studying. Moreover, The Anuppur district of Madhya Pradesh which comprises 7.25 % of S. C's and 46.41% of S. T's with 49.54% of below poverty line spreader across the 581 villages.

The agronomy based social structure exists in villages with down trodden conditions which echoes on poor quality

outcome of education of the school children in particular. Through the oral interview sessions conducted on school teachers as well as on students, the survey is made on the hygienic practices of the tribal students both in school and in their respective residential areas. The actual intensity on the healthy habits were drawn by using the following tools.

TOOLS USED

The following tools were used

1. Hygienic inventory of school students – to analyze the reality of healthy practices to endure proper schooling by the tribal students
2. Hygienic inventory of school teachers – to analyse the transactional methods adopted in the classrooms for healthy living, governmental intervention program or assistance for the infrastructural facilities available, the existing lacunas in the premises that hamper the worthy living of the school community.

Research Process

The research process is inclusive of pre-analytical phase, Data phase and Discussion Phase.

Pre-Analytical Phase

During this phase the unstructured interview was conducted to the school headmasters, students and peoples around the school premises. Nearly 50 interview items were selected based on its intensive and assertive reflections on the health and sanitation programs, schemes of the governmental, non-governmental organizations, parental involvement, ambience at home and school.

Post-Analytical Phase

The data were collected by these tools are critically analyzed in the following table 1.

The criteria of the post analytical phase are

1. Standards set
2. Knowledge level of the students on healthy living
3. Attitudinal changes if any imparted in schools
4. Real time healthy practices observed

Standards set	**Knowledge**	**Attitudes**	**Practices**
Diarrhoea and worm infections are two main health concerns that affect people on a large scale and can be improved through appropriate toilet and urinal use.	Exposed faeces are the leading cause of spreading diseases and making people sick. Behaviours can lead to worm infections.	Children recognize the importance of safe use of toilets and urinals, including the safe disposal of faeces and hygienic anal cleansing followed by washing hands with soap.	Children practice the safe use of toilets and urinals, including the safe disposal of faeces and hygienic anal cleansing followed by washing hands with soap. Depending on age, children maintain and operate school toilets and urinals.
School Indications: on-field assessment in schools (Pondki, Bijori, Thali, Amarkantak, Rajendragram) apparently showed the above-mentioned standards of toilet usage which is very critical as most of the schools in these locality do not have proper toilet and drinking water facilities. Many students' absenteeism (15- 25 students at average) due to water borne illness is also observed on daily basis by the investigators. The doors of the toilet are broken and water pipe facilities are not available in the toilets. The roof of the toilet is also not good in condition.			
Personal hygiene: Many diseases can be attributed to poor personal hygiene	Personal hygiene impacts diseases	Children understand appropriate personal hygiene: washing hands with soap (see separate point), wearing shoes or slippers, cutting nails, brushing teeth, combing hair and the regular washing of body and hair	At all times, children wash hands with soap, wear shoes or slippers, cut nails, brush teeth, comb hair and regularly wash the body and hair.

<table>
<tr><td colspan="4">School Indications: the observations made in these schools conclude that the students do have poor personal hygiene due to dusty flooring and other agronomy-based works at home.</td></tr>
<tr><td>Hand washing with soap: Hand washing at critical moments reduces the risk of diarrhoeal diseases by 42-48 per cent and significantly reduces the incidence of acute respiratory diseases.</td><td>Hand washing with soap drastically reduces diarrhoeal diseases and acute respiratory diseases.</td><td>Children understand
the importance of hand washing with soap after toilet use, before and after eating, before preparing food and after cleaning babies.</td><td>Hands are washed with soap after toilet use, before and after eating, before preparing food and after cleaning any things.</td></tr>
<tr><td colspan="4">The field observations clearly indicated the non – usage of soaps before taking meals or after using toilets. Hence many students have the respiratory disorders like coughing, general cold with running nose. They do no use even hand kerchiefs to prevent the mucus and these schools do not have soaps.</td></tr>
<tr><td>Reproductive health
Maintaining hygienic reproductive health</td><td>Sanitation during Menstruation to prevent odour or renal diseases</td><td>Washing daily and to wipe out defecate.</td><td>Sterilising by using soap with mild water.</td></tr>
<tr><td colspan="4">Observable indications: Since all the students are hailing from sub</td></tr>
</table>

rural hamlets of the district, they are neither properly trained by their parents or by teachers to use safety napkins nor they have proper toilet facility at home.			
Waste management and water drainage: Appropriate handling of solid waste and stagnant water helps in pest control and limits breeding mosquitoes and flies.	There are health risks in the non-collection of solid waste and removal of stagnant water.	Children link collection and treatment of solid waste with overall health risks. They understand the relationship between standing water and insect breeding.	Solid waste is collected and treated; standing water is drained.

Observable indications: Though the remotely located rural schools and residential areas are having some natural drainage mechanism, the stagnant water is clearly observed in most of these schools and it make brooding stock with mosquitoes and flies.			
Water treatment, handling and storage: Through testing and treatment, water can be made safe from faecal or chemical contamination.	Where possible, communities should collect water from a safe source and store it safely. If the source is not safe, water must be treated through boiling, filtering, solar or chemical disinfection.	Communities understand the necessity of treating unsafe water through boiling, filtering, solar or chemical disinfection	If the source is not safe, children always treat the water through boiling, filtering, solar or chemical disinfection.
Observable indications: Neither all these schools nor residential area do not have the water treatment and water storage facility. Consequently, the students suffer from the possible infectious diseases. Further, students never bring the boiled water to the schools as they are			

not habituated.			
Food hygiene: Eating healthy food is essential for the well-being and survival of each human being. Eating 'contaminated' food (also known as 'food poisoning') can be a significant source of diarrhoeal diseases.	Food hygiene and diseases are linked. Food should be stored appropriately. There are recognizable signs when food is spoiled.	Children know how to store food appropriately and recognize common signs of spoiled food.	Raw fruits and vegetables and raw meat, poultry or fish are treated and stored appropriately
Observable indications: Most of the students do not bring the food prepared at their homes. Consequently, the students suffer from the possible infectious diseases after consumption of food stuffs from nearby school premises. Further, students use to consume the contaminated food sold in the peripheries of their respective schools. Many of the students do not aware of the programs and hence they have unhealthy and grubby dressed with moderately uncombed hair.			

DISCUSSION

The current investigation found that the existing structural and functional school system must be revamped so as to make a healthy Indian life which is visualized. Many tribal studies are in congruence with the present study.

"The villages lack sanitation, water supply, and, in few cases, connecting roads. Lack of roads makes it difficult to reach these areas, especially to transport a woman for delivery. Seasonal variations also add to these problems. When it floods, the van drivers are unable to access

villages. Many pregnant women in labor have been asked to walk to the nearest road" - ACCESS Health International, Inc. Madhya Pradesh Health Systems Assessment Report, Health Financing Support Program, 2016.

Totally 100 beds are available in the hospitals in the 4 blocks – 7 community hospitals, 16 primary and 127 sub centres in the rural area. Many students the district is opined that the medical facility are not available as they hail from remote localities of the district. It is also opined that the quality service delivery is not optimum both in the school premises and in residential areas.

Further, the fruits of globalization have not reached to tribal areas fully. Except facilities like roads, elementary education, primary health center, and panchayat, no concrete change has been taken place in their lives of tribal people. Further, Nav Neet Bhattacharya (2012) Though, the Bridge Language Inventory (BLIs) have been prepared for the teachers of Madhya Pradesh teachers as handbooks, but the rural students are yet to be nurtured to reap benefits of these modern academic programs. Additionally, Panigrahi (1998) stated that the tribal education must be aimed for national growth.

CONCLUSION

The participatory approach must be one of the prime solutions to the glitches and hitches of the healthy schooling and for general living. The technology-based interventions will also be a boon the bring the noticeable results in the school system in these tribal predominant areas

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