AN ANALYSIS THE DIFFERENT HEALTH AND HYGIENE CONDITIONS OF GOVERNMENT PRIMARY SCHOOLS IN THE PROVINCE OF SINDH (PAKISTAN)

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ABSTRACT

The study investigated in to descriptive research to investigate the different health and hygiene conditions of Government Primary Schools In the province Of Sindh Pakistan. This study has focused on the health of pupils, hygiene conditions of the Government Primary Schools, and focused on the concrete measures for the future betterment. To analyze the different health and hygiene conditions of Government Primary Schools of Hyderabad District. The main objectives of the study were to find out root causes which create hurdles in promoting healthy environment, examine the effects of health and hygiene conditions on learning of pupils of primary schools and analyze the role of media to build good or bad habits in the personality of pupils of the primary schools. The following results were drawn by the researcher in the light of the analysis of the data.

It was observed that light and Electricity connections were provided to Govt Primary Schools but the classrooms were congested, not properly well lighted and ventilated creating ill effects on eye sight of the pupils. Due to suffocation and unavailability of Fresh Air, pupils suffered from cough, cold and allergy problems. Mosquitoes and insects made their way under the benches and 20% pupils suffered from Malaria fever.

KEYWORDS: basic rights, hygiene conditions, health of pupils, healthy environment, role of media and primary schools.
INTRODUCTION

It is difficult to define any universally acceptable conceptualization of Health. Health is interpreted in diverse ways by different people around the world and understanding of health is always evolving (Pridmore et al 2000, p.30). The World Health Organization defined the health and this WHO definition of health was first presented in 1946 Constitution of the World Health Organization and is still widely quoted as: “A state of complete physical, mental and social well being and not merely the absence of disease or infirmity. (WHO1948:1). Even though there are many criticisms about this definition, the WHO definition has merit in recognizing health as more than the absence of disease and acknowledging three of its dimensions (Beattie et al 1993). Health has frequently been interpreted as “state of harmony and balance ... hygiene is less a science than a virtue, sickness being the result of straying away from the natural environment.” (Pridmore 2000, p.32)

It is obvious that the significance of health, at every step of life, in every era of the time, is inevitable. Now-a-days, health fitness is more important in this fast moving life, where an ill person, cannot move with the world, where there is less income and more expenditures. In 21st century, health and education are far more expensive, than they ever were. A healthy body bears a healthy mind and to build health is a process, which starts from the fetus, and lasts for the whole life.

The early childhood period is the fundamental and delicate period, which needs special care. Gabriela Mistral, 1948, Nobel prize winner from Chile said,” We are guilty of many errors and many faults, but our worst crime is abandoning the children, neglecting the fountains of the Life... many of the things we need can wait, but the child cannot. Right now is the time, his bones are being formed, and his blood is being made and his senses are being developed. To him we cannot answer tomorrow. His name is TODAY”.

LITERATURE REVIEW

SCHOOL BASED HEALTH AND NUTRITION PROGRAM

UNITED NATIONS CHILDREN’S FUND (UNICEF)

OBJECTIVES

The main objective of this work was the preparation of a synopsis of donor support for school-based health and nutrition initiatives

- To help meet the basic rights and expand opportunities of children aged 0 to 18 within the framework of the 1989 UN Convention of the Rights of the Child
- Develop common strategies that address school health and the joint UN Program on AIDS
- Water, Sanitation and Hygiene programs for schools in many countries
Child-to-Child and extra-curricular activities for the whole community developing sense of hygiene

CONCLUSION

- UNICEF is working hard for water and sanitation (including hygiene promotion), interactive health education (including HIV/AIDS)
- In addition to school based programs, UNICEF are also considering the more difficult area of reaching children in crises, as well as street children and working children, who are often not attending schools and whose health and nutrition are often most compromised.
- Work is also underway to examine options for improving the nutritional status of primary school children. (www.unicef.org)
- National Agencies working for health
- Here are some national agencies working for the health, nutrition, sanitation and hygiene of schools.
  - Eidhi Foundation
  - Aga Khan Foundation
  - Child to Child Pakistan
  - PAIMAN (Pakistan Initiative for Mother and Newborns)
  - Pakistan Lions Club
  - Al Khidmat Welfare Society
  - Association for the Development of Pakistan
  - Pakistan Red Crescent Society

Following National agencies worked for Health of Pupils and Hygiene conditions of their Institutions, cared about nutrition of the children, and got positive results, which are given as examples.

CHILD TO CHILD PAKISTAN

OBJECTIVES

- The health of the community can be improved and promoted through the active involvement of the school-age children.
The Child-to-Child approach emphasizes children as partners to transfer health knowledge and skills beyond school and into the family and community and acting as an agent of change in the community.

The most effective theme of this approach is to involve children in decision making rather than merely using them as communicators of adult.

The main focus of utilizing the Child-to-Child approach as an effective tool is to create awareness among children and communities affected by water and sanitation-related diseases.

Engaging children in improving the sanitation, health and hygiene conditions at the school and community level

Recommendations

1. Monitoring and Evaluation of Child-to-Child Activities should be carried out according to the program. Training Activities should be implemented as:

- Basic health and hygiene education
- Components of sanitation;
- The six-steps of the CtC approach;
- Why and when child participate, etc.
- The trainings are conducted through the active involvement of children, based on life skills.

(http://www.child-to-child.org/wherewework/pakistan_project4.htm)

Primary Environmental Care Program and Primary Environmental Care in Girls Primary Schools.

(i) PEC Project

(ii) Objective

(iii) Primary Environmental Care Program was started in 1992 covering Punjab, NWFP and Balochistan Provinces... The main objective of the PEC is to

- Contribute to child survival
- Inculcate knowledge
- Practice for improved sanitation and hygiene among school children.
● Introducing concept of household latrine construction

● Installation of hand pumps

(ii) Primary Environmental Care in Girl Primary School (PECGPS)

(iii) Considering the fact that lack of drinking water and sanitation facilities is one of the main reasons for low enrollment and high drop out rates in the girl primary school, UNICEF launched the province in 1998.

(iv) Learning Material

(v) School children are customized to learn from the text book, therefore subject related printed material has been prepared in form of booklets, charts and games, and a package prepared by an NGO namely Health, Education & Adult Literacy (HEAL) is provided to each school. The material is published in Urdu language and easy to understand for the primary school teachers as well as students. It comprises of the following items of material:

● Booklets

● Latrine Ka Istimal

● Hatton Ki Safai

● Mahol

● Peenay Ka Pani

● Aam Bimariyan

● Charts and Games

● Illustrated charts Latrine Istimal Karney Ka Tarika

● Ludo Games on Hygiene Practices

● Personal Hygiene Kit

● One Nail Cutters (Source: www.pecgps.org )

SAFEGUARD AND SAVE THE CHILDREN PAKISTAN

AIMS & OBJECTIVES

Safeguard and Save the Children aim to address the incidence of common illnesses arising from poor sanitation facilities in school children, and empower Pakistani children to adopt healthy
habits through health education and improved access to hand washing, toilet and water supply facilities. The overall aim is to enable children and their families to adopt better health and hygiene habits in the long-term. According to estimates, water, sanitation and hygiene related diseases cost Pakistan’s economy about Rs 112 billion per year and over Rs 300 million a day in terms of health cost and lost earnings.

**RECOMMENDATION**: Every day, 670,000 children miss school due to illnesses. According to the Karachi Soap Health Study (2002) led by the Center for Disease Control (USA), HOPE and P&G, regular hand washing with soap can reduce the incidence of diarrhea and common illnesses by up to 50 percent. [...] We will be building these facilities this year, and are committed to provide sustainable maintenance to these facilities for the years to come.

**CONCLUSION**

Safeguard has empowered over 6 million children in more than 17,000 Pakistani schools through Sehat-o-Safai, the largest school health and hygiene awareness campaign in the country. To reinforce its commitment to health and hygiene, Safeguard is making this sustainable long term investment to improve the lives of Pakistani children and to insill the message of the importance of hand washing with soap. The Safeguard team will be educating 40,000 children through this partnership, and about 1.5 million children overall through the Sehat-o-Safai program this year. (Source: www.savethechildren.com)

**HEALTH AND HYGIENE IN CURRICULUM**

The researcher reviewed the curriculum from Class I to V, edition 2009-10. In terms of Health and Hygiene Education, it was found insufficient. In the curriculum very little content about personal health and hygiene were given which are not enough for the basic awareness and habit building of students. In formal education, a curriculum is a set of courses and other contents that is offered at a school or university. Curriculum is designed for the students to undergo a positive change so that they may be successful in the society. A curriculum encompasses the entire scope of formative deeds and experiences occurring in, and out of the school. To Bobbitt, “the curriculum is a social engineering arena” (Bobbitt, John Franklin. The Curriculum. Boston: Houghton Mifflin, 1918).

As the WHO definition for health is, “the complete physical, mental and social well being and not merely the absence of infirmity”, it links the human health with the health of environment and friendly relations with other human beings. This needs to be taught in our curriculum. “The curriculum needs to put emphasis on five categories of knowledge: the human body, hygiene (with sanitation) nutrition, personal safety and disease prevention”. (Pridmore 2000: Forces shaping current Practice; Concepts, Culture and History, P. 9). We, in our curriculum are lacking these essentials. In Pakistan, implementation of policy and practice in schools is made slowly and unevenly. A study in Guatemala, Central America (Martorell 1992) demonstrated that improved nutrition during early childhood was related to improve intellectual performance in adolescence and adulthood.
In the Pakistani syllabus for primary students, not much was found about health and hygiene, daily physical exercise, sports, healthy life style. In contrast, when an international curriculum was looked at, many lessons we found, one of which is quoted as follows: “Teeth are those enamel-coated wonders that help us chew, talk and smile. Unfortunately, many of our students may not know how to care for their pearly white property”. (www.kidshealth.org/classroom/perk) Such lessons, which inculcate good habits, cleanliness, happiness and healthy lifestyles beside intellectual progress, must be included in the Pakistani curriculum in an interesting way, as above. Not only in black and white, but also, excursions and fascinating teaching aids should be used, so that the students get motivated and apply cleanliness in their lives.

OBJECTIVES

- To analyze the different health and hygiene conditions of Government Primary Schools of Hyderabad District.
- To find out root causes which create hurdles in promoting healthy environment?
- To examine the effects of health and hygiene conditions on learning of pupils of primary schools.
- To analyze the role of media to build good or bad habits in the personality of pupils of the primary schools.

METHODOLOGY

Data were collected through survey and questionnaires. The researcher administered self assessment questionnaire and sampled Head Teachers of the sampled Govt. Primary Schools in Hederabad district of Sindh province.Percentage was applied to measure the different health and hygiene conditions, good or bad habits, and spare time activities for primary school pupils. Heads of the schools were taken 30% as a sample.

RESULT

TABLE: QUESTIONNATURE FOR HEAD OF THE INSTITUTIONS

<table>
<thead>
<tr>
<th>S.No</th>
<th>Statement</th>
<th>Boys Yes%</th>
<th>Girls Yes%</th>
<th>Mixed Yes%</th>
<th>Mean</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regular Assemblies</td>
<td>87.2</td>
<td>92.7</td>
<td>87.6</td>
<td>89.2</td>
<td>136</td>
</tr>
<tr>
<td>2</td>
<td>Teaching on Educational Topic</td>
<td>2</td>
<td>5</td>
<td>3</td>
<td>3.3</td>
<td>136</td>
</tr>
<tr>
<td>3</td>
<td>Discussions about health topic</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1.6</td>
<td>136</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>---</td>
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<td></td>
</tr>
<tr>
<td>4</td>
<td>Availability of electricity</td>
<td>100</td>
<td>93.5</td>
<td>98.8</td>
<td>97.4</td>
<td>136</td>
</tr>
<tr>
<td>5</td>
<td>Availability of proper light for reading</td>
<td>17</td>
<td>15</td>
<td>18</td>
<td>16.6</td>
<td>136</td>
</tr>
<tr>
<td>6</td>
<td>Well ventilated classrooms</td>
<td>17</td>
<td>13</td>
<td>18</td>
<td>16</td>
<td>136</td>
</tr>
<tr>
<td>7</td>
<td>Bringing of Lunch for Recess Time</td>
<td>10</td>
<td>15</td>
<td>10</td>
<td>11.6</td>
<td>136</td>
</tr>
<tr>
<td>8</td>
<td>Buying of edibles from hawkers</td>
<td>45</td>
<td>45</td>
<td>35</td>
<td>35</td>
<td>136</td>
</tr>
<tr>
<td>9</td>
<td>Encouragement for home made food</td>
<td>2</td>
<td>10</td>
<td>5</td>
<td>5.6</td>
<td>136</td>
</tr>
<tr>
<td>10</td>
<td>Availability of First Aid Box</td>
<td>NIL</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>136</td>
</tr>
<tr>
<td>11</td>
<td>Medical cares</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>136</td>
</tr>
<tr>
<td>12</td>
<td>Provision of vaccination facility</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>136</td>
</tr>
<tr>
<td>13</td>
<td>First Aid Training for teachers</td>
<td>NIL</td>
<td>NIL</td>
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</tr>
<tr>
<td>14</td>
<td>Availability of Play Ground</td>
<td>15</td>
<td>10</td>
<td>10</td>
<td>12.3</td>
<td>136</td>
</tr>
<tr>
<td>15</td>
<td>Use of Play Ground</td>
<td>15</td>
<td>15</td>
<td>12.5</td>
<td>12.5</td>
<td>136</td>
</tr>
<tr>
<td>16</td>
<td>P.E classes in timetables</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
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<tr>
<td>17</td>
<td>Availability of PTI</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>NIL</td>
<td>136</td>
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<tr>
<td>18</td>
<td>Garbage along boundary wall</td>
<td>51.9</td>
<td>65.6</td>
<td>57.1</td>
<td>58.2</td>
<td>136</td>
</tr>
<tr>
<td>19</td>
<td>Availability of drinking water</td>
<td>94</td>
<td>84.1</td>
<td>96</td>
<td>91.3</td>
<td>136</td>
</tr>
<tr>
<td>20</td>
<td>Cleanliness of water storage tanks</td>
<td>20</td>
<td>25</td>
<td>20</td>
<td>21.6</td>
<td>136</td>
</tr>
</tbody>
</table>
1. It is revealed that conducting regular assembly in Boys Primary Schools is 87.2%, in Girls Primary School, is 92.7% and in Mixed Primary Schools is 87.6%.

2. It is shown that the teaching on any educational topic in the assembly in Boys Primary Schools is 2%, in Girls Primary Schools is 5% and in Mixed Primary Schools 3%.

3. The data says that percentage of discussion on a health topic in the assembly is just 1% in Boys Primary Schools, 2% in Girls Primary Schools and 2% in Mixed Primary Schools.

4. It is shown that 100% electricity is available in Boys Primary Schools, 93.5% in Girls Primary Schools and 98.8% in Mixed Primary Schools.

5. It is indicated that, in 17% Boys Primary Schools, 15% Girls Primary Schools and 18% Mixed Primary Schools, classrooms are well lighted.

6. It is shown that 17% of Boys Primary Schools, 13% of Girls Primary Schools and 18% of Mixed Primary Schools were found well ventilated. It makes overall 48% and in rest 52% schools the classrooms were not properly aerated, and had a foul smell.

7. The data reveals that 35% pupils bring their lunch from home, while 65% pupils do not. The data also reveals that there is a weak trend of bringing lunch from homes.

8. It is shown that the pupils are more interested in having junk food, rather than home made. Data shows that 45% in the Boys, 35% in the Girls and 35% in the Mixed Primary Schools buy lunch from the hawkers.

9. The data shows the level of encouragement done by the parents and school teachers to the students for lunches. Only 2% of the Boys Primary Schools promote the home made food. Also, 10% of the Girls Primary Schools are encouraged to bring their lunch and just 5% of the teachers in Mixed Primary schools provide an encouragement to the students.

10. The data indicates that the immediate medical facility, i.e the first aid box is not available at all in the Boys Primary Schools. Only 2% of the Girls Primary Schools and 2% of Mixed Primary Schools have it. Rest 98% do not bother about the facility. The first aid box with Mixed Primary Schools were poor in condition and contained expired medicines.

11. The nil reveals that there is no specified doctor or dispensary provided for the medical care of pupils.

12. The nil data describes that there is no vaccination facility provided to primary school pupils against day to day infections.
13. The nil data describes that there is no first aid training arranged for primary school teachers.

14. Only 15% Boys Primary Schools, 10% Girls Primary Schools and 10% Mixed Primary Schools have the facility of playground. Data illustrates that on an average 35% primary schools are blessed with playground facility. Rest 65% are deprived of this facility.

15. Data shows that the use of playground in Boys Primary Schools is 15%, in girls primary schools is 10% and in a Mixed Primary Schools is 12.5%. The table tells us that the use of playground for physical activities, even where available, is very little that is an average of 12.5%, and the remaining 87.5% schools are not using playground for physical exercise, sports and games even with the availability of playground.

16. The nil data reveals that there is no games or P.E. period provided in the time table.

17. The nil data reveals that there is no PTI (Physical Training Instructor) provided to primary schools.

18. It is revealed that garbage is dumped along boundary walls of 51.9% of Boys Primary Schools, 65.6% Girls Primary Schools, 57.1% Mixed Primary Schools.

19. The availability of water in Boys Primary Schools is 94%, in Girls Primary Schools is 84.1% and in Mixed Primary Schools is 96%. In 91.3% of the sampled schools had water available while 8.7% of the schools did not have the facility of drinking water.

20. The nil data shows that there is no availability of filtered drinking water, in any of the primary schools.

CONCLUSION

Following points have been concluded from the study:

General health of pupils was not satisfactory. 40-45% of absenteeism was due to illness. The study revealed that only 25% of schools educate pupils about their health and personal hygiene and use the assembly timings in the most purposeful ways for grooming of innocents pupils physical, mental and Spiritual development at their early age.

It was observed that light and Electricity connections were provided to 97.4% Govt Primary Schools but the classrooms were congested, not properly well lighted and ventilated creating ill effects on eye sight of the pupils. Due to suffocation and unavailability of Fresh Air, pupils suffered from cough, cold and allergy problems. Mosquitoes and insects made their way under the benches and 20% pupils suffered from Malaria fever.
It was observed from the study that 11.2% schools had Playground available. The ground surface was uneven and could not be used for physical exercise or sports.

In 55% Govt Primary Schools, sitting arrangement was not according to age of pupils. Big benches without backs create unhealthy effect on pupils’ physical posture and they get tired sitting on these uncomfortable seats.

The study showed that in 100% of Govt Primary Schools, there were no medical facilities available. No periodic medical checkups were arranged, no sick room and library was available. Physical exercises, educational excursions, health exercise were not observed as an important part of Primary education. Hand pumps were also seen in those schools where there was not other source of water supply.

It was observed by the researcher that water connections were provided in 91.3% primary schools. But water storage was not satisfactory as drink up water tanks were not clean at appropriate Intervals. Filtered water for drinking purpose was not seen at any of the Govt Primary Schools. It was observed that 80% pupils do not take breakfast in the morning and they depend on junk food.

During the study it was observed that 45% parents seemed not taking care of children’s breakfast. Due to their ignorance, poverty and heavily populated homes, they were not able to provide breakfast to their children in the morning.

**RECOMMENDATIONS**

In the light of findings and conclusion, following recommendations were made:

- The study strongly recommends that the school assembly should be conducted purposefully and the topics related to pupils’ physical, mental, social & spiritual developments should be discussed frequently.

- There is a need of clean, happy & hygienic environment in the Primary Schools. Sanitation and toilet facility should be provided and improved in every school.

- The study strongly recommends to celebrate the important days, e.g.: cleanliness day, lice-free day, dustbin day, personal hygiene day, no-smoking day and green day etc.

- Activities and presentations on National Heroes should be arranged to activate the pupils, their parents, teachers, and the school management.

- Emphasis should be made on cleanliness in the school and outside the school.

- Major reparation and renovation of primary school is recommended at least once in two years.
• Proper seating, lighting and ventilation arrangements in the class rooms are recommended very strongly.

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