

FOOD AND WATERBORNE DISEASES AND THEIR PREVENTION' AMONG SELECTED HIGH SCHOOL GOING STUDENTS

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ABSTRACT: Food and water borne diseases are the significant health risk in the developing countries as well as in the 3rd world especially among poor rural communities and the most vulnerable group age groups – the young and the old. Food and water borne diseases are largely caused by micro organisms present in human or animal waste (feces) finding their way in to humans via the mouth (orally). This may happen through drinking or using contaminated water supply (water borne diseases), but more often fecal oral diseases are spread through other routes such as via hands, clothes, food or materials used for cooking, eating or drinking. These disease are infections, which means that they can spread from one person to another. High standards of hygiene and sanitation are needed to stop the spreading of disease. There is a saying that, infectious disease will last as long as humanity exists.

Objectives -1. To determine the post-test knowledge of students regarding food and waterborne diseases and their prevention. 2. To associate the pre-test knowledge score of students regarding food and waterborne diseases their prevention with their selected demographic variables.

MATERIALS AND METHODS-Health Belief Model is applied in this study. An evaluative research approach & Pre-experimental, one-group pre-test –post-test design with 120 school children drawn from stratified random sampling was used to identify the effectiveness of the structured teaching program on food and waterborne diseases, and their prevention for the study.

RESULT There was highly significant difference ($t_{119}=59.72, P<0.05$) between mean pre-test and mean post-test knowledge score. There was significant association between the gain in knowledge score and selected variables like age ($\chi^2=9.79, P<0.05$), class ($\chi^2=14.729, P<0.05$).

CONCLUSION-Food and water borne diseases in India are very common and spread from one to another. Adequate water treatment, waste disposal and protection of food supply from contamination are important public health measures.

KEYWORDS: Waterborne diseases, prevention, high school, students

INTRODUCTION

Food and water borne diseases are the significant health risk in the developing countries as well as in the 3rd world especially among poor rural communities and the most vulnerable group age groups – the young and the old. Food and water borne diseases are largely caused by micro organisms present in human or animal waste (feces) finding their way in to humans via the mouth (orally). This may happen through drinking or using contaminated water supply (water borne diseases), but more often fecal oral diseases are spread through other routes such as via hands, clothes, food or materials used for cooking, eating or drinking. These disease are infections, which means that they can spread from one person to another. High standards of hygiene and sanitation are needed to stop the spreading of disease. There is a saying that, infectious disease will last as long as humanity exists¹

In India almost 74% of people live in rural areas. It is observed that because of illiteracy, ignorance, misconception and superstition people of rural areas have developed undesirable health attitudes and practices. About 30-50% of rural school children suffer from many morbidities like worminfestations, diarrheal diseases, under nutrition etc, but unless there is genuine understanding about how the disease is caused and carried, communicable disease is likely to continue because people are not in born with hygiene knowledge

WHO and World Bank estimated that around 5 lakh populations in India die due to diarrhea. Community level study conducted jointly by WHO and UNICEF, which was published in planning commissions. India assessment report 2002, shows that every child below 5 years of age has 2-3 episodes of diarrhea every year. It means many hundred million cases of diarrhea occur every year and only a small 1 percentage of diarrheal diseases are reported. According to wittel programme for appropriate technology in health (PATH) estimated 1,25,000 Indian children die each year from rotavirus diarrhoea. According to the planning commission report (2005) “to advocate the development of water supply and sanitation infrastructure and increased efficiency within the sector, health authorities will need to improve their information base. “This can be achieved by linking disease surveillance with environmental surveillance programmes by strengthening research capacities on epidemiology of water related diseases and economic analyses, and by improving information management and communications capabilities holds and nations economy as well.

OBJECTIVES

1. To determine the post-test knowledge of students regarding food and waterborne diseases and their prevention.

2. To associate the pre-test knowledge score of students regarding food and waterborne diseases their prevention with their selected demographic variables

HYPOTHESIS

The hypothesis will be tested at 0.05 level of significance.

- H 1: There will be significant difference in the pre test and post test knowledge scores of school children receiving child to child programme.
- H 2: There will be significant correlation between knowledge and practice of school childrens regarding food and water borne diseases.
- H 3: There will be significant association between knowledge of school children and selected demographic variables such as age, religion, education of the parents, type of family, area of residence.

OPERATIONAL DEFINITIONS:

DETERMINE

- In this study it refers to firmly decide on the effect of child to child program on water borne diseases as measured by the semi –structured questionnaire and expressed as the post test scores of the experimental group.

EFFECTIVENESS

- In this study it refers to producing the desired or intended result of child to child programme on water borne diseases as measured by the instrument and shown by the post test scores of the experimental group.

CHILD TO CHILD PROGRAMME

It is a programme through which the children (10 -11 years) learns about health in active and meaning fulways, through games, stories, songs, dramas, puppets, folk dances and role plays. And through this programme the child will be able to pass messages to other siblings, parents, neighbours thereby effectively improving health status of the community.

KNOWLEDGE

- In this study it refers to the correct responses of the children to the knowledge part of the questionnaire of the interview schedule and expressed as knowledge scores

PRACTICES

- It refers to responses of children to a practice questionnaires regarding activities performed by them for prevention and management of food and water borne diseases.

SCHOOL CHILDREN

Those children between 10-11 years of age,studying in 4 th standard of a selected rural school.

FOOD AND WATER BORNE DISEASES

The diseases which are transmitted through food source and water sources (Typhoid, Hepatitis A, Polio,Diarrhoeal diseases,Worm infestations,Cholera,dysentery and food poisoning)

ASSUMPTIONS

- Adequate information about food and water borne diseases can be provided through child to child programme.
- Knowledge level will be improved.
- They will follow preventive measures

DELIMITATIONS:

The study is delimited:

- Children who are willing to participate in the study.
- Who knows hindi or English and kashmiri.

- Children of the age group 10-11 years. .

PROJECTED OUTCOME:

- The present study will help the school children to understand about the causes, prevention and management of food and water borne diseases.

MATERIALS AND METHODS

SOURCE OF DATA

- The data will be collected from rural school children who are studying in 4th grade.

RESEARCH DESIGN

- The research design adopted for this study is pre experimental study. One group pre test and post test control group.

RESEARCH APPROACH

- The research approach is evaluative.

SETTING:

- The study will be conducted in selected High schools Jaipur, Rajasthan .

POPULATION

- The population selected are school children who are studying in 4 th grade.

METHOD OF DATA COLLECTION

SAMPLING PROCEDURE

- The Sampling Technique adopted for this study is Stratified random sampling.

SAMPLE SIZE

- The sample size is 120.

INCLUSION CRITERIA

The criteria for sample selection are mothers of under-five who

- Students of 4th grade both boys and girls.
- willing to participate in the study
- Students who are present on the day data collection.
- Students whonknow English, hindi, and kashmiri.

EXCLUSION CRITERIA

- Children who are studying in other grades.
- Students who are sick on the day of data collection.
- Students who are not willing
- Students who doesn't understand English and hindi and kashmiri.

INSTRUMENT INTENDED TO BE USED

SELECTION OF TOOL

This consist of three parts:

PART 1 :consist of demographic variables such as age,religion,education of the parents, type of family, area of residence.

PART 2: Questionnaire will be used to assess the knowledge.25 Questions will be used.

PART 3: Questionnaire will be used to assess the practice.25 Questions will be used

