

# Water Sanitation In School Level: A Case Study Aurangabad High School

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*Abstract: The school surroundings represent an important setting because many children's social habits and behaviors are learned at school. In unkindness of this important profit, levels of water supply, sanitation and hygiene are undesirable in many schools worldwide. The important of rapidly addressing "quick wins" — identifying specifically provision of services to schools and health-care facilities. The goal of the study concluded the social awareness among the students of the hygiene behaviors that children learn at school — made possible through a combination of hygiene education and suitable water, sanitation and hygiene-enabling facilities.*

*Keyword: Hand wash before Meal and Hand wash after Toilet*

## I. INTRODUCTION

The school environment represents an important setting because many children's social habits and behaviors are learned at school. In unkindness of this important profit, levels of water supply, sanitation and hygiene is undesirable in many schools worldwide. Many schools serve communities that have a high rate of diseases related to inadequate access to safe water, sanitation and hygiene in schools in resource-scarce settings. The international policy environment increasingly reflects these issues. Providing adequate levels of water supply, sanitation and hygiene in schools is of direct relevance to the United Nations (UN) Millennium Development Goals on achieving universal primary education, promoting gender equality and reducing child mortality. It is also supportive of other goals, especially those on major diseases. The UN Millennium Project and the UN Secretary-General have also highlighted the importance of rapidly addressing "quick wins" — identifying specifically provision of services to schools and health-care facilities. Targets promoted by Vision 21 include 80% of primary schoolchildren educated about hygiene and all schools equipped with facilities for sanitation and hand washing by 2015 (WSSCC, 2000). Strategy 8 of the Dakar Framework for Action, produced at the World Education Forum in 2000, is to create

safe, healthy, inclusive and equitably resourced educational environments (UNESCO, 2000). Sanitation and hygiene are key to child survival, development and growth. Improved sanitation has yet to reach 2.6 billion people in the developing world — almost 980 million of which are children under 18 years old. The result is not surprising and yet it is shocking millions of children die each year from preventable diseases. These numbers are of huge proportions the time for action is now.

## II. OBJECTIVE OF THE PRESENT STUDY

- ✓ To find out the good hand wash behaviors as children become change social awareness within their families.
- ✓ To study of the education related to inadequate access to safe water, sanitation, and hygiene.

## III. REVIEW OF LITERATURE

Schools and Water or Sanitation, Gender and Water or Sanitation, Girls and Water or Sanitation, Menstruation and Water or Sanitation, School Absenteeism and Water or Sanitation, School Health Policies and Water or Sanitation,

Water, Sanitation, and Hygiene and Schools to conducted by Christian Jasper, Thanh-Tam Le and Jamie Bartram of study. “Water and Sanitation in Schools: A Systematic Review of the Health and Educational Outcomes”. Snow, j. (1855), would also be amazed to find that our understanding of diarrheal diseases and how to prevent them has advanced very little in the century and a half since he wrote his famous paper “the mode of communication of cholera. London”. In this context, the present study is unique no research activity has not been done on this particular area.

#### IV. SAMPLE

The samples of the study consist of students randomly choose from inter classes VI & VII 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.

#### V. 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, randomly selected 35 students of total number of students 420 in class VI and randomly selected 35 students of total number of students 510 in class VII. 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.

Total No of sample	Hand wash before Meal	No hand wash before meal	Hand wash after toilet	No hand wash after toilet
35	22	13	23	12
N=35	62.85 %	37.15 %	65.71%	34.29 %

Table 1: Class wise percentage scores of hand wash before meal and hand wash after toilet in class VI

Total No. of sample	Hand wash before Meal	No hand wash before meal	Hand wash after toilet	No hand wash after toilet
35	23	12	31	4
N=35	65.71 %	34.29 %	88.57 %	11.43 %.

Table 2: Class wise percentage scores of hand wash before meal and hand wash after toilet in class VII

In the above data shows that educational level improves the consciousness of hand wash before dequate water supply. There is strong and growing evidence from many countries of meal 65.71% in class VII then 62.85% class VI and no hand wash after toilet 34.49% in class VII and 37.15% in class VI. Similarly hand wash after toilet gradually improve related to

educational level i.e. 88.57% in class VII and 67.71% in class VI and no hand wash after toilet 11.43% in class VII and 34.29% in class VI. Educational level development upgraded the water sanitation system.

#### VI. CONCLUSION

In the present study educational improvement is the health and educational effects of water and sanitation in schools. The goal of the study concluded the social awareness among the students of the hygiene behaviors that children learn at school — made possible through a combination of hygiene education and suitable water, sanitation and hygiene-enabling facilities.

The overall reasoning behind attention to water and sanitation in schools is logical. Respiratory and gastrointestinal diseases are one of the leading causes of death for children globally. This paper leads to concluded that no hand wash after toilet 34.49% in class VII and 37.15% in class VI, they are suffering in dihedral, typhoid diseases. Although 10 percent student do not use toilet, not suffering in any diseases for their immunity function. The educational level increase sanitation level to the student in class VI- VII. The evidence summarized in this paper supports there being a link between gastrointestinal and other diseases has important implications for children’s health worldwide. In order to achieve universal access to education as a right for all children, the underlying factors of water and sanitation provision in the school environment and their impacts on health and educational outcomes must be effective intervention.

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