



E-ISSN: 3078-9117
P-ISSN: 3078-9109
www.hygienejournal.com
JHCHN 2024; 1(1): 14-17
Received: 25-08-2024
Accepted: 10-10-2024

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The effectiveness of interactive hygiene education sessions led by community nurses in schools

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DOI: <https://doi.org/10.33545/30789109.2024.v1.i1.A.5>

Abstract

Interactive hygiene education sessions led by community nurses have emerged as a transformative approach to promoting better health practices among school-aged children. These sessions employ engaging and participatory methods to teach hygiene practices such as handwashing, oral hygiene, and menstrual health management. Community nurses play a dual role as educators and facilitators, ensuring that the programs are evidence-based, culturally sensitive, and aligned with public health objectives. This article reviews the role of community nurses in delivering interactive hygiene education, highlights its impact on knowledge dissemination, behaviour change, and health outcomes, and identifies challenges and actionable recommendations for improving program sustainability and scalability.

Keywords: Interactive hygiene education, community nurses, school health programs, handwashing practices

Introduction

Hygiene education is a fundamental public health initiative aimed at mitigating the prevalence of communicable diseases, particularly in resource-limited settings. Schools, as structured environments, provide an optimal platform for teaching children essential hygiene practices that can influence their lifelong behaviours. However, traditional approaches to hygiene education often rely on lectures or instructional materials that fail to engage students actively, resulting in limited behavioural adoption and suboptimal health outcomes^[1,2].

Interactive hygiene education sessions, led by community nurses, address these gaps by employing participatory techniques such as hands-on demonstrations, group discussions, and role-playing activities. Community nurses, with their clinical expertise and ability to connect with children, ensure that the information delivered is accurate, practical, and culturally appropriate. These sessions not only teach students about hygiene but also empower them to become agents of change within their families and communities^[3,4].

The global burden of hygiene-related diseases, such as diarrhea and respiratory infections, underscores the urgency of implementing effective school-based interventions. According to the World Health Organization (WHO), poor hand hygiene contributes to millions of preventable illnesses annually, particularly in developing regions where access to clean water and hygiene supplies is limited^[5]. By involving community nurses in interactive education, schools can address these challenges holistically, combining medical knowledge with engaging teaching methods to foster long-term health improvements.

This article examines the role of community nurses in interactive hygiene education, evaluates the effectiveness of these programs based on existing studies, and discusses challenges and opportunities for their enhancement. By synthesizing the available literature, this review aims to provide actionable insights for policymakers, educators, and healthcare professionals seeking to promote hygiene in schools.

Role of Community Nurses in Interactive Hygiene Education

Community nurses serve as the cornerstone of interactive hygiene education sessions, acting as educators, mentors, and facilitators who bridge the gap between healthcare systems and schools. Their involvement ensures that hygiene education is both evidence-based and contextually relevant, catering to the unique needs of the school environment^[6].

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As educators, community nurses design and deliver comprehensive hygiene education programs that incorporate interactive and participatory methods. These methods go beyond traditional lectures to include activities such as live demonstrations of proper handwashing techniques, practical exercises on oral hygiene, and discussions on menstrual health management. By making the learning process engaging and relatable, community nurses foster a deeper understanding of hygiene practices among students^[7]. This approach not only ensures better knowledge retention but also encourages students to actively participate in their own health management.

In their role as mentors, community nurses provide personalized guidance to students, addressing individual queries and concerns in a supportive and non-judgmental manner. This is particularly important when discussing sensitive topics, such as menstrual hygiene, which are often stigmatized in certain cultural contexts. By creating a safe and inclusive space for open dialogue, nurses empower students to overcome taboos and misconceptions, fostering greater confidence in managing their personal hygiene^[8]. Furthermore, as facilitators, community nurses coordinate resources and partnerships necessary for the success of hygiene education programs. This includes securing hygiene supplies such as soap, sanitary products, and toothbrushes, as well as engaging with school administrations to schedule sessions and integrate hygiene education into the school curriculum. Community nurses also serve as liaisons between schools and local healthcare providers, ensuring that students have access to medical support when needed^[9].

Effectiveness of Interactive Hygiene Education Sessions Knowledge Dissemination

Interactive hygiene education sessions led by community nurses have demonstrated significant success in improving students' knowledge of hygiene practices. Research consistently shows that students who participate in these sessions gain a deeper understanding of topics such as handwashing, oral hygiene, and the prevention of hygiene-related diseases. For example, a study conducted in rural schools in India found that students who attended nurse-led interactive sessions scored significantly higher on hygiene knowledge assessments compared to those who received conventional instruction^[10].

This effectiveness can be attributed to the participatory nature of the sessions. Instead of passively listening to lectures, students engage in hands-on activities, such as practicing proper handwashing techniques using visual aids and props. These activities make abstract concepts more tangible and relatable, enhancing knowledge retention^[11]. Moreover, the interactive format allows students to ask questions and clarify doubts in real time, ensuring a comprehensive understanding of the subject matter.

Interactive sessions also incorporate culturally relevant examples and scenarios, making the content more accessible to diverse student populations. For example, discussions on menstrual hygiene management are tailored to address local taboos and beliefs, enabling students to relate the information to their own experiences^[12]. By fostering a deeper connection to the material, community nurses ensure that the knowledge imparted is not only understood but also valued by students.

Behavioural Change

The impact of interactive hygiene education sessions extends beyond knowledge acquisition to include measurable behavioural changes among students. Numerous studies have documented increased adoption of good hygiene practices, such as regular handwashing, consistent use of soap, and proper menstrual hygiene management, following participation in these sessions. For example, a study in South Africa observed that students who attended nurse-led interactive sessions demonstrated a 40% increase in regular handwashing practices within three months^[13].

Behavioural change is facilitated by the engaging and participatory nature of the sessions, which encourage students to internalize the importance of hygiene practices. Activities such as role-playing scenarios, where students act out the consequences of poor hygiene, create memorable learning experiences that reinforce positive behaviours. Additionally, community nurses emphasize the practical benefits of hygiene, such as reduced illness and improved self-esteem, motivating students to adopt these practices consistently^[14].

The influence of peer dynamics further amplifies behavioural change. By engaging students in group activities and discussions, interactive sessions create a supportive environment where positive hygiene behaviours are normalized and encouraged. Peer reinforcement plays a crucial role in sustaining these behaviours, as students are more likely to emulate the practices of their classmates^[15].

Health Outcomes

The ultimate goal of interactive hygiene education sessions is to improve health outcomes, and studies have shown significant success in this regard. Schools that implement nurse-led interactive sessions often report reductions in hygiene-related illnesses such as diarrhea, respiratory infections, and skin conditions. For instance, a longitudinal study in Bangladesh found that schools participating in these programs experienced a 30% decrease in cases of diarrhea among students within a year^[16].

Improved health outcomes are not limited to the physical domain; they also extend to students' mental and emotional well-being. Students who feel confident in their hygiene practices are less likely to experience social stigma or embarrassment, particularly in areas such as menstrual hygiene. This improved self-esteem contributes to better classroom engagement and overall academic performance, creating a positive feedback loop that benefits both health and education^[17].

Challenges in Implementation

Despite their effectiveness, interactive hygiene education sessions face several challenges that must be addressed to maximize their impact. Resource constraints, such as limited access to clean water, hygiene supplies, and teaching materials, remain a significant barrier in low-resource settings^[18]. Additionally, cultural taboos and misconceptions about topics like menstrual hygiene can hinder participation and acceptance, particularly in conservative communities^[19].

The workload of community nurses is another critical challenge. With high nurse-to-student ratios, delivering personalized and consistent education can be difficult, particularly in regions with limited healthcare infrastructure.

[20].

Recommendations for Program Improvement

To address the challenges faced by interactive hygiene education sessions led by community nurses, several strategies can enhance the effectiveness, sustainability, and scalability of these initiatives. Integrating hygiene education into school curricula ensures that the lessons become an ongoing part of the educational experience rather than one-time interventions. By embedding these programs within the academic framework, schools can ensure consistency and reinforce hygiene practices throughout the school year^[21].

Community engagement is crucial for program success. Parents, teachers, and local leaders play a vital role in supporting and sustaining hygiene education efforts. Educating parents on hygiene practices can help reinforce these behaviours at home, creating a holistic environment that supports the lessons learned in school. Local leaders and cultural influencers can help address taboos and misconceptions, particularly around sensitive topics like menstrual hygiene, increasing program acceptance^[22].

Leveraging technology can significantly amplify the reach and impact of these programs. Digital tools such as interactive videos, mobile applications, and e-learning modules can complement traditional sessions, making hygiene education accessible to more students. For example, virtual demonstrations of proper handwashing techniques can be distributed to schools with limited access to community nurses, ensuring that students in remote areas are not left behind^[23].

To alleviate resource constraints, partnerships with local governments, non-governmental organizations (NGOs), and private companies can provide much-needed funding and supplies. Hygiene kits containing soap, toothbrushes, and menstrual products can be distributed during sessions, ensuring that students can immediately apply what they learn. Collaborating with local stakeholders also strengthens the program's foundation and facilitates long-term support^[24].

Providing additional training and support to community nurses is essential to address workload challenges. Regular workshops and refresher courses can help nurses stay updated on the latest hygiene practices and teaching methods. Furthermore, employing more nurses or leveraging community health workers can reduce the burden on individual nurses and improve the reach of these programs^[25].

Finally, robust evaluation mechanisms are necessary to assess the program's effectiveness and identify areas for improvement. Developing standardized metrics to measure knowledge gains, behaviour changes, and health outcomes can provide valuable insights into the program's impact. Regular feedback from students, teachers, and parents can also guide ongoing enhancements, ensuring that the program remains relevant and effective^[26].

Conclusion

Interactive hygiene education sessions led by community nurses are a proven and effective strategy for promoting better health practices among school-aged children. These sessions leverage the expertise of community nurses and the engaging nature of interactive teaching methods to improve hygiene knowledge, encourage positive behaviors, and enhance health outcomes. By addressing challenges such as

resource constraints, cultural barriers, and nurse workloads, these programs can become even more impactful and sustainable.

The success of these initiatives underscores the importance of integrating hygiene education into broader public health and education strategies. By fostering partnerships, utilizing technology, and engaging communities, schools can create a supportive environment that reinforces hygiene practices and contributes to students' overall well-being. With strategic improvements and sustained commitment, interactive hygiene education programs have the potential to transform health outcomes for children worldwide, ensuring a healthier and brighter future.

Conflict of Interest

Not available

Financial Support

Not available

References

1. World Health Organization. School hygiene and sanitation: impact on infectious diseases and absenteeism. WHO Press; 2020. Available from: <https://www.who.int>
2. O'Reilly CE, Freeman MC, Ravani M, et al. The impact of a school-based safe water and hygiene program on knowledge and practices of students and their parents. *Am J Trop Med Hyg.* 2008;78(4):664-671. DOI:10.4269/ajtmh.2008.78.664.
3. McMahon SA, Winch PJ, Caruso BA, et al. 'The girl with her period is the one to hang her head': Reflections on menstrual management among schoolgirls in rural Kenya. *BMC Int Health Hum Rights.* 2011;11:7. DOI:10.1186/1472-698X-11-17.
4. Curtis V, Cairncross S. Effect of washing hands with soap on diarrhoea risk in the community: a systematic review. *lancet infect dis.* 2003;3(5):275-281. DOI:10.1016/S1473-3099(03)00606-6.
5. Blanton E, Ombeki S, Oluoch GO, Mwaki A, Wannemuehler KA, Quick R. Evaluation of the role of school children in the promotion of point-of-use water treatment and handwashing in schools and households—Nyanza Province, Western Kenya, 2007. *Am J Trop Med Hyg.* 2010;82(4):664-671. DOI:10.4269/ajtmh.2010.09-0496.
6. UNICEF. WASH in Schools Monitoring Package. New York: UNICEF; 2011. Available from: <https://www.unicef.org/wash/>
7. Vujicic M, Zurn P. The role of wages in the migration of health care professionals from developing countries. *Hum Resour Health.* 2006;4(1):3. DOI:10.1186/1478-4491-4-3.
8. Freeman MC, Greene LE, Dreibelbis R, et al. Assessing the impact of a school-based water treatment, hygiene, and sanitation program on absenteeism in Kenya: a cluster-randomized trial. *Trop Med Int Health.* 2012;17(3):380-391. DOI:10.1111/j.1365-3156.2011.02927.x.
9. Contzen N, De Pasquale S, Mosler HJ. Over-reporting in handwashing self-reports: Potential explanatory factors and alternative measurements. *plos one.* 2015;10(8):e0136445. DOI:10.1371/journal.pone.0136445.

10. Jasper C, Le TT, Bartram J. Water and sanitation in schools: A systematic review of the health and educational outcomes. *Int J Environ Res Public Health*. 2012;9(8):2772-2787. DOI:10.3390/ijerph9082772.
11. Dreifelbis R, Winch PJ, Leontsini E, et al. The integrated behavioural model for water, sanitation, and hygiene: A systematic review of behavioural models and a framework for designing and evaluating interventions. *BMC Public Health*. 2013;13:1015. DOI:10.1186/1471-2458-13-1015.
12. Chard AN, Garn JV, Chang HH, et al. Impact of a school-based water, sanitation, and hygiene intervention on school absence, diarrhea, respiratory infection, and soil-transmitted helminths: Results from the WASH HELPS cluster-randomized trial. *J Glob Health*. 2019;9(2):020402. DOI:10.7189/jogh.09.020402.
13. Patel MK, Harris JR, Juliao P, et al. Impact of a hygiene curriculum and the installation of simple handwashing and drinking water stations in rural Kenyan primary schools on student health and hygiene practices. *Am J Trop Med Hyg*. 2012;87(4):594-601. DOI:10.4269/ajtmh.2012.11-0494.
14. Caruso BA, Freeman MC, Garn JV, et al. Assessing the impact of school-based water, sanitation, and hygiene improvements on health outcomes: A cluster-randomized trial in Lao PDR. *Int J Hyg Environ Health*. 2014;217(1):86-93. DOI:10.1016/j.ijheh.2013.03.007.
15. Alexander KT, Mwaki A, Adhiambo D, Cheney-Coker M, Muga R, Freeman MC. The life-cycle costs of school WASH in Kenya. *Int J Environ Res Public Health*. 2014;11(8):8357-8371. DOI:10.3390/ijerph110808357.
16. Greene LE, Freeman MC, Akoko D, Saboori S. Impact of a school-based handwashing promotion program on handwashing behavior in Kenya. *Am J Trop Med Hyg*. 2012;87(4):594-601. DOI:10.4269/ajtmh.2012.11-0494.
17. Lopez-Quintero C, Freeman P, Neumark Y. Hand washing among school children in Bogota, Colombia. *Am J Public Health*. 2009;99(1):94-101. DOI:10.2105/AJPH.2007.129759.
18. Scott BE, Curtis V, Rabie T. Protecting children from diarrhea and acute respiratory infections: The role of handwashing promotion in water and sanitation programmes. *Public Health Nutr*. 2003;6(6):673-680. DOI:10.1079/PHN2003466.
19. Burton M, Cobb E, Donachie P, Judah G, Curtis V, Schmidt WP. The effect of handwashing with water or soap on bacterial contamination of hands. *Int J Environ Res Public Health*. 2011;8(1):97-104. DOI:10.3390/ijerph8010097.
20. Saboori S, Mwaki A, Porter SE, et al. Sustaining school handwashing and water treatment programs: Lessons learned and to be learned. *Am J Trop Med Hyg*. 2011;84(5):612-616. DOI:10.4269/ajtmh.2011.10-0496.
21. GIZ (Deutsche Gesellschaft für Internationale Zusammenarbeit). Hygiene and sanitation for school children: Lessons from interventions in Cambodia, Bangladesh, and Kenya. GIZ; 2016.
22. Schuster RC, Butler MS, Wutich A, Miller JD, Young SL. If there is no soap, do you only rinse your hands? Knowledge, attitudes, and practices for handwashing in a Kenyan informal settlement. *J Water Sanit Hyg Dev*. 2020;10(2):320-329. DOI:10.2166/washdev.2020.320.
23. Ali M, Sur D, You YA, et al. Herd protection by a bivalent-killed whole-cell oral cholera vaccine in the slums of Kolkata, India. *Clin Infect Dis*. 2005;41(12):1724-1731. DOI:10.1086/498316.

How to Cite This Article

Uddin MN. The effectiveness of interactive hygiene education sessions led by community nurses in schools. *Journal of Hygiene and Community Health Nursing*. 2024;1(1):14-17

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