A study to assess the knowledge regarding prevention of water borne diseases (Cholera, Diarrhea, Typhoid fever) among school going children in selected community area at Meerut.

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ABSTRACT

INTRODUCTION

Drinking water resources containing pathogenic microorganisms can cause water-borne diseases among the consumers. Overall, microbial contamination risk of drinking water is related to fecal contamination as a result of discharging sewage to water resources. According to the World Health Organization in 2008, the mortality rate associated with water borne diseases was more than 5 million people a year. BACKGROUND:-Evaluation of the microbial quality of drinking water can prevent the waterborne diseases outbreak that is one of the most important challenges in the world. Provision of adequate water supply, sanitation, hygiene and waste management in schools has a number of positive effects. The study focuses on school going children because disease related to water; sanitation and hygiene are the leading cause of mortality and morbidity among children. Rural population in developing countries face water,
sanitation, and hygiene-related health issues. **OBJECTIVE:**

1. To assess the knowledge of school children about prevention of water borne diseases.
2. To find the relationship between the socio-demographical variables and knowledge on prevention of water borne diseases.

**MATERIAL AND METHODS:**

To accomplish this, the results of the microbial quality of drinking water and cases of simple cholera, diarrhea, and typhoid fever were received from all rural and urban health centers of the city during 6-12 years.

**RESULTS:**

The results showed that water borne disease, the incidence of all diseases in Kalawati public school at Meerut, the finding of the present study revealed that the prevention of water borne disease was 55% among school going children. These findings were to some extent similar with study of the students gain the knowledge regarding water borne disease. The mean knowledge scores 11.49 of school going children on preventive measures of water borne diseases. And the standard deviation is 4.11. They knowing about the water borne disease also all demographic are significant but accept age are not significant.

**CONCLUSION:**

With respect to the impact of the microbial quality of water on the incidence of cholera, diarrhea and typhoid fever, keeping up the quality of drinking water in places and times with high sensitivity school going children should be considered strongly. These study findings revealed that, there was a prevalence of water borne diseases increasing per year, and school going children, age group between 6-12 and also find that there was less old cases comes in both years (2018 & 2019) comparison to new cases in community area at Meerut.

**NEED OF THE STUDY**

Every year water borne diseases like Diarrhea, Cholera and Typhoid claims the lives of millions of children in developing world. Water and sanitation related diseases are one of the major causes of under-five mortality in world. About 900 million people lack reliable access to safe water that is free from disease and industrial waste. Every day around 5,000 children die from water borne diseases alone. Predicting a plethora of health problems as result of climate change, the WHO stated that the countries like India would see an increase in water borne diseases as a result of global warming. Out of three million under five deaths globally, India alone contributes one third.

**STATEMENT OF PROBLEM**

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PRESENTATION OF DATA:-

The collected data was tabulated, organized and analyzed using descriptive and inferential statistics as follow:

Section I:

Description of the demographic variables of the samples

Section II:

Association relationship between the socio-demographical variables and knowledge on prevention of water borne diseases.
Section I: Description of the demographic variables of the samples

Table 1: Frequency and percentages distribution of socio-demographic characteristics in the prevention of water borne disease

<table>
<thead>
<tr>
<th>S.no</th>
<th>Demographic variables</th>
<th>Frequency (F)</th>
<th>Percentage (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>6-8</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td></td>
<td>9-11</td>
<td>15</td>
<td>15%</td>
</tr>
<tr>
<td></td>
<td>11-12</td>
<td>55</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>12 above</td>
<td>30</td>
<td>30%</td>
</tr>
<tr>
<td>2</td>
<td>Religion</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hindu</td>
<td>99</td>
<td>99%</td>
</tr>
<tr>
<td></td>
<td>Muslim</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td></td>
<td>Sikh</td>
<td>01</td>
<td>1%</td>
</tr>
<tr>
<td></td>
<td>Others</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td>3</td>
<td>Gender</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Boy</td>
<td>55</td>
<td>55%</td>
</tr>
<tr>
<td></td>
<td>Girl</td>
<td>45</td>
<td>45%</td>
</tr>
<tr>
<td>4</td>
<td>Residential community</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rural</td>
<td>00</td>
<td>00%</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>100</td>
<td>100%</td>
</tr>
<tr>
<td>5</td>
<td>If ever you and your family member suffer from water borne diseases (Diarrhea, cholera, Typhoidfever):-</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Yes</td>
<td>91</td>
<td>91%</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>09</td>
<td>9%</td>
</tr>
</tbody>
</table>

SECTION-II

Mean and standard deviation of knowledge score of water borne disease among school going children.

N=100

<table>
<thead>
<tr>
<th>Knowledge scores</th>
<th>Mean</th>
<th>Standard deviation</th>
</tr>
</thead>
<tbody>
<tr>
<td>knowledge test</td>
<td>11.49</td>
<td>4.11</td>
</tr>
</tbody>
</table>
CONCLUSION

With respect to the impact of the microbial quality of water on the incidence of cholera, diarrhea and typhoid fever, keeping up the quality of drinking water in places and times with high sensitivity school going children should be considered strongly.

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