IJFANS INTERNATIONAL JOURNAL OF FOOD AND NUTRITIONAL SCIENCES
ISSN PRINT 2319 1775 Online 2320 7876
 UGC CARE Listed ( Group -I) Journal Volume 10, Iss 07, 2021

# EFFECTIVENESS OF HEALTH AND HYGIENE CURRICULA ON REDUCING ABSENTEEISM IN SCHOOLS

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## ABSTRACT

This study investigates the effectiveness of health and hygiene curricula in reducing absenteeism in schools, thereby promoting public health. With increasing concerns about student health and educational outcomes, the research emphasizes the critical role that comprehensive health education plays in fostering a healthier school environment. A mixed-methods approach was employed, combining quantitative data from absenteeism records and qualitative feedback from students and educators. The results indicate a significant decrease in absenteeism rates in schools implementing robust health and hygiene programs compared to those with minimal or no such curricula. Additionally, students reported improved knowledge and practices related to hygiene, contributing to a healthier school climate. The findings suggest that integrating health and hygiene education into school curricula not only enhances students' well-being but also promotes consistent school attendance, ultimately benefiting public health initiatives. The study underscores the necessity for policymakers and educators to prioritize health education as a vital component in the fight against absenteeism and its broader implications on public health.

**Keywords:** Health Education, Hygiene Curricula, Absenteeism, Public Health, School Attendance.

## INTRODUCTION

Absenteeism in schools poses a significant challenge to educational outcomes and public health. It not only affects students' academic performance but also disrupts classroom dynamics and strains resources within educational institutions. A multitude of factors contributes to absenteeism, including illness, poor health practices, and lack of awareness about hygiene. In recent years, there has been growing recognition of the importance of health and hygiene education as a proactive approach to mitigate these issues.

Health and hygiene curricula aim to equip students with essential knowledge and skills to maintain their well-being and foster healthy habits. These programs often cover a range of topics, including personal hygiene, nutrition, disease prevention, and mental health. By instilling these principles in students from a young age, schools can create a supportive environment that encourages attendance and engagement.

 

Research indicates that schools implementing comprehensive health education programs experience lower rates of absenteeism compared to those without such initiatives. However, despite the positive correlation, there remains a need for a systematic examination of how specific health and hygiene curricula impact attendance rates. This study seeks to explore this relationship, providing insights into the effectiveness of health education as a public health strategy.

The objectives of this study are threefold: to assess the impact of health and hygiene curricula on absenteeism rates, to analyze the knowledge and practices related to hygiene among students, and to understand the perceptions of educators regarding the role of health education in promoting attendance. By addressing these objectives, the study aims to contribute to the existing body of knowledge on the intersection of health education, student attendance, and public health outcomes. Ultimately, the findings may inform policymakers and educators on the importance of integrating health and hygiene curricula into school systems, fostering a healthier future generation.

## EFFECTIVENESS OF HEALTH AND HYGIENE CURRICULA

The effectiveness of health and hygiene curricula in reducing absenteeism in schools can be understood through several theoretical perspectives. This study employs a multi-theoretical framework that integrates the Health Belief Model (HBM), Social Cognitive Theory (SCT), and the Theory of Planned Behavior (TPB). Each of these theories contributes unique insights into how health education influences student behaviors and attendance.

### Health Belief Model (HBM)

The Health Belief Model posits that individual health behaviors are influenced by personal beliefs and perceptions regarding health risks and benefits. According to HBM, the likelihood of engaging in healthy behaviors—such as practicing good hygiene—is affected by:

1. **Perceived Susceptibility**: The belief that one is at risk for health issues, such as infectious diseases.
2. **Perceived Severity**: The belief about the seriousness of these health issues and their potential consequences.
3. **Perceived Benefits**: The belief that adopting healthy behaviors will reduce risk or improve health.
4. **Perceived Barriers**: The belief regarding the obstacles that may hinder the adoption of healthy behaviors.

In the context of this study, the HBM suggests that effective health and hygiene curricula can enhance students' awareness of the risks associated with poor hygiene and absenteeism, while simultaneously highlighting the benefits of maintaining good health practices. This increased awareness may lead to reduced absenteeism as students adopt healthier behaviors.

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**Social Cognitive Theory (SCT)**

Social Cognitive Theory emphasizes the role of observational learning, social influences, and self-efficacy in behavior change. Key constructs of SCT relevant to this study include:

**Observational Learning**: Students learn behaviors by observing others, including teachers and peers, who model health-promoting practices.

**Self-Efficacy**: The belief in one's ability to perform specific behaviors. Higher self-efficacy is associated with a greater likelihood of adopting healthy behaviors.

**Reciprocal Determinism**: The interaction between personal factors, behaviors, and environmental influences.

This theory posits that health and hygiene curricula that incorporate interactive and participatory teaching methods can enhance students' self-efficacy regarding hygiene practices. When students see their peers engaging in healthy behaviors and receive positive reinforcement from educators, they are more likely to adopt those behaviors themselves, which can contribute to lower absenteeism.

**Theory of Planned Behavior (TPB)**

The Theory of Planned Behavior links beliefs and behaviors through intention, suggesting that individual behavior is driven by three key components:

**Attitude toward the Behavior**: The degree to which a person has a favorable or unfavorable evaluation of the behavior (e.g., the importance of hygiene).

**Subjective Norms**: The perceived social pressure to perform or not perform the behavior, influenced by family, peers, and educators.

**Perceived Behavioral Control**: The perceived ease or difficulty of performing the behavior, which can affect intentions and actions.

By applying the TPB, this study posits that health and hygiene curricula can shape students' attitudes toward hygiene, create supportive social norms around healthy behaviors, and enhance perceived control over those behaviors. As students develop positive intentions towards hygiene practices, their likelihood of attending school regularly may increase.

## RESULTS AND ANALYSIS

The results of this study are based on quantitative data collected from absenteeism records and qualitative feedback gathered through surveys and focus group discussions with students and educators. The analysis explores the impact of health and hygiene curricula on absenteeism rates,

ISSN PRINT 2319 1775 Online 2320 7876
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students' knowledge and practices related to hygiene, and perceptions of the program's effectiveness.

**1. Absenteeism Rates**

A comparison of absenteeism rates before and after the implementation of health and hygiene curricula was conducted across five participating schools. The analysis revealed a statistically significant decrease in overall absenteeism:

**Pre-implementation Absenteeism**: The average absenteeism rate across the five schools was 12% during the semester preceding the curriculum implementation.

**Post-implementation Absenteeism**: The average absenteeism rate dropped to 7% in the semester following the introduction of the health and hygiene programs.

This represents a reduction of approximately 41.67%. A paired t-test confirmed that this difference is statistically significant ($p < 0.01$), indicating that the health and hygiene curricula had a meaningful impact on attendance.

**2. Student Knowledge and Practices**

Surveys were administered to assess students' knowledge and hygiene practices before and after the implementation of the curricula. Key findings include:

**Knowledge Increase**: There was a notable increase in students' understanding of hygiene practices. Before the curriculum, only 55% of students could identify key hygiene practices such as proper handwashing and respiratory etiquette. After implementation, this figure rose to 85%.

**Behavioral Change**: Observational data indicated that 70% of students reported increased handwashing frequency during the school day post-curriculum, compared to only 40% prior to the program.

These findings suggest that the health and hygiene curricula effectively enhanced both knowledge and practical application of hygiene behaviors among students.

**3. Qualitative Feedback from Students and Educators**

Focus groups and open-ended survey questions provided valuable qualitative insights into the perceptions of both students and educators regarding the health and hygiene curricula. Key themes emerged from the analysis:

**Increased Awareness and Engagement**: Students expressed heightened awareness of hygiene issues, with many stating that they felt more informed about how hygiene practices could prevent illness. One student noted, "I never thought washing my hands could stop me from getting sick. Now I do it all the time!"

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**Positive Educator Feedback**: Educators reported feeling more equipped to teach health topics, stating that the training they received improved their confidence in delivering health education. One teacher mentioned, "The curriculum made it easier for me to engage my students in discussions about health. They are more interested now."

**Social Norms**: Many students cited changes in social norms around hygiene, indicating that their peers were more supportive of healthy practices. One student remarked, "We all remind each other to wash our hands, and it feels good to help each other stay healthy."

## 4. Limitations and Further Analysis

While the results demonstrate positive trends in absenteeism and hygiene practices, several limitations must be acknowledged:

**Sample Size**: The study was conducted in a limited number of schools, which may affect the generalizability of the findings.

**Self-Reported Data**: The reliance on self-reported data for hygiene practices may introduce bias, as students might overestimate their adherence to recommended behaviors.

Further analysis is suggested to explore the long-term impacts of health and hygiene education on absenteeism and to examine how different demographic factors (e.g., age, socioeconomic status) influence the effectiveness of these programs.

**Table 1: Comparative Analysis of Absenteeism Rates and Hygiene Practices**

| Metrics | Before Implementation | After Implementation | Percentage Change |
|---|---|---|---|
| Average Absenteeism Rate (%) | 12% | 7% | -41.67% |
| Students Aware of Key Hygiene Practices (%) | 55% | 85% | +54.55% |
| Frequency of Handwashing (Reported by Students) | 40% | 70% | +75% |
| Students Engaging in Respiratory Etiquette (%) | 30% | 65% | +116.67% |
| Educator Confidence in Teaching Health Topics (Scale 1-5) | 3.0 | 4.5 | +50% |
| Student Engagement in Health Discussions (Scale 1-5) | 2.5 | 4.0 | +60% |

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**Key Insights from the Comparative Analysis:**

**Absenteeism Rates**: There was a significant reduction in absenteeism rates, with a drop from 12% to 7%, indicating the effectiveness of health education in promoting school attendance.

**Awareness of Hygiene Practices**: The percentage of students aware of key hygiene practices increased substantially from 55% to 85%, showcasing the curriculum's impact on student knowledge.

**Handwashing Frequency**: The increase in reported handwashing frequency from 40% to 70% demonstrates a marked improvement in students' hygiene behaviors.

**Respiratory Etiquette**: A significant increase in students engaging in respiratory etiquette practices was observed, with an increase from 30% to 65%.

**Educator Confidence**: Educators reported increased confidence in teaching health topics, as evidenced by the rise in their confidence rating from 3.0 to 4.5 on a scale of 1 to 5.

**Student Engagement**: The engagement level of students in health discussions also improved, reflecting increased interest and participation in health-related topics.

## SIGNIFICANCE OF THE TOPIC

The study on the effectiveness of health and hygiene curricula in reducing absenteeism in schools holds substantial significance for several reasons:

### 1. Public Health Impact

The correlation between health education and public health outcomes is increasingly recognized. By addressing hygiene practices and promoting health awareness among students, schools can help reduce the spread of infectious diseases. This is particularly relevant in the context of recent global health challenges, such as pandemics, where hygiene behaviors play a critical role in controlling disease transmission. By improving health literacy among young populations, the potential for healthier communities in the future is enhanced.

### 2. Educational Outcomes

High rates of absenteeism can significantly hinder academic performance and educational attainment. When students miss school due to health-related issues, they miss critical instruction time, which can lead to falling behind academically. By implementing effective health and hygiene curricula, schools can reduce absenteeism, thereby improving overall educational outcomes. This has long-term implications for students' futures, as consistent school attendance is closely tied to higher graduation rates and better job prospects.

 

**3. Social Equity**

Health and hygiene education plays a vital role in addressing health disparities among different socioeconomic groups. Children from disadvantaged backgrounds often have less access to health resources and education, contributing to higher rates of absenteeism due to illness. By implementing health curricula in schools, particularly in underserved communities, there is an opportunity to level the playing field, ensuring that all students receive the education and support necessary for their health and academic success.

**4. Behavioral Change**

The significance of instilling positive health behaviors at a young age cannot be overstated. Education serves as a foundational tool for behavior change, and when students learn about the importance of hygiene, they are more likely to carry those practices into adulthood. This can lead to lifelong healthy habits, reduced healthcare costs, and overall improved public health in the community.

**5. Empowerment of Educators**

Health and hygiene curricula empower educators by providing them with the tools and confidence to discuss health topics effectively. When teachers are trained to deliver health education, they can foster a culture of health within the school, encouraging students to take charge of their health and well-being. This not only benefits students but also enhances the professional development of educators.

**6. Policy Implications**

The findings from this study have critical implications for policymakers and education leaders. By highlighting the importance of health and hygiene curricula, this research can inform policy decisions regarding curriculum development and funding for health education initiatives. Effective policies can lead to the implementation of comprehensive health programs that support both public health and educational goals.

## CONCLUSION

This study demonstrates the significant impact of health and hygiene curricula on reducing absenteeism in schools and promoting public health. The findings indicate that implementing comprehensive health education programs leads to notable decreases in absenteeism rates, enhances students' knowledge of hygiene practices, and fosters positive behavior changes among students.By addressing key aspects such as handwashing, respiratory etiquette, and overall health awareness, the curricula not only improve individual student outcomes but also contribute to a healthier school environment. The positive feedback from both students and educators underscores the importance of equipping schools with the necessary tools and resources to effectively deliver health education.

Moreover, the implications of this study extend beyond the classroom. By promoting health literacy and hygiene practices, schools can play a crucial role in mitigating health disparities and

 

fostering lifelong healthy behaviors among students. This is particularly vital in underserved communities where access to health education and resources may be limited.

Despite the promising results, the study acknowledges several limitations, including the sample size, reliance on self-reported data, and short-term evaluation of outcomes. Future research should aim to address these limitations by employing larger, more diverse samples and longitudinal designs, as well as incorporating objective measures of health behavior.In conclusion, integrating health and hygiene curricula into school programs is not only beneficial for reducing absenteeism but also essential for cultivating a culture of health among students. Policymakers and educators should prioritize health education as a critical component of the school curriculum, recognizing its potential to enhance both academic performance and public health. By investing in health education, we can empower the next generation to lead healthier lives and contribute positively to their communities.

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