

SUMMARY

The main objective of this study was to determine the impact of an education programme on the control and prevention of soil-transmitted nematode infections among school children.

Two schools of similar socio-economic background and comparable prevalence rates of soil-transmitted nematode infections were selected; one served as the experimental school and the other as the control.

In both schools the prevalence rates of Necator (hookworm) were too low for any meaningful evaluation of the impact of an education programme; while Trichuris infection is not known to get cleared with a single dose of anthelmintic therapy. Therefore in this study only Ascaris (Prevalence rates approximately 50% in both schools) was considered to determine the impact of the education programme.

The knowledge, and practices relating to soil-transmitted nematode infections among the students (target group) their parents, teachers and primary health care staff of the areas served by the two schools (supportive groups) were determined at the beginning of the study.

The students of both schools were treated with a single dose of broad spectrum anthelmintic (albendazole). A post treatment stool survey was carried out 2-3 weeks after treatment. All those who were cleared of Ascaris after anthelmintic therapy and those who were initially negative were followed up for one year. Stool surveys were done at 6 months and 12 months after post treatment survey, to study the fresh infection (those initially Ascaris negative becoming positive) and re-infection (those initially Ascaris positive but treated, becoming positive again) rates of Ascaris.

A comprehensive education programme on soil-transmitted nematode infections was implemented in the experimental school commencing prior to anthelmintic therapy.

The results of the follow up stool surveys showed that at 6 months, the prevalence, fresh infection and re-infection rates of Ascaris in the experimental and control schools were similar.

At the 12 months stool surveys however differences were seen in the fresh infection, re-infection as well as in the prevalence rates of Ascaris in the two schools, being significantly higher in the control school.

A post evaluation of the knowledge and practices carried out at the end of the study, showed that there was a substantial improvement in the knowledge as well as practices of the students and supportive groups in the experimental school but not in the control.

In the absence of any other inputs such as environmental sanitation programmes the significant difference in the fresh infection, re-infection as well as the prevalence rates of Ascaris between the experimental and control schools at 12 months could be attributed to the education programme that was carried out in the experimental school.

This study has thus shown that, the education programme carried out for the students did have an impact on the reduction of fresh infection, re-infection as well as prevalence rates of Ascaris among school children.