Original Article

Wash Practices of School-Going Children in South Asia

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Abstract: Over the past few years, it has been seen that WASH (water, sanitation, and hygiene) practices like clean drinking water, proper sanitation, and hygiene have improved the scenario, but still, there are many places in South Asian countries where it has been seen that there is a lack of proper facilities of handwashing, sanitation & hygiene & no clean drinking water & therefore many people are faced different kinds of problems & it has hampered their health too. It can be seen that water demand is rising day by day because of the rapid population growth and irrigation needs in the agriculture, industrial, and energy sectors. However, overuse of groundwater, poor management, and contamination of fresh water has led us to various problems. Among these situations, the majority of the children have faced problems because of lack of fresh water, sanitation & hygiene & most of the students in schools are affected with diarrhoea and other diseases and more than thousand cases have been recorded annually. The situation of diarrhoea and respiratory infections is the main cause of the increase in the mortality rate in children. Also, growth stunting and malnutrition have been found out too among these children. The main reason found that the children did not follow handwashing behaviour & also there is the problem of clean water & sanitation, due to a lack of data available about school-going children in South Asian countries. In this paper, the secondary data has been taken into consideration. The paper aims to focus on what hinders students in schools from washing their hands, how it has affected their health, and the lack of facilities of clean drinking water, proper sanitation, and hygiene facilities that have been missing in the schools. The study will be based on South Asian progress in clean water and sanitation. Moreover, to ensure a sustainable and equitable distribution of clean drinking water, sanitation, and hygiene by the year 2030 as it is a part of the Sustainable Development Goals (SDGs).

Keywords: Handwashing, Sanitation, Hygiene, Drinking Water, Open Defecation, Diarrhoea

I. INTRODUCTION

A. Background

WASH (water, sanitation, and hygiene) practices mean getting access to clean drinking water and proper sanitation and hygiene facilities so that people can have a healthy life and help in developing a better community. Therefore, WASH is necessary for people's well-being and the environment. But, in the last few years, we have seen that drinking water, sanitation, and hygiene has been accessed by people living in South Asian Countries. Despite the growth in the economies of these countries still, these countries face problems. More than 600 million people of the world's defecators live in these South Asian Countries. Millions of people have faced problems with clean drinking water, sanitation, and poor hygiene practices, which are leading to various problems with child mortality. Due to these problems, it further lead to growth stunting and malnutrition in the children, and therefore, it hampers their education and health. Also, it has been seen that open defecation has fallen in the last few years from 65 per cent to 34 per cent in the countries of India, Nepal, Bangladesh, and Pakistan. It achieved around a 30 per cent reduction in open defecation, but still, many people follow the practices of open defecation. In these South Asian countries, access to safe drinking water, sanitation, and hygiene is a problem not only for adults but also for children. In the schools, it has been seen that there are no proper facilities for drinking water, sanitation, and hygiene. Due to these issues, children would fall sick & the health of the children worsens, and it leads to various diseases & thus it affects education & health. (UNICEF)

The situation in India has a very diverse scenario when it comes to WASH. The country is home to more than 1.3 billion people and faces numerous challenges in ensuring access to safe and clean water, sanitation, and hygiene for all. Also, India's water situation is complex, with some regions facing severe water scarcity while others suffer from floods and waterlogging. India accounts for 17% of the world's population but has access to only 4% of the world's freshwater resources. According to a NITI Aayog report, about 200,000 people die every year in India due to inadequate access to safe water. India has made significant progress in improving sanitation coverage, with the Swachh Bharat Abhiyan program launched in 2014, which led to the construction of millions of toilets. However, the challenge remains to ensure that these toilets are used and maintained properly. Open defecation is still a widespread problem, especially in rural areas. According to UNICEF, India accounts for 60% of the world's open defecation. Hygiene practices in India are also a cause for concern. The lack of access to clean water and proper sanitation facilities leads to poor hygiene practices, which can result in the spread of diseases. Inadequate handwashing practices are also prevalent, which can lead to the spread of infectious diseases. Overall, the wash scenario in India is a complex one, requiring multifaceted solutions to ensure access to safe and clean water, sanitation, and hygiene for all. (UNICEF)



B. Significance of the Study

WASH practices are fundamental in schools across the world, including South Asian nations, in light of multiple factors:

- a) Health and security: Legitimate wash practices can assist with forestalling the spread of illnesses, like looseness of the bowels, cholera, and typhoid, which are normal in South Asian nations. By advancing handwashing, appropriate disinfection, and safe water practices, schools can guarantee the well-being and security of their children and staff.
- b) Attendance: Children who are healthy and liberated from illnesses are bound to go to class consistently, which is basic for their scholastic achievement. In numerous South Asian nations, absenteeism because of sickness is a huge issue, and legitimate wash practices can assist in reducing this.
- c) Gender Equity: In many parts of South Asia, young ladies miss school when they have their periods because of an absence of proper disinfection practices. By providing protected and clean washrooms, schools can guarantee that young girls can go to class consistently, decreasing the gender gap in the education system.
- d) Environment Sustainability: Legitimate wash practices can likewise assist schools with turning out to be all the more environmentally friendly. By advancing the utilization of water-saving advancements and economical sterilization rehearses, schools can diminish their water utilization and waste production.
- e) In summary, wash practices are much needed in schools across South Asian nations for well-being and security reasons, to increase attendance, reduction in the gender gap, and encourage a sustainable environment.

C. Objectives

- To analyze the linkage between handwashing practices and student health.
- To explore the reasons for poor WASH practices followed in South Asia.

II. LITERATURE REVIEW

A. Effects of Absence of Adequate Handwashing Facilities

In today's life, handwashing has become a common habit before eating meals, whether at home, school, or the workplace. As diseases can be spread easily through the hand & therefore it can affect our health. It can also spread to others if we do not take proper precautions like washing our hands with proper soaps or sanitizer and ensuring the availability of water resources. Students in schools tend to share lunches with their friends. So, it is also advisable for them to follow handwashing techniques so that they do not get infected. Therefore, the schools make sure they follow this handwashing habit, and they also provide soaps, sanitizers, and water facilities in the washrooms. But in some schools, these facilities are not available, like proper handwashing and washrooms; they do not have enough water facilities, and therefore, these students come in contact with the virus, which spreads to others, thus affecting their health.

One of the major problems is the cases of diarrhoea among children. Many children fall sick because of negligence in water, sanitation, and proper hygiene. The World Health Organisation (WHO) has defined diarrhoea as loose, watery stools occurring thrice or more per day. Around 5 lakhs of Children under the age of 5 years die every year because of diarrhoea & globally, more billion children experience diarrhoea problems. (World Health Organisation, 2017). This disease is a common problem in public health in low & middle-income countries. Over the years, it has been seen that the deaths have been reduced by making efforts through community school-level intervention, promotion of exclusive breastfeeding, and rotavirus vaccination, but still, this remains a major problem among children; it hampers their health also.

In South Asia, it has been seen that due to the negligence of handwashing, most of the students have diarrhoea, and thousands of cases have been recorded annually. The deaths are mostly in rural areas. Around 39 per cent of the children with the disease get the treatment, and others get the prescribed antibiotics or receive oral rehydration salts (ORS) to cure the diarrhoea. (F Ali, et al 2017) Most of these children do not have proper access to clean water facilities in their homes or at their schools. Also, it has been seen that the children who are going to the schools are considered to be knowledgeable & they can take their learning from the schools to their home & society. Therefore, these children should be made aware of the water, sanitation, and hygiene facilities so that we can reduce the spread of diseases and keep the children healthy by following handwashing habits and proper hygiene. (Mushota, et al 2021)

Also, in India, the situation of diarrhoea and respiratory infections is the main cause of the increase in the mortality rate in children. The main reason found out that the children did not follow handwashing behaviour & also there is the problem of clean water & sanitation, due to a lack of data available about school-going children in India. According to the survey collected, it has been seen that the children aged between 8 and 12 years found out that there are times when families or the children did not have proper access to sanitation and poor handwashing facilities. Therefore, after the survey results, it has found out that around 70 per cent of problems of diarrhoea & almost 56 per cent of respiratory problems can be solved if proper handwashing facilities are provided & there should be other significant measures to be followed like washing the dishes, cleaning hands before & after meal preparation & also after defecation. If proper handwashing behaviour and hygiene practices are followed, the problem of children falling sick can be lowered. (Khan, et al., 2021).

B. Poor WASH Practices and Effects on Health

Clean drinking water has become a major issue in South Asian Countries; it has affected thousands of households every year and has affected the health of the people and the children. Also, some coastal areas of South Asia, like Bangladesh, have reported problems with water salinity. Exposure to this saline water affects the health of the people, it leads to various diseases as it contains salt in large quantities. Thus, it is not fit for drinking as the drinking water contains low levels of salts, which is considered negligible to the daily salt intake. However, the saline waters of the coastal areas have a much larger quantity of salts present in them. Therefore, it leads to an increase in the risk of hypertension or cardiovascular problems. Also, it leads to cholera, infant mortality, and diarrhoea diseases among school-going children. The salinity of the water bodies is due to various natural causes like storms, cyclones, and seawater intrusion, which makes the drinking water unfit for the people and thus hampers their health. The government also did not focus on the increase in the health issues of the people & children & thus we can see the consequences of it. (Chakraborty et al 2019)

As we know, the primary source of clean drinking water is from groundwater, which is now being overutilized, and it is used by various sectors to meet the needs, like agriculture and industries. Now, it has been found that there are contaminants like arsenic, iron, nitrate, etc, which make it unfit for water to drink for children as well as adults. In South Asia countries, it has been found that arsenic is regarded as the most found contaminant in the water. In India, arsenic is found in several states, such as Manipur, Assam, Punjab, Bihar, and Uttar Pradesh. (Maity et al., 2021; Santra and Samal, 2013) More than 90 million people are exposed to pollution in the Ganga-river delta in India as well as Bangladesh. (Chakraborty et al., 2020) This has affected the many children residing nearby, has caused various health problems, and has affected their education because they are not able to attend classes. (Bhattacharaya et al 2022) In this world consisting of more than 2.5 billion people have become aware that sanitation and hygiene practices are important for their well-being, but in some parts of South Asian countries, people and children still defecate in the open areas, contributing to poverty increase in diseases & therefore we can see that the poor hygiene scenario in these areas. From this, we come to know that there are two major problems in these South Asian regions: India, Nepal, and Bangladesh. Firstly, it has been found that there is a problem of scale. Hundreds of men, women, and children have been practising open defecation, mainly it was found in rural areas. Secondly, these people cannot use the proper sanitation and hygiene facilities because they are from the weaker section of society, and they cannot afford the proper hygiene and sanitation facilities of the washrooms, and they are economically poor. Most of these people often live in urban slums or rural areas. Thus, this needs special attention because it is the main reason South Asian countries are overlooked. (Narayanan, et al 2012)

In Bangladesh, the sanitation water supply had started late, and the government expenditure stayed at less than it had dropped from their first four five-year plan. In India, the water supply program started in 1972, and then the sanitation program came in. In the eighth plan, it was seen that the water supply was 96 per cent, and sanitation was about 4 per cent. In Pakistan, it was found that water sanitation was around 0.1 percent of the GDP in 2005. Similarly, the situation in Sri Lanka had grown to 91 per cent, but the 2004 tsunami destroyed the majority of the toilets; thus, again, sanitation and hygiene became a problem as the toilets needed to be rebuilt. Thus, it was a huge expenditure at that time. Also, many problems have been found in households in South Asian countries, like toilet design, installation, and finances. The people have different interests in utilising the washrooms; the lower poor sections of society do not have much information, as they are illiterate. In places like Bangladesh, Sri Lanka & Kerala there is no proper use of toilets, no safe disposal of children's stools, poor quality of the toilets, poor hygiene & the composting of household waste it also creates problems for the people & especially it hampers the health of the children. (Sijbesma 2008)

Over the years, we have seen that drinking water, sanitation, and hygiene are huge problems, particularly for children who have been facing problems in schools because of the poor quality of sanitation and hygiene. Also, child mortality is a huge problem in South Asian Countries. Mostly in South Asia, due to the lack of proper sanitation, hygiene, and drinking water, children have been falling sick because of immunization, diarrhoea, and other disease. Over the years, it has been seen that the poverty rates have been reduced, primary education of the children has increased but not for the secondary school enrollment, and there was not much progress made in child mortality, or there is improvement in the sanitation area. (Omidakhsh et al, 2021)

III. METHODOLOGY

This research has the secondary resources given by the UNICEF World Bank and various literature reviews on the topic of WASH practices in schools in South Asia Countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, Sri Lanka). Also, many other articles, journals, and research papers have been used. In this research, the existing policy aid by the government also shows which government policies have been effective or not for the South Asian countries. In this research, secondary data from the years 2000 to 2021 has been used to study the present scenario, then will see what steps can be taken so that we can provide proper water, sanitation, and hygienic environment to the children of these South Asian Countries. (Narayanan, et al 2012)

IV. RESULTS & DISCUSSION

In this research, the South Asian Countries (Afghanistan, Bangladesh, Bhutan, India, Maldives, Nepal, Pakistan, and Sri Lanka) three variables, Drinking Water, Sanitation and hygiene, have been taken into consideration.

Table 1: Description of the Variables

Variables	Definition	Source
Drinking	The proportion of schools (consisting of both male and female students) with no drinking water	WHO/UNICEF
Water	service (in %)	
Hygiene	The proportion of schools (consisting of both male & female students) with no hygiene service (in	WHO/UNICEF
	(%)	
Sanitation	The proportion of schools (consisting of both male & female students) with no sanitation service (in	WHO/UNICEF
	(%)	

Source: UNICEF (https://data.unicef.org/dv_index/?q=)

Table 2: Proportion of Schools with No Drinking Water Service (in %)

Country	Year	
	2016	2021
Afghanistan ¹	25.87	21.75
Bangladesh ²	12.53	5.11
Bhutan ³	9.93	8.41
India	10.16	4.47
Maldives 4	0	0
Nepal ⁵	22.5	20.5
Pakistan ⁶	34.27	34.42
Sri Lanka ⁷	14.47	14.47

Note: data from the years 2000-2015 was not available in each country (Afghanistan, Bangladesh, Bhutan, Nepal, Pakistan, Sri Lanka). So, the data for the years 2016 and 2021 has been taken into consideration. ¹ data for Afghanistan was not available from the year 2000-2006. ² data for Bangladesh was not available from the year 2000-2005. ³ data for Bhutan was not available from the years 2000 & 2001. ⁴ for Maldives, no data was available. ⁵ data for Nepal was not available from the year 2000-2015. ⁶ data for Pakistan was not available from the year 2000-2002. ⁷ data for Sri Lanka was not available from the year 2000-2010.

From Table 2, we can see the proportion of schools with no clean drinking water service in South Asian countries. In Afghanistan, the proportion of no drinking water service in schools in the year 2016 is seen to be 25.87 per cent, by the year 2021, it has declined to 21.75. In Bangladesh, it was 12.53 per cent; it declined to 5.11 per cent. In Bhutan, it was 9.93 per cent in 2016, which did not make much significant change in the year 2021 with 8.41 per cent. In India, the proportion of schools with no clean drinking water service in 2016 was around 10.16 per cent, which has reduced to 4.47 per cent, which has made significant changes over the years with the introduction of various schemes and policies introduced by the government. The rest of the South Asian Countries, like Maldives show no drinking water problem due to the non-availability of data. In Nepal, there has also not been much change in the percentage of drinking water. But in Pakistan, there has been a slight change; it rose from 34.27 per cent in 2016 to 34.42 per cent in 2021 because the policies did not work well, and in Sri Lanka, it shows no change from the year 2016 to 2021. It has been around 14.47 per cent. Overall, from Table 2, we can say that the most significant changes were in India than in the South Asia countries due to the introduction of the various government policies. With the help of a new policy framework, introduction of new techniques, and making changes in the school system for clean drinking water facilities, it would be helpful for the children; thus, we can see the improvement of various South Asian countries with the problem of clean drinking water.

Table 3: Proportion of Schools with No Hygiene Service (in %)

	Year	
Country	2014	2021
Bangladesh 1	15	5.07
Bhutan ²	11.79	27.43
India ³	61.06	24.55
Maldives 4	18	18

Note: data for the following countries from the year 2000 to 2007 was not available for every country (Bhutan, India, Maldives, and the rest of South Asian countries). ¹ Data from Bangladesh was not available from 2000 to 2007. ² In Bhutan, data was not available from 2000 to 2010. ⁴ In Maldives data was not available from 2000 to 2013. So, the data for 2014 and 2021 have been taken as a comparison.

From Table 3 we can see the proportion of schools following no hygiene service. It can be seen that the data was not available for every country. So, the four countries have been taken for the study, it was seen that Bangladesh at that time

had 15 per cent hygiene in the schools; over the years, it has dropped to 5.07 per cent. But for the other countries in the year 2021, we can see that hygiene is the highest in the country of Bhutan. The level of no hygiene has increased from 11.79 per cent in 2016 to 27.43 per cent in 2021, which shows it is not a good sign for the schools in Bhutan, as the policies seem to be a major failure for the hygiene facilities; therefore, there has been a significant rise in the country as proper hygiene has not been followed as no disposal bins or cleanliness is there in the schools & many children are falling in sick. Therefore, policies should be made to reduce hygiene in schools so that children can have a better environment. In the case of India, it shows a gradual decrease from 61.06 per cent in 2016 to 24.55 per cent in 2021, which is a good sign for the country as policies like the Swachh Bharat Abhiyaan made a huge impact, the Maldives, which is about 18 per cent since 2016. For the rest of South Asia countries like Afghanistan, Nepal, Pakistan, and Sri Lanka, no data was available for the hygiene scenario in schools.

Table 4: Proportion of schools with no sanitation service (in %)

	Year	
Country	2013	2021
Afghanistan 1	25.75	25.75
Bangladesh 2	11.03	0
Bhutan ³	10.56	12
India	29.2	14.38
Nepal 4	19.02	9.23
Pakistan ⁵	32.76	24.55
Sri Lanka 6	0	0

Note: ¹ In Afghanistan, data was not available from 2000 to 2012. ^{2 & 3} Bangladesh & Bhutan data was not available from 2000 to 2007. ⁴ In Nepal, the data was not available from 2000 to 2004, and ⁵ in Pakistan, the data was not available from 2000 to 2002. ⁶ for Sri Lanka, no data was available. Therefore, the data for sanitation has been taken for the years 2013 and 2021 as a comparison.

From Table 4, we can see the proportion of schools that have no sanitation service. The situation in Afghanistan has been the same since 2013; it is 25.75 per cent. In Bangladesh, it was found that the per cent was 11.03 in the year 2013 & in 2021, it's zero per cent as no data was available for that year. In Bhutan, in 2013, it was about 10.56 per cent, but as time passed, sanitation has not improved; rather, it rose to 12 per cent due to the failure of the policies and not maintaining the proper sanitation services in the schools, which led to an increase in the percentage which is unfit as the children are not attending the classes due to lack of WASH practices, they are falling in sick due to the unhygienic environment. In India, it was 29.2 per cent in 2013 & it gradually decreased to 14.38 per cent, which is a great success because of the change in the policy framework and introduction of new policies, which helped a lot to reduce poor sanitation, especially in schools shows a positive impact on the school going children. Also, in Nepal, it reduced from 19.02 to 9.23 per cent.

Similarly, in Pakistan, it reduced from 32.76 per cent to 24.55 per cent from the year 2013 to 2021. But for the Maldives, no such data were available for the poor sanitation in schools. Therefore, a proper policy framework is required so that there is no problem with drinking water, sanitation, or hygiene in schools.

A. Discussion

As per the study done, it has been found that clean drinking water, hygiene & sanitation facilities in schools were poor in the year 2000. Most of the students had been falling sick, dropping out of school, not having proper attendance, and lacking washrooms, which made the students not go to school. Also, most female students menstruate for more than five to six years of their lives, but there is no proper hygiene management; it is mostly ignored by the practitioners within the WASH practices. Therefore, these females do not get the confidence to use the schools' washroom during menstruation as the quality of the washroom is poor, there is no proper place for sanitation hygiene, and water is not available in abundant quantity to wash off their hands before after the meal. (Mahon & Fernandes, 2010)

In Bhutan, it was seen that female students faced a lot of problems with menstrual hygiene due to the water, sanitation, and hygiene facilities. Most of the students reported that their daily activities were getting affected because of menstruation. Also, around 20 per cent of the students were missing classes due to dysmenorrhea. Also, some of the students reported that due to the non-availability of water, no proper disposal bins, and lack of proper sanitation and hygiene. Also, there were no proper soaps provided for washing their hands. Due to all these reasons, female students preferred not to go to classes. (Tshomo et al, 2021)

Over the years, we can see a lot of changes took place in South Asia countries. Many changes were made to improve the scenario of the school washroom, clean drinking water, sanitation, and hygiene. As mentioned earlier, there were not any such policies regarding WASH practices, so the situation of drinking water, sanitation, and hygiene was not focused on. Gradually, the government saw there were many dropouts from the schools and the situation of school washrooms and hygiene. Also, the children were falling sick, and various other diseases led to malnutrition, growth stunting, and especially diarrhoea was common in the school going. Not only due to the lack of washrooms, sanitation, and

hygiene but also because handwashing plays a role in WASH practices. If children do not wash their hands before and after meals, it leads to the spread of various diseases.

Ever since The Swachh Bharat Mission was brought up, it has given attention to taking health and sanitation into consideration. The construction of toilets and keeping them hygienic is also important. By the handwashing method with soaps, we can prevent the children from falling sick and having diarrhoea, intestinal worm infections, and respiratory diseases also. Handwashing is the main thing, and it should be practised by not only the students but also the caretakers, instructors, and those who prepare and serve the food as well so that we can reduce the transfer of the spreading diseases. When children do not clean their hands before or after eating, the risk of germ and bacteria transfer is very high, and they can fall sick. Also, the pathogens can be spread from the persons who make and serve the food. If they do not clean their hands, the risk of ingesting faecal pathogens from the hands to the food can cause a lot of health problems as well. Therefore, handwashing is a must before and after meals. (Ahmad, 2019).

A major problem with cleaning, sanitation, and hygiene arising in schools is due to the open defecation of waste. So, to tackle that, they have introduced a properly covered disposal system, but some schools still have open dustbin systems, which is not very safe for the school students. Regarding the handwashing practices, whether the students follow them or not in schools, the teachers stated that they make sure that each student should practice handwashing properly daily so that it becomes a good habit for them. However, in some schools, they do not follow the method of handwashing as there is neither the availability of water nor soap is present in the washrooms. It has been found that more practice of handwashing has been followed in urban schools than in rural school areas. Overall, it has been seen that urban schools have much knowledge about the various practices of handwashing, cleaning, and hygiene. (Agarwal, et al, 2016)

In some parts of Afghanistan, there is still no proper drinking water, hygiene, or sanitation services. People in rural areas still use boreholes as a source of drinking water. Also, there is a significant amount of E. coli present in them, which is not suitable for children as they can get affected with diarrhoea, stomach aches, and fever, which will lead to the deterioration of the health of the children. Also, in some areas, they had introduced Bio sand filter technology to help in the WASH practices, but it was found that only a couple of households had used the technology. Most of the household's schools did not follow up with the handwashing practices, which has a negative impact on the health of the children. (Costello, 2013).

V. CONCLUSION

A. Summary

In conclusion, WASH practices (Water, Sanitation, and Hygiene) are critical in South Asian schools. Proper washing practices can help minimize disease transmission, increase attendance, close the gender gap, and improve environmental sustainability. However, the adoption of wash practices in South Asian schools is hampered by a lack of infrastructure, restricted access to resources, cultural practices, a lack of knowledge, and a lack of financing and support. Addressing these constraints is critical for improving school wash practices and creating greater health and well-being for children and staff. Schools may guarantee that their students and staff have access to clean and safe water, sanitation facilities, and hygiene practices by investing in infrastructure, resources, education programs, and money.

In the end, we can achieve clean water, sanitation, and hygiene, which is essential for promoting human health, economic growth, and reducing poverty. By implementing the above strategies, we can ensure that everyone has access to proper WASH facilities and also help the school-going children achieve proper sanitation and hygiene facilities at their school.

B. Limitations

As we know, there are many limitations to the WASH practices we have seen in South Asian countries, and these challenges need to be addressed.

a) Inadequate Infrastructure:

Many South Asian schools lack basic sanitation facilities, such as toilets, handwashing stations, and safe drinking water sources. It is impossible to promote good washing practices without these fundamental facilities. (Fernandes & Thérèse. (2010).

b) Scarcity of Resources:

Schools in South Asian countries frequently lack the financial and personnel resources to invest in basic infrastructure and education programs. This might make maintaining facilities and providing continuous wash education challenging.

c) Cultural Barriers:

Cultural practices and beliefs in some parts of South Asia may discourage students, particularly girls, from practising proper washing habits. Menstruation, for example, is considered impure in some societies, and females may not have access to sanitary items or facilities to manage their periods.

d) Ignorance:

Many kids and their families may be unaware of the necessity of appropriate hygiene practices and the potential health hazards connected with poor hygiene. It might be difficult to modify behaviours and encourage healthier washing practices without proper education and awareness-raising.

e) Limited Government Assistance:

There may be limited government funding for school washing in several South Asian nations. This can make it difficult for schools to obtain financing and technical assistance to modernize their washrooms and educational programmes. (Sijbesma 2008)

Therefore, these are the main reasons which need to be addressed so that the scenario of water, sanitation & hygiene in South Asian Countries can be improved & so that children do not face any such barriers in schools & can focus on their education & it will also lead to improvement in their health.

C. Future Scope

We know that there is a lot of improvement that needs to be done in the area of WASH practices in the schools of South Asia countries. Below are some of the main focus areas that need to be developed:

a) Emphasis on Hand Hygiene:

As we know poor handwashing is one of the main sources of the spreading of diseases among children. Therefore, schools can help children by promoting the benefits of proper handwashing practices. So that in the future, there will be no shortage of availability of hand sanitizer or soap in schools.

b) Availability of Clean Drinking Water:

In many South Asia schools, there are no facilities for clean drinking water available, which makes it difficult. Therefore, by installing some new filtration machines or repairing the provision of water delivery systems in schools, the problem can be solved.

c) Proper Hygiene & Sanitation Facilities:

Some of the low or middle-income groups of South Asia countries do not have proper hygiene sanitation facilities. Also, no separate washrooms for males and females, which makes it difficult for the children. So, more investment in this area of sanitation & hygiene needs to be worked on & there should be proper infrastructure for the washrooms & separate toilets for both male & female children so that during the menstruation females are more comfortable using the washrooms.

d) Introduction of WASH Practices into the School Curriculum:

To ensure proper WASH practices in schools, it would be better to include it as a curriculum so that more and more children are aware of water conservation, sanitation, and hygiene. Also, proper utilization of the washrooms, washing dishes, or handwashing before and after meals is important.

In the end, there is scope for improvement of WASH practices in schools so that children feel safe using the resources, can have a healthy life, and can concentrate on their education without falling sick. Therefore, these changes can be helpful for the school & as well the children & it will also lead to the development of the South Asia countries.

Interest Conflicts

The authors declare that there is no conflict of interest concerning he publishing of this paper.

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