

**BOTTLENECKS TO THE EFFECTIVE CONTROL OF DYSENTERY
IN SECONDARY SCHOOL IN KENYA**

BY

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**A RESEARCH REPORT PRESENTED TO THE FACULTY OF EDUCATION
IN PARTIAL FULFILLMENT OF THE REQUIREMENT FOR THE
AWARD OF DIPLOMA IN ARTS WITH EDUCATION
OF KAMPALA INTERNATIONAL
UNIVERSITY**

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DECLARATION

I Wafula Solomon Martin declare that this project is my original work and has never been presented to any other university for award of any academic certificate or anything similar to such. I solemnly bear and stand to correct any inconsistency.

SIGNATURE

DATE

Wafula.....

1.1.00/2009.....

WAFULA SOLOMON MARTIN

APPROVAL

This Research was conducted under my supervision with my approval; it is now ready for submission to the academic board for the award of Diploma in Secondary Education of Kampala International University

SIGNED


.....

DATE


.....

SUPERVISOR MR. OCHAN JOSEPH

DEDICATION

This work is affectionately dedicated to my wife and children for their support patience and understanding during this period of study.

ACKNOWLEDGEMENT

First of all I give thanks to the almighty God for his mercy and grace granted to me during this time of my Diploma course and through this research project.

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TABLE OF CONTENTS

DECLARATION.....	i
APPROVAL	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT	iv
TABLE OF CONTENTS	v
LIST OF TABLES AND FIGURES	viii
DEFINITION OF TERMS	ix
ACRONYMS.....	x
 CHAPTER ONE.....	 1
1.1 Back ground of the study.....	1
1.2 Statement of the problem.....	2
1.3 Purpose of the study	2
1.4 Objectives of the study	3
1.5 Research questions	3
1.6 Scope of the study.....	3
1.7 Significance of the Study.....	4
 CHAPTER TWO	 5
LITERATURE REVIEW	5
2.1 INTRODUCTION	5
2.2 Factors responsible for spreading dysentery in secondary school.....	5
2.3 Preventive measures	6
2.4 Effective control of dysentery	6
 CHAPTER THREE.....	 8
RESEARCH METHODOLOGY	8
3.0 Introduction	8
3.1 Research design	8
3.2 Population and sampling	8

3.3 Research instruments.....	9
3.4 Validity and Reliability of Research Instruments.....	9
3.5 Data collection procedures	10
3.6 Limitation of the study	10
CHAPTER FOUR	11
DATA PRESENTATION ANALYSIS AND INTERPRETATION.....	11
4.0 Introduction	11
4.1 Respondents who drink boiled water.....	11
4.2 Preparations	12
4.2.1 Who don't wash their plates	13
4.3.1 Proper hygiene.....	14
4.3.2 Table 4. Frequency and percentage of proper hygiene.....	14
4.3.4 Management and control of dysentery by teachers	16
4.4 The teachers' manners on dysentery	16
4.4.1 Manner of students to the disease.....	17
4.4.2 Communication	17
4.5 Students' population and attendance	19
4.5.1 Overall enrolment.....	19
CHAPTER FIVE	21
CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH	21
5.0 Introduction	21
5.1 Summary.....	21
5.2 Conclusion.....	22
5.3 Recommendations	22
5.4. Suggestions for further research	23

REFERENCES	24
APPENDIX I: QUESTIONNAIRE FOR STUDENTS AND TEACHERS IN SECONDARY SCHOOL ON THE CAUSES OF DYSENTERY	25
APPENDIX II.....	30
APPENDIX III	31

LIST OF TABLES AND FIGURES

Table 1: Frequency and percentage of students who drink boiled water.....	11
Table 2: Respondents who always wash their plates.....	12
Table 3: Frequency of respondents who don't was plates.....	13
Table 4. Frequency and percentage of proper hygiene.....	14
Table 5. Frequency and percentage of those students who are unhygienic.....	15
Table 6 Frequency and percentage of teachers who guide students on hygiene.....	15
Table 7. Frequency and percentage of how teachers always try to control the disease....	16
Table 8 frequency and percentage of the students' manner.....	17
Table 9: Frequency and percentage of whether the teacher communicates to students about dysentery or not	17
Table 10. Frequency and percentage of students' population to other schools.....	19
Figure 1: Students who drunk boiled water.....	12
Figure 2 Respondents who don't wash hand.....	13
Figure 3: Frequency and percentage of whether the teacher communicates to students about dysentery or not.....	18
Figure 4. Frequency and percentage of students' population.....	20

DEFINITION OF TERMS

Epidemic: Sudden outbreak of a disease and which spreads rapidly and do affect a large number of people.

Mortality: death that occurs within a particular population in a specified period of time

Morbidity: disease or illness occurring in a specific population.

Rampant: spreading every where in a manner that cannot be controlled

Counter drugs: drugs or medicine that is sold and purchased in shops, chemists as well as pharmacy coutilals

Endemic: a disease that can spread easily.

Demographics: the change pattern of the number of births and death of a population.

ACRONYMS

M.O.H	:	Ministry of health
M.O.H (K)	:	Ministry of health Kenya.
W.H.O	:	world health programmer.
D.O	:	district officer.
N. G. O.S	:	non governmental organizations.

CHAPTER ONE

1.0 Dysentery is an acute disease in which much watery material mixed with mucus and blood is passed from the bowels. It remains one of the leading causes of morbidity and mortality in Kenya accounting for 35% of children illness cases. It accounts for 30% of treated patients cases in most hospitals in Kenya. Dysentery and other related diseases contribute to a big percentage of infant and childhood mortality. If left undressed, the patients could succumb to death. The micro- organism mixes with mucus and blood which passes from the bowels and faeces. It then spreads to other culprit through drinking water contaminated with diarrhea, consumption of contaminated or dirty food, and direct spread through contact fluid from contaminate to another person.

1.1 Back ground of the study

Many culprits don't develop clinical disease but even those who do bear only mild disease symptoms 60% of the clinical cases are children. in the word health organization W.H.O. meeting in Geneva Switzerland other 6th of April 2007, it was noted that dysentery was the most contagious disease globally.

During the meeting 1million us dollars budget was passed and assigned to various N.G.Os and health ministries to cater for dysentery victims and sensitize the world on the need to prevent dysentery mainly in third world countries. A commission was set up to determine the measures that should be taken to control the spread of this disease dysentery.

During the yearly budget in Kenya, the ministry of finance allocated shillings 5 million to the ministry of health specifically to contain the spread of dysentery in the country. As per the data got from the (D.O. District office civil division and the health records at Chwele hospital, it was noted that in the past three years 240 cases had been reported yearly from students of

1.2 Statement of the problem

Despite the efforts by the government through the ministries of health, local government and education to sensitize the citizens on the dangers and epidemicity of Dysentery and more so providing care and medication to the infected people, the disease still poses a threat to the residents of some places in Kenya especially Namwela secondary school.

Some other contagious diseases like fly, malaria, cholera and hepatitis have been recorded to be on the decline. The researcher would like to determine really what should be done to confirm dysentery in the schools.

1.3 Purpose of the study

The researcher would find out factors favoring the spread of dysentery in secondary schools and the control measures that are not reinforced so that the disease is still epidemic.

1.4 Objectives of the study

1. The researcher would like to find out the factors that are favoring the spread of dysentery in secondary schools in Kenya
2. The control measures that are being ignored so that the spread of dysentery is brought under control.
3. The measure that should be put in place for effective control of dysentery in secondary school in Kenya.

1.5 Research questions

1. What are the factors favoring the spread of dysentery in Namwela secondary schools?
2. What control measures could the secondary schools be ignoring so that the disease is still epidemic?
3. What measures should be put in place and reinforced for the effective control of dysentery in the secondary schools in Kenya.

1.6 Scope of the study

The research was conducted in January 2009 the study area is Namwela secondary school found in Bungoma west district. It lies 12km west of Bungoma Town which is the district headquarter and north-west of Kakamega province.

This area is hilly and has red volcanic fertile soils and is bordered by Mt. Elgon to the west and Namwela ranges to the south. The only inhabitants are the Luhyas who are mainly the mixed farmers. The main cash crops are coffee and sisal, while food crops like maize, beans, Kales and potatoes are grown.

1.7 Significance of the Study

To create public awareness on the benefit of the effective control of dysentery in secondary schools in Kenya, the study also creates public awareness of the effective ways to control dysentery in Kenya. The results also create or set a base line survey for carrying out research and serves as an eye opener to the local authorities of the study schools and the ministry of health.

CHAPTER TWO

LITERATURE REVIEW

2.1 INTRODUCTION

According to the available data, dysentery remains the third threatening disease to cholera and malaria, it leads to morbidity and mortality in most secondary schools in the country whereby most students always succumb to death.

2.2 Factors responsible for spreading dysentery in secondary school

Cecie Starr (2000) in cell Biology and Genetics define dysentery as a disease which a lot of watery material mixed with mucus and blood is passed from the bowels. It is a disease that leads to morbidity and mortality of many people once they are infected. Dysentery and other related disease like Cholera, contribute to a big percentage, patients could succumb to death. The micro – organism mixes with mucus and blood which passes from the bowels and faeces. It spreads to a person through drinking contaminate water and dirty food.

Raven John (2002) states that dysentery affects individuals who fail to exercise hygiene, by visiting dirty places, like toilets and also not washing hands before and after meals. It remains one of the leading disease in most societies which has led to morbidity and mortality in the secondary schools. If left undressed patients could succumb to death. The micro- organism mixes with mucus and blood which passes from the bowels, it then

spreads very first for a culprit through drinking water contaminated or dirty food and direct spread through contact fluid from a person to another.

Many students in secondary schools always fail to exercise hygiene, by not washing their plates thoroughly with soap and failing to wash their hands after visiting dirty places like toilets this has resulted to the contraction of a micro organism which in turn leads to dysentery, there is also poor storage of water, most schools become the gateway to contraction of dysentery.

2.3 Preventive measures

The secretary general of united nations (UN) Mr. Koffi Annan held a general meeting on 5th October 2006 on the state of health in the developing world. It was hereby noted that there was a danger posed on the lives of students in secondary schools in Kenya, preventive measures were to be implemented to ensure that the danger posed on students by the disease dysentery is reduced to a minimal possible, these include observation of hygiene and cleanliness, prompt attention on suspected students, and isolation where the cases are so complicated.

2.4 Effective control of dysentery

Banner and billboards should be put up to encourage boiling of water and encouraging observation of hygiene amongst the students in secondary schools.

Enough drugs and medical staff to be put in place to cater for control and diagnoses of the infected students.

Schools should ensure there is clean tapped water and proper water disposal.

Teachers should sensitize students on the importance of general hygiene among them which leads to good health.

Students should ensure that their plates are thoroughly clean before and after inclusive.

Hands should be washed with soap and clean water immediately after visiting the toilet or any dirty place.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the researcher discussed the method she used to carry out her study. These included the target population and sampling procedure. The researcher described the instrument she used to collect data and the procedure for collecting data. The researcher also tested the validity and reliability of the research instruments and further discussed the problems she encountered and their solutions.

3.1 Research design

The researcher employed the descriptive method of research in this study and it was specifically based on case study. The researcher made a list of all the variables mentioned and left room for others that she may have come across in the process of data collection. The researcher collected all kinds of information happening on the ground that relate to her variables. The sources of this information were the students, the teachers and the school administration.

3.2 Population and sampling

The target population in this study was two hundred students. This was the entire population in Namwala secondary school and could even be less due to the currently political stalemate in the country and massive migration to neighboring schools.

All the students were involved and this was the number was manageable for the researcher to interview per class but not individually. The teachers in question were 6 in total and all of them were involved in the study. However random sampling was done to few students from S1-S4 since it would take long to assess the students in all the classes.

3.3 Research instruments

A researcher is devised instrument of checklists or interview schedules was used to collect the data. The researcher carried out the interviews and observations by himself. The researcher relied most on written documents from both the students and teachers to answer most of his question, for example students hygiene how they always wash their plates before and after eating and also reports from the ministry of health and the reported cases of students who suffered from dysentery.

3.4 Validity and Reliability of Research Instruments

The interview schedules were oral and with the language that the respondents could understand and therefore suitable for every one concerned. Since the researcher was on the ground by him self, chances of receiving unreal answers were limited and this is because he was able to observe on his own as well as used documented evidence that existed in the school.

The document used were to answer the questions intended to be answered for example, students hygiene, that leads to the spread of dysentery was asked and this made the instruments valid. However students were grouped according to classes 1-4 and answers to certain questions given generally.

3.5 Data collection procedures

Data was collected during the school hours within the school compound. Since the researcher intended to investigate the causes of dysentery in see schools, the conditions were purely academic and therefore co – curricular activities and sports days were excluded. Time allocation for data collection was approximately tow months, May and June 2009.

3.6 Limitation of the study

The researcher encountered the following during this study;-

Financial constraints, making the whole procedure cumbersome, other commitments at school that greatly hindered total observation during data collection, negative attitude from some teachers and students who felt infringed and limited time for data collection due to the athletics meeting that was going on.

The researcher managed through by asking his parents for financial assistance, making good use of the time available, approaching the school administration help with teachers who were un – cooperative and delegating other duties to colleagues to get enough time to collect data.

CHAPTER FOUR

DATA PRESENTATION ANALYSIS AND INTERPRETATION

4.0 Introduction

The researcher, in this chapter used both tables and graphs, presented the results he got from the research instruments, the researcher discussed all the findings that he got from the field, he discussed the various ways of how dysentery is spread in secondary schools.

4.1 Respondents who drink boiled water

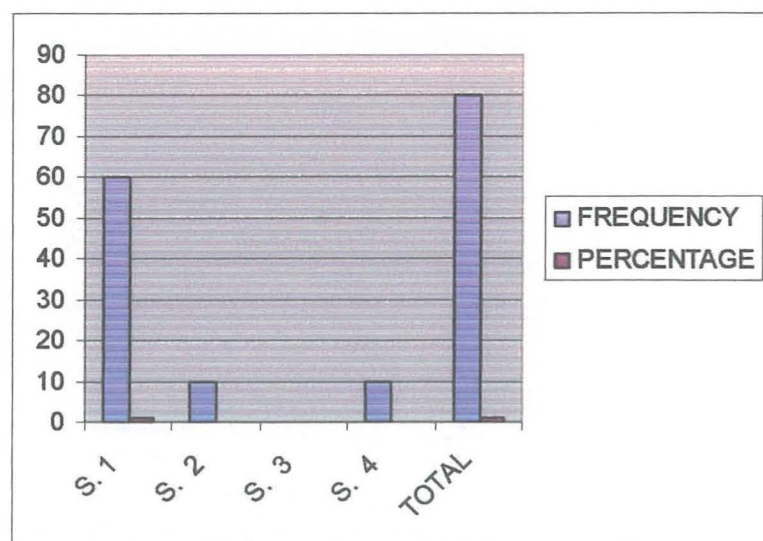
Table 1: Frequency and percentage of students who drink boiled water.

CATEGORIES	FREQUENCY	PERCENTAGE
S. 1	60	75%
S. 2	10	12.5%
S. 3	0	0%
S. 4	10	12.5%
TOTAL	80	100%

Source Primary data 2009

Table 1 reveals that majority of the students in S.1 drink boiled water. This means majority of them have got advices from secondary schools where they came from.

Fig 1: Students who drunk boiled water



4.2 Preparations

This was carried out to sensitize the students about the importance of hygiene in secondary schools.

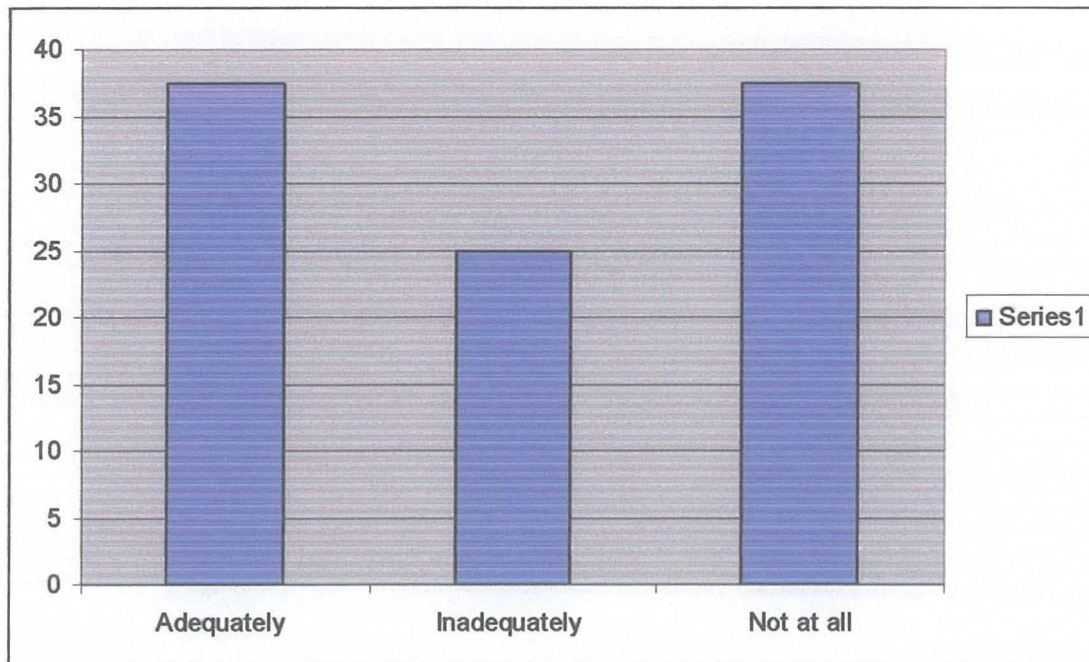
Table 2: Respondents who always wash their plates.

CATEGORIES	FREQUENCY	PERCENTAGE
Adequately	3	37.5%
Inadequately	2	25%
Not at all	3	37.5%
Total	8	100%

Source primary data 2009

From the data collected in table 2, a good number of students do not wash their plates and hands which shows a clear proof that dysentery is in evitable in secondary schools.

Figure 2 Respondents who don't wash hand



4.2.1 Who don't wash their plates

Table 3: Frequency of respondents who don't wash plates.

CATEGORIES	FREQUENCY	PERCENTAGE
Regularly	10	12.5%
Irregularly	40	50%
Hardly ever	30	37.5%
Total	80	100%

Source: Primary Data 2009

According to the data in table 3, it is quite clear that almost all the students hardly wash their plates and this have been the loopholes of contracting the disease dysentery. In secondary schools.

4.3 This was done in order to find out how the disease dysentery mostly affects the students in secondary schools. Washing of plates and hands was one of the factors for the spread dysentery

4.3.1 Proper hygiene

4.3.2 Table 4. Frequency and percentage of proper hygiene.

CATEGORIES	FREQUENCY	PERCENTAGE
Satisfactorily	30	37.5%
Unsatisfactorily	50	62.5%
Total	80	100%

Source: Primary Data 2009.

From the data 4 more than a half of the respondents addressed do not maintain proper hygiene, as a few of them do that, and so this leads to the spread of the disease easily.

4.3.3 Unhygienic students

Table 5. Frequency and percentage of those students who are unhygienic.

CATAGORIES	FREQUENCY	PERCENTAGE
Systematically	30	37.5
Unsystematically	50	62.5%
Total	80	100%

Source: Primary Data 2009

According to the data collected in table 5, most of the students don't practice hygienic, because of dysentery has got the way of attacking them.

Teacher's guidance on hygiene

Table 6. Frequency and percentage of teachers who guide students on hygiene.

CATEGORIES	FREQUENCY	PERCENTAGE
No	5	62.5%
Yes	3	37.5%
Total	8	100%

Source: Primary Data 2009

Table 6: The teachers who used to guide the students on hygiene are very few as seen above compared to those who don't guide their students on the importance of hygiene in the school, and thus this has brought agate way to the spread of dysentery in secondary schools.

4.3.4 Management and control of dysentery by teachers

Table 7. Frequency and percentage of how teachers always try to control the disease.

CATEGORIES	FREQUENCY	PERCENTAGE
Well	3	37.5%
Bad	5	62.5%
Total	8	100%

Source: Primary data 2009

According to table 7 three out of eight teachers managed to control the spread of the contagious disease but five of them did nothing to control the disease and thus because of less efforts imparted on the disease it continued to proof tough among the students because of poor management and control from the teachers.

4.4 The teachers' manners on dysentery

This was carried to find out how many teachers always take their responsibilities of and time to control the spread of dysentery in secondary schools, and this shows that few of the teachers have taken no initiative of control the disease.

4.4.1 Manner of students to the disease

Table 8 frequency and percentage of the students' manner.

CATAGORIES	FREQUENCY	PERCENTAGE
Pleasant	10	12.5
Unpleasant	70	87.5%
Total	80	100%

Source: Primary Data 2009

From the table 8 almost all the students have unpleasant manners on the issue of the disease most of them have ignored the idea of the disease that is why it spreads quickly to secondary schools.

4.4.2 Communication

Table 9: Frequency and percentage of whether the teacher communicates to students about dysentery or not.

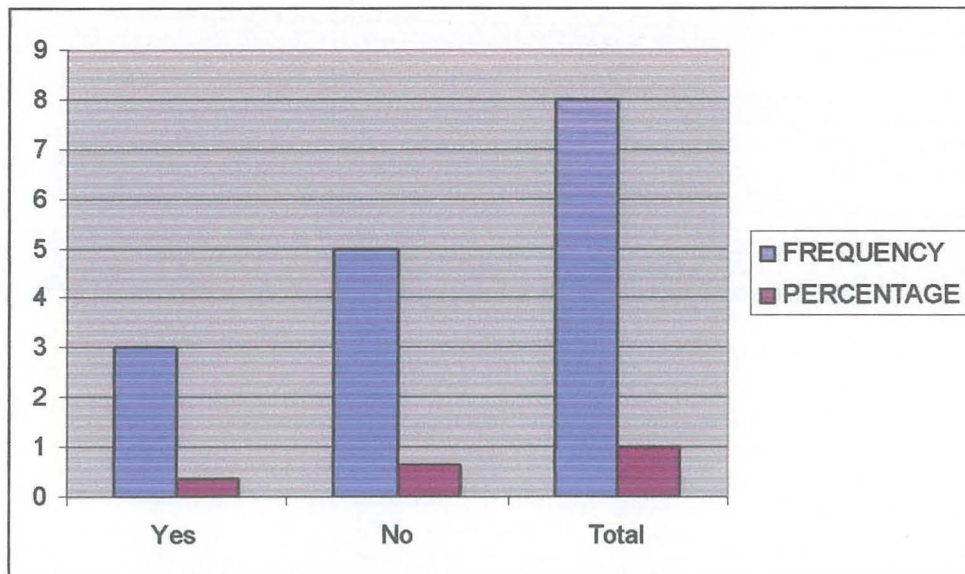
CATEGORIES	FREQUENCY	PERCENTAGE
Yes	3	37.5%
No	5	62.5%
Total	8	100%

Source: primary data 2009

From table 9, the teacher who communicated to the learners about the disease are very few compared to the high percentage of those who didn't communicate to the because of

poor communication and lack of much efforts to address the disease it has been easy for it to spread easily.

Figure 3: Frequency and percentage of whether the teacher communicates to students about dysentery or not.



General comments by the inspection officer

- Ignorance by teachers
- Lack of devotion by teachers and students
- Poor management of the school environment.
- Lack of treated water.
- Poor methods of conservation of water
- Students' ignorance of teachers' advice.

The inspection officer in this case was the researcher found out that the following was not done accordingly. Water preserved by the school in tanks were poorly preserved, teachers did not take their time to guide the students on the dangers of /the disease, Also the

school administration didn't take the steps of treating the tap water in the school, and also students didn't take an initiative of washing their hands and plates after eating and visiting the toilets. Because of this dysentery got loopholes to spread in the school easily Which let to many deaths in the school.

4.5 Students' population and attendance

This was done in order to find population of Namwela Secondary school which was under research.

4.5.1 Overall enrolment

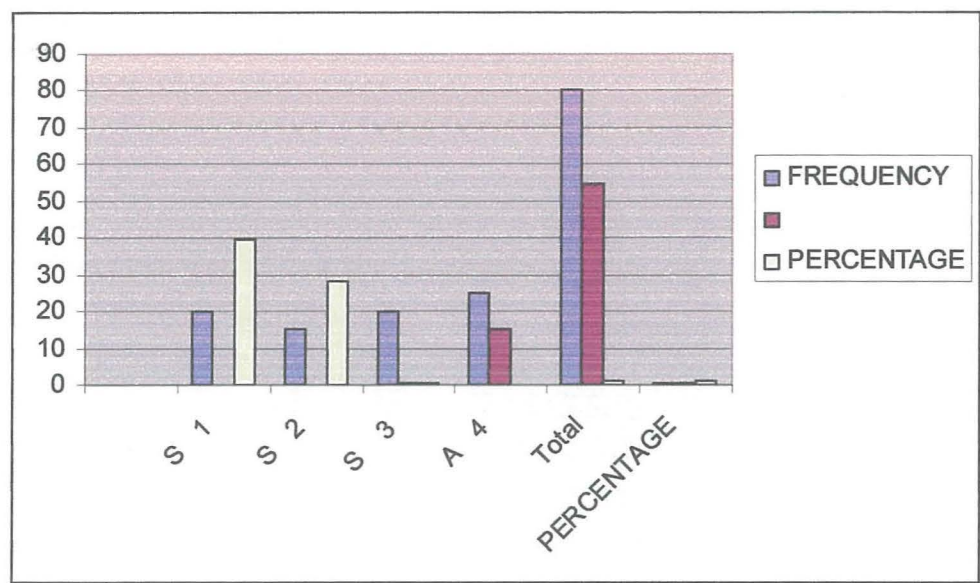
Table 10. Frequency and percentage of students' population

CATEGORY	FREQUENCY		PERCENTAGE
	BOYS	GIRLS	
S 1	20	10	39.79%
S. 2	15	10	28.10%
S. 3	20	40	42.50%
S 4	25	15	16.6%
Total	80	55	16.6%
Percentage	52.0%	48%	100%

Source: Primary Data 2009.

Physical counting shows that the school had few enrolments because of poor management of the administration which has let many students to transfer to other schools.

Figure 4. Frequency and percentage of students' population



CHAPTER FIVE

CONCLUSION, RECOMMENDATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

5.0 Introduction

In this chapter the researcher gave his conclusions and further suggested various recommendations that would help the teachers to be able to control the spread of dysentery in Namwela secondary school. He also gave suggestions for further research.

5.1 Summary

Most of the researchers findings did not match the findings of the previous researchers as stated in the literature review. Most of these teachers chose the way out and it is no wonder the students were as they were affected by the contagious disease dysentery. The teacher did not do most of the things they were expected to do such as improving the hygiene of the school, advising the students on the dangers of dysentery and not treating the water for drinking.

Observation made showed that the teachers were relaxed and seemed not to take their work seriously.

The researcher disagrees by saying that it should be the teachers concern to maintain the conducive environment for learners. Since learners in the secondary School no little about the dangers of diseases.

5.2 Conclusion

Following the information so gathered by the researcher he would like to conclude the following that the effective control of dysentery. In Namwela secondary school which is the study area had many problems due to the following;

- Failure by the learners to boil drinking water.
- Failure by the students to wash their hands before and after taking their meals or after visiting dirty places like toilets.
- Failure by the respondents to wash their plates before and after use.
- Failure by the students to go or seek medical care after contracting the disease-dysentery.
- Failure by the teachers to provide clean water to students in the school.
- Teachers' failure to address the issue of dysentery seriously.
- Lack of treated water in the school.
- Poor storage system of water in water tanks.

5.3 Recommendations

Looking at the findings of the study, the following recommendations were made; by information about contagious diseases should be taught in schools.

Banners and Billboards should be put in place so as to encourage boiling of drinking water and encouraging observation of hygiene.

Enough drugs and medical attention to be put in place to cater for the control and diagnoses of the infected victim.

Schools should ensure there is clean tapped water for drinking.

There should be proper disposal of wastes products and proper drainage.

The government should impose immunization and free vaccines as well as treating of all students over contagions diseases like dysentery

Teachers should sensitize students on the issue of proper hygiene in the school.

Learners should be encouraged to exercise hygiene in the school by washing their plates and hands.

5.4. Suggestions for further research

This project was based on effects of dysentery in secondary schools.

The researcher recommends that more research should be done on other factors that causes dysentery in the schools.

The researcher also recommends that more research should be done on the effects of dysentery which affects many students in the school.

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APPENDIX I

QUESTIONNAIRE FOR STUDENTS AND TEACHERS IN SECONDARY SCHOOL ON THE CAUSES OF DYSENTERY

Dear respondent, I am Wafula S. Martin, a student of Kampala International University, carrying out a research on the causes of dysentery in Namwela sub -county secondary schools.

You are kindly requested to spare your time and fill this questionnaire. All information obtained is purely for the causes of dysentery and will be kept confidential.

Part A. Bio data

(i) Sex of respondent

(a) Male ☐ (b) Female ☐

(ii) Age of respondent

(a) Under 10 ☐ (b) 15- 20 ☐ (c) 25-30 ☐
(d) Above ☐

(iii) Highest level of Education.

(a) Primary ☐ (b) Tertiary institutions ☐
(c) Secondary ☐ (d) University and others ☐

(iv) What is your position held.....

(b) How long have you stayed in Namwela Secondary school?

Part B:

Please tick the most appropriate alternative.

The situation of dysentery in the school.

How is hygiene practiced in your school.

(a) Well ☐ (b) Bad ☐ (c). Not sure ☐ (d). Don't know. ☐

2. Show how it is spread in your school.

(a) Through dirty plates ☐ (b) Dirty hands ☐ (c) Poor storage ☐
(d) All the above. ☐

3 What was the percentage of students infected with the disease last year?

(a) Below 10% ☐ (b) 20% ☐ (c). 25% ☐ (d). 50% ☐

4. What is the reaction of teachers to the disease in the school?

(a) No reaction ☐
(b) Reacts to it by sending the victims to the hospital ☐
(c) None of the above ☐ (d) . All of the above. ☐

5. What measures has the students themselves taken to improve the hygiene
in the school.

(a) Cleaning their plates thoroughly
(b) . Bathing every time

(c) No measures have been taken

(d) All of the above

Part C:

Positive effects

6. Dysentery has been seriously prevented in the school.

(a) Strongly agree (b) Agree (c) Not sure

(d) Strongly disagree (e) Disagree

7. Teachers have been seriously advising students to exercise highest level of
Hygiene in the school

8. There is proper storage and drainage system in the school.

(a) Strongly agree (b) Agree (c) disagree (d) strongly disagree

(d) Strongly disagree.

9. There is treated water in the school for students for example chlorinated
water

(a) Strongly agree (b) Agree (c) Strongly disagree (d). Disagree.

10. Students are congested in the classes which leads to the spread of dysentery easily.

(a) True (b) False (c) Not sure

11. Health officers always immunize student after every three months in your
School.

(a) True (b) False (c) Not sure

12. Dysentery has not affected the performance of students in the
School.

- (a) True (b) False (c) Not sure

SECTION B:

Dear Sir/Madam, try to be brief and to the point.

13. What measures have you taken to improve hygiene in your school.

.....
.....

14. What are your attitudes towards the disease and the victims affected.

.....
.....

15. What have been the causes of dysentery in Namwela Secondary School.

.....
.....

16. Give five measures that the school administration has undertaken to

Prevent further spread of dysentery

.....
.....

17. Give four solutions that should be undertaken to prevent further spread

of dysentery.

.....
.....

INTERVIEW GUIDE FOR TEACHERS IN NAMWELA SECONDARY SCHOOL

1. How has the disease spread in your school?

.....

.....

2. What mechanism have you laid to prevent further contraction of dysentery?

.....

.....

3. What measures have you taken to improve the drainage system in your school.

.....

.....

4. What challenges have you faced in controlling dysentery in your school.

.....

.....

5. How has the ministry of health reacted towards the spread of dysentery in your school.

.....

.....

6. What is your general comment about dysentery in your school?

.....

.....

Thank you very much for your co-operation.

APPENDIX II

Wafula S.Martin

Kampala International University

P.O BOX 20000

Kampala Uganda

The Head Teacher

Dear Sir/Madam

RE: RESEARCH

I am a regular student from the above named university, I humbly request you to grant me permission to collect information form your school. All information will be treated with total confidentiality.

Thanks in advance

Yours faithfully

Wafula. S. Martin.



KAMPALA
INTERNATIONAL
UNIVERSITY

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FACULTY OF EDUCATION
Office of the Dean

Wednesday, August 5, 2009

TO WHOM IT MAY CONCERN

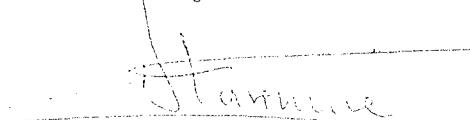
Dear Sir/Madam,

RESEARCH INTRODUCTION LETTER

Mr. /Ms. /Mrs. Reg.No. is
a student in the Faculty of Education. He/She is now carrying out a
study about
..... as one of the
requirements for the completion of his/her studies. He/She is thus
introduced to you.

Kindly help him/her accordingly.

Thank you.



MR. DR. S.A. OYEBADE

DEAN, FACULTY OF EDUCATION