

# STUDY OF HELMINTHIASIS IN ELEMENTARY SCHOOL CHILDREN IN JAMBI CITY

<sup>1</sup>Ima Maria, <sup>2</sup>Wahyu Indah Dewi Aurora, <sup>3</sup>Armaidi Darmawan, <sup>4</sup>Erny Kusdiyah, <sup>5</sup>Nuriyah

<sup>1,4,5</sup> Medical Faculty and Health Science Universitas Jambi

<sup>2,3</sup> Center of Excellent Scientific of Environmental Health And Diseases (SEHAD) Universitas Jambi

<sup>4</sup> Nursing Department Medical Faculty and Health Science Universitas Jambi

Email: [imamaria.md@unja.ac.id](mailto:imamaria.md@unja.ac.id)

## ABSTRACT

**Introduction:** Intestinal parasitic infection is a major health problem in developing countries, especially in children, which often causes mortality and morbidity. Worms affect one third of the world's population. School-age children between the ages of 5 and 15 years in most developing countries are at the highest risk of chronic helminthic infection and worm-related morbidity. This study aims to determine the prevalence and determinants of helminthiasis in school-age children.

**Methods:** This research is a quantitative study with a cross-sectional design. The research will be conducted at Jambi City Elementary School in August-October 2022. The total sample is 369 respondents using a simple random sampling technique.

**Results:** The type of worm eggs found were *Ascaris lumbricoides* worm eggs. The most gender is male (50.7%), the most sources of water for cooking and drinking at home are Refill Water (28.2%), the habit of washing vegetables and raw meat with running water is 90.8%, the number of children playing outside the house the most 76.2%, playing sand 75.9%, using sandals 94.5%, habit of biting nails 9.8%, washing hands after playing 85.6%, consuming worm medicine 53.1%, and still there are houses that have floors in the form of land as much as 3.3%.

**Conclusion:** The risk factor for helminthiasis in the community is still high. Only some children consume deworming drugs regularly at their own expense. Government intervention is needed in mass deworming treatment for school children

**Keywords:** Worms, Elementary School Children

---

## INTRODUCTION

Worms are an infection of the intestine caused by parasitic worms, such as hookworms (*Necator americanus* and *Ancylostoma duodenale*), whipworms (*Trichuris trichuria*), and roundworms (*Ascaris lumbricoides*)<sup>1</sup>. Intestinal parasitic infection is a major health problem in

developing countries, especially in children, which often causes mortality and morbidity<sup>2</sup>. Worms affect one third of the world's population<sup>3,4</sup>. This is mainly due to poverty, poor personal hygiene, frequent outdoor exposure, a higher likelihood of engaging in high-risk behaviors such as eating soil, and the presence of

environmental conditions that favor transmission<sup>5</sup>.

School-aged children between the ages of 5 and 15 years in most developing countries are at the highest risk of chronic helminthic infection and worm-related morbidity<sup>6</sup>. School-age children are the highest risk group because there is not enough research on the importance of the neurodevelopment and cognitive worms in toddlers<sup>7,8</sup> and preschool children<sup>9,10</sup>. A condition heavily influenced by this demographic, helminthic morbidity occurs during critical periods of physiological, mental, and physical development. The chronicity of infection indicates that any mild-moderate nutritional, growth and cognitive deficits related to helminthiasis accumulate over the long term of the developmental course of life. The highest incidence of helminthiasis is found in tropical regions, such as South America, Sub-Saharan Africa, China, and Southeast Asia involving 1.5 billion infected people, including Indonesia<sup>11</sup>. This study aims to determine the incidence of helminthiasis in elementary school children in Jambi City as a basis for further research.

## METHOD

This research is a quantitative study with a cross-sectional design to know the description of helminthiasis and its risk factors. The research was conducted at Jambi City Elementary School in August-September 2022 with a sample size of 369 people. The sampling

technique used. The sampling technique is simple random sampling.

The examination was carried out by collecting student faeces and an examination was carried out at the Emerald Clinical Laboratory. Data processing using IBM SPSS 25. Each student's parents were given a questionnaire to fill out at home. helminthiasis and its risk factors. The research was conducted at Jambi City Elementary School in August-September 2022 with a sample size of 369 people. The sampling technique used. The sampling technique is simple random sampling.

The examination was carried out by collecting student faeces and an examination was carried out at the Emerald Clinical Laboratory. Data processing using IBM SPSS 25. Each student's parents were given a questionnaire to fill out at home.

## RESULTS

The results of this study indicated that only 5 people (1.36%) of the 369 research respondents had helminthiasis, the type of egg found was *Ascaris lumbricoides*. Based on gender, male respondents were 189 people (50.7%), female responses were 180 people (48.8%). Based on the source of water for cooking and drinking at home, 104 people (28.2%) used refilled water, 95 people (25.7%) used well water, 24 people (6.5%) used river water, 7 people ( 1.9%) used

rain collected water, 135 people (36.6%) used bottled water.

Based on the habit of washing raw vegetables/meat, 34 people (9.2%) did not use running water, 335 people (90.8%) used running water. Based on the habits of children playing outside the home, 85 people (23%) rarely played outside the house, 281 people (76.2%) often played outside the house. A total of 280 people (75.9%) did not like playing with sand, 87 people (23.6%) liked playing with sand. In the variable habit of using sandals, 23 people (6.2%) do not like to use sandals

outside the home, 345 people (93.5%) always use sandals when outside the home. Based on the habit of biting their nails, 36 people (9.8%) had the habit of biting their nails, 53 people (14.4%) did not have the habit of washing their hands after playing, 46 people (12.5%) did not have the habit of washing their hands before eating, 196 people (53.1%) did not regularly take deworming medication. There are 4 people (1.1%) who do not have a toilet in the house and 12 people (3.3%) have a dirt floor in their house.

**Table 1. Univariate analysis**

| Variable  | Amount (n = 369) |
|---|------------------|
| The presence of worm eggs in the feces                  |                  |
| <i>Ascaris lumbricoides</i>                             | 5 (1,36%)        |
| Egg Free  | 264 (98,64)      |
| Gender  |                  |
| Male  | 189 (50,7%)      |
| Female  | 180 (48,8%)      |
| Source of water for cooking and drinking at home        |                  |
| Refilable water   | 104 (28,2%)      |
| Well Water  | 95 (25,7%)       |
| River Water   | 24 (25,7%)       |
| Rain Water  | 7 (1,9%)         |
| Bottled Water   | 135 (36,6%)      |
| Habit of washing raw vegetables/meat with running water |                  |
| No  | 34 (9,2%)        |
| Yes   | 335 (90,8%)      |
| The habit of children playing outside the house         |                  |
| No  | 85 (23%)         |
| Yes   | 281 (76,2%)      |
| The habit of children playing in the sand               |                  |
| No  | 280 (75,9%)      |
| Yes   | 87 (23,6%)       |
| The habit of wearing sandals                            |                  |
| No  | 23 (6,2%)        |
| Yes   | 345 (93,5%)      |
| Habit of biting nails                                   |                  |
| No  | 332 (90%)        |
| Yes   | 36 (9,8%)        |
| Habit of washing hands after playing                    |                  |
| No  | 53 (14,4%)       |
| Yes   | 316 (85,6%)      |

|                                      |             |
|--------------------------------------|-------------|
| Habit of washing hands before eating |             |
| No                                   | 46 (12,5%)  |
| Yes                                  | 323 (87,5%) |
| Habit of taking worm medication      |             |
| No                                   | 196 (53,1%) |
| Yes                                  | 172 (46,6%) |
| Availability of toilet in the house  |             |
| No                                   | 4 (1,1%)    |
| Yes                                  | 365 (98,9%) |
| The floor of the house is earth      |             |
| No                                   | 357 (96,7%) |
| Yes                                  | 12 (3,3%)   |

## DISCUSSION

The World Health Organization (WHO) estimates that more than two billion people with helminthiasis worldwide experience severe morbidity, causing 9000 to 135 000 deaths per year<sup>11,12</sup>. Diseases caused by STH infection are associated with chronic and asymptomatic morbidity in children<sup>13</sup>. Morbidity associated with helminthiasis includes iron deficiency anemia, malnutrition, impaired growth and development including short stature, and impaired cognitive development<sup>14-16</sup>. The impact on child growth and development is caused by changes in appetite, digestion, absorption of nutrients, and iron deficiency<sup>17</sup>. Worms cause poor school performance and attendance so that when they are adults their productivity tends to decrease and pregnancies tend to be detrimental, which in turn disrupts the progress of children's education and the nation's economic development<sup>13,18</sup>.

Worm morbidity is related to the intensity of infection<sup>19</sup>. The lack of attention to helminthiasis in children is due

to the assumption of low prevalence and intensity of infection and the belief that low-intensity infection will not cause significant morbidity<sup>20</sup>. Shumbej et al. (2015) found mild helminthiasis in *A. lumbricoides* (98%), *T. trichiura* (95.8%), and hookworms (91.6%); moderate intensity infections of *A. lumbricoides* (2%), *T. trichiura* (4.2%), and hookworms (8.4%); and there is no intensity of severe helminthiasis. A study in Indonesia showed that the most common helminthiasis was *A. lumbricoides* with mild intensity (24.4%)<sup>21,22</sup>. Wang et al.'s study. (2012) in China in 2010 reported finding helminthiasis in preschool children with mild, moderate and severe intensity.

The World Health Organization (WHO) estimates that more than two billion people with helminthiasis worldwide experience severe morbidity, causing 9000 to 135 000 deaths per year<sup>11,12</sup>. Diseases caused by STH infection are associated with chronic and asymptomatic morbidity in children<sup>13</sup>. Morbidity associated with helminthiasis includes iron deficiency anemia,

malnutrition, impaired growth and development including short stature, and impaired cognitive development<sup>14-16</sup>. The impact on child growth and development is caused by changes in appetite, digestion, absorption of nutrients, and iron deficiency<sup>17</sup>. Worms cause poor school performance and attendance so that when they are adults their productivity tends to decrease and pregnancies tend to be detrimental, which in turn disrupts the progress of children's education and the nation's economic development<sup>13,18</sup>.

Worm morbidity is related to the intensity of infection<sup>19</sup>. The lack of attention to helminthiasis in children is due to the assumption of low prevalence and intensity of infection and the belief that low-intensity infection will not cause significant morbidity<sup>20</sup>. Shumbej et al. (2015) found mild helminthiasis in *A. lumbricoides* (98%), *T. trichiura* (95.8%), and hookworms (91.6%); moderate intensity infections of *A. lumbricoides* (2%), *T. trichiura* (4.2%), and hookworms (8.4%); and there is no intensity of severe helminthiasis. A study in

Indonesia showed that the most common helminthiasis was *A. lumbricoides* with mild intensity (24.4%)<sup>21</sup>. Wang et al.'s study. (2012) in China in 2010 reported finding helminthiasis in preschool children with mild, moderate and severe intensity.

## CONCLUSION

The government has launched Mass Prevention Drug Administration (POPM) for worms in Indonesia. However, in this study there were still cases of helminthiasis, risk factors for helminthiasis, and there were still children who did not take deworming medication. The government needs to provide regular education to parents and children regarding the importance of deworming and avoiding risk factors for worms.

## ACKNOWLEDGEMENTS

The author would like to thank the LPPM Universitas Jambi for funding this research, also wish to thank elementary school in Jambi City that have assisted in collecting data for this study.

## REFERENCE

1. WHO. TDR | Helminthiasis [Internet]. 2021 [cited 2022 Mar 19]. Available from: <https://www.who.int/tdr/diseases-topics/helminths/en/>
2. Aleka Y, Tamir W, Birhane M, Alemu A. Prevalence and associated risk factors of intestinal parasitic infection among under five children in University of Gondar Hospital, Gondar, Northwest Ethiopia. *Biomed Res Ther.* 2015;2(8):1-7.
3. Bethony J, Brooker S, Albonico M, Geiger SM, Loukas A, Diemert D, et al. Soil-transmitted helminth infections: ascariasis, trichuriasis, and hookworm. *Lancet.* 2006;367(9521):1521-32.

4. De Silva NR, Brooker S, Hotez PJ, Montresor A, Engels D, Savioli L. Soil-transmitted helminth infections: updating the global picture. *Trends Parasitol.* 2003;19(12):547–51.
5. Hotez PJ, Brindley PJ, Bethony JM, King CH, Pearce EJ, Jacobson J. Helminth infections: the great neglected tropical diseases. *J Clin Invest.* 2008;118(4):1311–21.
6. WHO. Helminth control in school-age children : a guide for managers of control programmes [Internet]. 2011 [cited 2022 Mar 19]. Available from: <https://apps.who.int/iris/handle/10665/44671>
7. Nampijja M, Apule B, Lule S, Akurut H, Muhangi L, Webb EL, et al. Effects of maternal worm infections and anthelmintic treatment during pregnancy on infant motor and neurocognitive functioning. *J Int Neuropsychol Soc.* 2012;18(6):1019–30.
8. Mireku MO, Boivin MJ, Davidson LL, Ouédraogo S, Koura GK, Alao MJ, et al. Impact of helminth infection during pregnancy on cognitive and motor functions of one-year-old children. *PLoS Negl Trop Dis.* 2015;9(3):e0003463.
9. Stoltzfus RJ, Kvalsvig JD, Chwaya HM, Montresor A, Albonico M, Tielsch JM, et al. Effects of iron supplementation and anthelmintic treatment on motor and language development of preschool children in Zanzibar: double blind, placebo controlled study. *Bmj.* 2001;323(7326):1389.
10. Awasthi S, Pande VK, Fletcher RH. Effectiveness and cost-effectiveness of albendazole in improving nutritional status of pre-school children in urban slums. *Indian Pediatr.* 2000;37(1):19–30.
11. WHO. Soil-transmitted helminth infections [Internet]. 2021 [cited 2022 Mar 19]. Available from: <https://www.who.int/news-room/fact-sheets/detail/soil-transmitted-helminth-infections>
12. Jiero S, Ali M, Pasaribu S, Pasaribu AP. Correlation between eosinophil count and soil-transmitted helminth infection in children. *Asian Pacific J Trop Dis.* 2015;5(10):813–6.
13. Davis SM, Worrell CM, Wiegand RE, Odero KO, Suchdev PS, Ruth LJ, et al. Soil-transmitted helminths in pre-school-aged and school-aged children in an urban slum: a cross-sectional study of prevalence, distribution, and associated exposures. *Am J Trop Med Hyg.* 2014;91(5):1002.
14. Montresor A, Gabrielli AF. Soil-Transmitted Helminthiasis. In: *Helminth Infections and their Impact on Global Public Health.* Springer; 2022. p. 397–418.
15. Fauziah N, Ar-Rizqi MA, Hana S, Patahuddin NM, Diptyanusa A. Stunting as a Risk Factor of Soil-Transmitted Helminthiasis in Children: A Literature Review. *Interdiscip Perspect Infect Dis.* 2022;2022.
16. Alnaz ARM, Darlan DM, Andriyani Y, Lubis RR. Hemoglobin Level and Risk of Anemia in Soil-Transmitted Helminths Infections among Children: A Systematic Review and Meta-analysis. *Open Access Maced J Med Sci.* 2022;10(F):355–63.
17. Yeshanew S, Bekana T, Truneh Z, Tadege M, Abich E, Dessie H. Soil-transmitted helminthiasis and undernutrition among schoolchildren in Mettu town, Southwest Ethiopia. *Sci Rep.* 2022;12(1):3614.
18. Menzies SK, Rodriguez A, Chico M, Sandoval C, Broncano N, Guadalupe I, et al. Risk factors for soil-transmitted helminth infections during the first 3 years of life in the tropics; findings from a birth cohort. *PLoS Negl Trop Dis.* 2014;8(2):e2718.
19. Shumbej T, Belay T, Mekonnen Z, Tefera T, Zemene E. Soil-transmitted helminths and associated factors among pre-school children in Butajira Town, South-Central Ethiopia: a community-based cross-sectional study. *PLoS One.* 2015;10(8):e0136342.
20. Goodman D, Haji HJ, Bickle QD, Stoltzfus RJ, Tielsch JM, Ramsan M, et al. A comparison of methods for detecting the eggs of *Ascaris*, *Trichuris*, and hookworm in infant stool, and the epidemiology of infection in Zanzibari infants. *Am J Trop Med Hyg.* 2007;76(4):725–31.
21. Novianty S, Dimiyati Y, Pasaribu S, Pasaribu AP. Risk factors for soil-transmitted helminthiasis in preschool children living in farmland, North Sumatera, Indonesia. *J Trop Med.* 2018;2018.
22. Wang X, Zhang L, Luo R, Wang G, Chen Y, Medina A, et al. Soil-transmitted helminth infections and

- correlated risk factors in preschool and school-aged children in rural southwest China. 2012;
23. Zulkifli A, Khairul AA, Atiya AS, Abdullah B, Yano A. The prevalence and intensity of soil-transmitted helminthiasis among pre-school children in Orang Asli resettlement villages in Kelantan. *Med J Malaysia*. 1999;54(4):453–8.
  24. Zerdo Z, Bastiaens H, Anthierens S, Massebo F, Masne M, Biresaw G, et al. Prevalence, intensity and endemicity of intestinal schistosomiasis and soil-transmitted helminthiasis and its associated factors among school-aged children in Southern Ethiopia. *Sci Rep*. 2022;12(1):4586.
  25. Dhaka R, Verma R, Kumar R, Chayal V, Bhalla K, Singh R, et al. Pattern and determinants of soil-transmitted helminthiasis in a rural area of Haryana: A school-based study. *J Fam Med Prim Care*. 2019;8(6):1971.
  26. Worrell CM, Wiegand RE, Davis SM, Odero KO, Blackstock A, Cuéllar VM, et al. Hygiene-related risk factors for soil-transmitted helminth infection in urban school-and preschool-Aged children in Kibera, Nairobi. *PLoS One*. 2016;11:150744.
  27. Galgamuwa L, Iddawela D, Dharmaratne SD. Factors associated with the prevalence of *Ascaris lumbricoides* infection among preschool children in a plantation community, Kandy District, Sri Lanka. *Southeast Asian J Trop Med Public Health*. 2016;47(6):1143–52.
  28. Adeniran AA, Mogaji HO, Aladesida AA, Olayiwola IO, Oluwole AS, Abe EM, et al. Schistosomiasis, intestinal helminthiasis and nutritional status among preschool-aged children in sub-urban communities of Abeokuta, Southwest, Nigeria. *BMC Res Notes*. 2017;10(1):1–7.
  29. Getaneh M, Hailegebriel T, Munshea A, Nibret E. Prevalence and Associated Risk Factors of Soil-Transmitted Helminth Infections among Schoolchildren around Lake Tana, Northwest Ethiopia. *J Parasitol Res*. 2022;2022.
  30. Laoraksawong P, Suntaraluk A, Kongnil W, Pongpanitanont P, Janwan P. Prevalence of Soil-Transmitted Helminth Infections and Associated Risk Factors among Schoolchildren in Nakhon Si Thammarat, Thailand. *Iran J Parasitol*. 2020;15(3):440.
  31. Chopra P, Shekhar S, Dagar VK, Pandey S. Prevalence and Risk Factors of Soil-Transmitted Helminthic Infections in the Pediatric Population in India: A Systematic Review and Meta-Analysis. *J Lab Physicians*. 2022;
  32. Organization WH. *Ending the neglect to attain the Sustainable Development Goals: a road map for neglected tropical diseases 2021–2030*. 2020;