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HEALTH AND BIOSOCIAL ASPECTS OF CHILDREN AT QURAN SCHOOLS, EAST NILE LOCALITY, KHARTOUM, SUDAN

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ABSTRACT

This paper is about health and biosocial processes at Eid-Babiker Qur'anic School (Khalwa). It aims at investigating the health and social problems of students aged (10-15) years, studying Quran and Islamic education. A mix-method consisting of quantitative and qualitative tools of data collection was implemented to collect data whereby a random sample of 200 students were clinically examined to investigate the prevalence of diseases among them. As well focus group discussion and interviews were conducted with students and key persons in the Khalwa to explore the mechanisms of running it and process of dealing with emerging social and health challenges. The results reflect that students were proved to be infected with schistosomiasis and some other fungal diseases. About 47% of those who were examined were suffering malnourishment-related problems such as anaemia. Health education is not reinforced however the students reflect collective identity and team work spirit, which is operating outside the context of the community outside the Khalwa. It is highly recommended that health care should be given attention it might be important to consider to establish a small health care unit.

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INTRODUCTION

The traditional Qur'anic school system is as old as the religion of Islam in the Muslim world. The system has continued to survive in spite of the great cultural influence that accompanied the introduction of western education into the non-Arab Muslim world of Asia and Africa. With its long history in Nigeria, the Qur'anic school system has witnessed, though in its conservative form, some transformations leading to the birth of different models of the system. Residential type of Qur'anic schools usually found in neighborhood of towns and cities. Mosques, family houses and open spaces are used as centers for such schools. In Sudan, Qur'anic schools are called Khalawi (plural of Khalwa) are traditional religious schools widely distributed in Sudan where the students learnt teachings of Islam as well as the formal education. Most of them were established by Shiekhs and well-wishers. For example the Khalawa at WadulFadni in Gezira State, Sudan had 600 students. One interesting aspect of the khalawiy system in the Sudan is that there is an arrangement which caters for graduates of such schools to continue with their education in the main stream of public schools (Umaru, 2016).

The general objective of this paper is:

To investigate the health and social problems of children at Eid- Babiker, Qur'anic School.

MATERIALS AND METHODS

Study design: A cross-sectional school-based study and mixed methods consist of 3tools of data collection, mainly laboratory and clinical investigations, questionnaire focus group discussion, Key informants

Study area: This study was carried out in Qur'anic School (Khalwa) in Eid- Babiker village, nearly 20 kilometer east of Khartoum.

Study population

There were 1260 male students in this boarding khalwa, their ages vary from 7 to 20 years, the majority being between 10 to 15 years, they came from different states of the Sudan. But the majority (Nearly 75% were from West of the Sudan, mainly from Darfour States.

They live in two buildings; in the bigger one there were 800 students, and the second one mainly for younger children, 460 students. There was a class for the older students who were

sitting for the Sudan School Certificate, supervised by the Ministry of Education.

Sampling and sample size

A random sample of 200 students was selected from the list of the students in the Khalwa.

Data collection tools

Laboratory investigations & -Clinical examinations.

- Urine samples were examined for *Schistosoma haematobium* by the centrifugation method described by Amin and Ageel (Ageel & Amin, 1997).
- Stool examinations for *Schistosoma mansoni* by kato-katz method (Katz *et al.*, 1972).

Interviews and focus group discussion with children and key informants.

RESULTS

As is reflected in table 1 Ova of *Schistosoma haematobium* (*S. haematobium*) were detected in 55 students. They were treated with single dose of praziquantel at 40 mg/kg. *S. mansoni* was not reported in the sample examined. Children had short stature weight below the third percentile (27%). were under weight (weight below the third percentile). While stunted growth (both weight) and height below the third percentile was recorded in 34 children (17%), this was due to the poor nutrition offered to the children. 19% of the children had fungal infection of the skin (mainly scalp), *Taenia Capitus*- all infected children were given griseofulvintabs. (antifungal).

Table 1

No	Disease	positive	%positive
1	S.haematobium	55	27.5 %
2	S.mansoni	0	0 %
3	short stature	54	27%
4	under weight	68	34 %
5	stunted growth	69	34.5%
6	malnourished	34	17 %
7	fungal infection	38	19 %

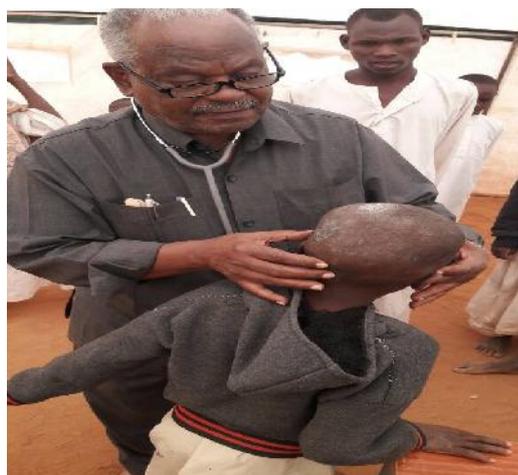


Fig 1 Examining a case of fungal infection

Source: researchers' photography

DISCUSSION

Biosocial investigations

Demographically, the 1260 pupils are mostly coming from western States of the Sudan. The *Khalwa* tutorials are

conducted by *sheikh* Ahmed assisted by three tutors who teach religious doctrines, as *sheikh* Ahmed assured, “We teach *Quran* to the *hewars* (pupils) who should learn by heart. We also teach educational messages based on the *Sunna*

The *khalwa* has probably experienced the least economic and social change reforms in the last few years which witnessed reforms in all sectors of education at its different levels in Sudan. Such changelessness is reflected in the infra-structure and other aspects of the geographical-informal premises where the *Qur’anic* education instructions take place. The premises consists of open verandahs attached to big rooms where the pupils are supposed to take rest. The resting activity is done collectively and all pupils sleep in the floor in hay-made carpets called *biresh* and no privacy is guaranteed to each individual. There are fifteen water-pipes where the pupils wash themselves for the prayers. “There are ten bath-rooms with toilets. The pupil themselves are assigned alternatively to clean the toilets each day”, informed *sheikh* Ahmed.

The internal mechanism of the khalwa

The *khalwa* operates applying two mechanisms namely disengagement strategy and collective identity frames. In the following procedure the researchers will elucidate such mechanism in the context of the *khalwa*. Literary the *khalwa* means “solitude” where God believers isolate themselves in privacy for the purpose of worshipping God. However, the word *khalwa* is used to mean both the act of worshipping God as well as the place where the activity takes place. In relations to this, *sheikh* Ahmed asserted, “The informality of the system ensures that the pupils are brought up within the Islamic culture guaranteed by the system implemented here. Pupils are strictly not allowed to go outside the *khalwa* premises or mitigate with people from the area in the neighborhood. We experienced incidents of dropouts when they leave the premises. If they need to buy some of the everyday life needs we ordered small shop attached to the *khalwa* to have an inlet-window inside the *Khalwa*. Through the window, the pupils can buy all their needs with the help of the shopkeeper. This save them time and they do not experience the necessity to go outside the *khalwa*”.

Adopting such a “disengagement” strategy is contributing to isolating the pupils from their physical and social environment and organizing them into the context created by *sheikh* Ahmed. Another “disengagement” indicator is reflected in the relationship between the pupils and their families back home. This bond turns to be very fragile and the pupils only get into the contact with the family when they are sent some money and the *sheikh* informs them. As such familial crisis and other life processes that happens to the other different family members are out of the consciousness of the pupils in the *khalwa*.

Depending on the social capacity of the pupils’ families, those who are able, send assists in a form of money or other material equipment, to the child that they will be able to use for their daily needs. The process takes place without communicating with the pupils by the family members. Besides, the *khalwa* serves three meals, milk with tea twice a day and water. The *Kahlwa* operates using fund offered by beneficiaries who believe in the *Qur’anic* Schools as an educational institute; or are themselves paying to the *khalwa* as a way of satisfying their spiritual beliefs.

This policy of “disengagement” is even reinforced by the creation of frame of collective identity in which the individual becomes part of a group with whom he identifies.

The essence of collective identity resides in a shared and interactive sense of “we-ness” and collective agency. Solidary group, can be thought of as the constituent layer of the collective identity (Benford and Snow, 2000; Snow, 2001).

Although collective identity case surfaces in a variety of contexts as was asserted by Snow and Anderson 1987, collective identity in this case focused on religion. A sense of “we-ness” associated with imagined attributes is thought to be in the context of the *khalwa* and its premises in contrast to some set of others that is the community around the *khalwa*.

The mechanism of collective identity is visibly functioning through some procedures including:

Children are trained not to eye-contact with others and concentrating more with *sheikh* Ahmed even at the time when they are interviewed. Alternatively, the *sheikh* never leaves the pupils alone during the focus group discussions or the interviews.

It was also observed that the pupils developed sharp capacity to listen but weak communication skills. This had been reinforced by the fact that the *sheikh* himself assigned five spoke-pupils on the behalf of the children assuming that they possess better communicative skills than the other pupils. Aside from those pupils assigned to speak on the behalf of the others, the other pupils felt very reluctant to share their experience to the research. One of the “not assigned to speak”, pupil informed the researcher, “Ask x (referring to one of the assigned to speak), he knows everything and will tell you”. Even during the focus group discussions, the five pupils were dominating the scenario and informing on every aspect asked for.

The clinical investigation results

Clinical investigations showed that 27 % of the children were infected with *Schistosoma haematobium*. The source of infection was most likely from the nearby canal where children were seen swimming. 34 % were under weight and 34.5 % had stunted growth. 17 % were malnourished. 19 had fungal infection, Fig 1. health care is a major problem in Khalawi. In Khalawi Wad El Magboul, Rufaa, Gezira the prevalence of anemia was 88.33%, and the prevalence was as high as 47.11% in children aged 11-14 years, 38.15% in children aged between 7-10 years and 3.07% in children aged between 15-18 years (Mohammed *et al.*, 2016). In the present study the Health messages are weak in the *khalwa*. The researcher observed that some of the pupils were shaving the hairs of their colleagues, using one or two razor for all children alternatively. In a focus group discussion, the children assumed that they only shave with one razor for “brothers who demand the service”, and not for all children. They have not heard about HIV/AIDS or hepatitis and are not aware of some of the basic hygienic information such as the frequency of cleaning their cloth, etc., or treating blood if they are wounded

Recommendations

In accordance to the findings of the paper it is recommended that: More attention should be paid to the hygiene. With this size of population in the Khalwa It is recommended that more attention should be directed to the health and the nutritional procedures of the students. The khalwa is surrounded by water canals attention should be paid in relations to water –borne diseases in these canals where some of those students who managed to be out of the khalwa are seen to be swimming in those canals.

Ethical clearance

Ethical clearance was obtained from University of Medical Sciences and Technology, Sudan

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