International Journal of Science and Research (IJSR)
ISSN: 2319-7064
Impact Factor 2025: 7.089

Effectiveness of Video Assisted Teaching Programme on Prevention of Pediculosis among Children in Selected Residential School Hassan

Deepthi R

Associate Professor, Department of Child health Nursing, RVS Institute of Nursing sciences Mandya
Email: *rdeepthi1988[at]gmail.com*

Abstract: ***Background: Head lice infestation is a worldwide public health concern that affects mostly primary school–aged children. It is an emerging social problem and is found in all areas of the world and in every race, socioeconomic status, family background, or personal habits. The present study was undertaken to assess the existing knowledge and selected demographic variables of the respondents. Method: The research design selected was one group pre test post test experimental design with 50 residential school children using convenient sampling technique. Data was collected with the help of a structured knowledge questionarraie. The obtained data was analysed by using descriptive and inferential statistics and interpreted in terms of objectives of the study. Results: The mean post test knowledge score with mean score % 83.31 was higher than the mean pre test knowledge score with mean score % 39.08. The obtained t value computed was 1.96 which shows statistical significance at p<0.05. There was no association between the post test knowledge scores and selected variables except in attended personal hygiene programme. Conclusion: The study emphasizes the importance of incorporating regular awareness program using video assisted into community health education, school health initiatives, and primary care outreach, and all residential schools thereby empowering children in maintaining personal hygiene and thereby reducing head lice.***

Keywords: VAT Video assisted teaching programme, knowledge, residential school children, and prevention of pediculosis

1. Introduction

Every nation gives importance to health, it has been said that 'people health in people hand" is the best motto of health promotion. Health is wealth; health of the country depends upon the health of the children. Children are the most important age group in all societies; they are the major consumers of health care in India.

Nearly one third of the pediatric visits involve a dermatology complaint. In addition to a wide variety of primary skin disorders seen during children, the skin is often marker of underlying systemic diseases and many hereditary syndromes.

Socio demographic factors play a pivotal role in determining the pattern of skin diseases. More over school going children are more frequently exposed to various risk factors. Since prevalence of skin diseases is more among children from low socio economic classes and developing countries like India. Studies on skin diseases are inevitable.

Children must be made aware that a clean body leads to healthy mind and spirit. It is very important that children are introduced to healthy personal hygiene habits from early age so that it becomes part and parcel of life. Hygiene is the signs of health and its preservation. It is not only to preserve health but also to improve. Cleanliness is next to Godliness should be a motto to be taught to a child from primary school days.

Of all the animals that infest the skin of children, pediculosis humanus capitus are the most common, the least harmful and the most troublesome. Lice aren't dangerous and they don't spread disease, but they are contagious and can just be downright annoying. Their bites may cause a child's scalp to become itchy and inflamed, and persistent scratching may lead to skin irritation and even infection.

The increasing incidence of pediculosis in school children is a serious concern for school nurses, parents and community health agencies, hence, education programme may be more helpful in the management of head lice.

Direct head to head contact is the most common mode of transmission, its presence in a child may pose several health risk and social stigma. Wounds that arise from frequent scratching may cause secondary bacterial infections especially when left undiagnosed. With no apparent or serious symptoms, pediculosis is frequently overlooked as a public health problem among school children. Head lice will always be present in the community and in schools; it will probably never be eradicated. A sensible informed approach that reflects current evidence and national 'best practice' will help to control the infection and effectively manage the problem when it does occur.

Hence, it is spiraling and is cause of grave concern to individuals, parents and health care professionals. Health education must be an education for health, not just about health. So, it is important that preventive steps to be taken to correct this problem which has reached epidemic proportion today.

2. Materials and Methods

In order to evaluate the effectiveness of video assisted teaching regarding prevention of pediculosis among residential school, the current study used an evaluative research technique. To achieve the current study's goals, a

single group pre-test post-test (pre-experimental) design was employed. The study was carried out of 50 residential school children, Hassan. Independent

Variable: Video assisted teaching programme on prevention of pediculosis and Dependent Variable: knowledge of residential school children regarding prevention of pediculosis. Data was gathered from 50 residential school children using convenient sampling technique by using structured knowledge questionarie from 20th January 2026 to 20th February 2026.

Regarding duties and responsibilities in participant recruiting and data collection, the researcher complied with a number of important ethical guidelines. 1] The institutional human rights committee has given its approval. 2] The management of a school granted formal administrative approval. 3] Preserve data confidentiality.

Criteria for sampling
The following preset set of criteria was used to choose the samples.

Inclusion criteria for sampling:
- School girls between the age group of 11-14 years
- Girls who are studying in 6th, 7th and 8th standard of selected residential school of Hassan.
- Children who are willing to participate.
- Children who are present on that day.

Exclusion Criteria for sampling:
- Girls who are not present in the school at the time of data collection.
- Girls who are not willing to participate in the study.

The tool's development and selection

Data was gathered using a structured knowledge questionnaire. It is said to be the best tool for getting answers from residential school children. There are four parts to it. Part A- It consists of Socio demographic profile of the sample under the study. Part B- knowledge of residential school girls regarding prevention of pediculosis.

Part C-Effectiveness of integrated instructional programme on prevention of pediculosis.

Part D: Association between level of post test knowledge and selected demographic variables.

3. Research Approach

An evaluative approach was used for the study to test the effectiveness of video assisted teaching programme on prevention of pediculosis among residential school children. An evaluative research is an applied form of research that involves finding out how well a programme, practice, procedure or policy is working. The main goal is to assess or evaluate the success of a programme.

Creation of anintegrated instructional programme

Based on the goals of the study, the first draft of an Video assisted teaching on prevention of pediculosis was distributed to eight child health nursing specialists. Following evaluation of the experts' opinions and ideas (such as extending the usage of acronyms and revising specific elements), the final draft of the program was created.

Consistency
The Split Half method was employed to determine the tool's reliability, and the raw score formula was utilized to get the reliability coefficient. The created tool was proven to be extremely dependable, with an estimated "r" value of 0.82.

Data collecting method
Following official consent from the relevant authorities, data was gathered from 50 residential students. The students were chosen through the convenient sampling technique. Following their introduction and explanation of the study's objectives, the researcher evaluated the subject's preparedness for participation. The subjects have been guaranteed anonymity and the confidentiality of the information they have submitted, and their signed informed permission has been acquired. The pre-test was administered on the first day, and on the seventh day, an Video assisted teaching programme and a structured knowledge questionnaire about prevention of pediculosis. The same technology was used to administer the post-test on the eighth day.

4. Results

The current education was showed to assess harmful effects of excessive usage of phone among Parents

Section– I The sociodemographic characteristics of parents

Variable	Frequency	Percentage
1. Age in years		
a. 11	7	14
b. 12	29	58
c. 13	10	20
d. 14	4	8
2. Religion		
a. Hindu	28	70
b. Muslim	8	20
c. Christian	4	10
3. Parents education (father)		
A. No formal education	9	18
B. Primary	7	14
C. High	22	44
D. PUC	10	20
E. Degree and above	2	4
4. Parents education (Mother)		
A. No formal education	13	26
B. Primary	10	20
C. High	23	46
D. PUC	4	8
E. Degree and above	0	0
5. Parents occupation		
A. Coole	8	16
B. Agriculturalist	41	82
C. Government employee	1	2
D. Private employee	0	0
6. Parents residence		
A. Rural	39	78

B. Urban	9	18
C. Semiurban	2	4
7. Years of hostel stay		
A. 1	18	36
B. 2	20	40
C. 3	12	24
8. Are you infested with head lice		
A. yes	41	82
B. No	9	18
9. Attended personnel hygiene programme		
A. yes	30	60
B. No	20	40
10. Source of health information		
A. No information	32	64
B. Family memebers.	18	36
C. Mass media	0	0
D. Friends	0	0
E. Teachers	0	0
F. Health professionals	0	0

Age shows that most of the subjects were in the age group of 12 Years (58.%) and 13 years (29%) and 11 years (14%) and the age group 14years consists of only 8%.

Majority of respondents belongs to Hindu (82%), 14% belongs to Muslim and 4% belongs to Christian.

Majority of respondents fathers (44%) and mothers (46%) have studied high school, While least percentage of fathers (4%) were degree and above and none of the respondents mothers (0%) were educated up to degree and above.

Parents occupation 82% of respondents parents are agriculturalist, 16% were coolie worker, and 2% were government employees.

Parents residence 78% of respondent's parents are from rural area, 18% are from urban area, and 4% are from semiurban area.

Years of hostel stay respondents (40%) are staying in hostel for 2 years 36% for 1 year and 24% for 3 years

Personnael hygiene programme (60%) attended personnel hygiene programme and 40% not attended personnel hygiene programme.

Source of Information on pediculosis (64%) had no information regarding pediculosis and 36% of respondents had information from family members.

Section II: Understanding and contrasting knowledge of residential school children

Table 2: Pretest and posttest level of knowledge, N=50

Level of knowledge	Pre test		Post test	
	Frequency	Percent	Frequency	Percent
Inadequate knowledge	44	88	0	0
Moderate knowledge	6	12	6	12
Adequate knowledge	0	0	44	88
Total	50	100	50	100

Above table depicts overall pretest and posttest knowledge score of residential school children in pretest majority 44(88%) were had Inadequate knowledge and 6 (12%) had Moderate Knowledge and none of the participants had adequate knowledge where as in posttest 6 (12%) had moderate knowledge, 44 (88%) had adequate Knowledge none of the participants had inadequate knowledge.

Table 3: Mean, mean % and standard deviation for the knowledge score of residential school children, N=50

S. No	Knowledge	Max Score	Pre test		Post test	
			Mean	Mean %	Mean	Mean %
a	Meaning and factors regarding headlice	8	3.52	44	6.7	83.75
b	Transmission, life cycle and diagnosis of head-lice	7	2.62	37.42	5.3	75.71
c	Management of head-lice	8	3.38	42.25	6.86	85.75
d	Prevention of head-lice	12	4.16	34.66	10.1	86
Overall		35	13.68	39.08	29.16	83.31

The overall mean % knowledge scores on prevention of head lice were 4.16 mean score and 34.66 mean percentage in pretest and in posttest 10.1 with means score and 86 in posttest.

Table 4: Comparison between pretest and posttest knowledge score, N=50

S. No	Knowledge Level	Pre test Mean	Post test Mean	Mean difference	S D of differences	T test	Inference
a.	Meaning and factors regarding headlice	3.52	6.7	3.18	1.51	9.8	S
b.	Transmission, life cycle and diagnosis of head-lice	2.62	5.3	2.68	1.03	18.42	S
c.	Management of head-lice	3.38	6.86	3.48	1.02	24.35	S
d.	Prevention of head-lice	4.16	10.1	6.16	1.34	24.06	S
Overall		13.68	29.16	15.48	2.26	21.47	S

The overall means knowledge scores before and after integrated instructional programme of residential school children regarding prevention of pediculosis. The overall before test awareness score was 4.16 and after test awareness score was 10.1 and mean difference of knowledge score was 6.16 The obtained t- test value was 24.06 which shows statistical significance at $p<0.05$. There was statistically significant difference in level of knowledge of parents after implementation of integrated instructional programme.

5. Discussion

The findings of the study revealed a significant improvement

in the knowledge scores of residential school children regarding the prevention of pediculosis following the intervention. During the pretest, the majority of participants,44(88%) were had Inadequate knowledge and 6 (12%) had Moderate Knowledge and Notably, none of the participants had adequate knowledge at baseline.

However, in the posttest, there was a marked shifted in knowledge levels. 6 (12%) had moderate knowledge, 44 (88%) had adequate Knowledge none of the participants had inadequate knowledge.

Restrictions

- Because the study was carried out in a particular region, generalization is limited.
- Only the population who met the study's requirements may be included in the findings.
- The sample size was restricted to 50 residential school children.
- The study solely assessed attitudes; and scheduling restrictions prevented the implementation of long-term follow-up.

6. Conclusion

The present study demonstrated that the Video assisted teaching programme was effective in enhancing the knowledge of residential school children regarding the prevention of pediculosis. The findings of the study proved that residential school children lacked knowledge on prevention of pediculosis. The Video assisted teaching given by the investigator helped the school children to improve their knowledge. The effectiveness of integrated instructional programme was tested in terms of gain in knowledge and the findings showed that it was statistically significant at 0.05 level of significance. The findings of the study proved that Video assisted teaching programme is an effective strategy in improving the knowledge of the residential school children. All the respondents had a gain in knowledge compared to their pre-test knowledge scores. On the whole, carrying out the present study was really an enriching experience for the investigator. It also helped a great deal to explore and improve the knowledge of the researcher and the respondents. The constant encouragement and guidance by the guide, co-operation and interest of respondents in the study contributed to the fruitful completion of the study.

Announcements

Money: No sources of money

Conflict of interest: With relation to this inquiry, the authors have no conflicts of interest.

Ethics approval: The Institutional Ethics Committee gave its clearance to the study.

References

[1] Dutta P.text book of pediatric nursing.1st edition: Jaypee brothers medical publishers; 2007. Pp-2
[2] Park K. Park's textbook of preventive and social medicine. 19th ed. India: M/s. Banarsidas Bhanot Publishers; 2007. Pp-2,
[3] Neeraja K P.Text book of nursing education. first edition. Jaypee brothers medical publishers; 2003. Pp-2
[4] GAPS (Global Aid Partnerships). The importance of education;2012 http://www.gaps.org.au/activities/36-education_1importance
[5] Ghai O P. Essential pediatrics. 6th ed. New Delhi: CBS; 2005. p. 631
[6] Rita vora, nishit bodiwala, shivang patel. Prevalence of various dermatoses in school. Children of anand district national journal of community medicine.2012 Jan- March 1; 3(1):100.
[7] Sundar rao K.text book on an introduction to community health nursing.4th ed.BI publication; 2004.Pp-243
[8] Importance of personal hygiene for children [serial online].[cited 2012 jan6]. Available from: knowledge base-script.com/demo
[9] http://kidshealth.org/parent/infections/common/head_lice.html
[10] Hockenberry M J, Wongs nursing care of infants and children, 7th ed. missouri; St.Louis.Mosby publication;2005. p.1079-1081
[11] Let's stamp out lice. Mothers Against Head Lice.org 2008[serial online] [cited 2012nov] Available from: mothers against headlice.org/about-head-lice.htm