

Effectiveness of structured teaching programme on knowledge regarding prevention and management of scabies among adolescent students of Govt. High School Gutlibagh Ganderbal Kashmir

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IJASR 2020

VOLUME 3

ISSUE 6 NOVEMBER – DECEMBER

ISSN: 2581-7876

**Abstract:** This study was aimed at assessing the effectiveness of structured teaching programme on knowledge regarding prevention and management of scabies among adolescent students. A pre-experimental one group pre-test post-test design was used. The pre-test was taken by using self-structured questionnaire followed by structured teaching programme on same day and on 7<sup>th</sup> post-test was taken. The findings revealed that mean post-test knowledge score ( $33.58 \pm 3.16$ ) was greater than the pre-test knowledge score ( $11.74 \pm 6.46$ ) with mean difference of 21.84 at  $p < 0.001$ . This indicates that structured teaching program was effective in enhancing the knowledge adolescent students. There is association between pre-test knowledge score of study subjects with their selected demographic variables i.e. education of mother, occupation of mother and type of family and there is no association between pre-test knowledge score of study subjects with their selected demographic variables i.e. age, gender, education of father, occupation of father, and family income per month.

**Keywords:** Effectiveness, Structured teaching programme, Scabies, Knowledge, Pre-test, Post-test, Adolescent students.

### Introduction

Child health is the cornerstone for progress of Nation. The community, which neglects their children, stops the progress in future. UNICEF has given greater attention to the concept of whole child which means it is essential to promote the health of children, as they are the vulnerable group of the society.<sup>1</sup>

Scabies is an itchy and highly contagious skin rash<sup>2</sup>. The word ‘Scabies’ is derived from the Latin word “Scabere” which means to Scratch. Human scabies is an intensely pruritic skin infestation caused by the host- specific mite, *Sarcoptes scabiei* var *hominis*.<sup>3</sup>

Scabies common in those who have close physical contact with infected persons, particularly children, mothers of young children, sexually active young adults and elderly people in nursing homes.<sup>4</sup> Scabies occurs in all populations, but spreads rapidly in the poor class people, because of lack of personal hygiene, mal nutrition and overcrowding. Scabies is usually transmitted by direct skin to skin contact and also by other objects such as clothing, bedding, furniture or surfaces.<sup>5</sup>

The main symptoms are itching especially at night, rashes especially between the fingers, sores (abrasions) on the skin from scratching.<sup>6</sup>

Approximately 300 million cases of scabies are reported worldwide each year. In India prevalence rate of scabies range from 0.2 to 71%. Scabies is endemic in many poor tropical settings with an estimated average prevalence of 5-10% in children. (WHO 2017).<sup>7</sup>

Scabies is prevented by avoiding direct skin- to –skin contact with an infested person or with items such as clothing or bedding used by an infested person. Scabies treatment usually is recommended for members of the same household, particularly for those who have had prolonged skin-to skin contact. Bedding, clothing and undergarments used before and during treatment should be machine washed and dried using hot water or dry cleaned.<sup>8</sup>

As scabies is one of the preventable diseases, the spread of infestation can be prevented by proper education of the children. It must be acknowledged that it will never be possible to completely eradicate the risk of scabies infestation. So awareness of symptoms and early detection are key factor in limiting the impact of scabies infestation.

## Objectives

1. To assess pre-test knowledge score regarding prevention and management of scabies among adolescent students.
2. To assess post-test knowledge score regarding prevention and management of scabies among adolescent students.
3. To evaluate the effectiveness of structured teaching programme on knowledge regarding prevention and management of scabies among adolescent students by comparing pre and post- test knowledge scores.
4. To determine the association of pre-test knowledge scores regarding prevention and management of scabies among students with their selected demographic variables (age, gender, education of parents, occupation of parents, type of family and family income per month).

## Hypothesis:

1. H<sub>1</sub>-There is a significant increase in mean post-test knowledge score as compared to mean pre-test knowledge score regarding prevention and management of scabies among adolescent students of Govt. High School at  $p \leq 0.05$  level of significance.
2. H<sub>2</sub>-There is significant association of pre-test knowledge score regarding prevention and management of scabies among adolescent students of Govt. High School with their selected demographic variables (age, gender, education of parents, occupation of parents, type of family and family income per month) at  $p \leq 0.05$  level of significance.

## Review Literature

**Das N, Sahoo P (2018)**<sup>9</sup> conducted a pre-experimental study in Bhubaneswar Odisha among 50 adolescent school students. The aim of the study to assess the effectiveness of structured teaching programme on knowledge regarding treatment and prevention of scabies. The findings of the study showed that the mean post-test knowledge score (21.1) was significantly higher than and mean pre-test knowledge score (15.82) with a calculated 't' value of 59 at  $p \leq 0.05$ . The findings of the study also showed that there is no association of mean pre-test and post-test knowledge scores with their selected demographic variables.

**Dawoodzada U (2017)**<sup>10</sup> conducted a cross- sectional descriptive study in Afghanistan among 433 school students. The objective of this study was to explore the knowledge regarding scabies. The results of the study showed that only (44%) study subjects had knowledge regarding scabies and 56% do not know about scabies.

**Sule HM, Hassan ZI, Gyang MD, Yakuba K (2015)**<sup>11</sup> conducted a survey study in Nigeria among 140 students. The aim of the study was assess the level of knowledge about scabies. The result of the study revealed that only 13(9.3%) study subject had satisfactory knowledge regarding scabies.

## Methodology

The research design selected for the study was Pre-experimental one group pre-test and post-test research design and was conducted at Govt. High School Gutlibagh Ganderbal Kashmir among 50 adolescent students selected by Convenient Non-Probability Sampling. Data was collected by administering self-structured questionnaire.

## Results

Data presented in table 1 revealed that most of the study subjects 22(44%) belongs to the age group of 16 years and only 2(4%) belongs to the age group of 13 years. Majority of the study subjects 29(58%) were females. Most of the fathers of study subjects 17(34%) were illiterate. Most of the mothers of study subjects 23(46%) were illiterate and the same number 23(46%) were having middle school qualification. Majority of the fathers of study subjects 30(60%) were labourer. Majority of the mothers of study subjects 46(92%) were home maker and only 2(4%) were

govt. employee. Majority of the study subjects 35(70%) belongs to joint family. Majority of the study subjects 31(62%) were having family income per month less than 10,000 Rs.

**Table 1: Demographic details of study subjects**

N=50

Particulars	Category	Frequency	Percentage
Age in years	13	2	4
	14	17	34
	15	9	18
	16	22	44
Gender	Male	21	42
	Female	29	58
Education of father	Illiterate	17	34
	Middle school	13	26
	High school	13	26
	Higher secondary	4	8
	Graduate and above	3	6
Education of mother	Illiterate	23	46
	Middle school	23	46
	High school	1	2
	Higher secondary	2	4
	Graduate and above	1	2
Occupation of father	Labourer	30	60
	Govt. employee	11	22
	Businessman	8	16
	Farmer	1	2
	Any other	0	0
Occupation of mother	Home maker	46	92
	Govt. employee	2	4
	Any other	2	4
Type of family	Nuclear	15	30
	Joint	35	70
Family income per month	Less than Rs 10,000	31	62
	Rs 10,000-20,000	11	22
	Rs 20,000-30,000	2	4
	Rs 30,000 and above	6	12

Data presented in table 2 revealed that in pre-test, majority of the study subjects 41(82%) had poor knowledge, 7(14%) had fair knowledge and only 2(4%) had good knowledge regarding prevention and management of scabies

and in post-test, majority of the study subjects 49(98%) had good knowledge, 1(2%) had fair knowledge and none had poor knowledge regarding prevention and management of scabies.

**Table 2: Comparison of study subjects according to their pre and post-test knowledge score.**

Knowledge score	Pre-test		Post-test	
	Frequency	Percentage %	Frequency	Percentage%
Poor (1-20)	41	82	0	0
Fair (21-27)	7	14	1	2
Good (28-42)	2	4	49	98

Data presented in the table 3 revealed that mean post-test knowledge score (33.58) was greater than the mean pre-test knowledge score (11.74) of study subjects with mean difference of at  $p < 0.001$  (significant). This indicates that structured teaching programme (STP) was effective for improving knowledge of study subjects regarding prevention and management of scabies.

**Table 3: Comparison between mean pre-test and post-test knowledge score and SD of study subjects.**

Knowledge assessment	Mean	Median	SD	Min	Max	Mean difference	Paired 't' test	p-value
Pre-test	11.74	9.5	6.46	4	30	21.84	22.84	<0.001*
Post-test	33.58	34	3.16	27	40			

Data presented in table 4 revealed that a significant association was between pre-test knowledge of study subjects with their selected demographic variables i.e. education of mother ( $p=0.005$ ), occupation of mother ( $p=0.004$ ) and type of family (0.023). While no significant association was found with other demographic variables such as age ( $p=0.413$ ), gender ( $p=0.719$ ), education of father ( $p=0.005$ ), occupation of father ( $p=0.168$ ) and family income per month ( $p=0.295$ ) with pre-test knowledge score of study subjects ( $p > 0.05$ ).

**Table 4: Association of pre-test knowledge score of study subjects regarding prevention and management of scabies with their selected demographic variables.**

Variable	Level of Knowledge			Chi square	p value	Df	Result	
	Poor	Fair	Good					
Age	13 Years	1	1	0	5.621	0.413	6	NS
	14Years	15	2	0				
	15 Years	7	2	0				
	16 Years	18	2	2				
Gender	Male	16	4	1	0.861	0.719	2	NS
	Female	25	3	1				
Education of father	Illiterate	15	2	0	14.935	0.055	8	NS
	Middle school	12	0	1				
	High school	10	3	0				
	Higher secondary	1	2	1				
	Graduate and above	3	0	0				
Education of mother	Illiterate	21	2	0	21.976	0.005	8	S

	Middle school	20	3	0				
	High school	0	1	0				
	Higher secondary	0	1	1				
	Graduate and above	0	0	1				
Occupation of father	Labourer	25	5	0	9.455	0.168	6	NS
	Govt. employee	7	2	2				
	Businessman	8	0	0				
	Farmer	1	0	0				
Occupation of mother	Home maker	39	6	1	14.967	0.004	4	S
	Govt. employee	0	1	1				
	Any other	2	0	0				
Type of family	Nuclear	9	5	1	7.367	0.023	2	S
	Joint	32	2	1				
Family income per month	Less than Rs 10,000	25	6	0	7.289	0.295	6	NS
	Rs 10,000-20,000	10	0	1				
	Rs 20,000-30,000	4	1	1				
	Rs 30,000 and above	2	0	0				

## Discussion

The above findings are supported by a pre-experimental study conducted by **Das N, Sahoo P (2018)** to assess the effectiveness of structured teaching programme on knowledge regarding treatment and prevention of scabies among 50 adolescent students in Bhubaneswar, Odisha One group pre-test and post-test design was used for the study. The results of the study revealed that in pre-test majority of the study subjects 38(76%) had fair knowledge, 9(18%) had poor knowledge and 3(6%) had good knowledge regarding treatment and prevention of scabies. In post-test majority of the study subjects 42(84%) had good knowledge, 8(16%) had fair knowledge and none had poor knowledge regarding treatment and prevention of scabies. The findings of the study also revealed that the mean post-test knowledge score (21.1) was higher than the mean pre-test knowledge score (15.82) with a mean difference of (5.28) at ( $p \leq 0.05$ ). This indicates that structured teaching programme (STP) was effective in improving the knowledge of the study subjects regarding treatment and prevention of scabies.<sup>9</sup>

The above findings are further supported a quasi-experimental study conducted by **Aby AL (2016)** to assess the knowledge of 50 mothers of under-five children regarding prevention and management of scabies before and after administration of planned teaching programme in Maharashtra, India. Non-probability convenient sampling technique was used. Data was collected by questionnaire. The result of the study showed that during pretest 46% study subjects had fair knowledge, 38% of had poor knowledge and only 16% had good knowledge, while during post-test majority of study subjects 58% had good knowledge, 34% had fair knowledge and only 8% had poor knowledge regarding prevention and management of scabies. The overall mean post-test knowledge score (20.32) was higher than that of mean pre-test knowledge score (6.50) with a mean difference of (13.82) at ( $p \leq 0.05$ ). The results of the study revealed that there was significant association between knowledge and selected demographic variables i.e. education and occupation at  $p < 0.05$  level of significance.<sup>12</sup>

## Implications

The findings of the study have implications for nursing practice, nursing education, nursing administration and nursing research.

## Conclusion

The Structured Teaching Programme regarding prevention and management of scabies was effective in improving the knowledge of adolescent students. Educating school students will help them aware and knowledgeable about scabies and its prevention and management.

## References

1. Park K. Parks Text- book of preventive and social medicine. 17<sup>th</sup>ed. New Delhi: Banarsidas Bhanot Publishers: 2002.
2. Raising children network. Available from: URL: <http://raising children.net.au/articles/scabies.html>
3. Trained Nurses Association of India. A Community Health Nursing Manual. New Delhi, 1998.
4. Thomas B.F. Colour Atlas and Synopses of Clinical Dermatology, Common and Serious Diseases. 4<sup>th</sup> Edition, New York, page no. 834-837.
5. From Wikipedia, The free Encyclopedia. Available from: URL: Wikipedia; <http://en.wiki/scabies>.
6. Greene. Putting the care into the children's health. Health and parenting Centre. Available from: URL: <http://www.ncbi.nlm.nih.gov/PubMed/health/PMH0001833/>.
7. <http://www.who.int/diseases/scabies>.
8. Scabies- prevention & control. CDC: <http://www.cdc.gov/scabies/prevention>. <http://www.cks.nhs.uk/scabies/background/information/prevalence>.
9. Das N, Sahoo P. Effectiveness of structured teaching programme on knowledge regarding treatment and prevention of scabies among the school students. Scholars Journal of Applied Medical Sciences (SJAMS): 2018; 6(4):1538-1543.
10. Dawoodzada U. Knowledge, attitude and practice on scabies among religious school (Madrasa) hostel students of Helmand province of Afghanistan. International Journal of Advanced Research (IJAR). ISSN 2320-5407. A cross Ref Indexed Journal.
11. Sule HM, Hassan ZI, Gyang MD, Yakuba K. Knowledge of Scabies among Students. Open Science Journal of Clinical Medicine. Vol.3, No. 5, 2015, PP. 177-18134.
12. Aby AL. Analysis of knowledge in relation to prevention and management of scabies. Innovational Journal of Nursing and Healthcare (IJHN). 2016; 2(1): 223-232.