INTRODUCTION

The word “Scabies” is derived from the Latin word “scabere” meaning to scratch. Sarcoptesscabiei is derived from Greek word “sark”(flesh) and koptein (to smite or to cut). Sarcoptesscabiei is an extremely small arthropod. It is just visible to the naked eye. Measuring 0.4mm in size. It is an ectopara site of man, it lives and breeds in the human skin and causes a disease known as scabies. Scabies is a highly communicable skin disease caused by an arachnid, sarcoptes scabiei, and the itch mites. Diagnosed by itching particularly at night, Papules, vesicles and pustules in preferred sites[1].

Globally as of 2009, it is estimated that 300 million cases of scabies occur each year, although various parties claim the figure is either over or underestimated. About 1 – 10% of the global population is estimated to be infected with scabies, but in certain populations, the infection rate may be as high as 50 – 80%. Human scabies has been reported for over 2,500yrs. Scabies has been reported to occur in epidemics in nursing homes, hospitals, long term care facilities, schools and other institutions. In the U.S, it is seen frequently in the homeless population but occurs episodically in other population of all low socio-economic groups as well [2].

According to the recent survey carried out in India, about 30,078 people were found suffering from scabies. On a global basis, about 300 million cases of scabies are reported annually. There could be several reasons for the occurrence of scabies; however these mites majorly transfer from one human host to another. In order to prevent further re-infestations, it is imperative to educate yourself on the occurrence of the condition as well as the symptoms attached to it[3].

NEED FOR STUDY

Today the term scabies refers to the skin lesions produced by sarcoptes scabiei vas hominis. A readily treatable infestation, scabies remains common primarily because of diagnostic difficulty, inadequate treatment of patients and their contacts, and improper environmental control measures.

Prevalence rates as high as 100% were reported in one Indian village. A study conducted in 2012 collected data from a pool of 30,078 children in India and reported that scabies was the third most common disease found in infants. Taking into consideration all the age groups of children tested, the
same study found that scabies was the second most common disease reported over all. Results one to two of infants for incidents rate of scabies in children in Karnataka [4].

A study was conducted on scabies infestation in 1998, the effect of intervention by public health education. The objective of this study was to determine the prevalence of scabies in an infected village to educate the residents on self-treatment and prevention by the use of 5% mono sulfiram soap. The results show that 85% cure rate obtained. The study contains 59 households containing 313 people [5].

It must be acknowledged that it will never be possible to complete eradicate the risk of scabies infection entering a school. So awareness of symptoms and early detection are key factor in limiting the impact of scabies infection.

Scabies has existed for at least 2500 years and currently affects 300 million people annually worldwide. Its listing as a neglected tropical disease by the World Health Organization (WHO) in 2013 recognized the neglect in public and private sector expenditure on this problem, the lack of attention at local, national, and international levels, and the higher incidence of this infection amongst the poor[6]. In Australia, it affects about 6 in 10 Aboriginal and Torres Strait Islander children at any given time, more than six times the rate seen in the rest of the developed world. The sequel of scabies predisposes affected children to sepsis and other non-supportive invasive infections (e.g. lymphadenopathy, acute post-streptococcal glomerulonephritis (APSGN) and rheumatic fever). Outbreaks of APSGN usually coincide with scabies outbreaks, which can contribute to the development of chronic kidney disease and subsequent renal failure in adulthood. It is usually reported in Australian Aboriginal communities, other Oceanic nations (Papua New Guinea, Fiji, Solomon Islands, Vanuatu), and in some parts of India, Chile and Trinidad, and is uncommon outside these communities. APSGN outbreaks do not always coincide with scabies outbreaks elsewhere in the developed world. Scabies infestation has a negative impact on the quality of life for infected individuals (similar to that of psoriasis) resulting in substantial stigmatization and ostracism. In this manuscript we focus on the challenges found with diagnosis and treatment, emerging resistance among scabies mites, and the need for further research in this field to identify new and alternative therapies for the treatment and prophylaxis of scabies [7].

STATEMENT OF THE PROBLEM
A Study to assess the effectiveness of structured teaching programme on treatment and prevention of scabies among the school age children in KISS Deemed to be University, Bhubaneswar.

OBJECTIVES OF THE STUDY
- To assess the knowledge regarding treatment and prevention of scabies among school age Children.
- To evaluate the effectiveness of structured teaching programme regarding treatment and prevention of scabies among school age children.
- To determine association between the knowledge regarding prevention of scabies among school age children with selected demographic variables.

MATERIALS & METHODS
The research design used for this study was pre-experimental in nature. The study was conducted at KISS students’ class room, KISS to be Deemed University Bhubaneswar, Odisha. The sample included 50 students on the basis of inclusion & exclusion criteria were selected. Simple random sampling technique was used for this study. The tool consists of 2 sections. Sect-1 consisting of Socio-demographic variables such as age, gender, religion). Section II (consisting items of knowledge related to treatment and prevention of scabies. The content validity of structured questionnaire was ensured by submitting the tool to the expert in the field of pediatrics for content validation.
SCHEMATIC DIAGRAM OF RESEARCH DESIGN

RESEARCH DESIGN
One-Group Pre-test- Post-test Design

TARGET POPULATION
KISS STUDENTS

ACCESSIBLE POPULATION
SCHOOL AGE CHILDREN OF KISS, BBSR

SAMPLE
SCHOOL AGE CHILDREN (50 STUDENTS) who all are coming under inclusion criteria

SAMPLE SIZE
50 students

SAMPLING TECHNIQUES
Simple random sampling (Lottery method)

VARIABLES

Dependent variables
Knowledge

Independent variable
Structured teaching programme

TOOLS
Questionnaire

DATA ANALYSIS

Available online: http://saspublisher.com/sjams/
RESULTS & FINDINGS

Table-1: Frequency & percentage distribution of KISS students according to their demographic variable

<table>
<thead>
<tr>
<th>Age of the students</th>
<th>FREQUENCY</th>
<th>PERCENTAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-12 years</td>
<td>28</td>
<td>56%</td>
</tr>
<tr>
<td>12-14 years</td>
<td>22</td>
<td>44%</td>
</tr>
</tbody>
</table>

Age of the student

Data presented in the Table-1 and Figure-1 shows 28 students were in the age group of 10-12 years and 22 students were in the age group of 13-15 years.

Table-2

<table>
<thead>
<tr>
<th>Sex</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>34</td>
<td>68%</td>
</tr>
<tr>
<td>Female</td>
<td>16</td>
<td>32%</td>
</tr>
</tbody>
</table>

Data in Table-2 and Figure-2 shows that nearly 68% (almost 70%) were male and 32% were female.

Table-3

<table>
<thead>
<tr>
<th>Religion</th>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hindu</td>
<td>38</td>
<td>76%</td>
</tr>
<tr>
<td>Christian</td>
<td>8</td>
<td>16%</td>
</tr>
<tr>
<td>Muslim</td>
<td>4</td>
<td>8%</td>
</tr>
</tbody>
</table>

Fig-1: Bar diagram showing the distribution of sample to their age in year

Fig-2: Above chart showing the distribution of samples according to their gender

Available online: http://saspublisher.com/sjams/
Fig-3: Pie diagram showing the distribution of sample according their religion

Table-3 and Figure-3 shows that 76% are Hindu, 16% were Christian and 8% were Muslim.

Data presented in the Table-4 and Figure-4 indicates pre-test and posttest knowledge score of the students that 6% were good, 76% were average and 18% were poor, whereas post-test knowledge 84% were good, 16% were average and 0% were poor.

Table-4: Pretest and post test

<table>
<thead>
<tr>
<th></th>
<th>GOOD</th>
<th>AVERAGE</th>
<th>POOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>FREQUENCY</td>
<td>3</td>
<td>38</td>
<td>9</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>6</td>
<td>76</td>
<td>18</td>
</tr>
<tr>
<td>POST-TEST</td>
<td>GOOD</td>
<td>AVERAGE</td>
<td>POOR</td>
</tr>
<tr>
<td>FREQUENCY</td>
<td>42</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>PERCENTAGE</td>
<td>84</td>
<td>16</td>
<td>0</td>
</tr>
</tbody>
</table>

Fig-4: Cone diagram showing the pre-test and post test knowledge score of subject

Table-5: Comparison of Pretest and Posttest knowledge score of students regarding scabies

<table>
<thead>
<tr>
<th>Test</th>
<th>N (SAMPLE NUMBER)</th>
<th>Mean</th>
<th>S.D</th>
<th>Difference of pre and post mean</th>
<th>Difference of pre and post S.D</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-test</td>
<td>50</td>
<td>15.82</td>
<td>2.37</td>
<td>5.28</td>
<td>0.75</td>
</tr>
<tr>
<td>Post-test</td>
<td>50</td>
<td>21.1</td>
<td>1.62</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The above table-5 shows that the comparison of pretest and posttest mean is 5.28 and comparison of pretest-posttest S.D. is 0.75 among the school age children.

Available online: http://saspublisher.com/sjams/
Table-6: Range, Mean, SD & Mean percentage on level of knowledge regarding scabies of school age children in pretest and posttest

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Items</th>
<th>Maximum score</th>
<th>Range</th>
<th>Mean</th>
<th>Sd</th>
<th>Mean score%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>Over all</td>
<td>25</td>
<td>21-11</td>
<td>15.82</td>
<td>2.37</td>
<td>31.64%</td>
</tr>
<tr>
<td>post test</td>
<td>Over all</td>
<td>25</td>
<td>24-18</td>
<td>21.1</td>
<td>1.62</td>
<td>42.2%</td>
</tr>
</tbody>
</table>

The above table shows that the range, mean, SD & mean percentage on level of knowledge regarding scabies of school age children in posttest is higher than the pretest

**IMPLICATION OF THE STUDY**

The nursing profession exists in response to a need of society and holds idea related to man’s health throughout his lifespan. Nurses direct their energies towards the promotion, maintenance and restoration of health, prevention of illness, to alleviate suffering and the assurance of peaceful death when life can no longer be sustained. The study findings have thrown new light on the implications of the future of profession in relation to nursing education, nursing practice and nursing research.

**RECOMMENDATIONS**

Basing on the study, the investigator proposes the following recommendations for future research:

- The study can be replicated on large sample in different setting to have a wider generalization of findings.

- A similar study can be conducted among staff nurses or other paramedical staff.

- A study can be conducted using other strategies, information booklet, manual etc.

- The researcher felt a deep sense of satisfaction and fulfillment for having undertaken

**CONCLUSION**

The present study showed that the knowledge among the school age children regarding treatment and prevention of scabies in them of mean % was 10.56%. The comparison of pre-test and post-test regarding treatment and prevention of scabies shows that students had gained some knowledge after administrating structured teaching programmer on treatment and prevention of scabies with mean 42.2% of post-test.

**REFERENCES**