Worm infestation is one of the common problems in school children. It is a major cause of childhood malnutrition, anaemia, stunted physical and mental growth, psycho-social problems. It also causes recurrent gastrointestinal and upper respiratory tract infection contributing to high morbidity and mortality in children. Worms are legless animals and stay as parasites in men and animals.

According to estimates of World Health Organisation (WHO), infection with round worm (Ascaris lumbricoides), whipworm (Trichuris trichiura) and hookworms (Ankylostoma duodenale and Necator americanus) with associated morbidity, affect approximately 250 million, 46 million and 151 million people, respectively. About half the population in South India and 50 percent of school children in tribal areas of Central India are infected with Ascaris lumbricoides, Trichuris trichiura and/or hookworm. The overall prevalence of helminthes infestation in school age children in India is about 50 percent in urban and 68 percent in rural areas. Helminthic infections are more prevalent among school children aged 5-14 years. They constitute 12 percent of total disease burden in children.

Film show is an educational device that facilitates and reinforces the student learning in a stimulating and dynamic format. Secondly, there is no evidence suggesting the effectiveness of a health education about worm infestation using film show among school going children. Therefore the present study was conducted to evaluate the effectiveness of planned health education programme regarding worm infestation using film show among school children at Alur Taluk, Karnataka.

Objectives
The objectives of the study were to:
1. Assess the pre-test knowledge of school children regarding various aspects of worm infestation.
2. Impart structured planned health education using film slides.
3. Evaluate the post-test knowledge on worm infestation in school children.
4. Associate the post-test level of knowledge on worm infestation with selected demographic variables.

Material and Methods
A quasi experimental one group pre-test – post-test design was used. A total of 70 school going children between age 11-15 years studying in class VI were included in the study by simple random sampling from a government school of Alur Taluk, Hassan, Karnataka. Students having visual/hearing problems and those who are not regular since last 2 or more months were excluded.

A structured interview schedule of 35 items was constructed to assess the pre-test knowledge and post-test knowledge score on various aspects of worm infestation. A film show on worm infection that included types of worms, portal of entry, modes of transmission, sign and symptoms and prevention was prepared in an interesting manner.

Independent variables: Planned health education using film show

Dependent variables: (1) Use of defecation place, (2) Habits of bowel evacuation, and (3) Hand washing techniques.

The validity of the structured interview schedule and film show was established by experts from community medicine and nursing.

The reliability of structured interview schedule related to knowledge on prevention of worm infestation was determined by split half technique and Spearman Brown formula, which was $r=0.78$ and $r=0.83$.

Confidentiality of the respondent's identity was maintained by using codes instead of names of the subjects.

Method of data collection
1. Sample was selected as per inclusion-exclusion criteria and pre-test was administered.
2. After 7 days film show was presented, the duration of which was 20 min.
3. After 07 days of film show post-test was conducted.
Demographic findings
1. About half of sample (36 children, 51.5%) were in the 11-13 years age group and remaining (34, 48.5%) were in the 13-15 yrs.
2. Majority of the respondents (35, 50%) belonged to joint family.
3. About half of the respondents parents (mother or father) (34, 48.6%) were having secondary education. About a fourth (16, 22.8%) were having higher education and graduation degrees, whereas 2/7th (20, 28.5%) were having primary education.
4. About 30 (42.8%) parents of school children belonged to unskilled occupation, 34 (48.5%) parents of school children belonged to semi-skilled occupation and 6 (8.5%) of parents of school children belonged to skilled occupation.
5. About 30 (43%) children were using open field for defecation and 40 (57%) were using toilets.
6. About half (35, 50%) of school children’s the bowel elimination habits was 1-2 times a day, and remaining half (35, 50%) had a habit of 3-4 times a day.
7. Majority of children (60, 85.71%) were not using hand washing practice after defecation and only 14.3% (n= 10) were using hand washing practice after defecation.
8. According to source of existing knowledge in school children 12 (17.1%) had from parents, 8 (11.4%) from friends, 12 (17.1%) from health personnel, 20 (28.5%) from teachers and 18 (25.7%) from mass media.

Findings related to effectiveness of health education programme
1. The mean of pre-test knowledge score was found to be 8.2 ± 1(23.4%).
2. The mean of post-test knowledge score was found to be 25.1 ± 19 (71.7%).
3. The planned health education programme increased the mean knowledge drastically to about three-fold i.e., from the mean score of 8.2 ± 1 (23.4%) to about 25.1 ± 19 (71.7%).
4. There was no significant relationship between the post-test knowledge score and selected demographic variables as calculated statistically using chi-square test.

Discussion
Worm infestation among children is a chronic problem among children especially in India. Its transmission to a large extent is determined by the health behaviour of the children. Children learn by interactive and attractive modes of teaching learning programmes. Therefore, a film show was made that included all the essential aspects of worm infestation - causes, transmission, sign/symptoms prevention etc. There was about three-fold increase in the knowledge score (from 23% to 70%) after the planned health education.

Conclusion
The film show was found effective in increasing the knowledge score of school children by three-fold from pre-test.

References
12. Ramachandran KA. Aid to medicine. 2nd Edn, Jaypee Brothers, pp 272-75