

DEVELOPMENT OF HEALTH EDUCATION MODULE FOR THE SCHOOL-BASED HEALTH EDUCATION INTERVENTION TO IMPROVE THE KNOWLEDGE, ATTITUDE AND PRACTICES ON *PEDICULOSIS CAPITIS*

Nor Faiza M.T.¹, Rampal L.², Lye M.S.², Suhainizam M.S.^{2*}

¹ Department of Community Health, International Islamic University Malaysia

² Department of Community Health, Faculty of Medicine and Health Sciences, Universiti Putra Malaysia

**Corresponding author: Dr Suhainizam Mohamad Saliluddin, email: suhainizam@upm.edu.my*

<https://doi.org/10.32827/ijphcs.5.5.273>

ABSTRACT

Background: Pediculosis capitis is a common infestation among the school-aged group. Necessary intervention must be taken to prevent and manage the problem. A full study using cluster randomized control trial is proposed to assess the effectiveness of a health education module on the knowledge, attitude and practices on Pediculosis capitis among government primary school students. If the intervention is effective, it can be generalized to the whole primary schools across the country. Therefore, this paper will discuss on the development of a school-based health education intervention to improve the knowledge, attitude and practices on Pediculosis capitis among the government primary school students.

Materials and Methods: Literature review was done to examine the prevalence of Pediculosis capitis and its determinants. Based on the findings, a health education intervention module based on KAP Model was developed for the implementation at a school level. Contribution by the panel of experts was attained for the development of the module. Validation of the module was carried out to ensure it is suitable to be implemented and will be effective in preventing and managing Pediculosis capitis.

Expected Result: The health education intervention is effective to improve the knowledge, attitude and practices on Pediculosis capitis of the respondents as compared to baseline.

Conclusion: Preventing Pediculosis capitis and controlling its risk factors by a well-developed health education module will help to obtain the desired outcome which is the reduction of Pediculosis capitis and improvement of knowledge, attitude and practice on Pediculosis capitis among the respondents.

Keywords: Pediculosis capitis, health education, KAP model, Rational Model, primary school.

1.0 Introduction

A cluster randomized controlled-trial will be conducted among government primary school students in Hulu Langat district, Selangor. The objective of the study is to evaluate the effectiveness of a health education module based on KAP model on knowledge, attitude and practice on *Pediculosis capitis*. The study will be carried out among aged 10-11- years students with *Pediculosis capitis*.

Health education is one of the methods to combat *Pediculosis capitis*. Health education, as defined by The World Health Organization (1998) as “Comprising consciously constructed opportunities for learning involving some form of communication designed to improve health literacy, including improving knowledge, and developing life skills which are conducive to individual and community health.”

The earliest public awareness campaign pertaining to *Pediculosis capitis* treatment was recorded by Ibarra (2009). The Donaldson Teesside Legacy 1970-1978 was referred to as a successful mass treatment of *Pediculosis capitis* in a community. In October 1970 a leaflet was distributed to each parent intended to teach recognition of lice and nits. It was accompanied by a letter threatening exclusion from school of children found to have any degree of infestation. The September 1970 infestation rate of 16% in Teesside primary schoolchildren was cut by half by January 1971. The measures used in the October 1970 Teesside campaign produced such intensive anti-lice activity among parents that infestation rates dipped dramatically. Donaldson remarked ‘Public education is, indeed, a most effective insecticide.’

Schools are a crucial social environment for children and adolescents. A school health education can be delivered as a specific curriculum-based subject on its own or can be as an intervention programme at the community level in targeting a specific condition or disease. The primary objective of school health education is to encourage the adoption of health conducive behaviour (Hills, Dengel, & Lubans, 2015). The educational environment has been utilized to promote healthful behaviour in youth such as preventing dental caries (Haque et al, 2016); sex education and HIV prevention (Fonner et al, 2014) and physical activities (Dobbins et al, 2013). In Europe, school-based interventions have the potential to reach almost 100 % of children of school age of diverse ethnic and socio-economic groups in the European context (Van Cauwenberghe, 2010).

In the management of *Pediculosis capitis*, school-based health intervention can have a significant role. According to Rukke (2012), to counteract the negative consequences of pediculosis, *Pediculosis capitis* campaigns directed through schools are likely to be an efficient tool to improve actions taken, reduce costs and increase knowledge regarding such infestations. The schools have potential to influence the students and their households to participate in *Pediculosis capitis* campaigns. Schools with high prevalence could also distribute specially targeted information to intensify inspection among households for some time. This is as a measure to curb recurrent infestation via untreated family members who are infested with *Pediculosis capitis*.

Moshki et al. (2017) used a health intervention based on Health Belief Model (HBM) to assess the efficacy of peer education for adopting preventive behaviours against *Pediculosis capitis* in female elementary school students. The results revealed that a school-based health intervention by empowering the peer groups showed significant improvement in the

intervention group. Analysis using Paired t-test revealed significant differences between the mean pre-test and post-test scores of knowledge, constructs of the HBM, and behaviour in both the intervention and control groups ($P < 0.005$).

Shirvani & Shokravi (2011) found improvements in the students' performance regarding pediculosis prevention following an educational intervention. The absence of significant increase in the control group's mean score of behaviour suggests that adopting behaviours to prevent pediculosis requires not only motivation and sensitization, but also an educational program about the preventive health behaviours.

A case-control study was conducted by Vahabi & Javad (2011) to examine the effect of hygiene education on the prevalence of *Pediculosis capitis*. A total of 150 female students infested with *Pediculosis capitis* were divided into intervention and control group. After being given educational information on personal hygiene, the rate of infestation in the intervention group decreased to 10.7% but the rate of infestation remained the same in the control group. Analysis of the knowledge, attitude, and hygienic behaviour of the students using paired-t-test revealed a significant improvement in the intervention group ($P < 0.005$) but the difference was not significant in the control group.

Through the health education conducted in schools, the schools play its role to impart knowledge and create attitudes among the students. As the students are empowered, it is hoped that they can similarly impart the knowledge and affect the attitude of their family members. To ensure the success of school-based health intervention, Canyon, Speare & Heukelbach (2010) suggested that schools and other institutions should invest their resources into educational approaches if they wish to render their mass treatment campaigns more effective. The schools should be proactive in identifying the health problems and conducting the necessary measures to instil awareness and improving the behaviour and correcting the necessary practices among the target group.

2.0 Used of KAP Model as the theoretical framework to develop health education module for preventing and managing *Pediculosis capitis*

The selection of the model or theory is one of the most principal issues of educational interventions. The most suitable educational model must be selected to lead in the commencement of an intervention program. In addition, a suitable model will ensure a program's continuation in right direction. The KAP Model, also known as Rational Model, can be used in the health intervention program to prevent *Pediculosis capitis*. KAP Model is one of the most used models in the medical field.

According to Launiala (2009), this model was first used during the middle of the nineteenth century to assess family planning and population. This comprehensive model highlights the relation between knowledge, attitude and practices. There are three constructs in KAP Model—Knowledge, Attitude and Practice. Badran (1995) describes the definition of each construct in this model as shown in figure 1 below.

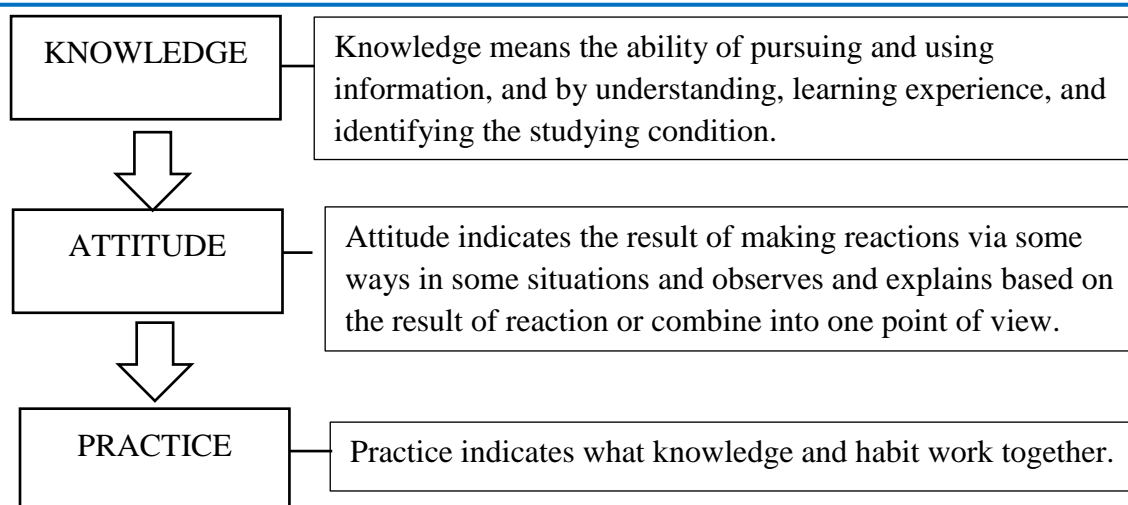


Figure 1: Definition of each construct in KAP Model (Badran, 1995)

The KAP Model proposes that any practices are influenced by the two constructs of attitude and knowledge. The knowledge precedes attitude and that both knowledge and attitude would both predict and precede behaviour or practice. In other words, the KAP Model suggests that any practices (behaviours) are determined by the person's attitude and knowledge towards the behaviours. The people with a high positive attitude towards behaviour and high knowledge will have an effective practice.

Knowledge means having the correct information on *Pediculosis capitis* – morphology, symptoms, risk factors, diagnosis, treatment and prevention. Attitude indicates the reaction of the person after getting the correct information, e.g: The person feels that sharing comb is not a good attitude as it can transmit *Pediculosis capitis*. Practice indicates the behaviour of preventing *Pediculosis capitis* by taking correct measures as understood from the acquired knowledge, e.g.: The person refuses to share the same comb as he/she knows that *Pediculosis capitis* can be transmitted from comb sharing.

As the knowledge of *Pediculosis capitis* is increased among the primary school students, it is believed that it will positively influence their attitude towards prevention and management of *Pediculosis capitis*; and this positive attitude will positively influence their practice of preventing *Pediculosis capitis*. The KAP Model thus suggests that the right information will influence attitudes and subsequently change behaviour or practice. This has been one of the basic assumptions for health education.

3.0 Content of health education module on *Pediculosis capitis* based on KAP Model

The content of the educational module followed the guidelines as detailed out in “*Pediculosis capitis* in Primary School Kit” by Queensland Health Education. Roles of various

stakeholders such as the school principal, teaching staff and family have been described in this module. As for the students, Educational module developed by United States National Association of School Nurses on “Lice Lesson” (2017) was integrated into this module. Each component of the health intervention was constructed to ensure that specific components were covered.

Health information related to preventing *Pediculosis capitis* were applied into the slides presentation and group discussion among the respondents in the intervention group. Pamphlets were provided to each respondent and to the Health teacher as a reading material for continuous information and reference to the respondents, family members and teachers. The contents of the pamphlets include all the information presented in the slide presentation. The slides and pamphlets were prepared in Malay language.

During the group discussion, the content of the slides and pamphlets were further emphasized to the students who had been diagnosed to have *Pediculosis capitis*. They were encouraged to share their experience and concern on any issue pertaining to *Pediculosis capitis*. The discussion was conducted in Malay language.

The module comprised of five units: General information on *Pediculosis capitis*, symptoms of *Pediculosis capitis*, risk factors for *Pediculosis capitis*, detection of *Pediculosis capitis*, prevention and management of *Pediculosis capitis*. The detail content of the constructs of KAP model embedded in the slide presentation, pamphlets and group discussion during the intervention programme were described as the following:

a) Knowledge

In this construct, the respondents were made aware of the background information of *Pediculosis capitis* (epidemiology, characteristics and life cycle). Then, they were educated on the symptoms, risk factors, detection, prevention and management of *Pediculosis capitis*. The correct knowledge on *Pediculosis capitis* would enable them to differentiate between myths and facts regarding *Pediculosis capitis*. For instance, it was believed that *Pediculosis capitis* infest only those from the lower socio-economic background or those who are unhygienic. In fact, *Pediculosis capitis* can be found even in the higher socio-economic background individuals or those who practice appropriate cleanliness level.

b) Attitude

The respondents were educated to incorporate their knowledge with the correct attitude on preventing *Pediculosis capitis*. For example, as they had acknowledged that head lice can be transmitted through sharing of personal belongings, they should develop the attitude that would prevent the transmission of head lice such as sharing comb or headgears.

c) Practices

Practice specifically relates to the behaviour adopted when the knowledge and habit work together. In this construct, the researcher guided the respondents to develop good practices to prevent recurrent infestation of head lice from the information that they have garnered from the dissemination of knowledge. In addition to that, the practise was also developed by emphasizing good habit of diagnosing head lice and preventing recurrent infestation. For

example, the respondents were encouraged to actively treat head lice upon its diagnosis by the application of pediculicide as prescribed.

Table 1 provides the summary of health education module and its application in relation to the KAP model

Table 1: Summary of health education module and its application in relation to the KAP Model

Health education components	Theoretical model constructs	What and how it was delivered
Group education (health talk + group discussion)	Knowledge	General knowledge on <i>Pediculosis capitis</i> was assessed at baseline, and disseminated during the intervention
	Attitude	i) Desirable attitude to prevent <i>Pediculosis capitis</i> was assessed and informed during the health talk and discussion. ii) Brainstorming session to assess the attitude was carried out. Students were asked to give their opinions on the statements: a) How do you feel if you have lice? b) What should you do if a friend/family member has lice? c) What can you do to prevent lice?
	Practices	Desirable practice to prevent and manage <i>Pediculosis capitis</i> was assessed and taught during the health talk and discussion.
Practical session	Knowledge	Information on the benefits and methods of combing for diagnosing <i>Pediculosis capitis</i> and application of pediculicides were emphasized.
	Attitude	Attitude to adopt combing behaviour for diagnosing head lice was instilled. Attitude to apply pediculicides if diagnosed to have <i>Pediculosis capitis</i> was emphasized.
	Practice	Methods of combing for diagnosing <i>Pediculosis capitis</i> and application of pediculicides were demonstrated.
Pamphlets	Knowledge	Information on general knowledge on <i>Pediculosis capitis</i> was included in the pamphlets.
Collaterals	Attitude	Daily 5-minute reminder was given by the teachers during morning assembly throughout the 2-weeks “Saya Bebas Kutu” program. Desirable attitude to prevent and manage <i>Pediculosis capitis</i> was emphasized.

4.0 Quality control of the health education module

The quality control of the intervention was validated utilizing face validity and content validity.

i. Face validity

The health education module was developed in Malay language and validated by an expert's panel. It was assessed to ensure that the content accurately addresses the issue of *Pediculosis capitis*. Then, the health education module was pretested on 40 aged 10-11 years students in Sekolah Kebangsaan Sg. Ramal Dalam, Selangor.

ii. Content validity

The health education module is developed by an expert panel including Public Health specialist, Health teachers, Graphic Designers and a Psychologist. All comments and adjustments were noted, and corrections made accordingly prior to the printing of the module. A collective agreement by all the experts was obtained.

5.0 Conclusion and recommendation

The health education module was prudently developed and validated to ensure it will suit the needs of the students in the prevention and management of *Pediculosis capitis*. Following its development, the health education module will be implemented and further assessed for its effectiveness. Should the health education module be found as effective, it will be promoted to be used in other schools all over the country in combat against *Pediculosis capitis*. On the other hand, further improvement and amendment will be done should there are flaws and shortfalls found that affect its effectiveness.

Acknowledgement

The authors would like to thank all the professionals and students who were involved in the development and validation of the module.

Declaration

Authors declare that this manuscript has never been published in any other journal.

Authors contribution

Author 1: Information gathering, preparation and drafting of manuscript.

Author 2: Initiation of idea, review of manuscript and final editing.

Author 3: Initiation of idea, review of manuscript and final editing.

Author 4: Reviewing and editing of manuscript.

Author 5: Reviewing and editing of manuscript.

References

- Badran, I. G. (1995). Knowledge, attitude and practice the three pillars of excellence and wisdom: a place in the medical profession. *EMHJ - Eastern Mediterranean Health Journal*, 1 (1), 8-16.
- Canyon, D. V., Speare, R., & Heukelbach, J. (2014). Transmission and risk factors. Uni-Med Verlag AG.
- Dobbins, M., De Corby, K., Robeson, P., Husson, H., & Tirilis, D. (2013). School-based physical activity programs for promoting physical activity and fitness in children and adolescents aged 6-18. *Cochrane database syst rev*, 1(1).
- Fonner, V. A., Armstrong, K. S., Kennedy, C. E., O'Reilly, K. R., & Sweat, M. D. (2014). School based sex education and HIV prevention in low-and middle-income countries: a systematic review and meta-analysis. *PloS one*, 9(3), e89692.
- Haque, S. E., Rahman, M., Itsuko, K., Mutahara, M., Kayako, S., Tsutsumi, A., & Mostofa, M. G. (2016). Effect of a school-based oral health education in preventing untreated dental caries and increasing knowledge, attitude, and practices among adolescents in Bangladesh. *BMC oral health*, 16(1), 44.
- Hills, A. P., Dengel, D. R., & Lubans, D. R. (2015). Supporting public health priorities: recommendations for physical education and physical activity promotion in schools. *Progress in cardiovascular diseases*, 57(4), 368-374.
- Ibarra, J., Fry, F., Wickenden, C., Jenner, M., & Franks, A. (2009). The impact of well-developed preventative strategies on the eradication of head lice. *Perspectives in public health*, 129(4), 165-173.

- Launiala, A. (2009). How much can a KAP survey tell us about people's knowledge, attitudes and practices? Some observations from medical anthropology research on malaria in pregnancy in Malawi. *Anthropology Matters*, 11(1).
- Moshki, M., Zamani-Alavijeh, F., & Mojadam, M. (2017). Efficacy of peer education for adopting preventive behaviors against head lice infestation in female elementary school students: a randomised controlled trial. *PloS one*, 12(1), e0169361.
- Rukke, B. A., Birkemoe, T., Soleng, A., Lindstedt, H. H., & Ottesen, P. (2012). Head lice in Norwegian households: actions taken, costs and knowledge. *PLoS One*, 7(2), e32686.
- Shirvani, G., & Shokravi, A. (2011). Effect of designed health education program on knowledge, attitude, practice and the rate *Pediculosis capitis* in female primary school students in Chabahar city. *Journal of Shahrekord University of Medical Sciences*, 13(3), 25-35
- Vahabi, A., & Javad, R. (2011, May). Evaluation a Health Education program in order to decrease Pediculosis Infection among Primary Students. In *The First International & 4th National Congress on health Education & Promotion, 2011*. Tabriz university of medical sciences.
- Van Cauwenberghe, E., Maes, L., Spittaels, H., van Lenthe, F. J., Brug, J., Oppert, J. M., & De Bourdeaudhuij, I. (2010). Effectiveness of school-based interventions in Europe to promote healthy nutrition in children and adolescents: systematic review of published and 'grey' literature. *British journal of nutrition*, 103(6), 781-797.
- World Health Organization. (1998). *Health promotion glossary*. Retrieved from <http://www.who.int/healthpromotion/about/HPR%20Glossary%201998.pdf> on 5 December 2017.

Appendix A: Slide Presentation



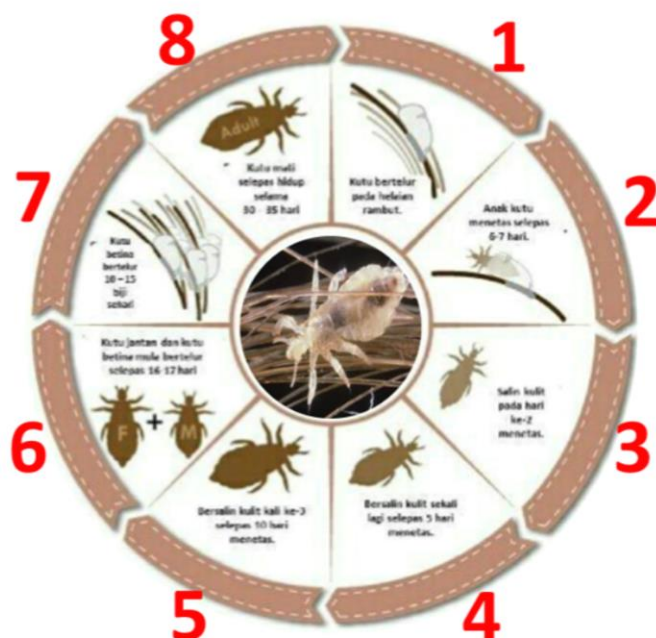
Fakta Kutu



- Kutu adalah serangga parasit yang menghisap darah di kepala manusia.
- Saiznya antara 1-3 milimeter.
- Kutu hanya merangkak. Ia tidak boleh terbang atau melompat.
- Kutu kepala menghisap darah pada kulit kepala seseorang untuk terus hidup.
- Purata kitaran hidup seekor kutu kepala adalah 30-35 hari.
- Kutu betina boleh bertelur antara 5-10 biji setiap hari. Oleh itu, seekor kutu betina dewasa boleh bertelur hingga 150 biji sepanjang hayatnya !
- Kutu kepala hanya hidup sekali di kepala manusia. Ia tidak akan bertahan di tempat lain dan akan mati selepas 48 jam jatuh dari kepala manusia.

2

Kitaran hidup kutu



3

Siapa yang berisiko untuk dijangkiti kutu kepala ?

- Kutu kepala kerap berlaku di kalangan kanak-kanak perempuan berumur 4 - 11 tahun.
- Ia tiada kaitan samada seseorang itu bersih atau kotor, kaya atau miskin, muda atau tua.



4



Kutu mudah
berjangkit jika ...

1. Berkongsi barangan peribadi seperti sikat, telekung, songkok, tudung, bantal dan tuala dengan seseorang yang berketu.
2. Terdapat ahli keluarga atau rakan yang berketu.
3. Mempunyai ahli keluarga yang ramai.

5

Tanda-tanda Dijangkiti Kutu

- Kutu kepala tidak menyebabkan penyakit.
- Seseorang yang telah dijangkiti kutu mungkin tidak menunjukkan apa-apa gejala.
- Gatal-gatal pada kulit kepala merupakan simptom yang paling kerap berlaku.
- Jangkitan yang teruk boleh menyebabkan kekurangan sel darah merah dan menyebabkan cepat letih dan lesu.



6

Kesan akibat jangkitan kutu:

- Kerap menggaru kepala akibat gatal-gatal boleh mengganggu tidur seseorang dan mengganggu tumpuan pelajar di dalam kelas.
- Akibat kerap menggaru, kulit kepala mungkin mengalami radang dan jangkitan kuman.
- Seseorang itu mungkin berasa malu atau rendah diri jika ada kawan-kawan yang mengetahui bahawa dia berketu.



7

APA YANG PERLU DILAKUKAN UNTUK MERAWAT DAN MENEGAH KUTU



1

KESAN

- Guna sikat kutu untuk mengesan dan membuang kutu kepala serta telurnya.
- Tumpukan pada bahagian belakang telinga dan kepala (kawasan tengkuk).

2

RAWAT

Guna ubat kutu untuk membunuh kutu kepala dan mengganggu kitaran hidup mereka.



3

CEGAH

- Tidak berkongsi barangan peribadi seperti sikat, telekung, songkok, topi, bantal dan sebagainya.
- Elak dari bersentuhan kepala.
- Ikat rambut yang panjang.
- Gantung telekung, songkok, topi dan tudung di tempat yang berasingan, supaya tidak bercampur dengan pakaian orang lain.⁹

4

ULANG

- Ulang proses rawatan selepas 7 hari untuk rawatan yang lebih berkesan.
- Ulang proses menyikat menggunakan sikat kutu sekurang-kurangnya seminggu sekali.

5

BERSIH

- Amalkan sifat kebersihan diri (mandi, syampu rambut).
- Basuh cadar, sikat dan pakaian dengan air panas. Rendam bersama cecair pencuci untuk membunuh kutu serta telurnya.
- Vakum permaidani atau sapu lantai untuk membersihkan kutu dan telur kutu yang mungkin jatuh di atas permaidani atau lantai.¹⁰

3 Langkah Mudah Menggunakan Ubat Kutu:

- 

1

 - Letakkan ubat kutu pada rambut
 - Ratakan ke seluruh bahagian kepala terutamanya di bahagian belakan telinga dan kepala.
 - Biarkan untuk 10 minit.



2

Gunakan sikat kutu untuk menyikat rambut bagi mengesan kutu atau telur kutu.



3

Setelah selesai, basuh rambut dengan syampu dan air.

11



- Guna ubat kutu hanya apabila dijangkiti.
- Periksa rambut setiap hari menggunakan sikat kutu dan telurnya untuk 10 hari yang berikutnya.
- Ulang penggunaan ubat kutu selepas 7 hari daripada penggunaan kali pertama.
- Semua ahli keluarga yang berketu perlu dirawat pada waktu yang sama untuk mengelakkan jangkitan.
- Elakkan penggunaan ubat kutu untuk kanak-kanak di bawah usia 2 tahun. Hanya gunakan sikat kutu untuk membuang kutu dan telurnya.
- Elakkan penggunaan minyak rambut atau perapi rambut sebelum menggunakan ubat kutu.

12

Appendix B: Pamphlets

APA YANG PERLU DILAKUKAN UNTUK MERAWAT & MENCEGAH KUTU?

- #1 KESAN
 - Guna sikat kutu untuk mengesan dan membuang kutu kepala serta telurinya.
 - Tumpukan pada bahagian belakang telinga & kepala (kawasan tengkuk).
- #2 RAWAT
 - Guna ubat kutu untuk membunuh kutu kepala & mengganggu kitaran hidup mereka.
- #3 CEGAHI
 - Tidak bergeleng barangan peribadi seperti sikat, telekung, songkok, topi, bantal & sebagainya.
 - Elak dari bersentuhan kepala.
 - Ikut rambut panjang.
 - Gantung telekung, songkok, topi & tudung di tempat yang berasingan supaya tidak bercampur dengan pakaian lain.
- #4 ULANG
 - Ulang proses rawatan selepas 7 hari untuk rawatan yang lebih berkesan.
 - Ulang proses mengikat menggunakan sikat kutu sekurang-kurangnya seminggu sekali.
- #5 BERSIH
 - Analkan sifat kebersihan diri (mandi, sjampu rambut).
 - Basuh cadar, sikat & pakaian dengan air panas. Rendam bersama cecair pencuci untuk membunuh kutu serta telurinya.
 - Vakum permadani atau sofa lantai untuk membersihkan kutu & telur kutu yang mungkin jatuh di atas permadani atau lantai.

INGAT!

- Guna ubat kutu hanya apabila dijangkiti.
- Periksa rambut setiap hari menggunakan sikat kutu & telurinya untuk 10 hari yang berikutnya.
- Ulang penggunaan ubat kutu selepas 7 hari daripada penggunaan kali pertama.
- Semua ahli keluarga yang berketu perlu dirawat pada waktu yang sama untuk mengelakkan jangkitan.
- Elakkan penggunaan ubat kutu untuk kanak-kanak di bawah usia 2 tahun.
- Hanya gunakan sikat kutu untuk membuang kutu dan telurinya.
- Elakkan penggunaan minyak rambut atau perapi rambut sebelum menggunakan ubat kutu.

SAYA BEBAS KUTU



FAKTA KUTU

- Kutu adalah serangga parasit yang hanya boleh merangkak.
- Saiz: 1-3 milimeter.
- Seekor kutu hidup selama 30-35 hari.
- Hanya boleh hidup di atas kepala manusia & mati selepas 48 jam jatuh dari kepala manusia.
- Kutu betina boleh bertelur hingga 150 biji sepanjang hayat.

KESAN AKIBAT JANG-KITAN KUTU



★ Kerap menggaru kepala akibat gatal - gatal boleh mengganggu tidur seseorang & mengganggu tumpuan pelajar di dalam kelas

★ Akibat kerap menggaru, kulit kepala mungkin mengalami radang & jangkitan kuman

★ Seseorang itu mungkin berasa malu atau rendah diri jika ada kawan - kawan yang mengetahui bahawa dia berketu

SIAPA YANG BERISIKO UNTUK DIJANG-KITI KUTU KEPALA?

- ★ Kutu kepala kerap berlaku di kalangan kanak-kanak perempuan berumur 4 - 11 tahun
- ★ Mudah berjangkit apabila:
 - ★ Berkongsi barangan peribadi
 - ★ Terdapat ahli keluarga / rakan yang berketu

TANDA - TANDA DIJANG-KITI KUTU

- ★ Kutu kepala tidak menyebabkan penyakit.
- ★ Seseorang yang telah dijangkiti kutu mungkin tidak menunjukkan apa - apa gejala
- ★ Gatal - gatal pada kulit kepala merupakan simptom yang paling kerap berlaku

3 LANGKAH MUDAH MENGGUNAKAN UBAT KUTU



Letakkan ubat kutu pada rambut. Ratakan ke seluruh bahagian kepala terutama di bahagian belakang telinga dan kepala. Biarkan untuk 10 minit.



Gunakan sikat kutu untuk menyikat rambut bagi mengesan kutu atau telur kutu.



Setelah selesai, basuh rambut dengan syampu & air.

Appendix C: Module for practical sessions

SESSI PRAKTIKAL 1: PEMERIKSAAN KUTU KEPALA

1.0 Objektif :

Pada akhir sesi praktikal, pelajar diharapkan dapat:

- Memahami kepentingan mengesan kutu kepala.
- Mengenalpasti fasa-fasa pembiakan kutu.
- Memahami langkah-langkah pemeriksaan kutu kepala.
- Mengesan kutu dan telur kutu pada kepala serta membezakannya daripada kelemumur.

2.0 Item yang diperlukan:

- Sarung tangan getah
- Sikat kutu
- Kertas A4 putih
- Kanta pembesar
- Poster pemeriksaan kutu kepala (lampiran)

3.0 Langkah-langkah pengajaran

1. Terangkan kepada pelajar kepentingan mengesan kutu kepala (Poster A).
2. Terangkan kepada pelajar kitaran hidup kutu (Poster B).
3. Pilih seorang pelajar untuk dijadikan model sesi praktikal.
4. Terangkan kepada pelajar langkah-langkah pemeriksaan kutu kepala.
 - Lakukan pemeriksaan di tempat yang terang.
 - Pemeriksaan boleh dilakukan pada rambut kering atau basah.
 - Gunakan sikat rambut yang biasa untuk menguraikan rambut yang kusut.
 - Kemudian gunakan sikat kutu. Mulakan menyikat dari bahagian tengah dan depan.
 - Sikat rambut mulai dari akar hingga ke hujung rambut.
 - Periksa sikat setiap kali selesai menyikat.
 - Lakukan cara yang sama sehingga selesai seluruh bahagian kepala.
 - Tumpukan pemeriksaan di bahagian belakang telinga dan belakang kepala.
 - Periksa kutu dan telur (jika ada). Letakkan di atas kertas putih.
 - Gunakan kanta pembesar untuk mengenalpasti kutu atau telur dengan lebih jelas.
5. Mengesan kutu dan telur kutu
 - Tunjukkan kepada pelajar fasa-fasa kutu kepala (Poster C).
 - Bezakan antara telur kutu dengan kelemumur (Poster D).
 - Telur kutu : susah dipisahkan daripada urat rambut.
 - Kelemumur : mudah dipisahkan daripada urat rambut.

6. Soal-jawab dengan murid tentang maklumat-maklumat yang telah diberikan. Contoh:

- Apakah kesan akibat jangkitan kutu?
- Bagaimana untuk membezakan antara telur kutu dengan kelemumur?

Lampiran

Poster A

Kesan akibat jangkitan kutu:

- Kerap menggaru kepala akibat gatal-gatal boleh mengganggu tidur seseorang dan mengganggu tumpuan pelajar di dalam kelas.
- Akibat kerap menggaru, kulit kepala mungkin mengalami radang dan jangkitan kuman.
- Seseorang itu mungkin berasa malu atau rendah diri jika ada kawan-kawan yang mengetahui bahawa dia berketu.



7

Poster B



Poster C



Poster D



SESSI PRAKTIKAL 2 : PENGGUNAAN UBAT KUTU

1.0 Objektif :

Pada akhir sesi praktikal, pelajar diharapkan dapat:

- Mengenalpasti bila perlu menggunakan ubat kutu.
- Memahami langkah-langkah penggunaan ubat kutu.
- Memahami langkah-langkah keselamatan dalam penggunaan ubat kutu.

2.0 Item yang diperlukan:

- Sarung tangan getah
- Ubat kutu
- Sikat kutu
- Poster penggunaan ubat kutu (lampiran)

3.0 Langkah pengajaran:

1. Bincang dengan para pelajar tentang maklumat pada poster A.
2. Terangkan kepada pelajar tentang arahan penggunaan ubat kutu yang disyorkan.
 - Hanya untuk kegunaan bahagian kulit kepala. Jangan ditelan.
 - Elakkan bahagian mata.
 - Basuh tangan selepas penggunaan ubat kutu ini.
 - Elakkan daripada berkongsi dengan individu lain.
 - Jauhkan daripada kanak-kanak.
 - Simpan ubat ini di ruang yang kering, pada suhu bilik.
 - Jauhkan daripada sumber api semasa menggunakan ubat kutu ini atau semasa penyimpanan (rokok, dapur memasak, pengering rambut).
3. Terangkan kepada pelajar langkah-langkah penggunaan ubat kutu.
 - Letakkan ubat kutu dalam kuantiti yang secukupnya pada rambut yang kering.
 - Pastikan seluruh rambut dilumur.
 - Kemudian, tutup kepala dengan topi mandian yang dibekalkan.
 - Biarkan semalaman atau untuk sekurang-kurangnya 12 jam.
 - Basuh rambut dengan syampu yang dibekalkan.
 - Bilas dengan bersih, termasuk bahagian tengkuk dan leher.
 - Ulang penggunaan ubat kutu selepas 7 hari.
4. Terangkan kepada pelajar mengenai kesan sampingan daripada penggunaan ubat kutu.


Jika terdapat tanda-tanda berikut, hentikan penggunaan serta-merta.

 - Pedih atau merah mata.
 - Kerengsaan pada mata.
 - Kulit kepala menjadi kering.

- Rasa panas pada kulit.
 - Basuh rambut, kulit kepala dengan segera.
5. Pilih seorang pelajar untuk dijadikan model sesi praktikal.
- Ikut langkah 1 & 2 seperti dalam poster B.
4. Soal-jawab dengan murid tentang maklumat-maklumat yang telah diberikan. Contoh:
- Setelah selang berapa hari seseorang itu perlu menggunakan ubat kutu sekali lagi?
 - Berapa minit ubat kutu perlu dibiarkan di atas kepala?

Lampiran

Poster A



- Guna ubat kutu hanya apabila dijangkiti.
- Periksa rambut setiap hari menggunakan sikat kutu dan telurnya untuk 10 hari yang berikutnya.
- Ulang penggunaan ubat kutu selepas 7 hari daripada penggunaan kali pertama.
- Semua ahli keluarga yang berketu perlu dirawat pada waktu yang sama untuk mengelakkan jangkitan.
- Elakkan penggunaan ubat kutu untuk kanak-kanak di bawah usia 2 tahun. Hanya gunakan sikat kutu untuk membuang kutu dan telurnya.
- Elakkan penggunaan minyak rambut atau perapi rambut sebelum menggunakan ubat kutu.

Poster B

3 Langkah Mudah Menggunakan Ubat Kutu:



- 1**
 - Letakkan ubat kutu pada rambut
 - Ratakan ke seluruh bahagian kepala terutamanya di bahagian belakan telinga dan kepala.
 - Biarkan untuk 10 minit.
- 2**
 - Gunakan sikat kutu untuk menyikat rambut bagi mengesan kutu atau telur kutu.
- 3**
 - Setelah selesai, basuh rambut dengan syampu dan air.

11