

Effects of Video-Based and Pamphlet Online Education on Knowledge toward COVID-19: A Randomized Controlled Trial

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Abstract

Aims: To compare online video and pamphlet education in improving the knowledge of high school students toward COVID and to assess satisfaction with the two educational approaches. **Materials and Methods:** In this randomized controlled trial, 240 girl students received either online, video-based education or pamphlet-based education or that described the methods of dealing with COVID-19 and description of COVID-19 symptoms as well as a control group that received no intervention. Their knowledge was assessed at baseline and 12 weeks after group-specific intervention. **Results:** Participants in both groups had similar levels of baseline knowledge. Poststudy analysis showed significantly greater improvement in the knowledge scores from video group members compared to the pamphlet group ($P = 0.003$). Both pamphlet and video groups significantly achieved better scores than the control group ($P < 0.001$). Finally, the video group rated their education method more useful and appealing than the pamphlet group ($P = 0.018$). **Conclusion:** Video-based learning is a more effective educational tool for teaching methods of preventing and transmitting of coronavirus disease than written materials.

Keywords: COVID-19, education, knowledge, pamphlet, video

INTRODUCTION

The COVID-19 epidemic caused by the new 2019 coronavirus is spreading throughout the world. The new 2019 coronavirus epidemic is more extensive in comparison to previous human coronaviruses, indicating the extremely high transmission power of this virus.^[1] Hence, health measures are necessary for preventing the spread of this disease as the best strategy for COVID-19.^[2] Having knowledge to create healthy behaviors is the first necessary element as sufficient knowledge is the prerequisite for changing the belief and behavior of individuals.^[3] As a result, teaching how to deal with this disease is one of the appropriate methods for reducing the outbreak of COVID-19 disease, as well as reducing the mortality rate caused by COVID-19.^[4] Although Internet communications, particularly social networks, have significantly increased the availability and dissemination of knowledge, this platform

has still the potential to publish and extend false information or fake news. True knowledge is necessary to help people to cope with this new infection.^[5] On the other hand, adolescence as the second decade of life is a highly significant, vital, and turbulent period in human development.^[6] Based on the definition of the World Health Organization, adolescence is an age between 10 and 19 years. Iran is one of the youngest countries,^[7] and adolescence is a critical time for promoting the health of adolescents. Adolescents are vulnerable to the society as many physical, psychological, social, and unhealthy problems are rooted in adolescence.^[6] On the other hand, students are considered the vulnerable group and human capital of a country and the failure to address them can waste a lot of workforce and capital.^[8] On the other hand, teaching

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can cause learning in the learner and learning is a process for acquiring knowledge and skills. Also, teaching can develop people’s ability in making healthy decisions and change their behavior.^[9] Using pamphlets is one of the accessible methods of teaching.^[10] Written materials, especially pamphlets, brochures, and educational booklets, are prepared for increasing awareness. Among all of the communication methods used in health education, none of them was as pervasive as printed educational products.^[11] On the other hand, video education is conducted indirectly and one of its advantages is the creation of storage, continuity in information, ease of use, and cost-effectiveness.^[12] Many studies have investigated the advantages of E-learning compared to traditional learning.^[13-15] Currently, social media, as one of the most effective services, has been able to significantly change the social system of different countries in the world in the recent years.^[16] In addition, the online technologies of social media are used in most fields of health care.^[17] On the other hand, using social media is growing rapidly in the field of education.^[18] Due to the need for strategies for dealing with coronavirus, schools can be considered as a center for gaining knowledge in the field of health of students. Thus, this study aimed to compare the effectiveness of two educational methods as pamphlets and videos designed on social media about awareness toward protective strategies with coronavirus among high school students in Birjand.

To that end, we developed an online “Education Video” describing the method of deal with COVID-19 and its preventive measures in order to enhance student knowledge and adherence toward COVID-19. In this study, we assessed the efficacy of online videos as an educational medium compared to an informational pamphlet, in a randomized controlled trial.

MATERIALS AND METHODS

This randomized controlled study was approved by the Institutional Review Board of Birjand University of Medical Sciences, Iran. This study was conducted between June and July 2020 at Girls’ high schools of Birjand. Two-stage random cluster sampling was followed to include all eligible female students. The study lasted for 5 weeks. To be eligible for study, the participants need to be at least 11 years old up to 16, have Internet access, and be able to view videos online.

Two hundred and forty girl students were randomized in a simple, nonstratified randomization scheme to control group ($n = 80$) online, video education ($n = 80$), and pamphlet education group ($n = 80$) [Figure 1].

Online video students were given instructions on how to access the online video, which addressed the characteristics of COVID-19, signs and symptoms, transmission routes, and guidelines concerning behavior during home quarantine.

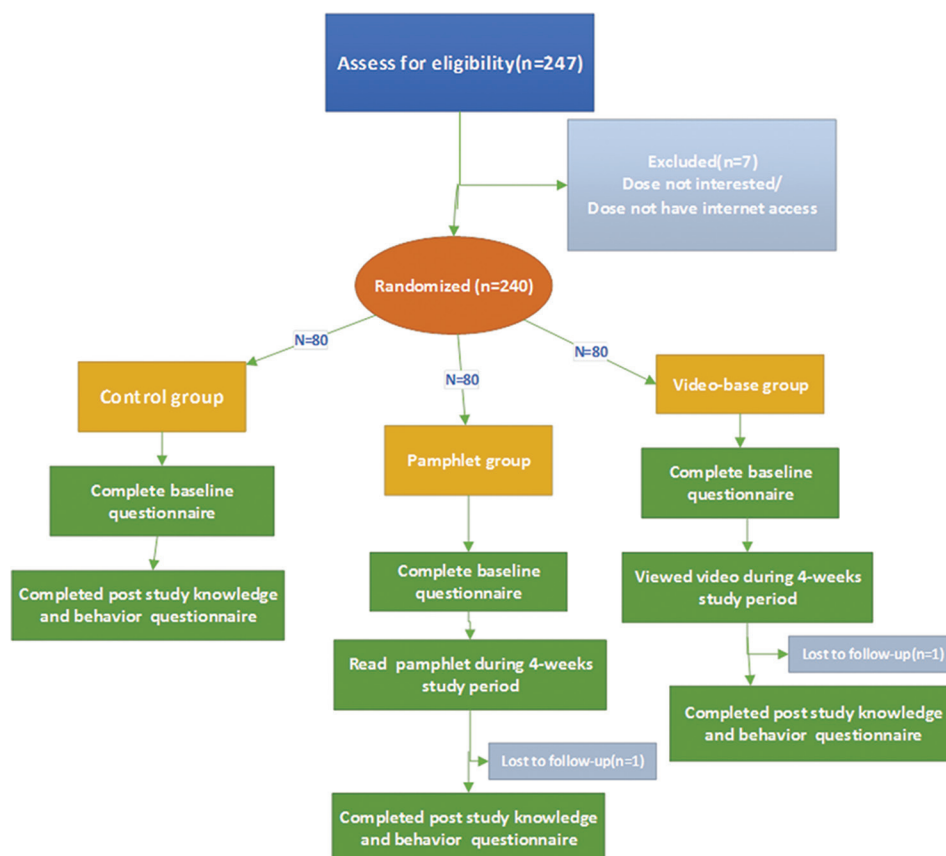


Figure 1: Randomization schema and participant flow diagram

They randomized to the three arms, as control (received no educational program), but the two other groups received identical educational contents in the form of video or pamphlet.

Participants were instructed to view the material at least once during the study, and were allowed to view the material as often as desired.

After designing and approval taking, the contact information of student representatives in different levels of selected high schools was collected. After explaining the procedure, they were asked to invite their classmates to the virtual telegram channels created if they were willing to participate in the study. Also, an online question and answer schedule through cyberspace was arranged with the students' collaboration. The educational videos were placed in four separate sessions 2 days in between in the relevant channel. Similarly, in the other intervention channel, several pamphlets with similar contents as well as social media-based video were placed at the same intervals. Follow-up test was conducted as an online questionnaire after 1 month by the same prequestionnaire for intervention groups.

Another channel was created for the control group that only an online pretest was conducted for them, then they were left for common sources of information. Finally, after 1 month, the same pretest questionnaire was completed by these students as an online posttest. After program completion, the educational materials were placed in the channel and made available to the control group to maximize the program benefits.

Baseline knowledge regarding COVID-19 was assessed with a pre-and poststudy questionnaire, consisting of the same questions.

The components of the knowledge assessment questionnaire consisted of the following: (1) demographic and socioeconomic data (age, income, grade, parent's education, and the most used source of information); (2) knowledge assessed by questions encompassed characteristics of COVID-19, signs and symptoms, modes of virus' transmission, and conditions that require home-quarantine [Appendix 1]. Each correct answer was given one point to assess the knowledge of students about COVID-19.

Scoring was in this form score of 1 for the correct answer and 0 score for an incorrect or I don't know the answer that was used to measure the level of students' knowledge. The total score of students' knowledge was expressed as the percentage of correct answers over a range of 0%–100%.

Study endpoints and statistical analysis

Some items were ranked by a 5-point Likert scale, ranging from 1 = completely disagree, to 5 = agree. Then the total score of them was expressed as mean \pm standard deviation.

The primary endpoints for the study included participants' improvement in knowledge. Improvement in knowledge was defined as the improvement in knowledge between baseline and at the end of the study. The secondary endpoint was satisfaction with the educational materials.

Two-tailed tests were performed for all statistical analyses. Unpaired Student's *t*-test and analysis of variance (ANOVA) were used to analyze continuous variables for between-group comparisons. Paired *t*-tests were used to analyze continuous variables in pre- and poststudy comparisons within a comparison arm. Chi-square tests were performed for categorical variables. For all statistical analyses, $P < 0.05$ was considered statistically significant.

RESULTS

Of the 240 randomized students, 80 students in the pamphlet group, 80 students in the video group, and 80 students in the control group participated in the study [Figure 1]. There were no significant differences in baseline characteristics between the three arms.

Among all the participating students, the most used source of information about COVID-19 was reported as social networks with results of 35%, followed by radio and TV (30%), friends and acquaintances (21.1%), and website (14.9%). Almost the mother's level of education of the majority of respondents (49%) was secondary education.

There were no statistically significant differences between interventions (pamphlet, social media-based video) and control groups concerning their demographic characteristic ($P > 0.05$). Hence, the three groups are homogenous [Table 1].

Due to the knowledge on preventive measures toward COVID-19, the video group (43.98 ± 15.18), the pamphlet group (44 ± 13.98), and the control group (47 ± 15.53) had similar baseline knowledge scores ($P = 0.15$). The video group showed a significant improvement in sunscreen knowledge with a posttest mean score of 84.31 ± 11.31 ($P < 0.001$). Similarly, also the pamphlet group showed a significant improvement in their knowledge with a posttest mean score of 76.41 ± 8.43 ($P < 0.001$). But the control group showed no significant improvement (48.1 ± 15.41) ($P > 0.05$). Inter-group analysis showed a significant difference in the improvement of poststudy scores of the online video group compared to the pamphlet group ($P = 0.023$) [Table 2].

Nearly 89.3% of the video group and 59.5% of the pamphlet group favored the video. The video group rated the appeal of their material (8.6 ± 0.8), significantly higher than the pamphlet rating of 7.1 ± 1.4 ($P < 0.001$). Furthermore, the video group rated the efficiency of the video higher than the pamphlet group significantly (7.7 ± 1.3) ($P < 0.001$).

Comparisons between the studied groups were portrayed before and after intervention implementation in Figure 2.

There was a statistically significant difference between participants' total knowledge score and their assessed sociodemographic characteristics in this study other than having a history of disease in their family according to the results of the ANOVA test ($P \leq 0.05$) [Table 3].

Table 1: Comparison of demographic factors between the pamphlet and video groups

Variable	Pamphlet group (n=80)	Video group (n=80)	Control group (n=80)	P
Age (years), mean±SD	16±2.13	15±1.62	16±2.47	0.409
Grade				0.625
7 th	1 (1.3)	11 (13.75)	32 (40)	
8 th	10 (12.5)	13 (16.25)	9 (11.25)	
9 th	20 (25)	11 (13.75)	11 (13.75)	
10 th	12 (15)	11 (13.75)	7 (8.75)	
11 th	22 (27.5)	15 (18.75)	7 (8.75)	
12 th	15 (18.75)	19 (23.75)	14 (17.5)	
History of disease in their family				0.81
No	32 (40)	44 (55)	45 (56.25)	
Yes	48 (60)	36 (45)	35 (43.75)	
Source of information about corona				0.21
Radio and TV	24 (30)	28 (35)	21 (26.25)	
Website	12 (15)	10 (12.5)	14 (17.5)	
Social networks	26 (32.5)	23 (28.75)	29 (36.25)	
Friends and acquaintances	18 (22.5)	19 (23.75)	16 (20)	
University education	39 (48.7)	32 (40)	37 (46.2)	
Mother education				0.36
Secondary education	36 (45)	41 (51.2)	39 (48.7)	
Read and write	5 (6)	7 (8)	4 (5)	

SD: Standard deviation

Table 2: Knowledge score groups regarding COVID-19 before and after the interventions in the studied group (n=240)

Area of awareness	Before intervention			After intervention		
	Pamphlet (n=80)	Video (n=80)	Control (n=80)	Pamphlet (n=80)	Video (n=80)	Control (n=80)
Definition (%)						
Correct	22.2	20.18	26.18	72.2	78.28	29.1
I don't know	32.3	40.3	37.9	12.3	13.3	31.9
Incorrect	43.5	30.6	35.9	15.5	8.46	30
Significance test/P	$\chi^2=12.18, P=0.52$			$\chi^2=43.24, P=0.003$		
Signs and symptoms						
Mean±SD	3.2±1.6	4.1±2.9	3.8±0.1	12.4±3.6	14.1±5.9	4.8±3.1
Significance test/P	$F=6.21, P=0.27$			$F=68.19, P<0.001$		
Infection control measures for COVID-19 patients						
Mean±SD	4.4±2.6	5.2±1.3	4.9±2.3	10.5±3.6	9.2±2.9	4.6±7.3
Significance test/P	$F=5.14, P=0.17$			$F=46.15, P=0.036$		
Mode of transmission						
Mean±SD	8.7±1.4	7.2±2.9	8.3±1.2	17.3±4.2	15.2±3.1	8.3±1.2
Significance test/P	$F=6.21, P=0.27$			$F=73.31, P<0.001$		
Nutrition during corona						
Mean±SD	10.2±7.7	9.2±4.6	10.6±4.2	21.2±8.3	18.4±2.9	11.6±2.3
Significance test/P	$F=14.21, P=0.81$			$F=56.21, P=0.016$		
How to use protective equipment						
Mean±SD	16.2±3.6	16.3±5.2	15.7±3.6	29.5±4.5	27.3±3.6	13.7±9.4
Significance test/P	$F=7.91, P=0.67$			$F=65.21, P=0.013$		
High risk groups						
Mean±SD	7.56±2.3	8.5±3.6	8.15±5.1	19.8±7.3	16.5±6.2	7.18±8.1
Significance test/P	$F=12.1, P=0.43$			$F=46.32, P<0.001$		
Preventive methods						
Mean±SD	11.2±3.3	12.3±1.7	11.4±6.6	21.7±8.3	18.3±6.4	12.4±3.9
Significance test/P	$F=9.24, P=0.33$			$F=32.12, P=0.021$		
Total awareness						
Mean±SD	43.98±15.18	44±13.98	47±15.53	76.41±8.43	84.31±11.31	48.1±15.41
Significance test/P	$F=98.34, P=0.53$			$F=164.14, P<0.001$		

SD: Standard deviation

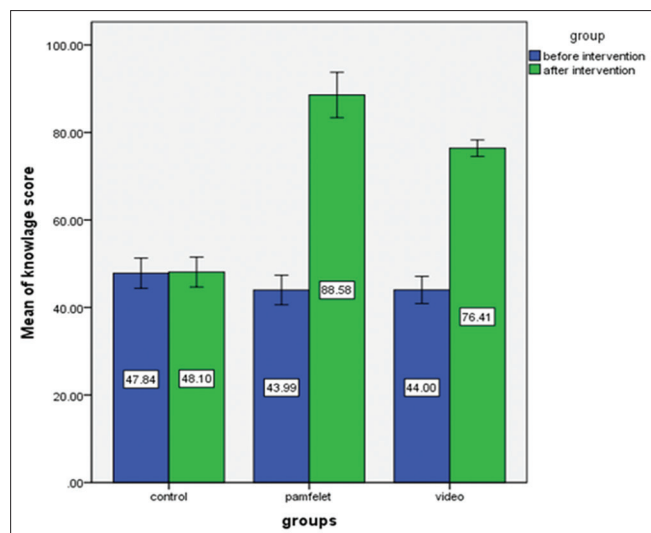


Figure 2: Mean knowledge score of the studied groups pre-and postintervention

Table 3: Relationship between sociodemographic characteristics and their total awareness score

Variable	Knowledge score (mean±SD)	P
Grade		
7 th	61±12.03	0.042
8 th	59±2.67	
9 th	71±14.17	
10 th	68±9.84	
11 th	16±2.13	
12 th	72±5.18	
History of disease		
No	63±9.13	0.52
Yes	66±7.14	
Source of information about corona		
Radio and TV	71±3.9	0.021
Website	57±6.14	
Social networks	77±8.25	
Friends and acquaintances	63±9.13	
University education	65±6.13	
Mother education		
Secondary education	59±7.61	0.032
Read and write	53±5.63	

SD: Standard deviation

DISCUSSION

In addition to improving the quality of life, training programs can reduce the incidence of the disease, mortality of patients, and cost of treatment. Due to the lack of proper planning and inadequate educational programs to increase public awareness for disease prevention, the incidence rate of infectious diseases such as COVID-19 is high. So, to address these issues, our two educational vehicles aimed to increase knowledge and affect behavioral changes of students. The present study investigated the effectiveness of pamphlets and videos about

knowledge of COVID-19 among high school students. In the present study, it is worth mentioning that a large proportion of all the three groups initially had little knowledge about COVID-19. Results of this study showed that both methods could improve knowledge about COVID-19 in students. However, the results illustrated more effectiveness in the video-based group than pamphlet, showing superiority of the video over the pamphlet. Another study showed that the educational video significantly increased knowledge and it was concluded that well-designed videos can help increase awareness of human papilloma virus (HPV) infection.^[19] In another study, the effect of the pamphlet educational method in promoting students' knowledge and attitudes about acquired immunodeficiency syndrome (AIDS) was confirmed.^[20] The results of another study showed that female high school students' knowledge about AIDS had increased after training with educational videos.^[21] Results of other studies showed that video interventions were effective in educating about HPV.^[22-24]

Zhong *et al.* showed that educational programs are an excellent tool to increase public awareness concerning COVID-19. Also, they indicated that accurate awareness leads to proper preventive practices.^[25]

Strengths of educational videos can be explained by the fact that they were tailored to the age of students and with simple and understandable content. Therefore, it has played an effective role in conveying messages to students and can be used to enhance their awareness about preventive measures toward COVID-19. Moreover, the result of this study showed that most participants received information about COVID-19 in the social network.

In addition, the results of this study showed a statistically significant association between total score of students' knowledge and their mother education level, so that the students with mothers who had completed university education had significantly higher knowledge total score than other students. It seems that students with mothers who had completed higher education had more self-efficacy.^[26]

Moreover, the results of this study showed that with increasing the educational level, students' knowledge scores increased.

One limitation of the study was, despite our best efforts at randomly assigning students, nearly, 20% of them in the video were older than the age of 14 compared with those in the control and pamphlet groups. Another limitation was a few questions of the questionnaire was left without answer.

CONCLUSION

The results of this study indicated that the education by video and pamphlets about the symptoms, risk factors, and preventive measures of COVID-19 disease could increase students' awareness. Online video may become an innovative and effective way to deliver education requiring complex and long-term health behaviors. Video demonstrating proper preventive measures of COVID-19 disease that can be widely

distributed in practice and easily accessible has potential to improve behavioral outcomes over current traditional methods. On the other hand, the school age is one of the best ages that may be used to teach the symptoms and ways of transmission and prevention of this disease. Proper education interventions can be used as a method to prevent COVID-19. Also, our study results provide new information on the effectiveness of educational pamphlets and videos regarding COVID-19 among the respondents.

Acknowledgment

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Human subjects approval statement

All procedures in this study were approved by the ethics board committee of Birjand University of Medical Sciences, reference number: IR.BUMS.REC.1399.185.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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Appendix

Appendix 1: Knowledge questionnaire

1. The corona is a disease transmitted from animals to humans and the routes of transmission, animal reservoirs, ways to prevent not specified
2. This disease publish through respiratory droplets of coughs who have COVID-19 from people who have no symptoms, is very high
3. The incubation period means the time of infection with the virus and the onset of symptoms.
4. The maximum estimate for this course is 1–10 days for COVID-19
5. The most effective way to prevent COVID-19 is to disinfect your hands with soap and water or alcohol-based disinfectant solutions
6. Hand washing time to prevent corona is 10 s
7. To prevent COVID-19, only the use of a mask is sufficient
8. After applying the mask, make sure that there is no gap between the mask and the face
9. Hands should be disinfected as soon as the front of the mask is touched
10. To remove the mask, take the front of the mask and take it out and throw it in the closed bucket
11. Regular rinsing of the nose with saline solutions will prevent you from getting the Corona virus
12. Maximum consumption of one serving of fruit as a snack during the day or before meals is effective in preventing corona
13. Antibiotics can be used to prevent and treat the corona virus
14. To prevent from getting corona, seasonal fruits contain antioxidants such as pomegranate, orange and grapefruit can be effective
15. During corona, it is recommended to eat vegetables such as carrots, squash and spinach, beet leaves and lettuce leaves, which contain Vitamin A
16. To prevent corona, taking 2–3 large meals a day is recommended
17. To remove the second glove from the hand, dip the fingers of the right hand into the outside of the glove of the left hand and pull it out
18. When sneezing or coughing can only be in front of your mouth with a tissue and throw the tissue in a closed area
19. The most common symptoms of Corona, are dry cough, nasal congestion
20. COVID-19, is a heavy small virus and therefore cannot remain suspended in the air.