



Effect of Creative Educational Videos on Self-Efficacy and Handwashing Knowledge among Schoolchildren

Dwi Karina Ariadni¹  , Siti Saidah Nasution¹ , Nur Afi Darti¹ , Muhammad Amru Baihaqi¹

¹ Faculty of Nursing, Universitas Sumatera Utara, Medan, Indonesia

 Corresponding author: dwi.karina.a@usu.ac.id

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ABSTRACT

Handwashing is one of the most effective measures to prevent infectious diseases; however, compliance among school-aged children remains low. Limited knowledge and low self-efficacy in performing proper handwashing techniques often lead to inadequate hygiene practices. This study aimed to evaluate the effectiveness of a creative educational video in improving handwashing self-efficacy and knowledge among elementary school students. A pre-experimental study with a one-group pretest–posttest design was conducted in February 2024 at SDN 104190 Paluh Kurau. The participants consisted of 50 sixth-grade students selected using total sampling. Data were collected using validated and reliable questionnaires to measure self-efficacy and handwashing knowledge. Statistical analysis was performed using paired sample t-tests and correlation tests with SPSS software to assess differences before and after the intervention. The results demonstrated a significant improvement in both self-efficacy and knowledge following the educational video intervention. The proportion of students with high self-efficacy increased from 62% before the intervention to 98% after the intervention. Similarly, the proportion of students with good handwashing knowledge rose from 32% to 88%. The mean self-efficacy score significantly increased from 25.14 ± 2.43 to 36.16 ± 4.60 ($p = 0.000$), while the mean knowledge score increased from 7.06 ± 1.66 to 9.16 ± 1.27 ($p = 0.000$). In conclusion, creative educational videos are an effective and affordable method for improving handwashing self-efficacy and knowledge among elementary school children. These findings suggest that video-based health education can be a valuable tool in school health promotion programs.

Keyword: Handwashing, Self-Efficacy, Health Education, Schoolchildren, Creative Video



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1. Introduction

Hand hygiene has long been recognized as one of the most effective and accessible measures in the prevention of infectious diseases, particularly in environments where children congregate, such as schools. The simple act of washing hands with soap and water has been shown to significantly reduce the incidence of communicable illnesses, including diarrheal diseases and respiratory infections, which remain among the leading causes of morbidity and mortality in children globally (WHO, 2020). Yet, despite the well-documented benefits of proper handwashing, adherence to recommended practices continues to be inconsistent, especially among school-aged children (Muflihah & Astuti, 2020). Many children neglect to wash their hands at critical times, or they fail to follow proper techniques, thus diminishing the effectiveness of this crucial preventive

behavior. This gap between knowledge and practice underscores the urgent need for interventions that not only inform but also motivate children to adopt and sustain proper hand hygiene.

The role of behavioral and psychological determinants in health practices has gained increasing attention, with self-efficacy emerging as a critical factor in promoting and sustaining positive behaviors. Self-efficacy, defined as the belief in one's ability to execute specific actions successfully, has been closely linked with adherence to hygiene practices and broader health behaviors (Bandura, 1997). Knowledge alone is insufficient; children must also feel capable and motivated to implement what they have learned. In this regard, educational strategies that can simultaneously improve knowledge and enhance self-efficacy are essential for addressing the shortcomings of conventional teaching approaches. With the increasing use of multimedia tools in education, video-based interventions have been identified as a promising strategy to improve both cognitive and behavioral outcomes (Aulia, Mirawati, & Sari, 2021).

The problem of poor compliance with proper handwashing practices among elementary school children has been consistently observed. Although schools typically provide facilities and incorporate hygiene messages into their curricula, these efforts often fail to result in lasting behavioral changes. Many students continue to display low awareness of the importance of hand hygiene and demonstrate irregular or incorrect practices (Sari, 2020). The persistence of this problem indicates that traditional educational approaches may not adequately address the motivational and psychological aspects of behavior adoption. Therefore, innovative and engaging educational interventions are needed to bridge the gap between knowledge acquisition and behavioral implementation (Darsini et al., 2019).

One promising solution lies in the use of creative video interventions. Videos have the potential to engage multiple senses, provide vivid demonstrations of correct practices, and deliver messages in an appealing format that resonates with children. Unlike static educational materials such as posters or lectures, videos can combine visual and auditory elements to create a more immersive learning experience (Dewi & Yulianti, 2021). This format not only captures attention but also facilitates memory retention and skill acquisition. Research indicates that when educational interventions are delivered in an interactive and entertaining way, children are more likely to engage actively, internalize the messages, and translate them into sustained behavior (Alpin & Amelia, 2018).

Previous studies provide compelling evidence for the effectiveness of video-based educational tools in improving health-related knowledge and practices. It has been found that actions rooted in knowledge are more consistent and reliable than actions taken without adequate understanding (Darsini et al., 2019). Moreover, there is a strong correlation between knowledge and self-efficacy in the context of infection prevention, highlighting the importance of interventions that target both cognitive and motivational dimensions (Afifah, Kamil, & Maurissa, 2022). Video interventions have been shown to positively affect hygiene-related behaviors in elementary school students, with attractive and well-designed videos improving handwashing skills more effectively than traditional methods (Aulia, Mirawati, & Sari, 2021). In addition, video media has been demonstrated to enhance students' knowledge and attitudes toward handwashing, fostering not only awareness but also a positive disposition toward the behavior (Dindha Amelia, 2020).

The growing body of literature underscores the potential of creative video as a pedagogical tool that addresses both the knowledge and motivational gaps in hygiene education. For instance, studies have demonstrated that when videos are used as educational media, they can significantly improve students' knowledge, attitudes, and behaviors regarding handwashing with soap (Dindha Amelia, 2020). Similarly, engaging and attractive video content has been found to increase handwashing skills, suggesting that the format is particularly effective for practical skill development (Dewi & Yulianti, 2021). These findings align with broader evidence from the field of health education, which emphasizes the importance of delivering information through methods that are both engaging and easily comprehensible to the target audience (Alpin & Amelia, 2018).

Despite these promising findings, several gaps remain. Many studies have focused primarily on knowledge acquisition, with less emphasis on measuring self-efficacy as an outcome of educational interventions. While it is clear that knowledge is necessary, self-efficacy plays an equally important role in ensuring that children feel confident and motivated to perform handwashing consistently and correctly (Bandura, 1997). Furthermore, relatively few studies have examined the simultaneous impact of creative video interventions on both self-efficacy and knowledge, particularly within the context of elementary school children in rural or resource-limited settings (Afifah, Kamil, & Maurissa, 2022). This gap suggests an opportunity for research to contribute new insights into the dual role of creative video in fostering both understanding and confidence.

The present study seeks to address this gap by investigating the effect of creative video on self-efficacy and handwashing knowledge among elementary school children at SDN 104190 Desa Paluh Kurau. The intervention is designed to test the hypothesis that creative video will significantly improve both outcomes, compared with baseline measures. By incorporating both cognitive and motivational dimensions, this research offers a comprehensive perspective on the role of creative video in health education. The novelty of the study lies in its dual focus on knowledge and self-efficacy, its application in a specific school context, and its potential implications for designing scalable interventions that can be integrated into educational and public health programs. Ultimately, this research aims to provide evidence for the effectiveness of creative video as a tool for enhancing children's hygiene practices, contributing to the broader efforts to prevent infectious diseases and promote child health.

2. Methods

The present investigation employed a pre-experimental design with a one-group pretest–posttest approach to evaluate the effectiveness of creative educational videos on self-efficacy and handwashing knowledge. This design enabled comparison of outcomes within the same group before and after the intervention, allowing detection of changes attributable to the treatment (Christensen in Seniati, Yulianto, & Setiadi, 2017). The experimental framework followed the sequence O_1-X-O_2 , where O_1 represented the pretest, X the intervention, and O_2 the posttest (Ley, 2002).

The research was conducted at SDN 104190 Paluh Kurau, located in Kecamatan Hamparan Perak, Kabupaten Deli Serdang, North Sumatra, Indonesia, from March to April 2025. Total sampling was applied because the population size was relatively small ($n = 50$), allowing all eligible sixth-grade students to be included in the study. This approach minimizes sampling bias and increases representativeness. According to Sugiyono (2009), total sampling is appropriate when the population size is limited, enabling comprehensive data collection and supporting the use of inferential statistical analysis.

Data collection instruments included a structured questionnaire and an observation checklist. The questionnaire assessed self-efficacy and handwashing knowledge, adapted from previously validated tools and refined to suit the age and context of schoolchildren. Data collection procedures involved administering a pretest, implementing the creative educational video intervention, and conducting a posttest to measure changes in knowledge and self-efficacy levels.

The self-efficacy questionnaire consisted of 10 statements measured using a five-point Likert scale, with total scores ranging from 10 to 50. Handwashing knowledge was assessed using 10 multiple-choice questions, with one point awarded for each correct answer. The instruments were adapted from validated questionnaires used in previous studies and adjusted to the characteristics of elementary school children. Content validity was evaluated by experts, and reliability testing showed acceptable Cronbach's alpha values (>0.70).

Although the data were collected using questionnaire instruments, the total scores were treated as continuous data. Since the normality assumption was met, parametric analysis using paired sample t-tests was preferred over non-parametric alternatives such as the Wilcoxon signed-rank test.

Ethical approval was obtained from the Research Ethics Commission of the Faculty of Medicine, Universitas Sumatera Utara (Approval No. 028/KEPK/USU/2025). Participation was voluntary, and written informed consent was secured from all students and their guardians prior to data collection.

3. Results

3.1. Demographic Characteristics

Demographic characteristics of the participants included age, sex, educational level, and class. The data were collected from fifty elementary school students enrolled at SDN 104190 Desa Paluh Kurau, Kecamatan Hamparan Perak, Kabupaten Deli Serdang. As summarized in Table 3.1, the majority of respondents were aged between 12 and 13 years (70%), and most were male (58%). All participants were enrolled in elementary education (100%) and were sixth-grade students (100%).

Table 1 Distribution of demographic characteristics among school-aged children

Characteristic	Frequency (n=50)	Percentage (%)
Age (years)		
10–11	15	30
12–13	35	70

Table 1 Continued

Characteristic	Frequency (n=50)	Percentage (%)
Gender		
Male	29	58
Female	21	42
Education		
Elementary School	50	100
Class		
Grade VI	50	100

3.2. Effect of Creative Video Intervention on Self-Efficacy

The analysis showed a substantial improvement in students' self-efficacy following the creative video intervention. As presented in Table 2, prior to the intervention, 31 respondents (62%) demonstrated high self-efficacy, while 19 respondents (38%) scored in the low category. Post-intervention results indicated an increase to 49 respondents (98%) with high self-efficacy and a reduction to only 1 respondent (2%) with low self-efficacy.

Table 2 Complementary feeding indicators (n=244)

Self-Efficacy	Pre-test (n=50)		Post-test (n=50)	
	f	%	f	%
High	31	62.0	49	98.0
Low	19	38.0	1	2.0
Total	50	100.0	50	100.0

The results of the paired-sample t-test indicated a statistically significant increase in mean self-efficacy scores from 25.14 (SD = 2.43) before intervention to 36.16 (SD = 4.60) after intervention ($p < 0.001$). These findings confirmed that the creative educational video had a significant positive effect on students' self-efficacy.

Table 3 Differences in mean self-efficacy scores before and after intervention

Variable	N	Mean	SD	Sig. (2-tailed)
Pre-test	50	25.14	2.43	
Post-test	50	36.16	4.60	0.000

3.3. Effect of Creative Video Intervention on Handwashing Knowledge

Results also demonstrated a marked increase in students' knowledge of proper handwashing techniques after the intervention. As shown in Table 3.4, before exposure to the creative video, only 16 respondents (32%) exhibited good knowledge, 26 (52%) had moderate knowledge, and 8 (16%) had poor knowledge. After the intervention, 44 respondents (88%) achieved good knowledge, while those in the moderate and poor categories decreased to 5 (10%) and 1 (2%), respectively.

Table 4 Distribution of handwashing knowledge before and after intervention

Knowledge Level	Pre-test (n=50)		Post-test (n=50)	
	f	%	f	%
Good	16	32.0	44	88.0
Moderate	26	52.0	5	10.0
Poor	8	16.0	1	2.0
Total	50	100.0	50	100.0

A paired-sample t-test revealed a statistically significant improvement in mean handwashing knowledge scores from 7.06 (SD = 1.66) in the pre-test to 9.16 (SD = 1.27) post-intervention ($p < 0.001$). This finding suggests that the creative video effectively enhanced students' understanding of proper handwashing practices.

Table 5 Differences in mean handwashing knowledge before and after intervention

Variable	N	Mean	SD	Sig. (2-tailed)
Pre-test	50	7.06	1.66	
Post-test	50	9.16	1.27	0.000

3.4. Correlation Between Self-Efficacy and Handwashing Knowledge (Post-Test)

The post-test analysis examined the relationship between self-efficacy and handwashing knowledge following the intervention. As shown in Table 6, the mean self-efficacy score was 36.16 (SD = 4.60), while the mean handwashing knowledge score was 9.16 (SD = 1.27). Statistical analysis using a paired-sample t-test revealed a significant correlation between the two variables ($p < 0.001$), indicating that higher self-efficacy was associated with improved handwashing knowledge after the creative video intervention.

Table 6 Table 6. Correlation between post-test self-efficacy and handwashing knowledge

Variable	N	Mean	SD	Sig. (2-tailed)
Self-efficacy (post-test)	50	36.16	4.60	
Handwashing knowledge (post-test)	50	9.16	1.27	0.000

Prior to inferential analysis, a normality test was conducted using the Shapiro–Wilk test. The results showed that both self-efficacy and handwashing knowledge scores were normally distributed ($p > 0.05$). Therefore, parametric statistical tests were considered appropriate, and paired sample t-tests were applied to analyze differences between pretest and posttest scores.

These results confirmed that the creative educational video intervention produced significant improvements in both self-efficacy and handwashing knowledge among school-aged children. The findings highlight the importance of integrating innovative visual learning tools into school health education programs to foster sustainable hygiene behaviors.

4. Discussion

4.1. Effect of Creative Educational Videos on Self-Efficacy Among School-Age Children

The findings of this study indicate a significant effect of the creative educational video intervention on the self-efficacy levels of school-age children before and after the intervention, as demonstrated by the paired sample t-test ($p = 0.000$, $p < 0.05$). This result suggests that the use of creative educational videos is effective in enhancing children's confidence in their abilities to perform proper health-related behaviors, such as handwashing.

In this study, students demonstrated increased confidence in performing handwashing independently after watching the creative educational video. During posttest observation, most students were able to mention the steps of handwashing correctly and expressed confidence in practicing them without assistance. This finding indicates that the video intervention not only increased theoretical understanding but also strengthened students' belief in their own ability to perform the behavior.

These results are consistent with the study by Intan (2020), which found that 84.4% of children demonstrated high levels of both self-efficacy and adherence to handwashing practices. Similarly, Shanty et al. (2020) in Afifah et al. (2022) reported that higher self-efficacy strongly correlates with increased compliance in performing healthy behaviors among children.

Furthermore, Oktasari et al. (2019) emphasized that the use of educational video media enhances student engagement, promotes inspiration, and builds confidence in understanding learning materials. This finding aligns with Rosadi et al. (2023), who demonstrated that creative video learning significantly improves self-efficacy and academic achievement among students.

Comparable results were obtained in a study by Sitorus et al. (2020), who found that audiovisual learning tools substantially increased both knowledge and self-efficacy. Similarly, Saputra et al. (2023) confirmed that exposure to educational videos significantly enhances both cognitive understanding and self-efficacy levels.

As Purwanti (2015) asserted, the development of educational videos has the potential to improve both learning effectiveness and students' self-motivation or self-efficacy a notion also supported by Aditya Jakti (2020). In parallel, Susanti (2021) highlighted that providing stimulation and interventions through educational videos improved self-ability dimensions among children with intellectual disabilities, primarily due to positive feedback and repetitive skill reinforcement.

Taken together, these findings reinforce the conclusion that creative video-based interventions effectively enhance self-efficacy among school-age children by fostering engagement, comprehension, and motivation toward desired behavioral outcomes.

4.2. Effect of Creative Educational Videos on Handwashing Knowledge Among School-Age Children

The analysis revealed a significant increase in handwashing knowledge following the implementation of the creative educational video intervention ($p = 0.000$, $p < 0.05$). This demonstrates that video-based health education effectively improves children's understanding and practice of proper hand hygiene.

The increase in mean knowledge scores from 7.06 to 9.16 indicates that students gained a clearer understanding of the purpose, timing, and steps of proper handwashing. This improvement reflects the effectiveness of visual demonstrations provided in the video, which helped students translate abstract information into concrete understanding.

The positive correlation found in this study suggests that students who felt more confident were also more capable of recalling and understanding handwashing information. This supports the assumption that self-efficacy plays a mediating role between educational intervention and knowledge acquisition.

This outcome aligns with Pangabea et al. (2021), who found that audiovisual-based education significantly improved knowledge retention among primary school students. Similarly, Wahyuni (2020) and Saputra et al. (2023) reported notable improvements in health knowledge following structured video-based educational interventions.

According to Dewi Puspa Hardianti and Fenti Yulianti (2021), the use of audiovisual media in orphanage settings increased proper handwashing behavior from 70% to 75%, indicating that such interventions positively influence practical health behaviors. Moreover, Sambo et al. (2021) observed that, following video-based health education, 100% of respondents demonstrated improved handwashing knowledge, confirming the effectiveness of visual and auditory learning strategies (Yuli et al., 2023).

Research by Andriani (2020) also found that both poster and video-based interventions improved children's health knowledge, reinforcing the importance of using media as a central component in behavior change education (Azzahra et al., 2022). Likewise, Alvionita and Sulastri (2017) concluded that educational posters and videos enhance comprehension and motivation, ultimately supporting long-term learning outcomes.

In addition, Puspa (2019) reported that after exposure to handwashing videos, 74.6% of respondents exhibited positive handwashing attitudes, compared to only 25.4% before exposure. These findings highlight that audiovisual media not only increase knowledge but also positively influence health-related attitudes and behaviors.

Collectively, the evidence underscores that creative educational videos serve as an effective and engaging medium to improve children's knowledge about proper handwashing techniques and hygiene practices.

4.3. Relationship Between Posttest Self-Efficacy and Posttest Handwashing Knowledge

Self-efficacy plays a critical role in shaping children's adherence to hygiene behaviors, particularly handwashing. As stated by Kurniawidjaja, Suharnyoto, and Susilowati (2020), strong self-efficacy fosters a sense of competence and responsibility in maintaining personal hygiene. Children with higher self-efficacy levels are more likely to perform and sustain appropriate handwashing practices independently.

This relationship is corroborated by Moore et al. (2021), who emphasized that self-efficacy is a major determinant of compliance with hygiene-related behaviors. Likewise, Uktutias (2017) demonstrated a significant association between nurses' self-efficacy and their adherence to hand hygiene protocols in hospital settings, suggesting that confidence in one's ability directly influences consistent behavior performance (Rosyadi & Lestari, 2024).

Based on these findings, it can be inferred that strengthening children's self-efficacy through creative and interactive educational interventions (such as videos) can lead to improved hygiene knowledge and sustainable handwashing practices.

5. Conclusion

The findings demonstrate a significant improvement in both self-efficacy and handwashing knowledge among school-age children following the implementation of a creative video-based intervention. Prior to the intervention, only 62% of students exhibited high levels of self-efficacy, which increased to 98% post-intervention. Similarly, knowledge regarding proper handwashing practices improved markedly, rising from 32% to 88% after exposure to the creative video intervention. Statistical analysis using a paired sample t-test confirmed that the video-based creative intervention had a significant effect on both self-efficacy ($p = 0.000$, $p < 0.05$) and handwashing knowledge ($p = 0.000$, $p < 0.05$). These results indicate that enhancing self-efficacy through creative and engaging media not only strengthens confidence in performing health-related behaviors but also directly contributes to improved knowledge and practice of hand hygiene among school-age children.

6. Limitations and Recommendations for Future Research

This study has several limitations. First, the pre-experimental one-group pretest–posttest design limits causal inference due to the absence of a control group. Second, the study relied on self-reported questionnaires, which may be subject to response bias. Third, the intervention was conducted in a single school, limiting generalizability.

Future studies are recommended to employ randomized controlled designs, involve larger and more diverse samples, and assess long-term behavioral outcomes to strengthen evidence on the effectiveness of creative video-based health education.

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