Arbi Care application increases preschool children’s hand-washing self-efficacy among preschool children

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**KEYWORDS**
Educational; Game; Self-efficacy; Hand-washing; Preschool; Diarrhea

**Abstract**

**Objective:** This research aimed to examine the effectiveness of an Android mobile game application called Arbi Care as a means to prevent diarrhea and build self-efficacy in hand washing among preschool children.

**Method:** This research used a pre- and post-test control group and time series design approach. Respondents were chosen randomly from a group of four to six years children. The intervention group (n = 60) received Arbi Care intervention for 25 minutes, twice a week, for five weeks while the control group (n = 60) received standard education. Self-efficacy was measured by using questionnaire and observation. Measurement was carried out three times in the sixth, eight, and tenth week post-intervention. The data was analyzed using the GLMRM test.

**Results:** There was a significant increase in the average score of self-efficacy in hand washing for the intervention group versus the control group. Moreover, there were significant differences in the results of average scores in which the intervention group showed much better self-efficacy improvement over the control group during the first, second, and final post-test after the intervention was given (p < 0.001).

**Conclusions:** An Android-based educational game can be an effective medium to improve hand washing self-efficacy among preschool children, thus helping to prevent diarrhea.

Introduction

Diarrhea is an infectious disease that is a common cause of death among children under five years. According to the United Nations Inter-agency Group for Child Mortality Estimation, the estimated number of children’s deaths in 2015 was 5.9 million and diarrhea was the second deadliest disease after pneumonia\textsuperscript{1}. Diarrhea is generally caused by children’s behavior, poor sanitation, and unhealthy lifestyles\textsuperscript{2}. Some factors that may affect children’s lifestyle in school are education, awareness, skills, hygiene and sanitation training, joining a club related to hygiene and sanitation, visiting model schools, and the status of their parents’ health\textsuperscript{3}. Good sanitation and intervention in forming children’s behavior to adopt a healthy lifestyle can reduce the risk of diarrhea by 36\%-48\%\textsuperscript{4}. Hand hygiene is one of the most important elements of a healthy lifestyle. The World Health Organization states that washing hands with soap can reduce the risk of diarrhea up to 50\%. However, hand hygiene practice among children remains low, due to lack of

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education and the willingness to practice good hand hygiene. Therefore, it is important to increase children’s willingness to wash their hands through education to the children.

Based on Nola J. Pender’s theory, to encourage healthy lifestyles, an intervention must occur to motivate people to improve their knowledge, self-efficacy and behavior. Self-efficacy is an assessment of an individual’s ability to take action to gain something as it is expected like healthy lifestyle. Self-efficacy, in terms of a healthy lifestyle among children, can also promote healthy behavior in the future. According to Erickson, preschool children’s psychosocial development involves creating a sense of initiative. In addition, preschool children are likely to be enthusiastic about learning something new. Children often play and learn as they struggle to accomplish something, and they derive satisfaction from doing their regular activities. At this point, it is recommended to educate children about good behavior through educational video games.

Arbi Care is a game based android for 25 minutes long developed by researcher and game developer. It can play by mobile phone, and helpful preschool children learn about how to prevent diarrhea. Video game is one form of educational media that can be used to change children’s behavior and broaden their knowledge by stimulating their imagination and creativity. Moreover, children love to play video games. Thus, video games can be a potentially amusing medium to educate children about healthy behavior. This study was conducted to identify the effectiveness of educational video games to improve children’s self-efficacy in hand-washing.

Method

This research used a pre- and post-test control group with a time series design approach. One hundred and twenty children were involved in the pre-test. All of the participants were then divided randomly using random table into an intervention group of 60 children, with 60 children in the control group. Some respondents who did not attend the second or third measurement were eliminated. Therefore, the researcher processed 57 respondents from the intervention group and 59 respondents from the control group. The intervention group received healthy lifestyle education via the Arbi Care game while the other group only received standard health behavior education at school. The intervention of Arbi Care was given for 25 minutes, twice a week for five weeks. Subsequently, the post-test was conducted in the sixth, eighth, and tenth weeks in both group.

The results showed an improvement in hand hygiene self-efficacy after the intervention was given. The average score
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for the intervention group was 2.6, while the other group’s score was 0.9. The improvement in the average score for the intervention group can be seen in both the statements on self-efficacy and hand washing practice. However, the most significant improvement was seen in hand-washing practice. The complete scores of both groups are reported in Table 1.

The results of this research also showed significantly different scores of self-efficacy within the three measurement times in the sixth week, eighth week, and tenth week in both groups (p < 0.001). The group that received Arbi Care intervention showed an increased score of self-efficacy up to 50.07%, while the control group only increased by 25.19%. The results also showed continuous improvement in self-efficacy two weeks and on month post-intervention, although the average score was slightly decreased compared to the first measurement. The children’s sustained self-efficacy indicates that hand-washing education was still intact even after a month post-intervention. However, even though self-efficacy increased, the effect of the intervention was likely to diminish the more time that passes after the intervention. The complete results of the research are shown in Table 2.

Discussion

The results of this research demonstrate that the educational game; Arbi Care; is effective at improving preschool children’s self-efficacy of performing hand-washing. These results correspond to another study on the influence of the type of exercise video game referred to as “exergaming” which improves the self-efficacy of elementary school children’s performance of physical exercise. The aforementioned study reveals that exergaming intervention was effective at improving self-efficacy, and was more significant for group of overweight children, whom the researcher continued to monitor 12 weeks and 24 months post-intervention7. Therefore, both studies suggest that video games can affect self-efficacy in adopting a healthy lifestyle, not only for the short term, but also over the longer term.

The effectiveness of video games at changing behavior is also determined by the presence of a mediator. A mediator, in this sense, refers to an individual quality of being caring, knowledgeable, able to self-regulate, able to experience self-efficacy, self-motivated, competent, autonomous, and harmonious10. Self-efficacy is a basis of motivation, happiness, and accomplishment11, and it can affect someone’s behavior. However, the best time to improve an individual’s self-efficacy is within the preschool period because preschool children tend to have high self-efficacy, to be optimistic, and to be willing to learn something new13.

Preschool children can increase self-efficacy using video game. Symbolic interactionism theory implies that video games allow children to understand the world. A video game can educate children by allowing them to take on a different role, giving them an opportunity to understand other roles that are present in society in real life. Furthermore, video games encourage children to develop empathy by understanding other’s feelings and seeing things from another perspective. Video games are, therefore, not solely forms of amusement, but are also media that can have a positive effect on children13.

Moreover, video games can improve children’s self-efficacy in changing their behavior. They may improve children’s motivation to study, as they offer challenging storylines and provide information in fun ways14. This also corresponds to a previous study which demonstrated that the game-based e-book learning model was also effective at improving elementary school children’s learning accomplishment, self-efficacy and motivation in studying math14. Furthermore, video games also offer positive influences, especially in terms of health care15. Currently various video games are available that are related to health, prevention of certain diseases, and disease management that can educate, train, and change behavior10. For instance, there is a game called “Re-Mission” which educates players about cancer. The research using “Re-Mission” which is aimed at adolescent and

| Table 1 | Illustration of average score of self-efficacy of hand-washing before and after the intervention of Arbi Care applied to the intervention group and the control group* |
|---------------------------------|----------------|----------------|----------------|
| **Self-efficacy statement**     | Intervention group | Control group |
| **Pre** | **Post** | **Δ** | **Pre** | **Post** | **Δ** |
| 1. Ability | 9.8 | 10.0 | -0.2 | 9.5 | 10 | -0.5 |
| 2. Confidence | 6.2 | 7.5 | -1.3 | 6.2 | 6.4 | -0.2 |
| **Hand washing practice**     |                |                |                |
| 1. Soaking hands with running water | 6.5 | 9.5 | -3.0 | 7.0 | 9 | -2.0 |
| 2. Applying soap to the palms, back of the hands, and fingers | 4.5 | 7.5 | -3.0 | 4.0 | 3.3 | 0.7 |
| 3. Cleansing the fingernails | 0.4 | 3.1 | -2.7 | 0.3 | 0.6 | -0.3 |
| 4. Rinsing the hands | 4.6 | 9.6 | -5.0 | 5.6 | 9.1 | -3.5 |
| 5. Drying the hands | 2.2 | 5.1 | -2.9 | 0.2 | 2.3 | -2.1 |
| **Average score of self-efficacy** | 4.7 | 7.3 | 2.6 | 4.7 | 5.6 | 0.9 |

*The scale of the score ranges from 0 to 10.
Table 2  Differences of average scores of self-efficacy of hand-washing between time of measurements in the intervention and control groups. Makassar, January-April 2016

<table>
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<th>Pre-test SD</th>
<th>1st post-test Mean</th>
<th>1st post-test SD</th>
<th>2nd post-test Mean</th>
<th>2nd post-test SD</th>
<th>3rd post-test Mean</th>
<th>3rd post-test SD</th>
<th>Δ (%)</th>
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GLMRM test < 0.001.

References


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