A Study to Evaluate the Effectiveness of Role Play on First Aid Management of Dog Bite Among School Going Children at Selected Urban School, Hyderabad, Telangana

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doi.org/10.64643/IJIRTV12I7-189402-459

***Abstract*—AIM: The aim of the study is to increase the knowledge regarding first aid management of dog bite among school going children.**

METHODS: Present study is quantitative approach to evaluate the effectiveness of role play on first aid management of dog bite among school going children. Study was conducted in Govt. High school, Banjara Hills, Hyderabad. Data was collected from 200 children using questionnaire
reliability was established by split half method. The correlation coefficient was calculated by using Spears man formula and it was found to be r = 0.08 which shows the tool is reliable.
The data was analyzed with the help of description and inferential statistics.

RESULTS: Out of 100 samples in experimental group majority 92 Childrens (92.0%) has good knowledge where is in control group majority 66 children's (66.0%) has average knowledge on first aid management of dog bite.
Hence, the hypothesis H1is accepted that there is a significant difference between the posttest level of knowledge in experimental and control group.

The mean value is 25.53 and standard deviation is 3.106 in experimental group, whereas in control group the mean value is 11.35 and standard deviation is 2.213. The obtained 't' value for experimental and control group is 37.185at the degree of freedom (df) 198 significant at 0.000level. Hence, the hypothesis is accepted that there is a significant difference between the experimental and control group
study revealed that there is significant association between age (X2=22.36), class of study (X2=12.509), like pet animals (X2=23.588), like to play with dogs (X2=5.689) in experimental group with level of significance p=0.05

CONCLUSION
Majority of children improved their level of knowledge on first aid management of dog bite. By this Experimental study was found to be effective.

***Index Terms*—Study, Effectiveness, Role play, First aid management, Dog bite**

I. INTRODUCTION

Animal bites remain a significant public health issue, fatal worldwide problem[1]. Dog bite has been identified public health problems in many years as a source of serious in frequently fatal injury. Rabies caused by bites of warm-blooded animals, is almost fatal after the onset of clinical signs. The disease can efficiently be averted by avoiding contact with wild animal sand post exposure prophylaxis. Canine rabies causes approximately 59,000 human deaths globally, over 3.7 million disability adjusted life year and billion economic losses annually

Dog bite injury is a serious public health concern worldwide especially for children and also it injects a virus known as Rabies. In the year 2019 over 20,000 rabies related human deaths have been estimated in the

country and children below 15 years of age are predominantly affected[3].Most of the victims belong to poor rural communities. Poor public awareness towards rabies is considered as one of the bottlenecks for the prevention and control of the disease in india[4]. Understanding community, perceptions of cause, mode of transmission, symptoms, treatment and possible intervention measures of rabies is an important step towards developing strategies aimed at controlling the disease and determining the level of implementation of planned activities in the future. Rabies is a vaccine preventable viral disease which is remediable if victims treat with world health organization guided post-exposure prophylaxis (PEP), entailing vigorous washing of wound, instant rabies vaccination after probable exposure and finally, in exceptional situations, rabies immunoglobulin.

Rabies is a viral zoonotic fatal infection of all warm-blooded animals, which is characterized by acute encephalitis, which is caused by the rabies virus genus Lyssavirus in the family of Rhabdoviridae, which causes various symptoms in humans, like violent movements, uncontrolled

excitement, inability to move body parts, confusion, loss of consciousness, and hydrophobia. Rabies spreads to people through close contact with infected saliva via bites or scratches. the main route of rabies transmission to humans is the bite of rabid dogs.

Human exposure to any form of dog bite, whether lick or scratch, with or without bleeding, carries the risk of rabies and hence the need for vaccination. Every incidence of dog bite should be treated as a medical emergency; prompt and adequate local treatment along with post-exposure prophylaxis is an effective way by which rabies can be prevented. Public health education programs create awareness among the public regarding the danger of inadequately managed dog bites. Education on dog behavior and bite prevention for both children and adults an essential extension of a rabies vaccination program can decrease both the incidence of human rabies and the financial burden of treating dog bites. Despite the tremendous progress in the field of preventive medicine and vaccination, rabies is widely prevalent in India causing morbidity, mortality, emotional damage, loss of work day and cost of treatment.

According to WHO 2020, India accounts for 36% of the global deaths due to rabies. India also accounts for 65% of the deaths due to rabies in the Southeast Asia region. The National Rabies Control Program reported 6644 clinically suspected cases and deaths of human rabies between 2012 and 2023. In India, the sudden spike in the number of cases of rabies is a major public health concern. The annual estimated number of dog bites in India is 17.4 million, leading to an estimated 18,000-20,000 cases of human rabies per year. Studies have shown that when compared to adults, children are at higher risk of dog bites and contracting rabies. About 30-60% of cases have been reported as rabies, and deaths in India had children under the age of 15 years as bites that often go unrecognized and unreported. Dog bites account for a significant number of traumatic injuries in the pediatric population. The bite wounds from dogs can range from minor to life-threatening and need to be treated quickly to prevent infection. Prevention strategies in children require redirection of knowledge to focus on child-directed education regarding management and prophylaxis for dog bites.

The highest number of cases are recorded in Maharashtra, Tamil Nadu, and Andhra Pradesh. Telangana stands fourth in terms of dog bite cases in 2022. Telangana has recorded 80281 cases of dog bites in 2023, an increase from 24000 in 2021. In Telangana a major exercise taken by the Greater Hyderabad Municipal Corporation (GHMC) to carry out 100 percent sterilization of street dogs in award-wise is progressing briskly. 65% of stray dogs in the city have been sterilized under the Animal Birth Control (ABC) program. The civic body has taken up animal birth control operations and anti-rabies vaccination for street dogs, including postoperative care. The street dog population in the GHMC limits, as per a survey conducted by Blue Cross in 2020, was 4.61 lakh. Among them, 1.9 lakh have been sterilized, while 2.61 lakh are yet to be sterilized

Dog bite cases in Telangana increased by over 100% in the past 8 years. There was an increase of 20% in pet dog cases in veterinary hospitals since the covid lockdown period, as the dog was not vaccinated. The major reason for an uptick in dog bite cases in hospitals is that people rarely follow up on pet vaccinations. The problem isn't new or even recent. Experts say improper disposal of waste, abandoned pets on the streets, and most importantly, inadequate sterilization and vaccination of dogs are primary reasons for the problem routinely gripping the stage. As the incidence of bites is higher in children, it causes psychological impacts too, like post-traumatic stress disorder and problems like nightmares, so in the pediatric population, identifying safeguarding concerns is essential.

Rabies can be prevented through vaccination of dogs and prevention of bites. Awareness of rabies is poor even though there are free vaccines and immunoglobulin available at health care centers. People often do not take proper prophylaxis; although fatal, it can be effectively prevented. WHO recommends that proper wound management and post-exposure prophylaxis are effective ways for rabies prevention. After a potential exposure of people to a rabid animal, they can seek post-exposure prophylaxis (PEP), which consists of immediate, thorough wound washing with soap and water for 15 minutes, a series of rabies vaccinations, and, if indicated, administration of rabies immunoglobulin or monoclonal antibodies, which can be life-saving.

II. METHODS

STUDY DESIGN

Study design is experimental posttest control group research design

SAMPLE

Accessible population for the present study is school going children of 4^{th},5^{th} and 6^{th} grade at selected urban school, Hyderabad, Telangana. The target population is what researcher aims to study and to whom the study findings will be generalized. In this study target population school going children.

Total sample in the study consists of 200 school going children ie 100 in Experimental Group and 100 in control group.

III. DATA COLLECTION TOOL

The study's data were gathered using the structured knowledge questionnaire form

DISCRIPTIVE CHARACTERISTICS FORM

It consists of two sections: The structured knowledge questionnaire has two sections. The details all as follows.

PART A: Demographic data consist of age, gender, religion, class of study, type of family, occupation of father and mother, previous experience on dog bite

PART B: Structured knowledge questionnaire to assess the knowledge of school going children. It consists of 24 questions.

Poor knowledge (0-10) Average knowledge (11-20) Good knowledge (21-30)

IV. DATA COLLECTION

A Formal permission was obtained from the Headmaster of the Govt. High School, Banjara Hills, Hyderabad on 16/12/2023 to conduct main study among 200 school going children of 4^{th}, 5^{th} and 6^{th} grade. Informed consent was taken from the children's parents and the class teacher to participate in the research project study. Samples were selected based on simple random technique for experimental and control group. The sample collection was done by face-to-face interview. They were informed the purpose of the study and necessary instructions was given to help them to respond to the instructions and the confidentially of the responses were reassured. 20minutes role play was enacted in front of the students on first aid management on dog bite for experimental group. A self-administered Questionnaire was distributed among the experimental and control group samples after 7 days of role play.

V. PLAN FOR DATA ANALYSIS

A master data sheet was prepared with responses given by the subjects. It was planned to analyze the obtained data; descriptive and inferential statistics were used. The term analysis refers to the computation of certain measures along with searching for pattern of relationship that exists among the data groups.

Scoring interpretation will be poor, average and good knowledge.

DESCRIPTIVE STATISTIC

Frequency and percentage distribution of selected demographic variables.

Comparison between frequency and percentage distribution according to their level of knowledge on first aid management of dog bite.

INFERENTIAL STATISTICS

Chi square test was used to find the association between demographic variables with the level of knowledge

Paired 't' used to measure the effectiveness of roleplay among school going children in experimental and control group.

SECTION I-DEMOGRAPHIC VARIABLES

TABLENO.6: FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES.

n=100+100

S.NO	DEMOGRAPHIC VARIABLES		EXPERIMENTAL GROUP		CONTROLGROUP	
			Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
1.	Ageinyears	8-9years	28	28.00%	41	41.00%
		10-11years	46	46.00%	29	29.00%
		12-13years	26	26.00%	30	30.00%
		Total	100	100.00%	100	100.00%
2.	Gender	Male	61	61.00%	45	45.00%
		Female	39	39.00%	55	55.00%
		Total	100	100.00%	100	100.00%
3.	Religion	Christian	28	28.00%	27	27.00%
		Hindu	58	58.00%	67	67.00%
		Muslim	14	14.00%	6	6.00%
		Total	100	100.00%	100	100.00%
4.	Class of study	4^{th}	32	32.00%	57	57.00%
		5^{th}	34	34.00%	21	21.00%
		6^{th}	34	34.00%	22	22.00%
		Total	100	100.00%	100	100.00%
5.	Type of family	Nuclear family	70	70.00%	68	68.00%
		Joint family	28	28.00%	29	29.00%
		Extendedfamily	2	2.00%	3	3.00%
		Total	100	100.00%	100	100.00%

6.	Occupation of father	Employee (privae and government)	41	41.00%	45	45.00%
		Bussiness	30	30.00%	24	24.00%
		Others	29	29.00%	31	31.00%
		Total	100	100.00%	100	100.00%
7.	Occupation of mother	Homemaker	75	75.00%	53	53.00%
		Employee (privat e and government)	10	10.00%	15	15.00%
		Others	15	15.00%	32	32.00%
		Total	100	100.00%	100	100.00%
8.	Did you experience dog bite previously?	Yes	17	17.00%	23	23.00%
		No	78	78.00%	77	77.00%
		Unaware	5	5.00%	0	0.00%
		Total	100	100.00%	100	100.00%
9.	Do you like pet animals?	Yes	72	72.00%	73	73.00%
		No	26	26.00%	26	26.00%
		Maybe	2	2.00%	1	1.00%
		Total	100	100.00%	100	100.00%
10.	Do you like to play with dogs?	Yes	71	71.00%	74	74.00%
		No	27	27.00%	22	22.00%
		Maybe	2	2.00%	4	4.00%
		Total	100	100.00%	100	100.00%

Table no:6 depicts that in experimental group among the 4th, 5th, 6th grade children 28(28.0%) children belongs to age group 8-9 years, 46 children (46.0%) were of 10-11 years, 26 children (26.0%) were of 12-13 years whereas in control group 41(41.0%) children belongs to age group 8-9 years, 29 children (29.0%) were of 10-11 years, 30 children (30.0%) were of 12-13 years.

With regards to gender in experimental group 61 children (61.0%) belongs to male and 39 children (39.0%) were female in relation to control group 45 children (45.0%) belongs to male and 55 children (55.0%) were female.

In relation to religion in experimental group 28 children (28.0%) belongs to Christian religion, 58 Children (58.0%) belongs to Hindu, 14 Children (14.0%) belongs to Muslim religion whereas in control group 27 Children (27.0%) belongs to Christian religion, 67 Children (67.0%) belongs to Hindu, 6 Children (6.0%) belongs to Muslim religion.

In relation to class of study in experimental group 32 Children (32.0%) belongs to the 4thclass, 34children (34.0%) belongs to 5th class, 34 children (34.0%) belong to 6th class in whereas in control group 57 children (57.0%) belongs to 4th class, 21 children

(21.0%) belongs to 5th class, 22 children (22.0%) belong to 6th class.
In relation to type of family in experimental group 70 children (70.0%) belongs to nuclear family, 28 children (28.0%) belong to joint family and 2 children (2.0%) belongs to extended family whereas in control group 68 children (68.0%) belongs to nuclear family, 29 children (29.0%) belong to joint family and 3 children (3.0%) belongs to extended family.

In relation to occupation of father in experimental group 41 children (41.0%) were employees, 30 children (30.0%) were business and 29 children (29.0%) belongs to others whereas in control group 45children (45.0%) were employees, 24 children (24.0%) were business and
31 children (31.0%) belong to others.

In relation to occupation of mother in experimental group 75 children (75.0%) belongs to home maker, 10 children (10.0%) belong to employees and 15 children (15.0%) belongs to others whereas in control group 53 children (53.0%) belongs to home maker, 15 children (15.0%) belong to employees and 32 children (32.0%) belongs to others.

In relation to previous experience on dog bite in experimental group 17 children (17.0%) had experienced dog bite, 78 children (78.0%) did not experienced dog bite and 5 children (5.0%) are unaware, whereas in control group 23 children (23.0%) had experienced dog bite, 77 children (77.0%) did not experienced dog bite.

In relation to do you like pet animals 72 children (72.0%) like pet animals, 26 children (26.0%) don't like pet animals and 2 children (2.0%) were belongs to may be, whereas in control group 73 children (73.0%) like pet animals, 26 children (26.0%) don't like pet animals and 1 child (1.0%) were belongs to may be.

In relation to do you like to play with dogs 71 children (71.0%) like to play with dogs, 27 children (27.0%) don't like to play with dogs and 2 children (2.0%) were belongs to may be, whereas in control group 74 children (74.0%) like to play with dogs, 22 children (22.0%) don't like to play with dogs and 4 children (4.0%) were belongs to may be**.**

SECTION II EVALUATE THE EFFECTIVENESS OF ROLEPLAY

PART-A: COMPARISON BETWEEN THE POSTTEST LEVEL OF KNOWLEDGE WITH EXPERIMENTAL AND CONTROL GROUP

TABLE NO: 7 - FREQUENCY AND PERCENTAGE DISTRIBUTION OF POSTTEST LEVEL OF KNOWLEDGE ON FIRST AID MANAGEMENT OF DOG BITE IN EXPERIMENTAL AND CONTROL GROUP.

n1+n2=200

GRADE	EXPERIMENTAL GROUP		CONTROL GROUP	
	Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
Poor knowledge (1-10)	0	0.0%	34	34.0%
Average knowledge (11-20)	8	8.0%	66	66.0%
Good knowledge (21-30)	92	92.0%	0	0.0%

The data in the above table depicts that among 200 samples, in which 100 belongs to experimental group and another 100 belongs to control group.
In the experimental group (0.0%) were having poor knowledge, (8.0%) were having average knowledge and (92.0%) were having good knowledge on first aid management of dog bite.

In the control group (34.0%) were having poor knowledge, (66.0%) were having average knowledge and none of the sample were had good knowledge on first aid management of dog bite

PART-B: TEST OF SIGNIFICANCE SHOWING THE DIFFERENCE BETWEEN MEAN, STANDARD DEVIATION, OBTAINED 'T' VALUE IN EXPERIMENTAL AND CONTROL GROUP

Group	Mean	SD	Obtained 't' value	df	Significance
Experimental Group	25.53	3.106	37.185	198	0.000
Control Group	11.35	2.213			

The above table depicts that in experimental group the mean value is 25.53 and standard deviation is 3.106whereas in control group the mean value is 11.35 and standard deviation is
2.213. The obtained 't' value for experimental and control group is 37.185 at the degree of freedom (df) 198 significant at 0.000 level. Hence, the hypothesis is accepted that there is a significant difference between the experimental and control group.

SECTION III - ASSOCIATION BETWEEN THE POST TEST LEVEL OF KNOWLEDGE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP AND CONTROL GROUP

PART–A: ASSOCIATION BETWEEN LEVEL OF KNOWLEDGE WITH SELECTED DEMOGRAPHIC VARIABLES

TABLE NO.8:
ASSOCIATION BETWEEN THE POST-TEST LEVEL OF KNOWLEDGE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN EXPERIMENTAL GROUP

S. No	DEMOGRAPHIC VARIABLES	LEVEL OF KNOWLEDGE			Calculated Value χ^2	df	Table value	Significance
		Poor (0-10)	Average (11-20)	Good (21-30)				
1.	Age in years				22.36	2	5.99	S
	8-9 years	0	8	20				
	10-11 years	0	0	46				
	12-13 years	0	0	26				
2.	Gender							
	Male	0	6	55				
	Female	0	2	37				
3.	Religion				4.088	2	5.99	NS
	Christian	0	2	26				
	Hindu	0	3	55				
	Muslim	0	3	11				
4.	Class Of Study				12.509	2	5.99	S
	4^{th}	0	7	25				
	5^{th}	0	1	33				
	6^{th}	0	0	34				

5.	Type Of Family							
	Nuclear	0	6	64				
	Joint	0	2	26	0.233	2	5.99	NS
	Extended	0	0	2				
6.	Occupation Of Father							
	Employee	0	2	39	4.421	2	5.99	NS
	Business	0	5	25				
	Others	0	1	28				
7.	Occupation Of Mother							
	Homemaker	0	6	69	3.261	2	5.99	NS
	Employee	0	2	8				
	Others	0	0	15				
8.	Did you experience dog bite previously							
	Yes	0	0	17	60.807	2	5.99	S
	No	0	3	75				
	Unaware	0	5	0				
9.	Do you like to play with dogs							
	Yes	0	4	67				
	No	0	3	24				

S-significant
NS-Non significant
P=0.05 LEVEL OF SIGNIFICANCE

With regard to the age the calculated chisquare value22.36 is greater than table value5.99 at2 percent degree of freedom at 0.05 level of significance which shows there is highly significant association between posttest level of knowledge with selected demographic variable in experimental group.

With regard to gender the calculated chi square value is 0.716 is lesser than table Value at 1 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in experimental group.

With regard to religion the calculated chi square value is 4.088 is lesser than table value 5.99 at 2 df at p value is 0.05 level of significance which shows there is no significant association with posttest level of knowledge with selected demographic variable in experimental group. With regard to class of study the calculated chisquare value is 12.509 is greater than table value
5.99 at 2 df at 0.05 level of significance which shows there is significant association with posttest level of knowledge with selected demographic variable in experimental group.

With regard to type of family the calculated chisquare value is 0.233 is lesser than table value
5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in experimental group

With regard to occupation of father the calculated chi square value is 4.421 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in experimental group.

With regard to the occupation of mother the calculated chi square value is 3.261 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in experimental group.

With regard to did you experience dog bite previously the calculated chi square value is 60.807 is greater than table value 5.99 at 2 df at 0.05 level of significance which shows there is highly significant association between posttest level of knowledge with selected demographic variables in experimental group.

With regard to do you like pet animals the calculated chi square value is 23.588 is greater than table value 5.99 at 2 df at 0.05 level of significance which shows there is significant association between posttest level of knowledge with selected demographic variables in experimental group.

With regard to do you like to play with dogs the calculated chi square value is 5.689 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in experimental group.

There is significant association with four demographic variables. They are age, class of study, like pet animals, like to play with dogs in experimental group. Hence, hypothesis H_2 is accepted

PART-B

TABLE NO.9: ASSOCIATION BETWEEN THE POSTTEST LEVEL OF KNOWLEDGE WITH THEIR SELECTED DEMOGRAPHIC VARIABLES IN CONTROL GROUP

DEMOGRAPHIC VARIABLES	CONTROL GROUP						
	LEVEL OF KNOWLEDGE			X^2	df	Table value	Significance
	Poor (0-10)	Average (11-20)	Good (21-30)				
Age in years				1.763	2	5.99	NS
8-9 years	17	24	0				
10-11 years	8	21	0				
12-13 years	9	21	0				
Gender				0.304	1	3.84	NS
Male	14	31	0				
Female	20	35	0				
Religion							
Christian	10	17	0	0.918	2	5.99	NS
Hindu	23	44	0				
Muslim	1	5	0				
Class Of Study							
4^{th}	21	36	0	0.528	2	5.99	NS
5^{th}	6	15	0				
6^{th}	7	15	0				

Type Of Family							
Nuclear	20	48	0	2.154	2	5.99	NS
Joint	13	16	0				
Extended	1	2	0				
Occupation Of Father							
Employee	18	27	0	4.314	2	5.99	NS
Business	10	14	0				
Others	6	25	0				
Occupation Of Mother							
Homemaker	19	34	0	2.308	1	5.99	NS
Employee	7	8	0				
Others	8	24	0				
Did you experience dog bite previously							
Yes	6	17	0	0.833	1	3.84	NS
No	28	49	0				
Unaware	0	0	0				
Do you like pet animals							
Yes	25	48	0	0.522	2	5.99	NS
No	9	17	0				
Maybe	0	1	0				
Do you like to play with dogs							
Yes	26	48	0	0.943	2	5.99	NS
No	6	16	0				

S-significant NS-Non significant

P=0.05Level of significance

With regard to the age calculated chisquare value 1.763 is lesser than table value 5.99 at 2 df at p value is 0.05 level of significance which shows there is no significant association with posttest level of knowledge with selected demographic variable in control group.

With regard to gender the calculated chi square value is 0.304 is lesser than table value 3.84 at 1 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in control group

With regard to religion the calculated chi square value is 0.918 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association with posttest level of knowledge with selected demographic variable in control group.

With regard to class of study the calculated chi square value is 0.528 is lesser than table value

5.99 at 2df at 0.05 level of significance which shows there is no significant association with posttest level of knowledge with selected demographic variable in control group.

With regard to type of family the calculated chisquare value is 2.154 is lesser than table value 5.99 at 2 df 0.05 level of significance which shows there is no significant association between posttest of knowledge with selected demographic variables in control group.

With regard to occupation of father the calculated chi square value is 4.314 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variable in control group.

With regard to the occupation of mother the calculated chi square is 2.308 is lesser than table value 5.99 at 2 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variables in control group

With regard to did you experience dog bite the calculated chisquare value is 0.833islesser than table value 3.84 at 1 df at 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variables in control group.

With regard to do you like pet animals the calculated chisquare value is 0.522 is lesser than table value 5.99 at 2 df 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variables in control group.

With regard to do you like to play with dogs the calculated chi square value is 0.943 is lesser than table value 5.99 at 2 df 0.05 level of significance which shows there is no significant association between posttest level of knowledge with selected demographic variables in control group.

VI. DISCUSSION

The present study has undertaken "An Experimental study. We are assessing the knowledge on first aid management of dog bite in Urban School, to evaluate the effectiveness of role play on first aid management & dog bite by conducting Posttest among Urban school children, Hyderabad.

It shows that among the urban school in the Control group the 4th, 5th and 6th grade children majority41(41.0%) of children in relation to age belongs to 8-9 years. in relation to gender 55 (55.0%)belongs to female, in relation the religion 67(67.0%)belongs to Hindu, In relation to classofstudy57/57-0%) belongs to 4th grade, in relation of type of family 68(68.0%) belongs to nuclear family, in relation to occupation of father 45(45.0%) belong to employee (private and government) in relation to occupation of mother 53(53.0%) belong to homemaker, in relation to previous experience on dogbite 77(77.0%) doesn't experienced dogbite, in relation to do you like pet animals 73(73.0%) like pet animals, in relation to do you like to play with dog 74 (74.0%) likes to play with dogs.

VII. CONCLUSION

Following conclusion were drawn on the basis of the finding of the study.

The children were shown full interest to participate in the research study and doing the questionnaire.

There was a significant out come in overall performance which was shown that majority of children improved their level of knowledge on first aid management of dog bite.

By this our Experimental study was found to be effective.

VIII. RECOMMENDATIONS

On the basis of the findings of the study, it is recommended that,

A similar study can be replicated on a large sample with different demographic variables.

A similar study can be conducted to assess the knowledge, attitude and practice of people in community towards anti rabies vaccination.

A similar study can be conducted to assess the

knowledge, attitude and practice of people in community towards first aid management of dog bite.

A study can be conducted to assess knowledge and attitude regarding anti rabies vaccination among victims of dog bite in emergency department of selected hospitals.

A comparative study can be conducted to assess knowledge regarding prophylaxis and management of dog bite between school aged children and adults.

A study can be conducted to assess knowledge regarding management guidelines for rabies among nursing officers in intensive care unit of selected hospitals.

An epidemiological study can be conducted to assess the effectiveness of rabies vaccination.

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