e-ISSN: 2805-4695

https://jurnal.nun-g.com/index.php/germane

GLOBAL JOURNAL OF

# **Revolutionary Health Education:** The Impact of GErMiE on Student Knowledge and Attitudes

**EDUCATIONAL RESEARCH & MANAGEMENT** 

Nor Asniza Ishak<sup>1\*</sup>, Rafiza Rosli<sup>2</sup>, Sazaroni Md Rashid<sup>3</sup> & Nur Azzalia Kamaruzaman<sup>4\*\*</sup>

<sup>1,2</sup> School of Educational Studies, Universiti Sains Malaysia, 11800 USM, Penang, Malaysia <sup>3,4</sup> National Poison Centre, Universiti Sains Malaysia, 11800 USM, Penang, Malaysia

Corresponding authors: \*asnizaishak@usm.my, \*\*azzalia@usm.my

Received: 06 May 2024 | Accepted: 30 May 2024 | Published: 23 June 2024

**Abstract**: Antibiotics, which were developed in the early 20th century, are extensively used to cure infections in both humans and animals. However, new antibiotic development has stopped, resulting in an alarming surge in antimicrobial resistance (AMR). This study investigates the effectiveness of the GErMiE (Germs Eradication Mission for Education) application in improving knowledge and attitudes about personal hygiene, specifically infection prevention and antibiotic use. A quantitative research methodology using a survey was implemented in this study, employing a one-group pretest-posttest design. This study involved 44 students from pre-university colleges in northern Malaysia. Data were analyzed descriptively (mean and frequency) and inferentially using paired samples t-tests. The results indicated significant improvements in both knowledge and attitudes towards personal hygiene care post-intervention. Specifically, the paired samples t-test revealed a significant increase in mean scores for knowledge (t=-2.34, p=.02) and attitudes (t=-2.03, p=.04). These findings suggest that the GErMiE application effectively engages students and enhances learning outcomes. Future research should investigate the long-term impacts and the influence of different game mechanics on learning and behavior change, contributing to the Sustainable Development Goals related to health and well-being.

Keywords: Antimicrobial Resistance, Antibiotics, GErMiE, Game-Based Learning, Healthcare

**Cite this article:** Nor Asniza Ishak, Rafiza Rosli, Sazaroni Md Rashid & Nur Azzalia Kamaruzaman. (2024). Revolutionary Health Education: The Impact of GErMiE on Student Knowledge and Attitudes. *Global Journal of Educational Research and Management (GERMANE)*, *4* (2), p. 50-64.

#### INTRODUCTION

The advent of antibiotics in the early 20th century has revolutionized medicine, rescuing innumerable lives. Antibiotics are frequently used to treat infections in both humans and animals and have also been widely utilized as growth promoters in livestock (Almeida Santimano & Foxcroft, 2017). However, the development of new antibiotics has halted, leading to an alarming increase in antimicrobial resistance (AMR) (Jian et al, 2021; Muteeb et al., 2023). AMR occurs when bacteria, viruses, fungi, and parasites become resistant to antibiotics that were previously effective in eradicating them (Morrison & Zembower, 2020; Medernach & Logan, 2017). According to Tarín-Pelló et al. (2022), this growing resistance makes treating common infections increasingly challenging, resulting in prolonged hospitalizations and escalating healthcare costs. Addressing this issue is crucial for achieving the Sustainable Development Goals (SDGs), particularly those related to health and well-being (United Nations General Assembly [UNGA], 2015).

Educational initiatives are crucial in this battle. However, the curriculum lacks a strong focus on hygiene education, particularly regarding the use of antibiotics and the growing issue of antibiotic resistance. Although students learn general concepts like human anatomy, physiology, and disease prevention, practical lessons on personal hygiene and its critical role in controlling infections are limited. The curriculum rarely emphasizes how poor hygiene practices contribute to the spread of infections, which often leads to the misuse of antibiotics. By teaching young generation about infection prevention and the responsible use of antibiotics, it helps to build a foundation of knowledge and awareness that can lead to more informed and responsible behaviors. This early education is essential in promoting both knowledge and attitudes towards preventing the spread of microbes especially bacteria (Medernach & Logan, 2017). The growth of technology has dramatically revolutionized education, providing new and inventive approaches to improve learning experiences (Rafiza Rosli & Nor Asniza Ishak, 2024; Xu et al., 2023). One such innovation is game-based learning (GBL), which combines educational content with engaging game mechanics (Al-Azawi et al., 2016; Saidatul Ainoor Shaharim et al., 2022).

# **BACKGROUND TO THE STUDY**

## The Concept of Game-Based Learning (GBL)

Game-based learning (GBL), often known as "serious games," "educational games," or "gamification" (Anastasiadis et al., 2018; Xu et al., 2023). Deterding et al. (2011) defined the GBL as the game design features to non-game settings. Additionally, GBL entails acquiring knowledge through active gameplay (Whitton, 2012), which encompasses competition and engagement (Nor Asniza Ishak et al., 2021). This approach takes advantage of the widespread use of mobile devices or laptops, allowing students to learn anytime and anywhere, thus extending learning beyond the traditional classroom (Alaklubi & Zaharudin, 2023; Situmorang et al., 2024; Hartt et al., 2020).

Studies have shown that GBL can be highly effective in various educational settings (Xu et al., 2023). For example, Qian and Clark (2016) found that game-based learning can improve essential cognitive skills like problem-solving, critical thinking, and decision-making. Games often simulate real-life scenarios, allowing learners to practice decision-making and develop healthy behaviors in a safe environment (Mayr et al., 2017). These skills are vital in today's fast-paced world, where individuals must quickly process information and make informed decisions. Additionally, GBL can make learning more enjoyable and motivating (Hartt et al., 2020), which can lead to increased student engagement and better educational outcomes (Anastasiadis et al., 2018; D'Mello & Graesser, 2012; Connolly et al., 2012).

In healthcare education, game-based learning has shown promise in enhancing knowledge and shaping attitudes toward health practices. For instance, Cicchino (2015) found that a mobile game designed for diabetic patients significantly improved their knowledge and self-management behaviors. Mobile games in health education can create interactive and experiential learning opportunities, making complex health concepts more accessible and relatable (Spires, 2015). Research has demonstrated that GBL can boost self-efficacy in managing health conditions (Aster et al., 2024; DeSmet et al., 2014). This hands-on learning can lead to a deeper understanding of the consequences of health-related decisions and encourage a proactive approach to health maintenance (Bengtsson et al., 2020). Additionally, the social aspect of games can promote collaboration and knowledge sharing among learners, reinforcing positive health attitudes through peer influence (Van't Riet et al., 2018).

The potential of GBL in education is particularly relevant for promoting personal hygiene practices among students (Tubelo et al, 2019). Good hygiene is crucial for preventing the spread of infectious diseases and maintaining overall health. However, traditional methods of teaching hygiene may not always be effective in instilling lasting habits, especially among young adults (Singh et al., 2023). The GBL, with their engaging and interactive formats, can be powerful tools for educating individuals about the importance of personal hygiene and encouraging consistent hygienic behaviors (Shegog et al., 2015).

By incorporating GBL into education, particularly in healthcare, presents a valuable opportunity to enhance knowledge (Tubelo et al, 2019) and attitudes towards health practices (Katonai et al., 2023). The engaging nature of games can make learning more enjoyable and effective, leading to better educational outcomes. As technology continues to evolve, the potential for GBL to transform education and promote health awareness will likely expand, offering innovative solutions to the challenges of traditional educational methods.

# GErMiE's Role in Infection Prevention and Antibiotic Use

With the advancements in GBL today, we developed GErMiE to improve students' knowledge and attitudes towards health practices, particularly regarding hygiene and antibiotics resistance. GErMiE (Germs Eradication Mission for Education) is an innovative interactive game application designed to educate the younger generation about infection prevention and the responsible use of antibiotics in a fun and engaging manner. GErMiE blends fun interactive gameplay with educational content, creating an engaging learning experience. It fosters an engaging learning experience, making it easier for young generation to absorb valuable information.

The game is available on both Windows PC and Android-based phones. As an educational adventure game with role-playing game (RPG) elements, GErMiE provides an immersive learning experience through its well-structured gameplay including interactive storytelling, visual feedback and element of quiz.

The game is composed of eight distinct levels and missions as shown in Table 1.

Mission	Title
1	Good food for healthy and strong body
2	Clean water source reduces the risk of waterborne infectious diseases
3	Safe water supply system provides clean drinking water
4	Clean public toilet to prevent the spread of infectious diseases
5	Consult your doctor if you are sick
6	Communication system for news and updates regarding antibiotics & health issues
7	Share your knowledge on rational use of antibiotics
8	Live a healthy lifestyle

Table 1.Game Missions in GErMiE

Each mission focusing on various critical aspects of health education. These aspects include the collection of nutritious food, the maintenance of proper hygiene, and participation in activities that promote a healthy community. Figure 1 shows the example of GErMiE's interface.

2024. Vol 4. No 2. pg 50-64. e-ISSN: 2805-4695

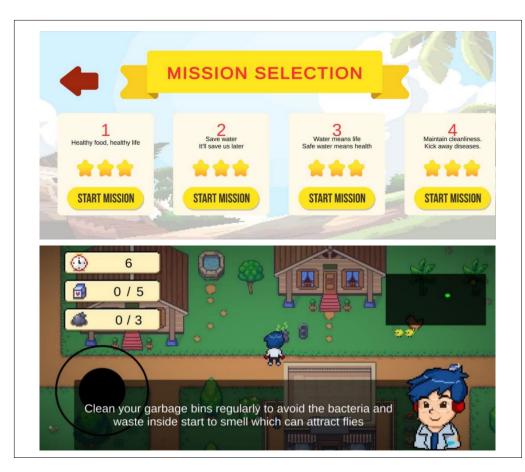


Figure 1. The Example of GErMiE's Interface

By engaging with these activities, students are not only entertained but also educated on important health practices. Each mission within GErMiE is designed to incrementally build the students' understanding and skills in infection prevention. For instance, students might be tasked with collecting and identifying nutritious food items, which helps them learn about balanced diets and the role of nutrition in health. Other missions may involve scenarios that require students to practice good hygiene, such as washing hands correctly or cleaning living spaces, which reinforces the importance of cleanliness in preventing infections.

Additionally, GErMiE emphasizes the responsible use of antibiotics. Through gameplay, students encounter various situations that demonstrate the consequences of antibiotic misuse, such as the development of antibiotic resistance. By navigating these challenges, students gain valuable insights into when and how antibiotics should be used responsibly. Overall, GErMiE effectively combines educational content with engaging gameplay to deliver a comprehensive learning experience. By completing the game's missions, students not only enhance their digital literacy and critical thinking skills but also acquire essential knowledge on maintaining personal and community health. Figure 2 shows the intervention setting through GErMiE.

2024. Vol 4. No 2. pg 50-64. e-ISSN: 2805-4695



Figure 2. The Intervention Setting Through GErMiE

# **Statement of the Problem**

The ongoing evolution of antibiotic resistance in bacteria continues to pose an escalating threat to all populations, including the youth (William et al., 2018). Many of them lack essential knowledge about basic infection prevention practices, such as proper handwashing, maintaining personal hygiene, and understanding the importance of vaccinations. This gap in knowledge can lead to higher rates of preventable diseases and infections among the youth. Traditional school curricula often do not place enough emphasis on practical health education, resulting in students not receiving comprehensive information about maintaining health and preventing diseases (Jasim Alsadaji et al., 2022; Rajbhandari et al., 2018). Additionally, many students lack of health literacy, which includes the ability to understand and effectively use health information, resulting in poor health decisions and increased susceptibility to infections (Singh et al., 2023), which raises disease risk (Han et al., 2020).

Furthermore, there is widespread misunderstanding about the appropriate use of antibiotics, including overuse and improper use, contributing significantly to the growing problem of antibiotic resistance, making common infections harder to treat (Demoré et al., 2017; Santimano & Foxcroft, 2017). This lack of awareness is compounded by disparities in health knowledge among different socioeconomic and geographic groups, with students from underserved communities having less access to health education resources, leading to poorer health outcomes and increased vulnerability to infections (Hsiao et al., 2006; Verweij, 2019).

The attitudes of students towards health and hygiene practices significantly influence their behavior and health outcomes. There is often a lack of engagement and interest in conventional health education methods, leading to a disinterest in adopting healthy practices (Yu et al., 2014). Many students do not see the immediate benefits of maintaining hygiene or the long-term consequences of antibiotic misuse, resulting in complacency towards these important issues (Oh et al., 2018).

Moreover, parental attitudes and involvement in health education play a crucial role in shaping students' behaviors. However, many parents may not prioritize or have sufficient knowledge to instill positive health attitudes in their children, further contributing to a lack of emphasis on preventive health measures at home (Agustina et al., 2013; Rouusounides et al., 2011). This situation is exacerbated by a general underestimation of the severity of antibiotic resistance and its impact on health, leading to irresponsible behaviors such as self-medication and non-compliance with prescribed treatments (Panagakou et al., 2011). Dealing with these attitudinal barriers is critical for encouraging students to take a proactive approach to health and hygiene,

ensuring they adopt and maintain healthy habits throughout their lives. By addressing these issues, GErMiE hopes to improve students' knowledge and attitudes toward health practices, particularly regarding hygiene and antibiotics resistance, promoting healthier behaviors and contributing to the well-being of the next generation.

## **Objective of Research**

The primary objectives of this study are as follows: (1) to determine the effectiveness of GErMiE in enhancing students' knowledge of health practices, and (2) to determine the effectiveness of GErMiE in enhancing students' attitudes towards health practices. The research problem has led to the following research questions:

- 1. Is there a significant change in mean scores of students' knowledge of health practices after using GErMiE?
- 2. Is there a significant change in mean scores of students' attitude of health practices after using GErMiE?

## **Research Hypothesis**

To explore this research questions above, the following hypothesis was tested:

- Ho1: There is no significant change in the mean scores of students' knowledge of health practices after using GErMiE.
- H<sub>02</sub>: There is no significant change in the mean scores of students' attitudes towards health practices after using GErMiE.

# **METHODOLOGY OF RESEARCH**

The study adopted a quantitative research approach using a survey, employing a one-group pretest-posttest experimental research design. According to Creswell and Creswell (2018), this design consists of a pretest measure followed by a treatment and a posttest for a single group. In this study, the research design included administering a pretest, followed the intervention using the GErMiE, and then a posttest as shown in Figure 3.

Group A	O102
01	: Observation 1 (Pretest)
Х	: Treatment using GErMiE
O2	: Observation 2 (Posttest)

Figure 3. One group pretest-posttest design

The samples of the study were 44 students from pre-university colleges in northern Malaysia. The students answered the pretest in week 1, followed by an 8-week intervention using GErMiE, and then took the posttest in week 10. This duration is suitable to determine the effectiveness of GErMiE (Creswell & Creswell). The teaching and learning process using GErMiE was carried out by the facilitator during tutorial class.

A structured questionnaire served as the primary instrument. This questionnaire consists of three sections, namely Section A: Demographic Information, (ii) Section B: Students' Knowledge Towards Personal Hygiene Care, and (iii) Section C: Students' Attitudes Towards Personal Hygiene Care. For Section B and C, both sections comprising of 10 items. Responses were measured on a 5-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly

agree). Data collection involved distributing the questionnaires to participants and allowing ample time for completion.

The collected data were analyzed using descriptive statistics, including mean and frequency. Meanwhile, inferential statistics was analysed using paired samples t-test. Paired samples t-test is used when to compare the mean scores for the same group of participants on posttest and pretest results (Pallant, 2020). The paired samples t-test is suitable for this study because it directly evaluates the impact of the GErMiE intervention on the same group of students by comparing their knowledge and attitudes towards healthcare before and after the intervention. Both descriptive and inferential data were analyzed using SPSS 28.0.

#### FINDINGS AND DISCUSSION

#### Findings

#### **Demographic Findings**

Figure 4 shows a bar chart displaying the percentage of gender information respondents involved. Out of 44 respondents, 18 respondents (41%) were male students and 26 respondents (59%) were female students.

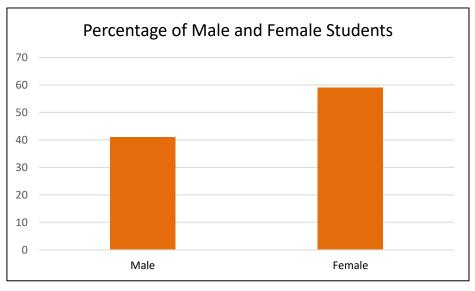


Figure 4. Percentage of Male and Female Students

Meanwhile, Figure 5 shows a bar chart displaying percentage information on the module of respondents participated. Of the 44 respondents, 23 (52%) were Module 1 students, taking Biology, Chemistry, Physics, and Mathematics, and the remaining 21 (47%) were Module III students, taking Biology, Chemistry, Computer Science, and Mathematics subjects.

2024. Vol 4. No 2. pg 50-64. e-ISSN: 2805-4695

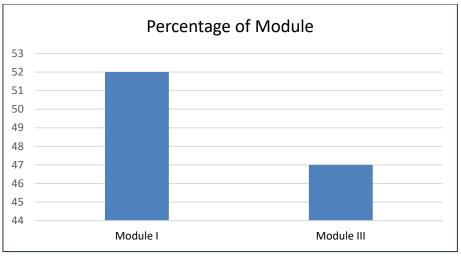


Figure 5. Percentage of Module

#### The Effectiveness of GErMiE in Enhancing Students' Knowledge of Health Practices

**—** 11

Table 2 shows the descriptive statistics of the effectiveness of GErMiE in enhancing students' knowledge of health practices.

Table 2.	Descriptive Statistics (Kr	nowledge)
	Pretest	Posttest
N	44	44
Mininum	3.40	4.00
Maximum	5.00	5.00
Mean	4.60	4.78
Standard Deviation	0.40	0.31

Based on Table 2, the descriptive statistics indicate an increase in the mean scores from the pretest (M=4.60, SD=.40) to the posttest (M=4.78, SD=.31), suggesting an improvement in participants' knowledge of health practices after using the GErMiE application.

The null hypothesis constructed to answer this research question was there is no significant change in the mean scores of students' knowledge of health practices after using GErMiE. A paired-samples t-test was conducted to compare the pretest and posttest scores for students' knowledge of health practices. Table 3 shows the results from paired-samples t-test.

Table 3.Results From Paired-Samples T-Test (Knowledge)

	Paired Differences								
		95% Confidence Interval of					-		
			Std.	Std. Error	the Difference				Sig.
		Mean	Deviation	Mean	Lower	Upper	t	df	(2 tailed)
Pair 1	Pre-Post	18	.52	.07	34	03	-2.34	43	.02

According to Table 3, a paired-samples t-test was conducted to evaluate the effectiveness of GErMiE in enhancing students' knowledge of health practices. There was a statistically significant increase in knowledge scores from pretest (M=4.60, SD=.40) to posttest (M=4.78, SD=.31), t(43) = -2.34, p .02 (two-tailed). The mean increase in knowledge scores was 0.18,

with a 95% confidence interval ranging from -.34 to -.03. The eta squared statistic (.50) indicated a large effect size (Cohen, 1988). This suggests that the GErMiE intervention explains 60% of the variation in students' knowledge.

From the results of Table 3, it can be seen that the p value is less than .05 (p< .05), hence the null hypothesis is rejected (t=-2.34; p= .02) which is there is a significant change in the mean scores of students' knowledge of health practices after using GErMiE. As a conclusion, GErMiE is effective in increasing students' knowledge of health practices.

# The Effectiveness of GErMiE in Enhancing Students' Attitudes Towards Health Practices

Table 4 shows the descriptive statistics of the effectiveness of GErMiE in enhancing students' attitude of health practices.

Descriptive Statistics (Attitude)

Table 4

Pretest	Posttest
44	44
3.60	3.90
5.00	5.00
4.61	4.79
.44	.30
	44 3.60 5.00 4.61

Based on Table 4, the descriptive statistics indicate an increase in the mean scores from the pretest (M=4.61, SD=.44) to the posttest (M=4.79, SD=.30), suggesting an improvement in participants' attitude of health practices after using the GErMiE application.

The null hypothesis constructed to answer this research question was there is no significant change in the mean scores of students' attitudes towards health practices after using GErMiE. A paired-samples t-test was conducted to compare the pretest and posttest scores for students' attitude of health practices. Table 5 shows the results from paired-samples t-test.

		Paired Differences							
	-	95% Confidence Interval					_		
			Std.	Std. Error	of the Difference				Sig.
		Mean	Deviation	Mean	Lower	Upper	t	df	(2 tailed)
Pair 1	Pre-Post	17	.57	.09	34	00	-2.03	43	.04

Table 5.Results from paired-samples t-test (Attitude)

According to Table 5, a paired-samples t-test was conducted to evaluate the effectiveness of GErMiE in enhancing students' attitude of health practices. There was a statistically significant increase in attitude scores from pretest (M=4.61, SD=.44) to posttest (M=4.79, SD=.30), t(43) = -2.03, p .04 (two-tailed). The mean increase in knowledge scores was 0.18, with a 95% confidence interval ranging from -.34 to -.00. The eta squared statistic (.60) indicated a large effect size (Cohen, 1988). This means that 60% of the variance in the students' attitude can be attributed to the effect of the GErMiE intervention.

From the result of Table 5, it can be seen that the p value is less than .05 (p< .05), hence the null hypothesis is rejected (t=-2.03; p= .04) which is there is a significant change in the mean scores of students' attitude of health practices after using GErMiE. Therefore, GErMiE is effective in increasing students' attitude of health practices.

# Discussion

This study demonstrates the significant impact of the GErMiE (Germs Eradication Mission for Education) application on enhancing students' knowledge and attitudes towards health practices. The findings indicate that integrating GBL into health education can effectively improve understanding and foster positive attitudes, which are essential for maintaining good personal hygiene and preventing the spread of infectious diseases.

Firstly, the results reveal a significant increase in the mean scores of students' knowledge of health practices after using the GErMiE application. The marked increase in the mean scores of students' knowledge of health practices post-intervention suggests that the interactive and engaging nature of the game facilitated effective learning. Meanwhile, the results of the paired samples t-test indicated a significant increase in the mean scores of students' knowledge of health practices post-intervention (t=-2.34, p=.02). According to Cohen's guidelines (1988), an eta squared value of .50 is considered a large effect size, indicating that the intervention had a substantial impact on the knowledge of health practice among students. This finding is consistent with prior studies demonstrating that GBL can considerably enhance the delivery of challenging scenarios and provide immediately feedback, enabling better understanding and retention of knowledge among healthcare professionals (Qian & Clark, 2016; Mayr et al., 2017). Meanwhile, Whang and Zheng (2021) revealed that students in GBL groups outperformed traditional lecture groups in terms of topic knowledge.

The immersive environment created by GErMiE allowed students to practice health-related decisions in a simulated setting, which reinforced their understanding of essential health concepts. An engaging narrative in GErMiE within the game educates students about AMR and the importance of responsible antibiotic use. Moreover, the integration of quiz questions related to AMR and antibiotics into the game, lead to in-game advantages, motivating students to absorb and apply the knowledge presented. A study by Nuci et al. (2021) found that the competitive attributes, music, and bonus points connected with game-based quizzes contributed to a more engaging learning environment, therefore boosting their understanding of the lecture material. A study by DeSmet et al. (2014) found that serious digital games could significantly improve health knowledge and self-efficacy, supporting the outcomes observed in our study.

Secondly, the study revealed a significant improvement in students' attitudes towards health practices following the intervention. The paired samples t-test results showed a significant improvement in the mean scores of students' attitudes towards health practices following the intervention (t=-2.03, p=.04). According to Cohen's guidelines (1988), an eta squared value of .60 is considered a large effect size, indicating that the intervention had a substantial impact on the attitude of health practice among students. The enjoyable and interactive format of the game likely contributed to this positive shift by making learning more motivating and relatable. Visual cues and animations in GErMiE illustrate the consequences of in-game actions related to infection prevention and antibiotic use. For example, when a student successfully follows a hygiene practice, the app shows positive outcomes like germ reduction. The creative use of multimedia animations enhanced students' attitudes, making them more engaged and motivated in the learning process (Budakoğlu et al., 2023; Sastradika et al., 2021).

Nor Asniza Ishak et al. (2021) found that students had positive perceptions of Kahoot!, particularly in terms of engagement and enjoyment. Positive experiences with educational tools like Kahoot! can enhance students' attitudes towards learning by making the process more enjoyable and interactive (Nor Asniza Ishak et al., 2021). On the other hands, Dondlinger and McLeod (2015), who observed that mobile games could significantly improve knowledge and self-management behaviors in health education. For this study, by presenting health education

in an engaging and fun manner, GErMiE helps students internalize positive health behaviors and attitudes, which are crucial for long-term health maintenance. The increase in engagement and positive attitudes towards learning can also be linked to higher educational outcomes, as highlighted by Anastasiadis et al. (2018) and Hartt et al. (2020).

The effectiveness of GErMiE also emphasizes the potential of educational technology to bridge gaps in traditional health education. Many students lack essential knowledge and positive attitude due to conventional teaching methods that fail to engage them (Singh et al., 2023). GBL offers a dynamic and interactive approach that not only educates but also captivates students' interest. This can lead to better educational outcomes, as demonstrated by the significant increases in both knowledge and attitude scores in this study. Additionally, the real-time feedback and adaptive learning paths offered by GErMiE ensure that students remain engaged and motivated, tailoring the learning experience to individual needs (Huang et al., 2016).

The social aspects of the game, which promote collaboration and knowledge sharing among peers, further reinforce positive health attitudes through peer influence (Altawalbeh, 2023; Ruggiero, 2015). The collaborative elements of GErMiE, where students can share their progress and strategies, likely contributed to the overall effectiveness of the intervention. Peer engagement is crucial for sustaining interest and reinforcing learned behaviors, as highlighted by Connolly et al. (2012). This peer-to-peer interaction not only enhances learning but also builds a supportive community that encourages healthy practices.

Furthermore, the integration of GErMiE into the curriculum aligns with the broader goals of public health education. Effective health education is essential for preventing the spread of infectious diseases and promoting overall well-being. By leveraging the engaging nature of mobile games, educators can overcome the limitations of traditional methods, which often fail to engage students adequately (Winand et al., 2022). The use of technology in health education also aligns with the Sustainable Development Goals (SDGs), particularly those related to health and well-being. Addressing health education through innovative methods such as GErMiE can contribute significantly to achieving these global targets.

In addition to improving knowledge and attitudes, GErMiE's success highlights the importance of incorporating technology into educational strategies to address contemporary health challenges. As antibiotic resistance and emerging infectious diseases continue to pose significant threats to global health, educating the public, especially young people about preventive health practices becomes increasingly important (Muteeb et al., 2023; Jian et al., 2020). Game-based learning applications like GErMiE offer an effective means to disseminate crucial health information and encourage proactive health behaviors particularly regarding hygiene and antibiotics resistance.

# CONCLUSION

In conclusion, the findings of this study support the integration of game-based learning into health education curricula to enhance knowledge and attitudes towards health practices particularly regarding hygiene and antibiotics resistance. GErMiE proves to be a valuable tool in this regard, offering an innovative solution to the limitations of traditional education methods. As technology continues to evolve, the potential for such applications to transform education and promote health awareness will likely expand, providing new opportunities for improving public health education and outcomes. A well-prepared game, tailored to the subject, makes it possible to master the material in less time than a traditional lecture. Games not only help to organize knowledge, engage, and motivate students to learn difficult material, but also

encourage students to take responsibility for their own learning. This aspect of game-based learning is evident in the improved knowledge scores of the students, highlighting the potential of GErMiE to make learning more efficient and effective. Future research should explore the long-term impacts of such interventions and investigate how different game mechanics influence learning and behavior change.

## Limitation of The Study

One key limitation of this study is the lack of a control group, as it employs a one-group pretestposttest experimental design. The results of this study may face challenges in generalizability. Without a control group to provide a comparison, it is difficult to determine whether the findings can be applied to other populations, contexts, or interventions. As such, the conclusions drawn from the study may only be relevant to the specific group studied.

## **Declaration of Interest**

The authors declare that there is no conflict of interest.

## Acknowledgement

The authors would like to acknowledge Product Innovation and Development (PID) Grant Universiti Sains Malaysia (USM) (1001.CRACUN.AUPI00269) for funding the development of GErMiE. Special thanks to pharmacists Ms. Sulastri Samsudin, Ms Nur Afni Amir, Mr. Fadhli Razali, Ms. Mahiya Nabila Rosaria Abdul Hamid and Mr. Rosman Ahmad from National Poison Centre USM and IT officer Mr Khairil Anwar Jusoh from Centre for Knowledge, Communication & Technology USM for their invaluable contribution to this game. This paper also is under the funding of a APEX ERA Research Grant from Universiti Sains Malaysia (1001.PGURU.881007). A special thanks to USM for the funding and encouragement to run this research.

# REFERENCES

- Agustina, R., Sari, T. P., Satroamidjojo, S., Bovee-Oudenhoven, I. M., Feskens, E. J., & Kok,
  F. J. (2013). Association of food-hygiene practices and diarrhea prevalence among Indonesian young children from low socioeconomic urban areas. *BMC Public Health*, 13, 1-12.
- Alaklubi, M. T., & Zaharudin, R. (2023). Influence of collaborative learning on teaching quality in mobile learning for teachers' professional development in bisha city secondary schools. *Global Journal of Educational Research and Management*, 3(1), 45-62.
- Altawalbeh, K. (2023). Game-based learning: The impact of Kahoot on a higher education online classroom. *Journal of Educational Technology and Instruction*, 2(1), 30-49.
- Al-Azawi, R., Al-Faliti, F., & Al-Blushi, M. (2016). Educational gamification vs. game based learning: Comparative study. *International journal of innovation, management and technology*, 7(4), 132-136.
- Almeida Santimano, N. M., & Foxcroft, D. R. (2017). Poor health knowledge and behaviour is a risk for the spread of antibiotic resistance: survey of higher secondary school students in Goa, India. *Perspectives in Public Health*, 137(2), 109-113.
- Anastasiadis, T., Lampropoulos, G., & Siakas, K. (2018). Digital game-based learning and serious games in education. *International Journal of Advances in Scientific Research and Engineering*, 4(12), 139-144. http://doi.org/10.31695/IJASRE.2018.33016
- Aster, A., Laupichler, M. C., Zimmer, S., & Raupach, T. (2024). Game design elements of serious games in the education of medical and healthcare professions: a mixed-methods

systematic review of underlying theories and teaching effectiveness. *Advances in Health Sciences Education*, 1-24. https://doi.org/10.1007/s10459-024-10327-1

- Bengtsson, M. (2020). Using a game-based learning approach in teaching overall equipment effectiveness. *Journal of Quality in Maintenance Engineering*, 26(3), 489-507.
- Budakoğlu, I. İ., Özlem C., & Vildan., Ö. e-PBL with multimedia animations: A design-based research. *BMC Medical Education*. https://doi.org/10.1186/s12909-023-04298-x
- Cicchino, M. I. (2015). Using game-based learning to foster critical thinking in student discourse. *Interdisciplinary Journal of Problem-Based Learning*, 9(2).
- Cohen, S. (1988). Psychosocial models of the role of social support in the etiology of physical disease. *Health psychology*, 7(3), 269.
- Creswell, J. W., & Creswell, J. D., (2018). Research design: Qualitative, quantitative and mixed modes approaches (5th ed.). SAGE Publications.
- Connolly, T. M., Boyle, E. A., MacArthur, E., Hainey, T., & Boyle, J. M. (2012). A systematic literature review of empirical evidence on computer games and serious games. *Computers & Education*, 59(2), 661-686.
- D'Mello, S., & Graesser, A. (2012). Dynamics of affective states during complex learning. *Learning and Instruction*, 22(2), 145-157. https://doi.org/10.1016/j.learninstruc.2011.10.001
- Demoré, B., Mangin, L., Tebano, G. et al. (2017) Public knowledge and behaviours concerning antibiotic use and resistance in France: A cross-sectional survey. *Infection* 45, 513–520 (2017). https://doi.org/10.1007/s15010-017-1015-2
- DeSmet, A., Van Ryckeghem, D., Compernolle, S., Baranowski, T., Thompson, D., Crombez, G., ... & De Bourdeaudhuij, I. (2014). A meta-analysis of serious digital games for healthy lifestyle promotion. *Preventive medicine*, 69, 95-107.
- Deterding, S., Dixon, D., Khaled, R., & Nacke, L. (2011). From game design elements to gamefulness: defining" gamification". In *Proceedings of the 15th international academic MindTrek conference: Envisioning future media environments*, 9-15.
- Han, T., Zhang, Q., Liu, N., Wang, J., Li, Y., Huang, X., ... & Qi, K. (2020). Changes in antibiotic resistance of Escherichia coli during the broiler feeding cycle. *Poultry science*, 99(12), 6983-6989.
- Hartt, M., Hosseini, H., & Mostafapour, M. (2020). Game on: Exploring the effectiveness of game-based learning. *Planning Practice & Research*, 35(5), 589-604. https://doi.org/10.1080/02697459.2020.1778859
- Hsiao, F.Y, Lee, J.A, Huang, W.F, Chen, S.M, & Chen, H.Y., (2006). Survey of medication knowledge and behaviors among college students in Taiwan. *American Journal of Pharmaceutical Education*; 70: 30. Crossref. PubMed. ISI.
- Jasim Alsadaji, A., Al-Fayyadh, S., Fadhil Al-Saadi, S., & Jasim Mohammed, Z. (2022). Gamification in higher education: An overview. *Medical Education Bulletin*, 3(4), 555-562.
- Jian, Z., Zeng, L., Xu, T., Sun, S., Yan, S., Yang, L., ... & Dou, T. (2021). Antibiotic resistance genes in bacteria: Occurrence, spread, and control. *Journal of basic microbiology*, 61(12), 1049-1070.
- Katonai, Z., Gupta, R., Heuss, S., Fehr, T., Ebneter, M., Maier, T., ... & Schneeberger, A. R. (2023). Serious games and gamification: health care workers' experience, attitudes, and knowledge. *Academic Psychiatry*, 47(2), 169-173. https://doi.org/10.1007/s40596-023-01747-z
- Mayr, S., Schneider, S., Ledit, L., Bock, S., Zahradnicek, D., & Prochaka, S. (2017). Gamebased cultural competence training in healthcare. In 2017 IEEE 5th International Conference on Serious Games and Applications for Health (SeGAH),1-5. IEEE.

- Medernach, R. L., & Logan, L. K. (2018). The growing threat of antibiotic resistance in children. *Infectious Disease Clinics*, 32(1), 1-17. https://doi.org/10.1016/j.idc.2017.11.001
- Morrison, L., & Zembower, T. R. (2020). Antimicrobial resistance. *Gastrointestinal Endoscopy Clinics*, 30(4), 619-635. https://doi.org/10.1016/j.giec.2020.06.004
- Muteeb, G., Rehman, M. T., Shahwan, M., & Aatif, M. (2023). Origin of antibiotics and antibiotic resistance, and their impacts on drug development: A narrative review. *Pharmaceuticals*, *16*(11), 1615. https://doi.org/10.3389/fmicb.2023.1304011
- Nor Asniza Ishak, Siti Zuraidah Md Osman, Md Baharuddin Abdul Rahman, Muhammad Zuhair Zainal & Nooraida Yakob (2021). Online game-based learning using Kahoot! to enhance pre-university students' active learning: A students' perception in biology classroom. *Journal of Turkish Science Education*, 18(1), 145-160.
- Nuci, K. P., Tahir, R., Wang, A. L. F. I., & Imran, A. L. I. S. (2021). Game-based digital quiz as a tool for improving students' engagement and learning in online lectures. *IEEE Access*, PP, 1. https://doi.org/10.1109/ACCESS.2021.3088583
- Oh, J. M., Ming, L. C., Bakrin, F. S., Goh, B. H., Lee, L. H., & Khan, T. M. (2018). Social aspects of antibiotic use in the south and east asian students and general population. *Journal of Young Pharmacists*, 10(1), 66-73. https://doi.org/10.5530/jyp.2018.10.16
- Pallant, J. (2020). SPSS survival manual: A step by step guide to data analysis using IBM SPSS. Routledge.
- Panagakou, S. G., Spyridis, N., Papaevangelou, V., Theodoridou, K. M., Goutziana, G. P., Theodoridou, M. N., ... & Hadjichristodoulou, C. S. (2011). Antibiotic use for upper respiratory tract infections in children: a cross-sectional survey of knowledge, attitudes, and practices (KAP) of parents in Greece. *BMC Pediatrics*, 11, 1-10.
- Qian, M., & Clark, K. R. (2016). Game-based learning and 21st century skills: A review of recent research. *Computers in human behavior*, 63, 50-58.
- Rafiza Rosli & Nor Asniza Ishak (2024). Post Covid-19: Assessing secondary school students' and teachers' perception of virtual labs versus traditional labs in biology education. *Global Journal of Educational Research and Management*, 4(1), 15-26.
- Rajbhandari, A. K., Dhaubanjar, R., GC, K. B., & Dahal, M. (2018). Knowledge and practice of personal hygiene among secondary school students of grade nine and ten. *Journal of Patan Academy of Health Sciences*, 5(2), 107-113.
- Rousounidis, A., Papaevangelou, V., Hadjipanayis, A., Panagakou, S., Theodoridou, M., Syrogiannopoulos, G., & Hadjichristodoulou, C. (2011). Descriptive study on parents' knowledge, attitudes and practices on antibiotic use and misuse in children with upper respiratory tract infections in Cyprus. *International journal of environmental research and public health*, 8(8), 3246-3262.
- Saidatul Ainoor Shaharim, Nor Asniza Ishak, Rozniza Zaharudin & Wan Nasriha Wan Mohamed Salleh (2022). The development of integrated mobile game-based learning in Psycho-B'GREAT module: A needs analysis. *Global Journal of Educational Research* and Management, 2(3), 312-328.
- Sastradika, D., Iskandar, I., Syefrinando, B., & Shulman, F. (2021). Development of animationbased learning media to increase student's motivation in learning physics. In *Journal of Physics: Conference Series* (1869) (1). IOP Publishing.
- Shegog, R., Begum, S., Singer, D., Badr, H., & Hayes, S. (2015). Using a serious video game to promote safe driving skills in teens. *Journal of Pediatric Psychology*, 40(10), 1008-1017.
- Singh, P., Faisal, A. R., Alam, M. M., Saeed, A., Haider, T., Asif, H. M. A., ... & Pasha, A. R. (2023). An Assessment of Personal Hygiene Practices Among Young Adults: A Cross-Sectional, Descriptive Study. *Cureus*, 15(8). https://doi.org/10.7759/cureus.44308

- Situmorang, R. P., Suwono, H., Susanto, H., Chang, C. Y., & Liu, S. Y. (2024). Learn biology using digital game-based learning: A systematic literature review. *Eurasia Journal of Mathematics, Science and Technology Education*, 20(6), em2459.
- Spires, H. A. (2015). Digital game-based learning: What's literacy got to do with it?. *Journal* of Adolescent & Adult Literacy, 59(2), 125-130.
- Tarín-Pelló, A., Suay-García, B., & Pérez-Gracia, M. T. (2022). Antibiotic resistant bacteria: Current situation and treatment options to accelerate the development of a new antimicrobial arsenal. *Expert Review of Anti-Infective Therapy*, 20(8), 1095–1108. https://doi.org/10.1080/14787210.2022.2078308
- Tubelo, R. A., Portella, F. F., Gelain, M. A., de Oliveira, M. M. C., de Oliveira, A. E. F., Dahmer, A., & Pinto, M. E. B. (2019). Serious game is an effective learning method for primary health care education of medical students: A randomized controlled trial. *International journal of medical informatics*, 130, 103944. https://doi.org/10.1016/j.ijmedinf.2019.08.004
- United Nations General Association (2015). Transforming our world: The 2020 agenda for sustainable development.
- Van't Riet, J., Meeuwes, A. C., van der Voorden, L., & Jansz, J. (2018). Investigating the effects of a persuasive digital game on immersion, identification, and willingness to help. Basic and Applied Social Psychology, 40(4), 180-194. https://doi.org/10.1080/01973533.2018.1459301
- Verweij (2019). https://www.unicef.org/laos/stories/handwashing
- Wang, M., & Zheng, X. (2021). Using game-based learning to support learning science: A study with middle school students. *The Asia-Pacific Education Researcher*, 30(2), 167-176.
- Whitton, N. (2012). The place of game-based learning in an age of austerity. Electronic Journal of eLearning, 10(2), 249-256.
- Williams, P. C., Isaacs, D., & Berkley, J. A. (2018). Antimicrobial resistance among children in sub-Saharan Africa. *The Lancet Infectious Diseases*, *18*(2), e33-e44.
- Winand, M., Ng, A., & Byers, T. (2022). Pokémon "Go" but for how long?: a qualitative analysis of motivation to play and sustainability of physical activity behaviour in young adults using mobile augmented reality. *Managing Sport and Leisure*, 27(5), 421-438.
- Xu, M., Luo, Y., Zhang, Y., Xia, R., Qian, H., & Zou, X. (2023). Game-based learning in medical education. *Frontiers In Public Health*, 11, 1113682. https://doi.org/10.3389/fpubh.2023.1113682
- Yu, M., Zhao, G., Stålsby Lundborg, C., Zhu, Y., Zhao, Q., & Xu, B. (2014). Knowledge, attitudes, and practices of parents in rural China on the use of antibiotics in children: a cross-sectional study. *BMC Infectious Diseases*, *14*, 1-8.