



بِسْمِ اللّٰهِ الرَّحْمٰنِ الرَّحِیْمِ

Shendi University



Faculty of Graduate Studies and Scientific Research

Research about:

**Assessment of Mothers Knowledge
Regarding Importance of Play in Children
Less than Five Years
in Elmesiaktab Algouz Village in Shendi 2016**

*A thesis submitted in requirements of partial fulfill for The
master's degree in pediatric nursing.*

Submitted by:

Salma Hamouda Mohammed Khair

B.Sc. Nursing science 2009 - University of Shendi

Supervised:

Dr. Mariam Mohamed Alnageeb

B.Sc, M.Sc, Phd Pediatric Nursing- Shendi university

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الآية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قال تعالى:-

﴿ فَتَعَالَى اللَّهُ الْمَلِكُ الْحَقُّ وَلَا تَعْجَلْ بِالْقُرْآنِ مِنْ قَبْلِ

أَنْ يُقْضَىٰ إِلَيْكَ وَحْيُهُ وَقُلْ رَبِّ زِدْنِي عِلْمًا ﴾

صدق الله العظيم

سورة طه - (آية 114)



Dedication

Just to

*Who have taught me a lot through the life
Who trained me how I can change to better*

Dear Father

To

*Who taught me what is the meaning of life dried my tear and
filled my heart with delight*

Dear Mother

To

*The soul of my heart really you are terrific and gentleman and thank
you for supporting through out the process of completing this degree*

My husband

To

My children's

*The deepest feeling who supported me always learn me to
give even without take*

Dear brothers

To

*who have supported me on difficult steps of my life taught
me the meaning of hope and who lead me to the way of
success*

My teachers

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for her.*

*Finally I would like to thanks all of
the people who help me in this research
thank fore all mother specially
Elmesiaktab Algouz Village woman.*

List of abbreviation

Abbreviation	Meaning
CD	Compacted disk
TV	Television
OR	Operation room

ملخص البحث

اللعب مهم لنمو الطفل. يتعرف الأطفال على العالم من خلال اللعب، أجريت هذه الدراسة الوصفية المقطعية في الفترة من أغسطس إلى ديسمبر عام 2016م بقرية المسيكتاب القوز لتقييم معرفة الأمهات بأهمية اللعب عند الأطفال الأقل من خمسة سنوات.

شملت الدراسة (162) أم لديهن أطفال اقل من خمسة سنوات، تم اختيار العينة عن طريق العينة العشوائية البسيطة، تم جمع المعلومات عن طريق استبيان مغلق الاسئلة اشتمل علي(16) سؤال وتم تحليله بواسطة برنامج التحليل الإحصائي ثم تم عرض النتائج في صورة جداول وأشكال. أوضحت الدراسة أن أكثر من نصف مجتمع الدراسة (52%) معرفتهم ضعيفة حول أهمية اللعب، وكان أكثر من ثلثي مجتمع الدراسة (68%) يفتقرون إلى المعرفة حول خصائص اللعبة الآمنة.

وأوضحت الدراسة إلى أن أكثر من نصف عينة الدراسة (62%) يفتقرون لمعرفة دور الكبار في اللعب، وأيضاً أوضحت الدراسة أن ثلث (34%) مجتمع الدراره يعتقد ان للبيئه تاثير على اللعب وكذلك توجد علاقة قوية بين المستوى التعليمي ومعرفة الأمهات بالفوائد العاطفية والسلوكية.

وأوصت الدراسة بأهمية تشجيع التنقيف الصحي في المجتمع من خلال وسائل الإعلام وطلاب الإقامة الريفية، ويجب على العاملين في الحقل الصحي تزويد الأمهات بمعلومات عن المعالجة باللعب وإجراء مزيد من الدراسات في تأثير اللعب على نمو الأطفال.

Abstract

Play is important to child development. Children learn about the world through play. This study was descriptive cross sectional community based research done to assess mothers knowledge regarding importance of play in children less than five years in Elmesiaktab Algouz village in period extended from August to December 2016. (162) mother were selected randomly by equation, data was collected by questioner filled by mothers, analyzed by statistical package for social sciences (SPSS), and presented in form of tables and figure.

The study reflected that, more than half (52%) study group had poor knowledge about importance of play, more than two third of them (68%) had poor knowledge about Characteristics of safe toy, it was concluded that more than half (62%) study group had poor knowledge about role of adult in play. Study showed that above third (34%) of study group chose environmental factor affect of play and significant relationship between level of education and knowledge about behavioral, emotional benefited.

It was recommended that to Encourage heath education in community by mass media and filed tribe, health workers should provide knowledge mother about play therapy and Further studies should be done in effect of play on development in children to increase mother knowledge about importance of play.

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Chapter One

Introduction

Justification

Objectives

1.1 Introduction

Play is important to child development. Children learn about the world through play. Play with other children encourages peer cooperation, interaction, and sharing. It enhances fine and large muscle coordination and strengthens muscles. Infant and toddler play is usually an interaction among children, the family, and simple toys. Children learn about people and objects by using all five senses. As children get older and head into the preschool years, language becomes an important part of play. Caregivers begin to talk to children about toys and how to use them, ⁽¹⁾.

Play is essential for a child's development and for learning life skills. While the information in this publication is specifically for parents, the information applies to other adults including grandparents, extended family members and child care providers that have opportunities to affect the play of children, ⁽²⁾.

Play is a pivotal part of a child's life. It fosters creativity, imagination, social connections, and learned behaviors. Play is the activity, which can be defined as "a range of voluntary, intrinsically motivated activities that are normally associated with pleasure and enjoyment." Play is the child's means of expression and often is called the work of childhood. As the child moves through each developmental stage, he or she learns to explore and communicate feelings and needs through play, ⁽³⁾.

Play is essential to the social, emotional, cognitive, and physical well-being of children beginning in early childhood. It is a natural tool for children to develop resiliency as they learn to cooperate, overcome challenges, and negotiate with others. Play also allows children to be creative. It provides time for parents to be fully engaged with their children, to bond with their children, and to see the world from the perspective of their child. However, children who live in poverty often face socioeconomic obstacles that impede their rights to have playtime, thus affecting their healthy social-emotional development. For children who are under resourced

to reach their highest potential, it is essential that parents, educators, and pediatricians recognize the importance of lifelong benefits that children gain from play, ⁽⁴⁾.

Children play for different reasons. Sometimes they are exploring or learning new things. At other times, they are consolidating existing learning or practicing a skill, ⁽⁵⁾.

Play can also be a way of building or strengthening a relationship. Children often play simply for fun and enjoyment. Children need time to develop their play. They like having spaces inside and outside, and often enjoy playing with other children and adults. They also need props such as toys, equipment and real objects to play with and manipulate. They love to make choices about when, what, where, how, and with whom to play. These guidelines offer information and suggestions on how the adult can extend and enrich children's learning and development through play, ⁽⁶⁾.

Play is commonly used as an important therapeutic tool for hospitalized children, either through formal play sessions with a trained play therapist, or in an informal situation with other children and staff. Through play a child maintains a normal perspective on living, thus reducing anxiety, and is part of hospital routine in many hospitals. Through play, teachers, nurses and other health staff can handle a child's aggressive and hostile behaviour, and help children prepare for impending situations such as operations. In many pediatric hospitals, the play leader/therapist is an important part of the OR team, ⁽⁷⁾.

1.2 Justification

Playing is a universal phenomenon, a basic motivation and a legitimate right of children. Play is the business of children and a principal way in which they learn, grow, develop, and act out feelings and problem.

The absence of play is generally a sign of illness in children. Parents, for instance, will often describe the severity of a child's illness in terms of whether or not the child continued to play.

Play is how children learn to socialize, to think, to solve problems, to mature and most importantly, to have fun. The value of play is increasingly recognized, by researchers, for adults as well as children, as the evidence mounts of its relationship with intellectual achievement and emotional well-being.

1.3 Objectives

1.3.1 General objective:

To assess mothers knowledge regarding importance of play in children less than five years in Elmesiaktab Algouz village.

1.2.3 Specific objectives:

- ❖ To assess mother knowledge about play.
- ❖ To identify mother knowledge about factors that affect play.
- ❖ To assess mother knowledge regarding characteristics of safe toys.
- ❖ To identify mother knowledge about role of adult in playing.
- ❖ to correlate knowledge about benefits of play and level of education.

Chapter Two

Literature Review

2. Literature review

Background of play:

The right to play is also recognized for all children in the United Nations Convention on the Rights of the Child (1989), ⁽⁸⁾.

The drive to play is so intense that children will do so when they have no real toys, when parents do not actively encourage the behavior, and even in the middle of a war zone. In the eyes of a young child, running, pretending, and building are fun. Researchers and educators know that these playful activities benefit the development of the whole child across social, cognitive, physical, and emotional domains, ⁽⁹⁾.

Definition:

Play is any activity freely chosen, intrinsically motivated, and personally directed, ⁽⁶⁾.

Play is an activity engaged in for enjoyment and recreation, especially by children, ⁽¹⁰⁾.

Play is an activity chosen freely, and is motivated and directed from within. Adequate space for play space and a wide variety of play materials can be crucial in the development of children, ⁽¹¹⁾.

Play is ‘the basis of all art, games, books, sports, movies, fashion, fun, and wonder – in short, the basis of what we think of as civilization, ⁽²⁾.

Reasons to which why play is important:

Play lays the foundation for literacy. Through play, children learn to make and practice new sounds.

Play is learning. Play nurtures development and fulfils a baby’s inborn need to learn.

Play encourages adults to: communicate with the children in their lives.

Play gives children the chance to: be spontaneous.

Play gives children choice. Having enough toys or activities to choose from will allow children to express themselves.

Play gives children space. To practise physical movement, balance and to test their own limits.

Play is fun. Learning to play well, both by themselves and with others, sets children up to be contented and sociable, ⁽¹²⁾.

Importance of play:

Play is a fundamental part of childhood. It enables children to develop social skills, form friendships, develop physical skills, learn about, and become confident in their environment, ⁽¹¹⁾.

Play is not a specific behaviour, but any activity undertaken with a playful frame of mind. Psychiatrist Stuart Brown writes that play is ‘the basis of all art, games, books, sports, movies, fashion, fun, and wonder – in short, the basis of what we think of as civilization, ⁽²⁾.

Provides Vitamin D:

It’s important that your children get Vitamin D, which is provided by the sun. Vitamin D helps promote better moods, energy levels, memory, overall health and more. Just 10-15 minutes out in the sun will give your children their daily dose of Vitamin D, ⁽⁸⁾.

Stimulates the Imagination:

Sadly, one of the things that today’s children are lacking is an imagination. This is because we’re in the technological age – today children are literally shown everything. Why go outside and play cops and robbers when we can watch a movie about it or play a video game? Playing outside helps children develop their imagination, which is something that television, video games, computers, iPods, etc. don’t do, ⁽⁸⁾.

Play and child development:

Play is essential to development because it contributes to the cognitive, physical, social, and emotional well-being of children and youth. Play also offers an ideal opportunity for parents to engage fully with their children, ⁽²⁾.

Play and the brain:

Play increases brain development and growth, establishes new neural connections, and in a sense makes the player more intelligent. play stimulates production of a protein, ‘brain-derived neurotropic factor’, in the amygdale and the prefrontal cortex, which are responsible for organizing, monitoring, and planning for the future. In one study, two hours a day of play with objects produced changes in the brain weight and efficiency of experimental anima, ⁽⁶⁾.

Through free play children:

- Explore materials and discover their properties.
- Use their knowledge of materials to play imaginatively.
- Express their emotions and reveal their inner feelings.
- Come to terms with traumatic experiences.
- Maintain emotional balance, physical and mental health, and well-being. Struggle with issues such as birth and death, good and evil, and power and powerlessness.
- Develop a sense of who they are, their value and that of others
- Learn social skills of sharing, turn-taking and negotiation
- Deal with conflict and learn to negotiate
- Solve problems, moving from support to independence
- Develop communication and language skills
- Repeat patterns that reflect their prevailing interests and concerns.
- Use symbols as forms of representation – the use of symbols is crucial in the development from learning through the senses to the development of abstract thought.
- Practice, develop and master skills across all aspects of development and learning, ⁽¹³⁾.

Benefits of play:

Emotional-behavioural benefits of play:

- Play reduces fear, anxiety, stress, irritability
- Creates joy, intimacy, self-esteem and mastery not based on other's loss of esteem.
- Improves emotional flexibility and openness.
- Increases calmness, resilience, adaptability, and ability to deal with surprise and change.
- Play can heal emotional pain, ⁽⁶⁾.

Cognitive benefits of play:

Play is a natural way of building cognitive processes, assisting learning and can even help with more complex mental health issues.

According to Piaget's cognitive development theory:

Play provides children with extensive opportunities to interact with materials in the environment and construct their own knowledge of the world, making play one of the most important elements of cognitive development, ⁽¹⁴⁾.

Social benefits of play:

- Increases empathy, compassion, and sharing.
- Creates options and choices.
- Models relationships based on inclusion rather than exclusion.
- Improves nonverbal skills.
- Increases attention and attachment, ⁽⁶⁾.

According to Erickson's psychosocial theory the environment in which children grow in has a great influence on the personalities that they develop and this is mainly because they learn mostly through observation. ⁽¹¹⁾

Physical benefits:

- Positive emotions increase the efficiency of immune, endocrine, and cardiovascular systems.

- Decreases stress, fatigue, injury, and depression .
- Increases range of motion, agility, coordination, balance, flexibility, and fine and gross motor exploration, ⁽⁶⁾.

Sex differences in play and toy preference:

Boys are typically more physically active than girls, and this is reflected in their play. ‘While children will still express their individuality, on the whole girls prefer to play more quietly and in smaller groups, boys will run around and tend to make more noise. Group play with girls can still be competitive, but it tends to be expressed emotionally rather than physically. Girls and boys from the age of three tend to seek out same-sex play partners, and this behaviour increases over time. They appears to be a relationship between more frequent play with same-sex peers and gender stereotyped behaviour, ⁽⁶⁾.

Types of play:

Type of play according to stage development in child:

There are five types of developmental play:

Solitary play (type 1): The child plays alone, without regard for those around him.

- Onlooker play (type 2): The child observes the other children around him, as he plays alone; may alter own play activities based on what he sees the others doing or may be content to continue in his play while simply talking with the other children; play activities are different (e.g., one child may be bouncing a ball while another is playing with jacks).

- Parallel play (type 3): Children play with the same materials and items, but they do not yet play together.

- Associative play (type 4): The peer group is developed to the extent that children play together, but in a loosely organized manner.

- Cooperative play (type 5): Children assume designated roles in the games, have goals for the games, and rely on one another for the game to continue and progress, ⁽¹⁵⁾.

Infant stage:

Solitary play occurs when children play alone with their own toys in the same area as others but without interaction. Solitary play is most common during infancy, ⁽¹⁾.

Toddler stage:

All during the toddler period, children play beside children next to them, not with them. This side-by side play (called parallel play) is not unfriendly but is a normal developmental sequence that occurs during the toddler period. Caution parents that if two toddlers are going to play together, they must provide duplicate toys or an argument over one toy is likely to occur. Toddlers who have an aggressive personality probably have the most difficulty adapting to play groups, ⁽¹⁶⁾.

Pre school stage:

Typical preschool play is associative—interactive and cooperative with sharing. Preschoolers need contact with age mates. Activities, such as jumping, running and climbing, promote growth and motor skills. Preschoolers are at a typical age for imaginary playmates. Imitative, imaginative, and dramatic play are important. TV and video games should only be a part of the child's play and parents should monitor content and amount of time spent in use. Associative play materials include dress-up clothes and dolls, housekeeping toys, play tents, puppets, and doctor and nurse kits. Curious and active preschoolers need adult supervision, especially near bodies of water and gym sets, ⁽¹⁷⁾.

Types of play according of purposes:

These types are commonly referred to as physical play, play with objects, symbolic play, pretence/ socio-dramatic play and games with rules.

Physical play:

This type of play was the earliest to evolve and can be observed in some reptiles and amphibians and most, if not all, mammals. In human children it includes active exercise play (e.g.: jumping, climbing, dancing, skipping, bike riding and ball play), rough-and-tumble (with friends, siblings or parents/ guardians) and fine-motor practice (e.g.: sewing, colouring, cutting, junk modeling and manipulating action and construction toys).

Play with objects:

Play with objects begins as soon as infants can grasp and hold on to them; early investigative behaviors include mouthing/biting, rotating while looking, rubbing/stroking, hitting and dropping. This might be described as ‘sensori-motor’ play when the child is exploring how objects and materials feel and behave. From around eighteen to twenty four months, toddlers begin to arrange objects, which gradually develop into sorting and classifying activities. By the age of four years, building, making and constructing behaviors emerge, ⁽¹⁸⁾.

Symbolic play:

Humans are uniquely equipped to use a wide variety of symbolic systems including spoken language, reading and writing, number, various visual media (painting, drawing, collage) music and so on. Not surprisingly, during the first five years of life, when children are beginning to master these systems, these aspects of their learning are an important element within their play. This type of play supports their developing technical abilities to express and reflect upon their experiences, ideas and emotions.

Pretence/socio-dramatic play:

In the urbanized, technologically advanced modern world, this is clearly the most prevalent type of play amongst young children, emerging around the age of one year old. It is also the most heavily researched. High-

quality pretend play has repeatedly been shown to be very closely associated with the development of cognitive, social and academic abilities, ⁽¹⁸⁾.

This type of play is often characterized and perceived as ‘free play’. Paradoxically, however, a number of studies have shown that, in fact, it makes some of the greatest demands on children’s self-restraint, or self-regulation. During socio-dramatic play, in particular, children are obliged to follow the social rules governing the character they are portraying, ⁽¹⁸⁾.

The adult’s changing role in play during early childhood:

Infant (birth to 18 months):

- Provides a secure base from which babies can play and explore inside and outside.
- Provides safe, interesting objects and materials for babies to play with.
- Introduces babies to other people and places.
- Reads and responds to babies’ body language
- Carries out care-giving routines, such as feeding and changing in a playful manner.
- Talks to, names and describes things for babies.
- Gives support to babies to try new things and also to practise and repeat activities.
- Affirms babies’ actions, feelings and behaviours.

Toddlers (1 to 3 years):

- Continues to provide a secure base for toddlers to play and explore inside and outside.
- Provides opportunities for toddlers to take risks, persevere, move, manipulate, create, pretend, and transport materials.
- Changes the environment and the opportunities it offers as toddlers grow (This includes equipment and materials and also changes in levels such as ramps, slopes, steps, and curves.).
- Helps toddlers to experience a variety of types of play.

- Provides opportunities for toddlers to play in pairs and small groups
- Is actively involved in playful, adventurous interactions with toddlers, for example active, physical play with them on the floor, ⁽¹⁹⁾.

Pre school (3 to 6 years):

- Continues to provide a secure base and to encourage active exploration inside and outside.
- Provides opportunities for young children to take part in a range of play activities, especially pretend play.
- Provides supports for play, such as a range of materials and equipment and adequate space, time and choice.
- Extends and changes the play props regularly, so that different scenarios can be created that reflect children's changing interests and experiences.
- Provides materials to create dens and hidey-holes.
- provides direct support such as showing the children ways to join in the play of others, setting up a play scenario, discussing and describing the scenario before, during or after play, supporting children in handling emotions and conflict situations, and helping children make the transition in and out of role.
- Plays with children, exercising good judgement so that adult involvement does not threaten child autonomy or harm the 'flow' of the play, ⁽¹⁹⁾.

Factors that affect play:

Environmental and social factors supporting or inhibiting play.

There are two types of factors which influence the extent to which children are playful. These consist of environmental and social factors which support or inhibit children's natural playfulness. Of particular importance in this area is the crucial role of playfulness in children's formation and maintenance of friendships, which are, in turn, fundamentally important in supporting healthy social and emotional development. Living in urban environments can also have negative effects on the playfulness of children

who are fortunate to live in supportive households, but whose parents, carers and teachers, perceiving a range of environmental hazards and dangers, become overly risk-averse and over-protect and over-supervise their children,⁽¹⁸⁾.

Time to play:

When children do have free time away from school and unstructured activities, other commitments, such as homework, mean that children can rarely use this time for free play. A recent survey found that 55 per cent of children felt that their time to play was restricted by homework,⁽¹⁴⁾.

Toys:

An object for a child to play with, typically a model or miniature replica of something,⁽¹⁰⁾.

Purposes of toy according to developmental stage:

Infant stage:

Stimulate psychological development.

Offer diversion from boredom, pain, and discomfort.

Provide means of communication and expressing feelings.

Aid in developing sensor motor skills.

Toddler stag:

Increase imitation, is one of the most common forms of play.

A short attention span causes toddlers to change toys frequently.

To enhance locomotion skills. And to encourage imitation, language development and gross and fine motor skills.

Pre school stag:

To promote gross and mother skill development.

To enhance imitative play and imagination,⁽²⁰⁾.

Safety toys:

- For toy-related deaths and injuries, it is important to note that many of the incidents were associated with a toy but not necessarily caused by the toy.

- Many caregivers fail to adhere to the age range restrictions that are often posted on toys.
- Loose magnets (especially super batteries) and button batteries found in certain toys can be hazardous if swallowed, ⁽²¹⁾.

Characteristics of safety toys:

- Check the recommended age on the label to make sure the toy is suitable for the child.
- Be particularly careful with toys for children under three.
- Toy parts should be larger than a 20 cent piece to avoid any chance of choking.
- Make sure the toy is suitable for the child's current ability and stage of development
- Make sure there are complete instructions on how to use the toy.
- Check the information to make sure that the toy is non-toxic and non-flammable especially with paints, crayons and glues.
- Be wary of toys that make loud noises that might hurt a child's hearing, especially toys that are held against the ear such as walkie-talkies and toy mobile phones.
- Ensure ride-on toys are appropriate to the age of the child.
- stable Toy bikes should have effective brakes which can be applied by the rider, ⁽²²⁾.

General Requirements for Toys:

Users of toys must be protected against health hazards and risks presented by toys.

The risks are those that are:

Connected with the design, construction, or composition of a toy; inherent in the use of the toy and that cannot be eliminated by modifying the toy's construction and composition without altering its function or depriving it of its essential requirements.

The degree of risk present in the use of a toy must be commensurate with the ability of the children, and their supervisors to cope with it. This applies in particular to toys that are intended for use by children younger than 36 months. To that end, when appropriate, there must be a minimum age for users of a toy and/or an explicit warning that the toy must only be used under adult supervision.

Toys must bear labels that draw attention to risks. Or, if that is not possible, the labels must be on packaging and instructions for use. These labels should also point out ways of avoiding risks, ⁽²³⁾.

Appropriate toys for infant stage:

Newborn to-1 month:

- Mobile with contrasting colors or patterns.
- Unbreakable mirror.
- Soft music via tape or music box.
- Soft, brightly colored toys.

1 to 4 months:

- Bright mobile.
- Unbreakable mirror.
- Rattles.
- Singing by parent or caregiver, varied music.
- High-contrast patterns in books or images.

4 to 7 months:

- Fabric or board books.
- Different types of music.
- Easy-to-hold toys that do things or make noise (fancy rattles).
- Floating, squirting bath toys.
- Soft dolls or animals.

8 to 12 months:

- Plastic cups, bowls, buckets.

- Unbreakable mirror.
- Large building blocks.
- Stacking toys.
- Busy boxes (with buttons or knobs that make things happen).
- Balls.
- Dolls.
- Board books with large pictures.
- Toy telephone.
- Push–pull toys (older infants), ⁽²⁴⁾.

Appropriate Toys for Toddlers:

A toddler moves around in the environment a lot (walking, climbing, pushing, riding). A strong interest in manipulating and problem solving with objects begins during this period and can be encouraged with:

- Push-pull and ride-on toys.
- Small tricycles and wagons.
- Simple puzzles, shape sorters, peg boards.
- Movement games.
- Large beads.
- Blocks, stacking rings.
- Picture books; and
- Crayons, markers and clay, ⁽⁸⁾.

Appropriate Toys for Preschoolers:

- Blocks, simple jigsaw puzzles (four to six large pieces).
Pegboards, wooden bead with string.
- Supplies for creativity: chalk, large crayons, finger paint, Play-Doh or clay, washable markers, paper, paint and paintbrush, scissors, paste, or glue.
- Puppets, dress-up clothes and props for dramatic play
- Bucket, plastic shovel and other containers for sand and water play
- Play kitchen with accessories and pretend food (empty food boxes can be recycled for kitchen play).

- Squeaking, floating, squirting toys for the bath.
- Sandbox with shovel and various toys for building.
- Dolls that can be dressed and undressed (large buttons, zippers, and snaps), doll care accessories (diapers, bottles, carriage, crib).
- Gross motor toys: tricycle or big wheel (with helmet), jungle gym or swing set (with supervision), hula-hoop, tunnel, wagon.
- Blocks, Legos, cars and trucks, plastic animals, trains, plastic figures (family, community helpers), stuffed animals, balls, sewing cards
- Tape or CD players for music, various musical instruments
- Simple card and board games (older preschooler).
- Dollhouse with furniture and accessories, people and animals, ⁽²⁴⁾.

The Hospital Play Environment:

An organized and well-planned play area is important in the overall care of the hospitalized child. The play area should be large enough to accommodate cribs, wheelchairs, IV poles, and children in casts. It should provide a variety of play materials suitable for the ages and needs.

Of all children, Play is usually unstructured; the child chooses the toy and the kind of play needed or desired. However, all children should participate, and the play leaders should ignore no one.

The hospital play program:

Play is the business of children and a principal way in which they learn, grow, develop, and act out feelings and If possible. Although a well-equipped playroom is of major importance in any pediatric department, some children cannot be brought to the playroom, or some play programs may be cut because of cost-containment efforts. In these situations, be creative in providing play opportunities for children. Children may act out their fantasies and emotions in their own cribs or beds if materials are brought to them and someone (a nurse, student, or volunteer) is available to give them needed support and attention, ⁽²⁵⁾. Children in isolation may be

given play material, provided infection control precautions are strictly followed.

Play Material

Play material should be chosen with safety in mind; there should be no sharp edges and no small parts that can be swallowed or aspirated.

One important playroom function is that it gives the child opportunities to dramatize hospital experiences. Providing hospital equipment, miniature or real, as play material gives the child an opportunity to act out feelings about the hospital environment and treatments. Stethoscopes, simulated thermometers, stretchers, wheelchairs, examining tables, instruments, bandages, and other medical and hospital equipment are useful for this purpose. Hospital scrub suits, scrub caps, isolation-type gowns, masks, or other types of uniforms may be provided for children to use in acting out their hospital experiences. These simulated hospitals also serve an educational purpose: They may help a child who is to have surgery, tests, or special treatments to understand the procedures and why they are done. Hand puppets can be useful to orient or reassure a hospitalized child. The doctor or nurse puppet on the play leader's hand answers questions, ⁽²⁵⁾.

According to hospital two type of play:

Therapeutic play is the use of play as therapy to help children who have had or will have a stressful experience. Therapeutic play may decrease the child's fear and anxiety. It also may help to correct misconceptions the child may have about being in the hospital. There are two types of play techniques: directed and no directed. Directed therapeutic play is guided by an adult who facilitates the play, including determination of the goals. In no directed therapeutic play, the child is in control of the activity, although an adult may select the materials. Both types of play allow the child to demonstrate his or her emotions regarding the hospitalized experience, ⁽¹⁵⁾.

Play therapy:

Play is the child's means of expression and often is called the work of childhood. As the child moves through each developmental stage, he or she learns to explore and communicate feelings and needs through play. One of the ways the child is prepared for more complex cognitive tasks of problem solving and abstract thought is through play, ⁽⁵⁾.

Play therapy should include age-appropriate activities to entertain and distract child, ⁽²⁶⁾. Play therapy is used to help the child deal with the straitens of burn therapy. It encourages the child to move and actively participate in activities with other children, ⁽⁵⁾.

Chapter Three
Methodology

3. Methodology

3.1 Study design:

This study was descriptive across sectional community based research done to assess mothers knowledge and regarding importance of play in children less than five years in Elmesiaktab Algouz village in period extended from August to December 2016.

3.2 Study area:

Elmesiaktab North, which is located 180km north of the capital Khartoum which located to the north of Shendi about 8km from Shendi Town, there is a big hospital, most of population work in agriculture and commerce.

3.3 Study setting:

Algouz village is small village in El Miseiktab north of El Miseiktab hospital ,it divided in two part on is the north other is south .population is 2835 person, include 650 family.

3.4 Study population:

The study involves all mothers living in El Miseiktab algouz village having a child or more under five years during period of study.

3.5 Including criteria:

All mothers living in Elmiseiktab village have child under five years

3.6 Excluding criteria:

-mothers have children less than five years visited in Elmesiaktab Algouz village.

3.7 Sample Technique:

One hundred sixty two mothers were selected by using simple random sampling by toes.

3.12 Sample size:

According to:

$$X=1/N+N(D)^2$$

N: number of women.

D: the degree of accuracy. D=0.05.

One Hundred and sixty-two mothers were included in this study.

3.8 Data collection tool:

A Standard closed ended questionnaire was developed by researcher, based on available literature composed of 16 questions.

3.9 Data collection technique:

Data was collected by questionnaire filled by researcher when interviewing mothers.

3.10 Data analysis technique:

Data was analyzed by statistical package for social sciences(SPSS version 21) and presented by tables and figures.

3.13 Scoring system:

Scoring system was established by researcher which the data was distributed in four categories to measure the level of mother knowledge about important of play in child less than five years : if the mother respond to (4-3 choice it consider good knowledgeable); (2-1 choices consider faire knowledge); (1-0 choice consider poor knowledge) and.

3.14 Ethical consideration:

The permission has been approved from faculty board of research to conduct the study, Purpose of study was explained verbally to each participate mother and there where accept to participate, they have chance to continue or to stop any time of wish and this information confidentially and for purpose of study.

Chapter Four

Results

4. Results

Table No (1) Distribution of study group according to their Age:

Age	Frequency	Percent
18-25 years	56	35%
26-33 years	49	30%
34-41 years	46	29%
more than 41	11	6%
Total	162	100%

Table No (1) showed that more than one third (35%) study group their age range between 15 -25 years, near than one third (30%) age rang between 26-30 years, more than quarter (29%) age rang between 31-40 years and only(6%) of them their age was more than 40 years.

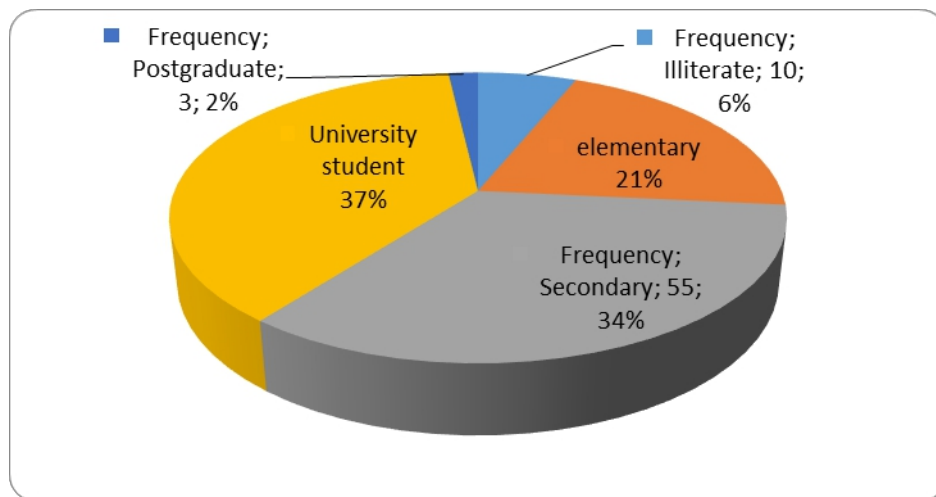


Figure No (1) Distribution of study group according to their level of education

Figure No (1) showed that more than third (37%) had University education level, (34%) of them had secondary education level, near quarter (21%) of them had primary school level, less than quarter (6%) of them had Illiterate and only (2%) of them had post graduate.

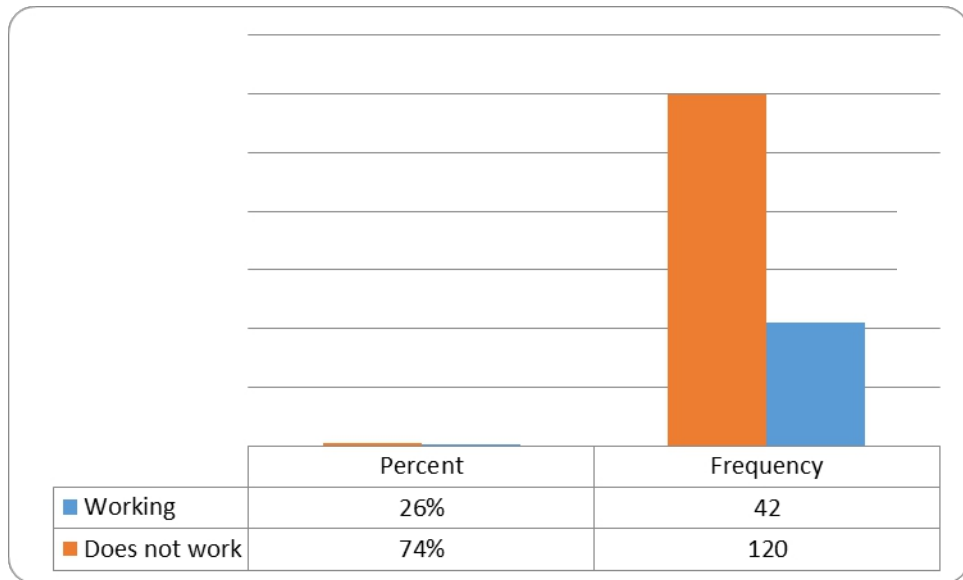


Figure No (2) Distribution of study group according to their the occupation

Figure No (2): showed that more than two thirds (74%) do not work, while less than third (26%) of them had working.

Table No (2) Distribution of study group according to their knowledge about Play

Level of knowledge	Frequency	Percent
Good knowledge	33	20%
Fair knowledge	69	43%
poor knowledge	60	37%
Total	162	100%

Table No (2): illustrated that less than half (43%) of study group had fair knowledge, more than one third (37%) of them had poor knowledge and less than quarter (20%) had poor knowledge about mean of play.

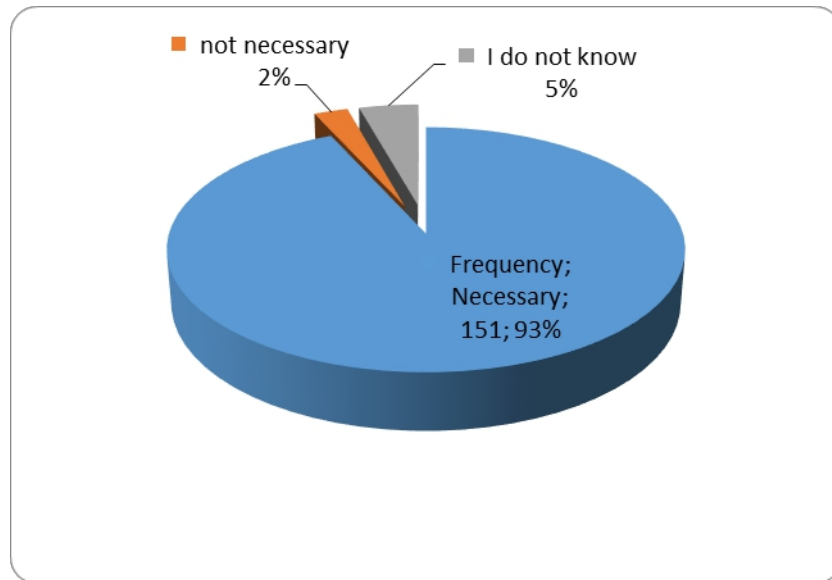


Figure (3) Distribution of study group according to their knowledge about essential of Play:

Figure (3) illustrated that all most (94%) of study group known essential of play, (2%) said play is not necessary, while only (5%) of them were did not known about essential of play.

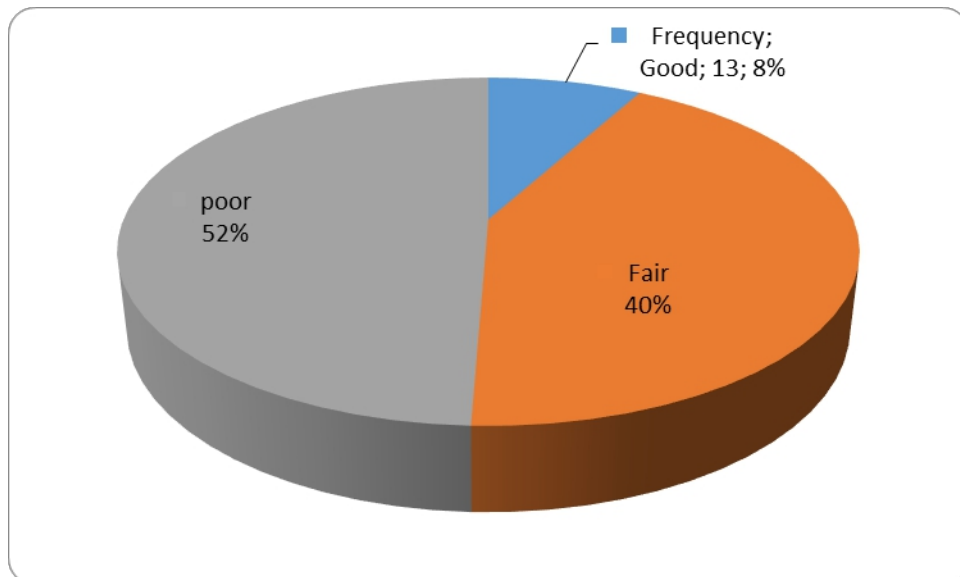


Figure No (4) Distribution of study group according to their knowledge about importance of play:

Figure No (4): illustrated that more than half (52%) of study group had poor knowledge, less than half (40%) had fair knowledge, while only (8%) of them had good knowledge about importance of play.

Table No (3) Distribution of study group according to their knowledge about Benefits of Play

Benefits of Play	Frequency	Percent
Behavioral	51	35%
Emotional	44	27%
Social	29	17%
Physical	38	21%
Total	162	100%

Table No (3): showed that more than one third (35%) of study group selected behavioral benefits, more than quarter (27%) of them chose emotional benefits, less than quadrant (21%) of them have chosen physical benefits, and also only (17%) of them were social benefits of play.

Table No (4) Distribution of study group according to their knowledge about behavioral Benefits of Play:

Level of knowledge	Frequency	Percent
Good knowledge	30	19%
Fair knowledge	44	27%
Poor knowledge	88	54%
Total	162	100%

Table No (4): showed that more than half (54%) of study group, had Poor knowledge about behavioral benefits, more than quarter (27%) of them had Fair knowledge and less than quarter (19%) had good knowledge

Table No (5) Distribution of study group according to their knowledge about Emotional benefits of play

Level of knowledge	Frequency	Percent
Good knowledge	17	10%
Fair knowledge	48	30%
Poor knowledge	97	60%
Total	162	100%

Table No (5): showed that more than half (60%) of study group had poor knowledge, and less than quarter (10%) of them had good knowledge about emotional benefits.

Table No (6) Distribution of study group according to their knowledge about Social benefits of play

Level of knowledge	Frequency	Percent
Good knowledge	13	9%
Fair knowledge	44	27%
Poor knowledge	105	64%
Total	162	100%

Table No (6): showed that less than two third (64%) of study group had poor knowledge about social benefits of play, less than third (27%) of them had fair knowledge and only (9%) of them had good knowledge.

Table No (7) Distribution of study group according to their knowledge about Physical benefits of play.

Level of knowledge	Frequency	Percent
Good knowledge	14	10%
Fair knowledge	23	15%
Poor knowledge	125	75%
Total	162	100%

Table No (7): showed that majority (75%) of study group had poor knowledge about physical benefits of play. Less than quarter (15%) of them, had fair knowledge, and while only (10%) of them had good knowledge about physical benefits.

Table No (8) Distribution of study group according to mothers concept about Playing variation according development stage.

Items	Frequency	Percent
Yes	127	78%
No	35	22%
Total	162	100%

Table No (8): showed that majority (78%) of study group had concept about Playing variation according development stag, and while only (22%) of them said that no variation according development stage.

Table No (9) Distribution of study group according to their knowledge about Factors that affect play

Items	Frequency	Percent
Health factors	45	28%
Environmental factors	56	34%
Social factors	43	26%
I do not know	18	12%
Total	162	100%

Table No (9): showed that above third (34%) of study group were knowledge about environmental factor, near than one-third (28%) of mother know health factors, and (12%) of them do not know factor effect of play.

Table No (10) Distribution of study group according to their knowledge about purpose of toy in infant (less than one year).

Level of knowledge	Frequency	Percent
Good knowledge	8	5%
Fair knowledge	27	15%
Poor knowledge	127	80%
Total knowledge	162	100%

Table No (10) showed that most (80%)of study group had poor knowledge about purpose of toy in infant, less than quarter (15%) had fair knowledge, but only (5%)of them had good knowledge about purpose of toy in infant.

Table No (11) Distribution of study group according to their knowledge about purpose of toy in toddler(Less than three years).

Level of knowledge	Frequency	Percent
Good knowledge	7	4%
Fair knowledge	29	16%
Poor knowledge	126	80%
Total	162	100%

Table No (11): showed that most (80%) of study group had poor knowledge about purpose of toy in toddler, less than quarter (16%) of them had fair knowledge, while only (4%)of them had good knowledge about purpose of toy in toddler.

Table No (12) Distribution of study group according to their knowledge about purpose of toy in preschool(Less than six years)

Level of knowledge	Frequency	Percent
Good knowledge	27	16%
Fair knowledge	46	29%
Poor knowledge	89	55%
Total	162	100%

Table No (12): showed that more than half (55%) of study group had poor knowledge about purpose of toy in pre-school, near one-third (29%) of them had fair knowledge, while only (16%) of them had good knowledge about purpose of toy in pre-school.

Table No (13) Distribution of study group according to their knowledge about Characteristics of safe toy

Level of knowledge	Frequency	Percent
Good knowledge	17	10%
Fair knowledge	35	22%
Poor knowledge	110	68%
Total	162	100%

Table No (13): showed that more than two third (68%) of study group had poor knowledge about Characteristics of safe toy, near than quarter (22%) of them had fair knowledge, while only (17%) of them had good knowledge about Characteristics of safe toy.

Table No (14) Distribution of study group according to their knowledge about role of adult in children play

Level of knowledge	Frequency	Percent
Good knowledge	21	13%
Fair knowledge	40	25%
Poor knowledge	101	62%
Total	162	100%

Table No (14): showed that less than two third (62%) of study group had poor knowledge about role of adult in play in children, quarter (25%) of them had fair knowledge, while only (13%) of them had good knowledge about role of adult in play in children.

Table No (15) Distribution of study group according to their knowledge about type of play in hospital

Type of play in hospital	Frequency	Percent
Therapeutic play	49	30%
Play therapy	91	56%
I do not know	22	14%
Total	162	100%

Table No (15): showed that more than half (56%) of study group were knowing it as play therapy, one third(30%) of them said it was Therapeutic play, while only (14%) of them did not know type of play in hospital.

Table No (16) Distribution of study group according to their knowledge about equipment used to play in hospital:

Equipment used in play	Frequency	Percent
Stethoscope	78	50%
simulated Thermometer	42	25%
examining tables	42	25%
Total	162	100%

Table No (16): showed that half (50%) of study group were used stethoscope to play in hospital and quarter (25%) of them were used thermometer and examining tables to play in hospital.

Table No (17) Distribution of study group according to their knowledge about Time of play in children:

Time of play	Frequency	Percent
All the time	40	24%
Between tasks	96	60%
I do not know	26	16%
Total	162	100%

Table No (17): showed that less than two third (60%) of study group were played between task, near than quarter (24%) of them were played all the time and only (16%) of them weren't know time of play.

Table (18): Cross tabulation between social demographic date (level of education) and benefits of play(behavioral benefits).

The benefits of behavioral	Level of Education												Asymp. Sig. (2-sided)
	Illiterate		Elementary		Secondary		University student		Postgraduate		Total		
	F	%	F	%	F	%	F	%	F	%	F	%	
Good	4	2.5	6	3.7	13	8	6	3.7	1	.6	30	18.5	.018
Fair	3	1.9	15	9.3	14	8.6	12	7.4	0	0	44	27.2	
Poor	3	1.9	12	7.4	28	17.3	43	26.5	2	1.2	88	54.3	
Total	10	6.2	33	20.4	55	34	61	37.7	3	1.9	162	100	

Table (18): showed correlation between level of education mother and behavioral benefit of play in children There is significant relation ship P.value .018.

Table (19): Cross tabulation between social demographic date (level of education) and benefits of play (Emotional benefits).

Emotional benefits	Level of Education												Asymp. Sig. (2-sided)
	Illiterate		Elementary		Secondary		University student		Postgraduate		Total		
	F	%	F	%	F	%	F	%	F	%	F	%	
Good	1	.6	2	1.2	8	4.9	5	3.1	1	.6	17	10.5	.002
Fair	3	1.9	17	10.5	21	13	7	4.3	0	0	48	29.6	
Poor	6	3.7	14	8.6	26	16	49	30.2	2	1.2	97	59.9	
Total	10	6.2	33	20.4	55	34	61	37.7	3	1.9	162	100	

Table (19): showed correlation between level of education and benefit emotional of play in children There is significant relation ship P-value (.002).

Table (20): Cross tabulation between social demographic date (level of education) and benefits of play (Physical Benefits):

Physical Benefits	Level of Education												Asymp. Sig. (2-sided)
	Illiterate		Elementary		Secondary		University student		Postgraduate		Total		
	F	%	F	%	F	%	F	%	F	%	F	%	
Good	0	0	4	2.5	5	3.1	5	3.1	0	0	14	8.6	.158
Fair	0	0	3	1.9	14	8.6	6	3.7	0	0	23	14.6	
Poor	10	6.2	26	16	36	22.2	50	30.9	3	1.9	125	77.2	
Total	10	6.2	33	20.4	55	34	61	37.7	3	1.9	162	100	

Table (20): showed correlation between level of education and benefit ph of play in children there is no significant relation ship P-value (.158)

Table (21): Cross tabulation between social demographic date (level of education) and benefits of behavioral Emotional benefits of play:

Social benefits	Level of Education												Asymp. Sig. (2-sided)
	Illiterate		Elementary		Secondary		University student		Postgraduate		Total		
	F	%	F	%	F	%	F	%	F	%	F	%	
Good	0	0	3	1.9	5	3.1	5	3.1	0	0	13	8	.420
Fair	4	2.5	9	5.6	20	12.3	10	6.2	1	.6	44	27.2	
Poor	6	3.7	21	13	30	18.5	46	28.4	2	1.2	105	64.8	
Total	10	6.2	33	20.4	55	34	61	37.7	3	1.9	162	100	

Table (20): showed correlation between level of education and social benefit of play in children there is no significant relation ship P-value (.420).

Chapter Five

Discussion

Conclusion

Recommandations

5.1 Discussion

Playing is an essential process for a child's development and for learning life skills. Play is a pivotal part of a child's life. It fosters creativity, imagination, social connections, and learned behaviors.

This study was done to assess mothers knowledge regarding important of playing in children less than five years in Elmesiaktab Algouz village in period extended from august to December 2016.

The present study showed that more than one third of mothers (35%) their ages range between (18 -25) years, more than third of them (37%) were graduated and more than two thirds of them (74%) did not work.

The study reflected that more than one third of mothers (37%) had poor knowledge about meaning of playing, related to literature(Play is any activity freely chosen, intrinsically motivated, and personally directed. ⁽⁶⁾ . Play is 'the basis of all art, games, books, sports, movies, fashion, fun, and wonder – in short, the basis of what we think of as civilization, ^{(2).}) This may be related to lacking in lectures and colloquia to enlightening women about that issue. In addition, the study showed that most of mothers (94%) known the importance of playing, this result is agree with literature review(Play is important to child development. Children learn about the world through play. Play with other children encourages peer cooperation, interaction, and sharing,⁽¹⁾ It's important that children get Vitamin D, which is provided by the sun, ⁽⁸⁾.

The study reflected that more than half of mother (52%) had poor knowledge about importance of playing, this result disagree with literature review(Play is a fundamental part of childhood. It enables children to develop social skills, form friendships, develop physical skills, learn about, and become confident in their environment), ⁽¹¹⁾.

Regarding knowledge about benefits of play this study showed that more than one third of mother (35%) had knowledge behavioral benefits of playing, where as less than one third of them (27%) were know emotional

benefits of playing, in addition less than quadrant of them (21%) were know physical benefits of playing, and also only (17%) of them were know social benefits.

The study reviled that more than half of mothers (54%) had Poor knowledge about behavioral benefits). In addition, lees than two third of mother (60%),majority of them (75%), and less than two third of them (64%) had poor knowledge about emotional, physical, and social benefit of play respectively, this my be related to lack of information introduced by mass media, this result agrees with previous study of kina (Play also is defined as pleasurable activity that children engage in for its own sakes. Play is essential to development because it contributes to the cognitive, physical, social and emotional well-being of children. Despite the benefits derived from play, time for free play has been markedly reduced for some children and this has resulted to diminish of play activities,⁽²⁷⁾.

In regard to playing variation according to development, this study reflected that majority of mother (78%) had concept about playing variation ,that agree with literature review (there are five types: Solitary play (type 1), Onlooker play (type 2), Parallel play (type 3), Associative play (type 4), Cooperative play (type 5),⁽¹⁵⁾. addition to factor affect of play, study showed that above third (34%) of study group were selected environmental factor this agree with previous study in Blacksburg, Virginia (Understanding the relationships between play, experiences in nature, environmental identity, the health, learning, attention, and development benefits of outdoor play),⁽³⁾. According to knowledge of mother about purpose of toy in (infant-toddler-preschool stage) had poor knowledge showed that most of mother (80%) in (infant stage- toddler stage) more than half of mother (55%) had known purpose of toy in preschool stage.

Addition to more than two third of mother (68%) had poor knowledge about Characteristics of safe toy.

Regarding knowledge of study group about role of adult in play, the present study showed that more than half (62%) of study group had poor knowledge, that disagree with literature review. (Provides a secure base from which babies can play and explore inside and outside Provides safe, interesting objects and arterials for babies to play with Introduces babies to other people and places) ⁽¹⁹⁾.

According to type of play in hospital this study group showed that more than half (56%) know as play therapy. This agrees with privies study in Humanities, (Therefore, utilizing play therapy based on cognitive–behavioral approach for a child with attention deficit/hyperactivity disorder is of special importance) ⁽²⁸⁾.

Related to equipment used to play in hospital this study showed that half (50%) of study group were used stethoscope to play in hospital because safe toy did lead to injure.

About the time of play this study showed that more than half (60%) of study group were played between task this result agree with previous study in Brazil (The time allowed for play activities varies widely in different contexts. In rural societies, in low-income families and in isolated communities such as African-Brazilian “Quilombos” and South-American Indian groups, children (particularly girls) are often required to help adults in varied chores, which leaves less free time to play – although they often insert play activities into their tasks.) ⁽²⁹⁾.

Finally the study reviled correlation between level of education and benefits of play there is significant relation ship between behavioral (P-value.018) and emotional benefits (p-value .002). This indicate that learning have major role to increase mother knowledge.

5.2 Conclusion

the study, it was concluded that:

More than half of study population had poor knowledge regarded importance of play, more than two third of mother had poor knowledge about characteristics of safe toy and more than half of them had poor knowledge about role of adult in playing in children.

Finally the study reviled correlation between level of education and benefits of play there was significant relation ship between behavioral and emotional benefits

5.3 Recommendations

Based on the study finding and conclusion, come the following recommendation:

- 1- Encourage health education in community about play by mass media and filed tribe.
- 2- Health workers should provide knowledge mother about play therapy.
- 3- Further studies should be done in effect of play on development in children.

Appendix

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Questionnaire

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7- Benefits of play:

- a) behavioral ()
- b) emotional ()
- c) social ()
- d) physical ()

7.1. A-behavioral benefits:

- e) Increase adaptability ()
- f) Increases calmness()
- g) Reduces irritability ()
- h) I don't know ()

7.1. B-emotional benefits:

- a) reduces fear()
- b) increase self-esteem()
- c) Improves emotional flexibility and openness()
- d) I don't know ()

7.3. Social benefits:

- a) Increases empathy, compassion, and sharing.()
- b) Creates options and choices ()
- c) Models relationships based on inclusion rather than exclusion()
- d) I don't know ()

7.4. physical benefits:

- a) Increases range of motion()
- b) Increase balance and coordination()
- c) Decreases stress, fatigue ()
- d) I don't know ()

8-play differs depending on developmental stage .

A-Yes () (b) No ()

10-factors that affect of play:

A health factors () b-environment factors () c-social factors ()
(d) do not know ()

11. Purposes of toys according to developmental stage:

11.1.A-Less than a year:

- a) Stimulate psychological development()
- b) Offer diversion from boredom, pain, and discomfort.()
- c) Provide means of communication and expressing feelings()
- d) I don't know()

11.2.(B) less than three years:

- a) Increase imitation ()
- b) Increase language development()
- c) Increase child's making options()
- d) I don't know ()

11.3.C-less than six years:

- a) Development of physical skills()
- b) Development-motor skills()
- c) increases imagination()
- d) I do not know()

12-characterstics of safety toys:

- a) parts should be big ()
- b) there must be complete instructions on how to use the toy()
- c) toy is suitable for the child's current ability and stage of development()
- d) appropriate to the age of the child ()

13. role of adult towards children play:

- a) Provides safe, interesting objects and materials for babies to play with()
- b) Provides a secure base from which babies can play and explore inside and outside ()
- c) Provides opportunities for toddlers to play in pairs and small groups()
- d) Is actively involved in playful, adventurous interactions with toddlers, for example active, physical play with them on the floor.()

15- Type of play within the hospital:

- a) Therapeutic play()
- b) Play therapy ()
- c) I don't know

16- The equipment used to play inside the hospital:

- a) Stethoscopes ()
- b) simulated thermometers()
- c) examining tables()

17- Time of playing:

- a) The length of time () (b) between tasks () (c) do not know ()

بسم الله الرحمن الرحيم

جامعه سندي

كلية الدراسات العليا

استبيان عن معرفه الأمهات عن أهميه اللعب للأطفال اقل من خمسة سنوات

1. العمر :

أ-15-25 سنة () ب-26-30 سنة () ج-31-40 سنة () د-40 سنة فما فوق ()

2- المستوى التعليمي:

أ- أمي () ب- أساس () ج- ثانوي () د- جامعي () هـ- فوق الجامعي ()

3- الوظيفة:

أ- تعمل () ب- لا تعمل ()

4- يعرف اللعب علي انه:

- أ- نشاط يختاره الطفل بحريته () ب- هو عبارة عن فن وليس سلوك ()
ج- اللعب هو نشاط يشارك في التمتع والترفيه، وخصوصا من قبل الأطفال. ()
د- اللعب هو عبارة عن مجموعه من الأنشطة التطوعية وترتبط عادة بتمتع الطفل ()

5- اللعب ضروري لنمو جسم الطفل:

أ- ضروري () ب- غير ضروري () ج- لا اعرف ()

6- تكمن أهميه اللعب بأنة:

- أ- يساعد في نمو الطفل () ب- يعزز الإبداع والخيال () ج- توفير فيتامين (د) ()
د- ينمي الحصيله اللغوية ()

7- فوائد اللعب:

أ- سلوكية () ب- عاطفية () ج- اجتماعية () د- بدنية ()

أ- فوائد سلوكية:

- أ- يزيد من القدرة على التكيف () ب- يزيد من الهدوء () ج- يقلل من التهيج ()
د- لا اعرف ()

ب- فوائد عاطفية:

- أ- يقلل من الخوف والتوتر () ب- يحسن المرونة العاطفية ()
ج- يزيد من الثقة بالنفس () د- لا اعرف ()

ج- فوائد اجتماعية:

- أ- ينمي علاقة الطفل الاجتماعية () ب- يزيد التعاطف والتراحم ()
ج- يخلق الخيارات والاختيارات () د- لا اعرف ()

د- فوائد بدنية:

- أ- يعزز نطاق الحركة () ب- يقلل من الإجهاد والتعب () ج- يزيد من التوازن () د- لا اعرف ()

8- يختلف اللعب باختلاف الفئات العمرية:

- أ- نعم () ب- لا ()

9- معرفة الأمهات عن نوع اللعب حسب الفئات العمرية:

- أ- انفرادي () ب- تشاركي () ج- جماعي () د- لا أعرف ()

10- العوامل التي تؤثر علي اللعب:

- أ- عوامل صحية () ب- عوامل بيئية () ج- اجتماعيه () د- لا أعرف ()

11- الغرض الأساسي من شراء اللعبة للطفل:

- أ- أقل من سنة:

- أ- يحفز النمو النفسي () ب- يقلل من الملل () ج- يعبر عن مشاعره () د- لا اعرف ()

ب- اقل من ثلاثة سنوات:

- أ- تعزيز مهارات الحركة () ب- تشجيع التقليد () ج- تطوير اللغة () د- لا اعرف ()

ج- أقل من ستة سنوات:

- أ- تنمية المهارات الجسمية () ب- تنمية المهارات الحركية () ج- يزيد من الخيال ()
د- لا أعرف ()

12- خصائص اختيار اللعبة:

- أ- يجب أن تكون أجزاء كبيرة () ب- درجه خطورة اللعبة متساوية مع قدره الطفل ()
ج- تحمل العلامات التي تلفت الانتباه للمخاطر () د- لا اعرف ()

13- دور الكبار تجاه لعب الأطفال:

- أ- توفير الحماية للطفل () ب- مساعده الطفل علي اكتشاف الأشياء ()
ج- إعطاء الطفل فرص للمغامرة والإبداع والتخلق ()
د- يمرن الطفل علي اتخاذ القرار الجيد ()

15- ما نوع اللعب داخل المستشفى:

- أ- اللعب العلاجي () ب- المعالجة عن طريق اللعب () ج- لا أعرف ()

16- ما هي المعدات التي تستخدم في اللعب داخل المستشفى:

أ- ألسماعه () ب- ميزان الحرارة () ج- تربيذة الكشف الطبي ()

17- الزمن الذي يمارس فيه اللعب في نظرك:

أ- طول الوقت () ب- بين المهام () ج- لا اعرف ()