



A STUDY TO ASSESS THE EFFECTIVENESS OF AWARENESS PROGRAMME ON KNOWLEDGE REGARDING HEALTH PROBLEMS RELATED TO SMART PHONE ADDICTION AMONG ADOLESCENTS STUDYING IN A SELECTED SCHOOL, BANGALORE, KARNATAKA

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INTRODUCTION

Technology has played, is playing and will play an important role in human civilization. At the beginning, technologies were used to find food, warning the others and for saving lives. Nowadays technological advancements have it hands on each and everything we do in our daily life. But it has not only good effects; there is some extremely bad effect to the individuals and to the society, such as addiction.¹

Addiction is considered by WHO (WHO Expert Committee-1964) as dependence, as the continuous use of something for the sake of relief, comfort, or stimulation, which often causes cravings when it is absent.⁷ The two major categories of addiction involve in adolescent period are either substance addiction or behavioural addiction such as mobile phone addiction.²

The term smart phone addiction collectively used to describe "problematic phone use", compulsory phone use", and "mobile phone overuse", here the individual spent so much time using smart phone neglecting other areas of life.³ Specifically, the target group of smart phone market is adolescents. The curiosity and their leisure time are the main factors which make them the victims of smart phone addiction. Adolescents use smart phones as a platform to chat with their friends, use social media and watch videos and for information seeking. Nowadays smart phones have become a symbol of status among the teenagers and they see their smart phone as their second self. Many of the adolescents who were surveyed, reported that they are unable to live without smart phones.⁴

Background:

Smart phones have now become an essential part of life. However, despite the convenience it brings to use, sometimes it might affect our daily life in a negative sense.

Studies have shown that, smart phone addiction is associated with Insomnia, depression and other mental disorders. Apart from Mental health, it has also been linked with physical wellbeing. For instance, due to small screen size, touch panel, and handholding, long time using smart phone increases the risk of eye diseases, dysfunction of fingers, neck pain, and other musculoskeletal problems. Moreover, smart phone overuse also leads to dysfunctions in daily life, as it distracts people, distorts perception of time, and negatively affects productivity and interpersonal relationships. Smartphone overuse also sucks up time that could have been spent in a more constructive way and is associated with other lifestyle risk behaviours such as physical inactivity.⁵

Students may disturb others through ring tones and they also misuse cell camera. They can use their cell phones to write and send text messages, take and send digital photos, and even take and send short digital video clips, in addition to making phone calls. Nearly all of the uses can become inappropriate and undesirable in middle and high school classrooms. The students even send threatening and vulgar

messages to teachers. The increased usage of mobile has increased the magnitude of potential health risks among its users.⁶

Objectives Of The Study

- To assess the existing knowledge of adolescents regarding health problems related to smart phone addiction
- To find out the effectiveness of awareness programme regarding health problems related to smart phone addiction among adolescents by comparing the pre-test and post-test knowledge scores
- To find out association between pre-test levels of knowledge regarding health problems of smart phone addiction with selected socio demographic variables of the adolescents.

Research Hypothesis:

H1: There will be statistically significant difference between the pre-test and post-test knowledge regarding health problems related to smart phone addiction among adolescents $p \leq 0.05$ level

H2 – There will be statistically significant association between pre-test level of knowledge score regarding health problems related smart phone addiction and selected demographic variables of adolescents at $p \leq 0.05$ level.

Methodology:

An Evaluative survey approach was considered as the best way to assess the effectiveness of awareness programme on knowledge regarding health problem related to smart phone addictions among adolescent students. A Quantitative evaluation Approach is considered as appropriate. Pre experimental design one group pre-test post-test research design was used in this study. A total of 60 adolescent students' age group of 13-16 years in a selected school, Bangalore, Karnataka was considered as population, non-probability convenient sampling technique was used in this study. A well-structured and administered questionnaire was used to elicit the responses. The collected data were analysed with the help of descriptive and inferential formula to draw meaningful inferences and conclusion which was obtained using excel.

RESULTS:

Majority of the subjects 30(50%) are age group 15-16 years. More than half 36(60%) of the samples are female. Half of the samples 30(50%) are studying in 10th standard. Majority of the subjects 50(80%) belongs to Nuclear family. Majority 36 (60%) of the subject's fathers completed graduation. Majority 24(40%) of the sample's mothers completed secondary education. Most 36(60%) of the sample's fathers are nongovernment employee Majority 30(50%) of the sample's mothers are nongovernment employee. Majority of the subjects 30(50%) have a family income above 30000 rupees/month. More than half 40(67%) of the samples spent less than 2 hours time using smart phone. Majority of the samples

51(85%) does not own smart phone. Majority 36(60%) of the samples got information from family/ friends

In Pretest majority 42(70%) of the respondents have average knowledge, 18(30%) of the respondents have poor Knowledge and none of them have good knowledge where as in Post Test majority 44(73%) of the respondents have Good knowledge, 16(27%) of the respondents have average Knowledge and none of them have poor knowledge level on health problem of smart phone addiction among students.

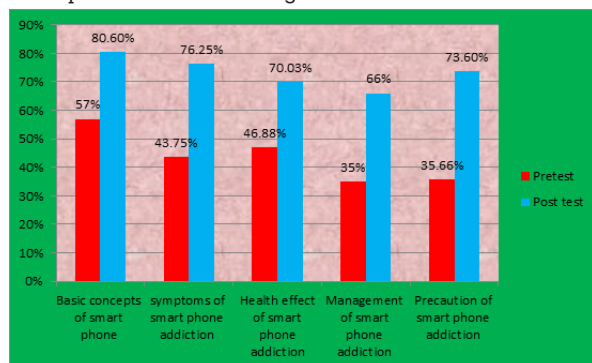


Fig 1 : Bar diagram representing effectiveness of awareness programme on health problem of smart phone addiction by comparing the pretest and post-test knowledge scores

In pre-test knowledge score of the students was 12.93 and mean post-test knowledge score was 21.7 and calculated 't' value (17.97) was greater than the table value at 0.05 level of significance. The mean difference between pre-test and post-test knowledge score was 8.77. The finding reveals that there was effectiveness of awareness program among the adolescents regarding health problem on smart phone addiction. Hence the hypothesis H1 at $p \leq 0.05$ level" is accepted.

The computed χ^2 value of the adolescent's knowledge regarding health problem on smart addiction was significant with the socio demographic variables viz the educational status of mother at $p < 0.05$ level. Hence the hypothesis H2 is accepted.

DISCUSSION

The study finding of the present study was supported by another study conducted by Nidhin Abraham et.al (2014) the chi-square analysis revealed that knowledge about nomophobia among degree college students were found to be associated with variables viz age, gender, monthly income, average duration of mobile phone use per day, reaction towards mobile phone damage, number of times one checks the mobile phone, awareness about the health hazards of mobile phone and those who carry mobile phone charger with them at 0.05 level of significance, hence there significant association between the effect of nomophobia and selected personal variables.⁷

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