



A PRE EXPERIMENTAL STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAMME ON KNOWLEDGE REGARDING ILL-EFFECTS OF MOBILE USAGE ON PHYSICAL AND MENTAL HEALTH AMONG ADOLESCENTS IN SIR CR REDDY JUNIOR COLLEGE, SANTHI NAGAR, ELURU.

Nursing

Mrs. S. Rani	Assistant Professor, Dept. of Child Health Nursing, Sir C. R. Reddy College of Nursing, Eluru.
Mrs. Myneni Manisha	Vice-Principal, Dept. of Community Health Nursing, Sir C. R. Reddy College of Nursing, Eluru.

ABSTRACT

This pre-experimental study to assess the effectiveness of structured teaching programme on knowledge regarding ill-effects of mobile usage on physical and mental health among adolescents. **Objectives:** the study aimed to assess the knowledge before and after intervention and examine the association between the post test knowledge score with their socio demographic variables. **Methodology:** A total of 60 samples collected by using non probability convenient sampling technique from Sir C.R.Reddy junior college. Data was collected by using a structured knowledge questionnaire before and after intervention. the intervention included a structured teaching programme on knowledge regarding ill effects of mobile usage among adolescents with videos. **Results:** pre-test findings reveals that 58% had inadequate knowledge, 3.3% had moderate and none of the student had adequate knowledge regarding ill effects of mobile usage where as post test showed improvement with 51.7% had adequate knowledge, 43.3% had moderate knowledge, only 5% had inadequate knowledge regarding ill effects of mobile usage. The mean knowledge score was 22.00, median was 23 standard deviation was 3.08 and 't' value was 20.762. indicating there is statistically improvement. There is significant difference in the pre-test and post test knowledge score. **Conclusion:** The study concluded that majority of adolescents are having inadequate knowledge so structured teaching programme improved the knowledge of adolescents regarding ill effects of mobile usage.

KEYWORDS

Health Hazards, Adolescents, Mobile Phone Usage, Screen Time, Knowledge

INTRODUCTION

Social media is a collection of platforms and apps that allow people to communicate, create communities and share content. It's a way for people to create share and exchange information and ideas in virtual communities and network.

Adolescent is a critical and transitional stage of physical, psychological, human development, during this developmental period higher level of thinking allows them to think about the future alternatives and understanding abstract ideas, maintain and establish satisfying relationship by learning to share intimacy without feeling worried.

Smart Phone have become essential part of adolescent life today due to access to internet, rapid advances in technology, educational apps and entertainment. While they help in communication and learning, excessive and unsuervised use can negatively effect the adolescents health. prolonged smartphone usage is associated with several physical problems like eye strain, headache, sleep disturbances and reduced physical activity. It is also leads to psychological issues such as anxiety, poor concentration, and decreased academic performance. Despite of risk many adolescents are unaware of ill effects and safe usage practices of smartphone

Need for the Study

Globally much population has got connected to the internet. There is nearly 93%, approximately 60%, 4.8 billion individuals are active in social media. It has become an integral part of people's lives especially among the younger generation. However, this expanding presence in the digital realm is also giving rise to negative experience.

Most of the global populations (especially college and university students) use smart phones due to its wide range of applications. While beneficial in numerous ways, smart phones have disadvantages such as reduction in work efficiency, personal attention, social nuisance and psychological addiction. currently the addiction to Smartphone among students is 24.81%-27.8% and it is progressively increasing in every year.

India is one of the largest and fastest growing markets for digital consumers with 560 million internet subscribers (nearly 41%) in 2018, seemed only to china , the average Indian social media users spends 17 hours on the platform each week more than social media users in china and the united states , half of indians entry level users for smart phones are between 15 & 24years old & more than students , chat , video streaming browsing socialnetworking & image apps are the most engaging and account for more than 50% of the total time spent on phones. India has the highest numbers of adolescent (253 million) & they constitute one – fifth of the Indian population

Statement of the Problem:-

A pre experimental study to assess the effectiveness of structure teaching programme on knowledge regarding ill effects of mobile usage on physical and mental health among adolescents in Sir C R Reddy Junior College, Santhi Nagar, Eluru.

Objectives

- To assess the pretest knowledge regarding health hazards of mobile usage among adolescents.
- To assess the post test knowledge regarding health hazards of mobile usage among adolescents.
- To compare the pretest and post-test knowledge score.
- To find out the association between the post test knowledge score with their socio-demographic variables.

Hypothesis

H1:- There will be significant difference between pretest and post test knowledge scores regarding ill effects of mobile usage among adolescents.

H2:- There will be significant association between the post knowledge scores regarding ill effects of mobile usage among adolescents with their selected socio demographic variables

Research Approach

A “Quantitative Research approach” was considered to be most appropriate to assess the knowledge regarding ill effects of mobile usage.

Research Design

Pre-experimental research design was used to evaluate the effectiveness of structured teaching programme on knowledge regarding ill effects of mobile usage among adolescents.

Setting of the Study

Study was conducted in "Sir C R Reddy Junior College, Santhi Nagar, Eluru"

Population

Population in this present Study was adolescents that who are in “Sir C R Reddy Junior College, Santhi Nagar, Eluru”.

Sample

Present study, the sample are “adolescents studying in Sir CR Reddy Junior College, Santhi Nagar, Eluru”.

Sample Size:-

The sample size consists of "60 adolescents"

Sampling Technique

The sampling techniques used for present study was “Non probabilityconvenient sampling technique”

Inclusion Criteria

Adolescents who are

- In the age group of 16-20 years.
- Willing to participate in the study.
- Available at the time of data collection.
- Studying intermediate.

Exclusion Criteria

Adolescents who are

- Above 20 years and below 16 years.
- Not available during the time of data collection.
- Not able to speak or understand english language.

Variables**Independent Variable**

In the present study, the independent variable is structured teaching programmeon ill effects of mobile usage.

Dependent Variable

In the present study, the dependent variable is knowledge on ill effects ofmobile usage.

Description of the Tool:-**Section-I :-Demographic Data Questionnaire**

Age, gender, religion, residence, family type, course of degree, year of education, duration of mobileusage and data usage per day

Section-II :-Knowledge Questionnaire

Table 4.6 Association Between Post Test Level of Knowledge Scores with Socio-demographic Variables Among Adolescents Regarding Ill-effects of Mobile Usage.

Name of the variables		Level of knowledge (Category)						Chi-square	P- Value	Significance
		Inadequate		Moderate		Adequate				
		n	%	n	%	n	%			
Age in year's	16 – 17 years	0	0	9	15	37	61.7	5.08	0.024	Significance
	18-19 years	0	0	7	11.7	7	11.7			
	20-21 years	0	0	0	0	0	0			
	22-23 years	0	0	0	0	0	0			
Gender	Male	0	0	8	0	33	0	4.96	0.026	Significance
	Female	0	0	9	0	10	0			
Religion	Hindu	2	3.3	19	31.7	17	28.3	8.42	0.077	Not Significance
	Christian	0	0	6	10	13	21.7			
	Muslim	1	1.7	1	1.7	1	1.7			
	Others	0	0	0	0	0	0			
Residence	Collage hostel	1	1.7	0	0	8	13.3	6.58	0.362	Not Significance
	Living with the parents	1	1.7	0	0	18	30			
	PG hostel	0	0	0	0	0	0			
	Others	1	1.7	1	1.7	5	8.3			
Family type	Nuclear family	0	0	11	18.3	12	20	3.88	0.693	Not Significance
	Joint family	2	3.3	9	15	14	23.3			
	Single parent family	1	1.7	5	8.3	5	8.3			
	Extended family	0	0	1	1.7	0	0			
Course of degree	Science	2	3.3	10	16.7	23	38.3	9.59	0.143	Not Significance
	Arts	0	0	1	1.7	0	0			
	Vocational	0	0	1	1.7	2	3.3			
	Intermediate	1	1.7	14	23.3	6	10			
Years of education	1styear	3	5	25	41.7	31	51.7	1.33	0.514	Not Significance
	2ndyear	0	0	1	1.7	0	0			
Duration of using mobile phone	0 – 1 hour	2	3.3	11	18.3	12	20	2.00	0.919	Not Significance
	1- 2 hour	1	1.7	10	16.7	10	16.7			
	2-3 hour	0	0	1	1.7	2	3.3			
	More than 3 hours	0	0	4	6.7	7	11.7			
Data usage per day	1GB	2	3.3	16	26.7	11	18.3	5.33	0.255	Not Significance
	2GB	1	1.7	7	11.7	11	18.3			
	3GB	0	0	0	0	0	0			
	4GB	0	0	3	5	9	15			
Source of information	Mass media	0	0	2	3.3	4	6.7	4.09	0.664	Not Significance
	Teaching faculty	0	0	7	11.7	9	15			
	Relatives and friends	1	1.7	11	18.3	9	15			
	Health care professionals	2	3.3	6	10	9	15			

the knowledge questionnaire consists of 30 items with multiple choice questions on ill effects of mobile usage.

Table 3.1 Score Interpretation for Over All Structured Questionnaires:

S. No	Level of Knowledge	Score	Percentage
1	Inadequate knowledge	0-15	0-50%
2	Moderate knowledge	16-22	51-75%
3	Adequate knowledge	23-30	76-100%

Ethical Consideration

Formal administrative permission was obtained from the principal of SirC R Reddy Junior College, Santhi Nagar, Eluru.

Section-B: Table 4.2 Frequency and Percentage Distribution of Level of Knowledge Regarding ill Effects of Mobile Usage Among Adolescents.

Level of knowledge	Experimental group			
	Pre test		Post test	
	[n]	[%]	[n]	[%]
Inadequate	58	96.7	3	5.0
Moderate	2	3.3	26	43.3
Adequate	0	0.0	31	51.7

The above table reveals that, during pretest 58[96.7%] had inadequateknowledge, 2[3.3%] had moderate knowledge, 0[0.0%] none of the student had aadequate knowledge regarding ill effects of mobile usage. Where as in post test 3[5.0%]had a inadequate knowledge, 26[43.3%] had moderate knowledge, 31[51.7%] had aadequate knowledge regarding ill effects of mobile usage.

The table reveals that the association of post test scores with socio-demographic variables regarding ill-effects of mobile usage among adolescents, age of adolescents in $X^2=5.08$, gender in $X^2=4.96$ was statistically significant at the level of 0.05.

The association between post test scores with demographic variables regarding ill-effects of mobile usage among adolescents, religion in $X^2=8.42$, residence in $X^2=6.58$, family type in $X^2=3.88$, course of degree in $X^2=9.59$, year of education in $X^2=1.33$, duration of mobile phone in $X^2=2.00$, data usage per day in $X^2=5.33$, source of information in $X^2=4.09$ were statistically not significant at the level of 0.05.

DISCUSSION

Objective 1:

To Assess the Pre-test Knowledge Regarding Health Hazards of Mobile Usage Among Adolescents.

The results of the present study revealed that in pre-test 58(96.7%) students had inadequate knowledge, 2(3.3%) had moderate knowledge and none of the students had adequate knowledge regarding the ill effects of mobile usage.

Objective 2

To Assess the Post-test Knowledge Regarding Health Hazards of Mobile Usage among Adolescents.

The results of the present study revealed that in post-test 3(5%) had inadequate knowledge, 26(43.3%) had moderate knowledge, 31(51.7%) had adequate knowledge regarding ill effects of mobile usage.

Objective 3

To Compare the Pre-test and Post-test Knowledge Scores.

In pre-test experimental Group, mean was 10.62, median was 11, with standard deviation 3.02, and in post-test mean was 22, median 23 with the standard deviation 3.08. The calculated paired t-value was 20.762 at p value 0.001, which is significant.

Objective 4

To Find Out the Association Between the Post-test Knowledge Scores with their Social Demographic Variables.

The results of the present study revealed that there is an association between the post-test knowledge scores with the social demographic variables regarding ill effects of mobile usage among adolescents, such as age in years $X^2=5.08$. Gender $X^2=4.96$. Which are statistically significant at the level of $P<0.05$.

Implications

Nursing Practice

This study emphasizes on improving the knowledge regarding ill effects of mobile usage through mass media like video assisted teaching programme.

Nursing Education

Nursing education should emphasize more on preparing students to share health information to the public regarding the effects of mobile usage.

Nursing Administration

The administrator serves as a resource person for young nursing students for providing guidance and counselling to the adolescents with the ill effects of mobile usage.

Nursing Education

Nursing education should emphasize more on preparing students to share health information to the public regarding the effects of mobile usage.

Nursing Research

The study provides a baseline data for conducting other research studies. Nurses and students can conduct several research studies with adequate resources regarding ill effects of mobile usage.

Limitations

- The size of the sample is only 60, hence the findings could not be generalized.
- The study did not use any control group. There was a possibility of a threat to internal validity such as events occurring between pre-test and post-test sessions like mass media or other people can influence the adolescents knowledge.

- Samples were taken only from the selected colleges.

Recommendations

- The same study can be replicated for a Large sample.
- Comparative study can be carried out to ascertain the knowledge among adolescents.
- A study can be carried out to determine the knowledge, attitude and practice regarding ill effects of mobile usage among adolescents.
- A descriptive study can be carried out to assess the knowledge and attitude among adolescents.

CONCLUSION

The study concluded that, structured teaching programme is effective to increase the knowledge of adolescents regarding ill effects of mobile usage. The study highlights that excessive mobile phone usage can adversely affect the adolescents health and wellbeing; however, appropriate educational interventions can significantly improve knowledge and promote healthier behavioural practices. Continued collaborative efforts from families, schools, healthcare providers, and policy makers essential to ensure the healthy growth and development of adolescents in digital era.

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