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A STUDY TO ASSESS THE EFFECTIVENESS OF STRUCTURED TEACHING PROGRAM ON KNOWLEDGE REGARDING ILL EFFECTS OF MOBILE ADDICTION AMONG SCHOOL GOING CHILDREN SELECTED AT RURAL AREAS OF MEERUT (U.P)

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ABSTRACT:
Background: A mobile phone is a small communication device that allows people to make calls anytime and anywhere. Electronic messaging is the most important concept on mobile phones. The survey revealed that 49.3% of students in rural India have access to smart phones. However, among the parents whose children have access to gadgets, 76.7% stated that their children primarily use mobile phones to play video games. Of the students with access to gadgets, 56.6% used the devices for downloading and watching movies, while 47.3% used them to download and listen to music, the survey said. Only 34% use the gadgets for study downloads, and 18% accessed online learning via tutorials. Objectives: To assess the level of knowledge of school going children regarding Negative health effect of mobile devices previous knowledge of planned Teaching. To assess the level of knowledge of school going children regarding Negative health effect of mobile devices after planned teaching. to evaluate the effectiveness of planned teaching programmed on level of knowledge regarding Negative health effect of mobile devices. to find out the association between the level of knowledge regarding Negative health effect of mobile devices and their selected demographic variables.
Methods: A quantitative- evaluative approach. Community based Pre- and post-tests. Design was adopted in this study target population school going children in the age group13to17years in selected school at rural area study was conducted in rural area Meerut Uttar Pradesh India sample size 50 Probability a simple, convenient, random sampling technique.
Results: The results indicate that statistical analyses demonstrated that the post-test mean score of the sample is 16.66 and the standard deviation is 5.94 among schoolchildren, and the pre-test mean score of the sample is 6.50 and the standard deviation is 4.93,as evident from the obtained (+) value of 12.98 at the 0.005 level of significance.
Conclusions: This researcher concludes that a significant portion of school children in rural areas have sufficient knowledge of mobile addiction. The majority of school children in Meerut at rural areas (28%) had adequate knowledge, according to research, while just 8 percent had inadequate knowledge and 64 percent had moderately adequate knowledge.

KEYWORDS: School children, Mobile addiction, Knowledge, Structured teaching Rural areas.

INTRODUCTION

September 2015, as reported by the Internet and Mobile Association of India (IAMAI) and International. Cyber cafés have been visited by 58% of active Internet users. Internet connectivity from the home (33%), workplace (37%), and other sources comes next. India ranks third in Asia, with the majority of its population (85%) being in the 19–40 age range. In India, men make up 85% of internet users , followed by elderly men (15%), school-aged children (14%),and college students (21%). Of them, two-thirds use the internet two to three times a week.

Teenagers from the younger generation are accustomed to listening to music constantly and are not aware of the risks associated with using headphones. It is the sheer force of the intense sound vibrations that causes damage to the haircells, orstereocilia. However , recent research has shown that exposure to loud noises causes chemicals known as free radicals to develop ,which are known to harm cells and kill hair cells. The National Institute for Communication Disorders and Deafness Adolescents must be made aware of the risks associated with earphone use in order to prevent harm to hair cells. Hearing loss can occur from prolonged or recurrent exposure to noise levels of 85 dB or greater. The shorter the time interval before noise-induced hearing loss can happen, the louder the sound. Another typical sign of noise-induced hearing loss is tinnitus, which is frequently described as a whooshing, buzzing, or ringing sound in the ears that might happen sporadically or all the time. Impulse sounds can produce acoustic trauma, which can lead to instantaneous hearing loss.

"mobile- induced medical problems." It can be defined as the range of issues that arise from improper and continuous use of a mobile phone by causer. Obesity, musculoskeletal pain, repetitive strain injuries (RSI), sleep disorders, and eyesight issues are the main causes of these issues.

The survey revealed that 49.3% of students in rural India have access to smartphones. However, among the parents whose children have access to gadgets, 76.7% stated that their children primarily use mobile phones to play video games. of the students with access to gadgets, 56.6% used the devices for downloading and watching movies, while 47.3% used them to download and listen to music, the survey said. Only 34% use the gadgets for study downloads, and 18% accessed online learning via tutorials.
The survey included responses from 6,229 parents, of whom 6,135 had had school-going students, 56 had children who dropped out of school, and 38 had children who had never enrolled in school.
Students belonging to Class VIII and above had more access to smartphones (58.32%), while students in Classes 1-III also had access (42.1%).

Objectives:

1. To assess the level of knowledge of school going children regarding Negative health effect of mobile devices previous knowledge of planned Teaching.
2. To assess the level of knowledge of school going children regarding Negative health effect of mobile devices after planned teaching.
3. To evaluate the effectiveness of planned teaching programmed on level of knowledge regarding Negative health effect of mobile devices.
4. To find out the association between the level of knowledge regarding Negative health effect of mobile devices and their selected demographic variables.

METHODS

Research approach

Research approach selected to accomplish the objectives of the study was a quantitative- evaluative approach.

Study design

In this study, A community based Pre- and post-tests. design was adopted.

Study population

The Target accessible of the study includes the school going children in the age group13to17years in selected school at rural area at Meerut and who met the criteria that the researcher established for a study.

Study area

The study was Conducted in rural area meerut Uttar Pradesh India

Sample size

As documented in different literature, the proportion of various heterogeneous (10% - 65%) pattern in knowledge and attitude level of spouses of antenatal mother. Therefore a sample size is thought to be maximum by assuming the prevalence of 50%. Therefore by adapting the expected 50% of prevalence at 5% of absolute precision and 95% of desired confidence level, the require sample size is 384. Therefore a total of nearby 50 selected school going children with the age group of 13–17 years belonging to 8th to 10th standard studying in selected school for the current study

Sampling method

A Probability a simple, convenient, random sampling technique will be used for selecting samples.
Inclusion criteria

- Student who are in the age group 13-17years
- Student who understand and speak in Hindi.
- Student who are willing to participate in this study.

Exclusion criteria

- English medium students of 10thstd.
- Student who are not available during data collection.

Data collection tool

The study tool considered of two section ,

Section I: Demographic variables consist of baseline information of age, education,education of father, occupation of father monthly income, number of sibling,do you have mobile phone, Awareness of hazards of mobile devices, Daily usage of mobile devices

Section II: Structured knowledge questionnaire regarding selected aspects of
mobile phone addiction.

Development of tool:

A structural questionnaire was used to assess the knowledge and regarding mobile addiction care among school going children . Prior to the study, written permission can be obtained authorities. Further consent can be taken from samples regarding their willingness to participate in the study. The data will be collected by the investigator herself.

Content validity

The content validity of the tool was determined by five experts opinion. There are four nurses and one doctor. The tool's final preparation included the required recommendations and alterations.

Reliability of tool

The test–retest approach was used to determine the tool's reliability. The score has a 0.09 reliability factor. For this reason, the instrument was regarded as trustworthy before the study began.

Pilot study

Pilot study was carried out with official approval from IIMT college of medical science nursing's ethical committee and principal. At shaheed memorial vidya Kendra,sihani,Nandgram

Data collection

Data was collected by the investigator after obtaining permission from the concerned authorities of selected university .Prior to the data collection, the children ware seated comfortably in a quiet environment.The investigator was introducing himself, explain the objectives of the study, and obtain consent from the children for maximum cooperation.Each day around 03-04 children was interviewed using the closed-ended structured interview schedule.

Statistical analysis

Data entered in Microsoft excel and analysis was done. The association between pre-test knowledge score of mothers of under-five children and their selected socio-demographic variables was done by chi-square test and effectiveness of planned teaching programme was done by using paired 't' test. The level of significance was set at p-value <0.05.

Ethical clearance and informed consent

The study was carried out after obtaining approval from the institutional Ethical Committee of IIMT College of Medical Science (Nursing) IIMT University Meerut .The participants were briefed about the purpose of the study and informed consent was obtained prior to the data collection.

RESULTS

1. Level of knowledge regarding Mobile addiction among school going children

- As per age, 17 (34%) of the sample were in the age group of 13–14 years, 15 (30%) of the sample belonged to the age group of 14–15 years, and 18 (36% of the sample belonged to the age group of 16–17 years.
- As per religion,23 (46%) of the sample were male and 27 (54% of the sample were female).
- As per the educational status of the samples, 14 (28% of them) were in the 8thstandard, 14 (28% of them) were in the 9thstandard, and 10 (22% of them) were in the 10th.
- As per the education of the father, 2 (12%) of the sample were graduates, 21 (42% of the sample)were higher secondary, 5 (10%) of the sample were in high school, and 22 (44%of the sample) were in primary school.
- As per the occupation of thefather,1 (2%)of the sample had a government job, 37 (74%of the sample) had a private job, and 12 (24% of the sample) were farmers.
- As per family monthly income,11(22%of the sample)had less than15,000,36(72%of the sample) had 25,000–30,000, and 3 (6% of the sample) had above 40,000.
- As per the number of siblings, 12 (24%) of the sample have one sibling, 33 (66%) of the sample have two siblings, and 5 (10%) of the sample have more than two siblings.
- 42 (84%) of the sample have a mobile phone, and 8 (16%) of the sample have no mobile phone.
- 12 (24% of the sample) were aware of the hazards of mobile phones, and 38 (76% of the sample) were not aware of the hazards of mobile phones.
- As per daily usage of mobile devices,3(6%)of the sample used the mobile phone less than 2 hours, and 29 (58%) of the sample used the mobile phone Within 2–4 hours, 15 (30%) of the sample used their mobile phones. 4-6 hours, and 3 (6%) of the sample used the mobile phone for more than 6 hours.

The data in Table 2 showed that, on the pre-test,43(86%) of the sample, or the majority, had In adequate knowledge,5(10%) of the sample had mode rately adequate knowledge, and 2(4%) had adequate knowledge .However, following the administration of the structured teaching- assisted education programme, 8 percent of the sample had inadequate knowledge in post-test 4, 32 (64%) had moderately adequate knowledge, and 14 (28%) had adequate knowledge.

2. Association between knowledge and demographic variables

The information in the table indicates that following the structured teaching-assisted teaching program, schoolchildren's post-test mean score (16.66) was higher than their pre-test mean score (6.50). This difference was found to be statistically significant, as indicated by the obtained "t" value (12.98) at the 0.05 level of significance. The table value (2.25) is less than the computed t value (12.98). Thus, it is decided to accept hypothesis (H1).

The post-test degree of knowledge about the negative impacts of mobile addiction was significantly correlated with the father's education, occupation, and awareness of the risks associated with mobile phones.

Thisdemonstratedthattheschoolchildren'sknowledgeandtheirdemographiccharacteristics did, in fact, have a substantial correlation and were dependent upon one another. There fore, hypothesis(H2) is approved.

DISCUSSION

To assess the level of knowledge of school children regarding ill effects of mobile devices before and after Structured teaching Teaching.

- The finding of the present study pre-test knowledge shows:
- The data represented in Table 2 depicts that 43 (86%), that is, the majority of the sample, had in adequate knowledge,5(10%)of the sample had moderately adequate knowledge 2 (4%) had adequate knowledge in the pre-test. But post-test 4 (8%) had inadequate knowledge,32(64%) of the sample had moderately adequate knowledge,and14(28%)had adequate knowledge after administering the structured teaching-assisted teaching program.
- This indicated that the structured teaching-assisted teaching program was effective among school children and improved their knowledge regarding the ill effects of mobile addiction.

To evaluate the effectiveness of structured teaching teaching on level of knowledge regarding ill effects of mobile devices.

- Data represented in table show that the post –test score of mean (16.66) among school children was higher than the pre-tests core of mean(6.50) after structured teaching assisted teaching program, and it was found to be statistically significant as evident from the obtained "t" value (12.98) at 0.05 level of significance. The Calculated t value (12.98) is greater than the table value (2.25). So, the hypothesis (H1) is accepted.
- Hence the structured teaching assisted teaching program was effective to improve knowledge regarding ill effect of mobile addiction among school children.

To find out the association between the level of post-test knowledge regarding ill effects of mobile devices and their selected demographic variables.

- There was significant association between post–test level of knowledge regarding ill effect of mobile addiction with the education, education of father, occupation and awareness of hazards of mobile phone.
- This indicated that their demographic variable of school children and their knowledge did have the significance association and were dependent to each other.

So, the hypothesis (H2) is accepted.

Similar to the study by Andrea Donitta (2011), which conducted a study to assess the effectiveness of structured teaching-assisted teaching on knowledge regarding the ill effects of mobile phone usage among adolescents and to educate adolescents about the ill effects of mobile phone usage on health. The research design was a descriptive approach. Adolescents residing at Taramani in Chennai were sampled in 30 non-probability convenient sampling techniques .A structured interview guide was used to assess the knowledge regarding the ill effects of mobile phone usage among adolescents.

Similar to the study. Styne DM (2011) conducted a study to assess the effectiveness of structured teaching teaching on knowledge regarding overweight and obesity among 407 school-going children in Lucknow City. Data was collected through a questionnaire. The study concluded that only 141 (34.64%) were normal, 246 (60.44%) were under nourished, 17 (4.17%) were over weight,and 3(0.73%) wereobese. The risk of over weight or obesity was significantly Higher in children who played out door games for<30minutes(OR13.97,95%CI=1.96–2.83)and those who consumed fast foods (OR 9.17, 95% CI = 1.28–1.86).

CONCLUSION

The present study assessed the knowledge
Indicated that the structured teaching program was effective among school children and improved their knowledge regarding the ill effects of mobile addiction.

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TABLE NO. 1 frequency and percentage of demographic variable.

Demographic variable	Frequency	Percentage
Age		
13-14 Year	17	34
14-15 Year	15	30
16-17 Year	18	36
Gender		
Male	23	46
female	27	54
Education		
8th	14	28
9th	14	28
10th	22	44
Education of father		
graduation	2	4
Higher secondary	21	42
High school	5	10
Primary school	22	44
Occupation of father		
Government	1	2
Private	37	72
farmer	12	24
Monthly income		
Lessthan Rs15000	11	22
Rs 25,000-30,000	36	72
Above Rs 40,000	13	06
Number of siblings		
One	12	24
Two	33	66
three	05	10
Do you have mobile phone		
Yes	42	84
No	08	16
Awareness of hazards of mobile devices		
Yes	12	24
No	38	76
Daily usage of mobile devices		
Lessthan 2hours	03	06
2-4 hours	29	58
4-6 hours	15	30
More than 6 hours	03	6

Score		Pre test		Post test	
		Frequency	Percentage	Frequency	Percentage
0-10	Inadequate Knowledge	43	86	4	8
11-20	Moderate Adequate Knowledge	05	10	32	64
21-30	Adequate Knowledge	02	4	13	28

TABLE3: MEAN AND STANDARD DEVIATION OF PRE–TEST AND POST–TEST SCORE OF SCHOOL CHILDREN.

	Mean	SD	DF	T-TEST	TABLE VALUE	P VALUE
Pre test	6.50	4.93	49	12.98	2.25	0.0001
Post test	16.66	5.94				

ASSOCIATION BETWEEN KNOWLEDGE AND DEMOGRAPHIC VARIABLE

VARIABLE	Inadequate Knowledge 4		Moderate Adequate Knowledge 32		Adequate Knowledg e 14			Df	Table Value	Chi-square value	P value	
		F	%	F	%	F	%					
AGE	13-14 YEAR	2	4	10	20	5	10	4	9.49	3.267		
	14-15 YEAR	1	2	12	24	2	4				0.514 p>0.05	NS
	15-16 YEAR	1	2	10	20	7	14					
GENDER	MALE	1	2	15	30	7	14	2	5.99	0.810	0.669 p>0.05	NS
	FEMALE	3	6	17	34	7	14					
EDUCATION	8TH	1	2	11	22	2	4	4	9.49	25.57	0.0003 p>0.05	S*
	9TH	0	0	3	6	11	22					
	10TH	3	6	18	36	1	2					
EDUCATION OF FATHER	Gradu ate	0	0	0	0	2	4	6	12.59	22.77	0.0008 p>0.05	S*
	Higher Secon dary	2	4	8	16	11	22					
	High School	1	2	3	6	1	2					
	Primary school	1	2	21	42	0	0					
OCCUPATION OF FATHER	GOVT	0	0	0	0	1	2	4	9.49	15.415	0.003 p>0.05	S*
	Private	1	2	29	58	7	14					
	Farmer	3	6	3	6	6	12					
MONTHOLY INCOME	Less than 15,000	2	4	4	8	5	10	4	9.49	9.15	0.057 p>0.05	NS
	25,000 - 30,000	1	2	27	54	8	16					
	Above 40,000	1	2	1	2	1	2					
NUMBER OF SIBLING	ONE	1	2	9	18	2	4	4	9.49	2.355	0.670 p>0.05	NS
	TWO	2	4	20	40	11	22					
	MORE THAN TWO	1	2	3	6	1	2					
DO YOU HAVE MOBILE P	YES	4	8	29	58	9	18	2	5.991	5.855	0.053 p>0.05	NS
	NO	0	0	3	6	5	10					

AWARENESS OF HAZARDS OF MOBILE PHONE	YES	1	2	1	2	10	20	2	5.99	24.91	0.0001 p>0.05	S*
	NO	3	6	31	62	4	8					
DAILY USAGEOF MOBILE DEVICE	Less than2 hours	1	2	1	2	1	2	6	12.59	4.90	0.556 p>0.05	NS
	2–4 hours	1	2	19	38	9	18					
	4–6 hours	2	4	10	20	3	6					
	More than 6	0	0	2	4	1	2					