

“A STUDY TO ASSESS THE EFFECTIVENESS OF SELF INSTRUCTIONAL MODULE ON KNOWLEDGE REGARDING PREVENTION OF ADVERSE EFFECTS OF MOBILE PHONE GAMES AMONG HIGHER SECONDARY STUDENTS STUDYING IN SELF FINANCE SCHOOL AT RAJKOT CITY”

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Abstract

Background

“A study to assess the effectiveness of self instructional module on knowledge regarding prevention of adverse effects of mobile phone games among higher secondary students studying in self finance school at rajkot city” this study was undertaken by Ms. Nikita K. Bamaniya towards the partial fulfillment of the requirement for Master Of Science in the Mental health Nursing at Kamdar College of Nursing, Saurashtra University, Rajkot during the year 2020-2022.

“You Cannot Change Your Future, You Can Change Your Habits and Surely Your Habits will change your future.”

-Dr. A.P.J. AbdulKalam

Technology is the fundamental part of our daily life. It has transformed everyone’s life in many ways. The term “Mobile Games” refers to the games that are played on a mobile phone by either single or multi players via online mobile devices. “Addiction is any compulsive activity or involvement which decreases a person’s ability to deal with other aspects of his life to a point where the activity or involvement comprises the dominant source of emotional reinforcement and identity for the person.” Addictive behaviours are repetitive, irresistible and may even harmful for that person.

Everyone who playing game has a different reason like family issue, stress, childhood upbringing, peer influence, entertainment purpose, parental negligence, need for escapism, achievement, satisfaction. So, all this factors that have strong connection to playing a game by an individual. Many times it is therapeutic for some people like who are in stress and depression playing game will elevate their mood but as per positive there are many negative consequences also.

NEED OF THE STUDY

According to statistics, the mobile gaming industry is expected to bring 34.6% billion in revenue in 2018. They was predicted, mobile game revenue growth will continue to outpace the overall game market, growing rupees 106.4% billion in 2021. In 2016, India had about 201 million users of mobile games across the country. This was projected to reach about 370 million users by the year 2022.

According to the survey done by **internet and mobile association of India [2005]** in the 26 cities that covered 65000 persons in 16500 households has shown 1.6 millions school children use the internet for about 322 minutes a week and about 3.4 million college students use the internet about 433 minutes a week, and out of which they mostly spend 90% of time in playing mobile games.

Gaming disorder is defined in the 11th revision of the international classification of disease (ICD-11) as a pattern of gaming behavior characterized by impaired control over gaming increasing priority given to gaming over other activities to the extent that gaming takes precedence over other interest and daily activities and continuation or escalation of gaming despite the occurrence of negative consequences.

Internet gaming disorder is categorized along with internet use disorder/internet addiction in appendix of updated version of diagnostic and statistical manual for mental disorder, fifth edition (DSM-5) for first time, which describes internet gaming disorder as behavioral addiction type that refers to “persistent and recurrent use of internet to engage in games, often with other players, leading to clinically significant impairment or distress.” It was defined by the impairment or distress indicated by five or more factors from the below given list for the time period of 12 months.

According to **WHO 2016**: “The behaviour pattern is of sufficient severity to result in significant impairment in personal, family, social, educational, occupational or other important areas of functioning. These features and the underlying pattern of gaming are

normally evident over a period of at least 12 months in order for a diagnosis to be assigned, although the required duration may be shortened if all diagnostic may be shortened if all diagnostic requirements are met and symptoms are severe.”

The objectives of the study:

- To assess the effectiveness of self instructional module on knowledge regarding prevention of adverse effect of mobile phone game.
- To assess the pre test post test score regarding prevention of adverse effect of mobile phone game.
- To find out the association between pre test score and selected demographic variables.

Hypothesis:

H₁1: There will be significant difference in the level of pre test and post test knowledge score on prevention of adverse effects of mobile phone games among students in selected self finance school at Rajkot city.

H₁2: There will be significant association between the pre test score and selected demographic variable.

Design:

Quasi experimental one group pre-test post-test Research design was selected for the study.

Subject:

The participants were 60 higher secondary students of self finance school at Rajkot city. For the Pilot study 6 samples were selected from Sarvodaya school Rajkot and for the main study 60 samples were selected from G.T.Sheth high school Rajkot.

Method:

I used Random sampling technique, in which systematic random sampling is used to select the samples, so every member of the target population got an equal chance of being selected as a subject.

Data collection tool:

The questionnaire tool has been selected for data collection.

Data analysis:

The obtained data was analyzed by using descriptive and inferential statistics and interpreted in terms of objectives and hypothesis of the study.

Result:

The pre-test level of knowledge on prevention of adverse effects of mobile phone games among higher secondary students In general 38.3% samples are having moderately adequate knowledge, 61.7% samples having inadequate knowledge,

The post-test level of knowledge on prevention of adverse effects of mobile phone games among higher secondary students In general 28.30% samples are having Adequate knowledge, 50% samples having moderately adequate knowledge, 21.70% samples having inadequate knowledge.

determination of overall mean knowledge scores before and after self instructional module.

	NO. OF STUDENTS	MEAN +_SD	STUDENT'S PAIRED 't' TEST
PRE-TEST	60	11.23±4.08	t=6.37
POST-TEST	60	16.51±5.48	

On average, in pre test, students are having 11.23 score and in post test, students are having 16.51 score. Difference is 5.28. The difference between pre-test and post-test knowledge score is larger and it is statistically significant. Difference between pre-test and post-test score was analysed by using paired t test.

The overall pre-test mean knowledge score and post-test mean knowledge score that obtained t=value is 6.37 and it is highly significant.

Comparison of pre and post test knowledge regarding prevention of adverse effects of mobile phone games.

Considering general information on mobile phone games, students are having 1.70 score in pre-test. Were as in post-test they are having 3.13 score. So the difference is 1.43. The difference between pre-test and post-test is large and it is statistically significant. Considering physical adverse effect of mobile phone game, students are having 3.65 score in pre-test. Were as in post-test they are having 5.8 score. So the difference is 2.15. The difference between pre-test and post-test is large and it is statistically significant. Considering emotional adverse effect of mobile phone game, students are having 3.54 score in pre-test. Were as in post-test they are having 4.75 score. So the difference is 1.21. The difference between pre-test and post- test is large and it is statistically significant. Considering prevention of adverse effect of mobile phone game, students are having 2.34 score in pre-test. Were as in post-test they are having 2.83 score. So the difference is 0.49. The difference between pre-test and post-test is large and it is statistically significant. These findings revealed that there was significant gain in the knowledge of students after introduction of self instructional module. The above findings clearly indicate that SIM was an effective method of improving the knowledge level.

SUMMARY

This chapter has highlighted various Nursing implications and has provided suggestions and recommendations for future research studies on prevention of adverse effects of mobile phone games. Research of this kind should be an on-going process to make the nurses, teachers and public to aware of the preventive strategies available at the reach.

Conclusion:

The limited knowledge existed in all area of knowledge related to adverse effects of mobile phone games before administered self instructional module. The findings indicate that self instructional module prepared by the investigator was effective in enhancing the knowledge of the samples towards prevention of adverse effects of mobile phone games.

Key Words:

Assess, Effectiveness, self instructional module, Knowledge, Prevention, Adverse effects, Mobile phone games, higher secondary students.

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