



Effectiveness Of Structured Teaching Program On Knowledge Regarding Management And Prevention Of Selected Behavioral Problems Of Adolescents Among Students Studying In A Selected Nursing College In Mangaluru

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Abstract: **Background:** The World Health Organization classifies young people as 10-24 years old with adolescence (10-19yrs) and (15-24yrs). The adolescent period is a time for developing independence. It is a transitional stage of physical and psychological development that usually occurs during the period from puberty to adulthood. The adolescent's behavior varies within the time period that defines the stage of development and differs by sex and setting. The behavior are influenced by a range of factors including individuals self-esteem, skill, knowledge, beliefs, caregiver, peers and teachers, schools, economic status, folk's beliefs. Perception of sights, sense of future, and the media.

Aim: “A study to evaluate the effectiveness of structured teaching program on knowledge regarding management and prevention of selected behavioral problems of adolescents among students studying in a selected nursing college in Mangalore”.

Objectives:

1. To assess the students' knowledge regarding management and prevention of selected behavioral problems in adolescence.
2. To evaluate the effectiveness of structured teaching program on management and prevention of behavioral problem in adolescents among nursing students.
3. To find out association between pretest knowledge score of students regarding management of adolescent behavioral problem with selected demographic variables Such as age in year, gender, religion, education status of parents, occupation of parents, monthly income of the family, type of family, Source of information on management and prevention of behavioral problems, Area of residence.

Methodology: A quantitative research approach and comparative research design were used .A total of 60 adolescent boys and girls were chosen from the selected college of Srinivas Institute of Nursing Sciences by convenient sampling technique. A pre and post questionnaire was used to assess the behavioral problems and 81.7% of adolescent had poor knowledge and in posttest 3.3% of adolescent's had poor knowledge in selected behavioral problems.

Results: Among 60 adolescents 49. (81.7%) of adolescent had poor knowledge in pre-test , 11 (18.3%) had moderate knowledge and none of the adolescents had good knowledge of selected behavioural problems whereas in post-test had mode 49(81.7%) rare knowledge and 22 (36.7%) had good knowledge, It was concluded that there was an improvement in knowledge regarding management and prevention of selected behavioural problems and none of the adolescent.

INTRODUCTION:

Behavioral problems are a significant issue among adolescents, who are transitioning from puberty to adulthood. These problems are influenced by factors such as self-esteem, skill, knowledge, beliefs, caregivers, peers, teachers, schools, economic status, folk's beliefs, perception of sights, sense of future, and media. Adolescents often exercise their independence by questioning or challenging rules, but they may also experience deterioration in performance at school and running away from home. Behavioral problems can lead to mental disorders like bipolar disorder, depression, personality disorder, and even suicide. They are more likely to develop anxiety disorders and mood disorders, especially depression. In India, the prevalence of behavioral problems varies between 5-15%. Common types of behavioral problems include eating disorders, substance abuse, violence, and internet addiction. Substance abuse among adolescents is a major concern, as it reduces self-control, increases risky behaviors, and leads to injuries, violence, and premature deaths. In 2016, 13.6% of adolescents aged 15-17 years consumed alcohol, with males being the most at risk. Overall, addressing behavioral problems is crucial for promoting healthy and productive life expectancy.¹ Tobacco and cannabis use are significant concerns, with many adult smokers starting before 18. Cannabis is the most popular psychoactive drug among 15-17 year olds. Adolescents are the primary users, and measures like prohibiting minors' tobacco sales, increasing taxes, banning advertising, and promoting a smoke-free environment are crucial.² Eating disorders, affecting 2.7% of U.S. teens aged 15-17, are the third most common chronic illness in adolescent females, with anorexia nervosa, bulimia, and binge eating disorder being the most common, with 90% of cases being female.³ The internet, a global technology platform, has become a significant source of knowledge, entertainment, brand building, commerce, and education. However, overuse has been observed on campuses and in society, leading to internet addiction. In the US, studies show that 0.7% of adults and 25% of teenagers experience internet addiction, while 11.67-19.8% of adolescents are identified as addicted.⁴ Adolescents whose behavior is dangerous or otherwise unacceptable despite their parents best efforts may need professional intervention. Substance use is a common trigger of behavioral problems and substance abuse disorders require specific treatment. Behavioral problems also may be symptoms of learning disabilities, depression or other mental health disorders. Such disorders typically require counseling and adolescents who have mental health disorders may benefit from treatment with drugs.⁵

OBJECTIVES OF THE STUDY

1. To assess the students' knowledge regarding management and prevention of selected behavioral problems in adolescence.
2. To evaluate the effectiveness of structured teaching program on management and prevention of behavioral problem in adolescents among nursing students.
3. To find out association between pretest knowledge score of students regarding management of adolescent behavioral problem with selected demographic variables Such as age in year, gender, religion, education status of parents, occupation of parents, monthly income of the family, type of family, Source of information on management and prevention of behavioral problems, Area of residence.

RESEARCH METHOD / METHODOLOGY

Research approach:

The research approach is a systematic, controlled, and critical investigation of natural phenomena guided by theory and hypothesis about the presumed relations among such phenomena. Research approach shows the basic procedure for conducting research study.⁷⁰

Research approach adopted for the present study was pre-experimental research approach to evaluate the effectiveness of structured teaching programme knowledge regarding management and prevention of selected behavioral problems of adolescents.

Research design :

A Research design is the specification of methods and procedures for acquiring the information needed. It is the overall operational pattern or framework of the project that stipulates what information to be collected, from which sources and by what procedures.⁷⁰

A Research design selected for the present study was pre-experimental one group pre -post test design to evaluate the effectiveness of structured teaching programme knowledge regarding management and prevention of selected behavioral problems of adolescents among students studying in a selected nursing college in Mangalore".

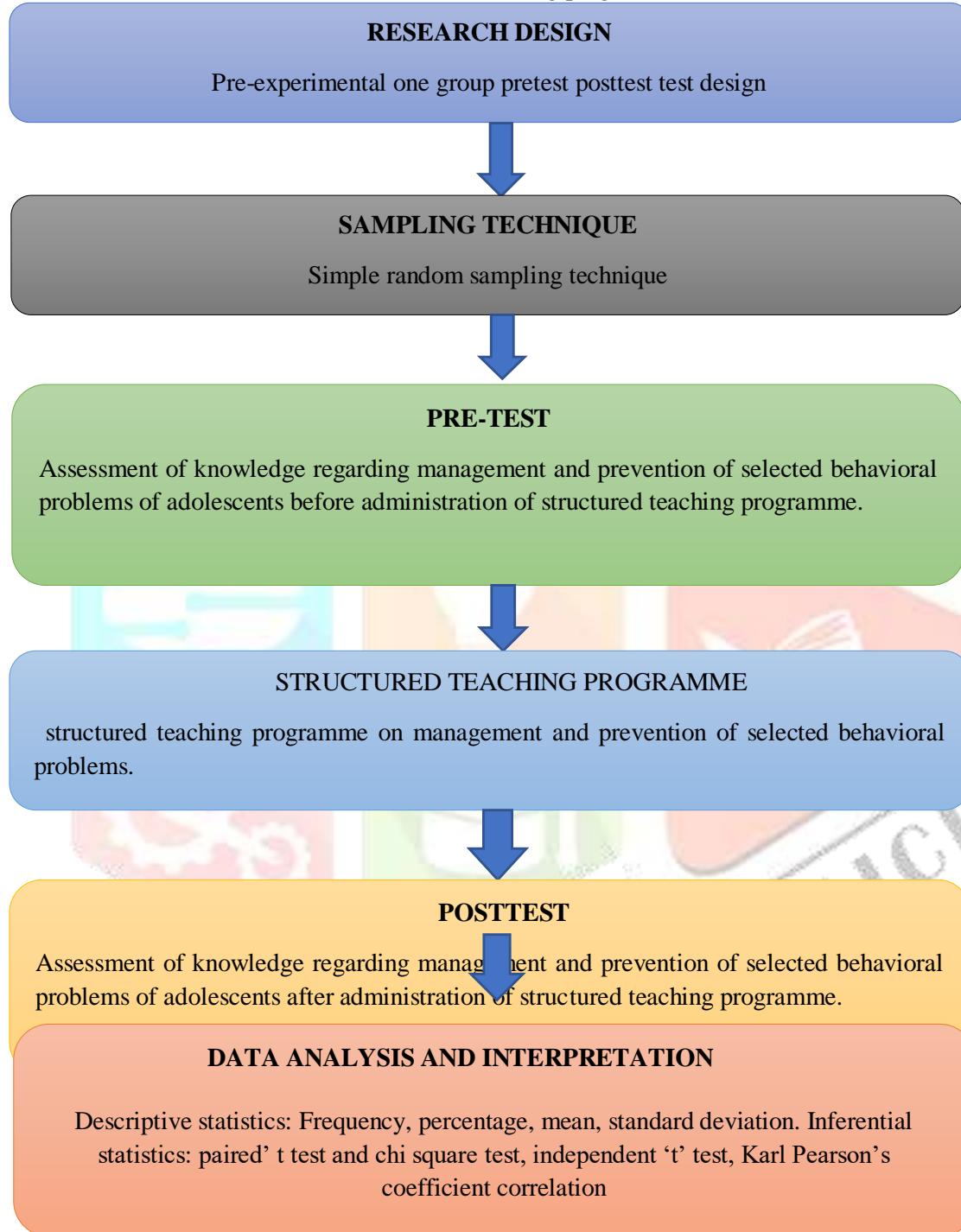
GROUP	PRE-TEST(O ₁)	STRUCTURED TEACHING PROGRAMME	POST-TEST(O ₂)
Students in srinivas university institute of nursing college Mangalore	O ₁	X	O ₂

Figure 4.2: Schematic representation of the research design

O₁-Assessment of pre-test knowledge regarding management and prevention of selected behavioral problems of adolescents before administration of structured teaching programme.

X-Administration of structured teaching programme on management and prevention of selected behavioral problems like violence, substance abuse, eating disorder, internet addiction.

O₂-Assessment of post-test knowledge regarding management and prevention of selected behavioral problems of adolescents after administration of structured teaching programme.

**Fig-4.3: schematic representation of research study****SETTING OF THE STUDY**

The setting is more specific places where data collection occurs. The selection of setting was done on the basis of feasibility of conducting the study, availability of subjects and cooperation of the authorities.⁷⁰

The study was conducted in srinivas university institute of nursing science college Mukka. The college is managed by private authorities.

The nursing college were selected on the basis of Feasibility of conducting study Availability of the sample and within the prescribed geographical location.

Variables under study

Research variables are those properties, characteristics, and situations that change and vary in research and are controlled, measured, and manipulated.⁷⁰

In the present study, there are three variables

- Dependent variable
- Independent variable
- Socio-demographic variables
- **Independent variable**

The independent variable is purposely manipulated or changed by the researcher.

In this study, variable is the structured teaching programme on management and prevention of selected behavioral problems such as violence, substance abuse, eating disorder, internet addiction.

Dependent variable

- A dependent variable is a variable that changes as a result of the manipulation of independent variables.

In this study, the dependent variable in the present study was knowledge score regarding management and prevention of selected behavioral problems of adolescents

- **Socio-demographic variables**

The characteristics and attributes of the study subjects are considered as demographic variables.

Existing characteristics of the research subject such as age in year, gender, religion, education status of parents, occupation of parents, monthly income of the family, type of family, Source of information on management and prevention of behavioral problems, Area of residence.

POPULATION

The term population refers to the aggregate or totality of all objects, subjects or members that conform to a set of specifications.⁷⁰

Population of this study was students studying batch like commerce arts and science in srinivas university institute of nursing science college during the period of data collection.

Samples

Samples a proportion or subset of a population.⁷⁰

In the present study, the sample comprises students studying bsc nursing courses in srinivas institute of nursing science Mukka.

The sample size reference the total number of respondents included in a study.

Sample size

The sample size reference the total number of respondents included in study.

The sample size was 60 nursing students studying in srinivas institute of nursing science , Mukka.

RESULT

Presentation of study findings

The data obtained were entered into a master sheet for tabulation and statistical processing. The analysis of data was organized and presented under the following headings

Section – A : Socio- demographic variables of management and prevention of behavioral problems of adolescents.

Section – B : Assessment the knowledge regarding management and prevention of selected behavioral problems of adolescents.

Section – C : Effectiveness of structured teaching program on knowledge regarding management and prevention of selected behavioral problems of adolescents.

Section – D : Association between post – test knowledge regarding management and prevention of selected behavioral problems of adolescents and select socio-demographic variables.

Section- A : Socio – demographic variables of management and prevention of behavioral problems among adolescents

Table 1.1 : Distribution of adolescents according to the age

Table 1.1 shows that among 60 students 100% are in the age group of 18-20 years.

Sl. No	Demographic variables	Frequency	Percentage
1	Age in years		
	a. 14 to 15		
	b. 16 to 17		
	c.18 to 20	60	100.0

Table 1.2 : Distribution of adolescent according to the gender

Table 1.2 shows that among 60 adolescent 5(8.3%) are male and 55(91.7%) are females.

2	Gender		
	a. Male	5	8.3
	b. Female	55	91.7

Table 1.3: Distribution of adolescents according to the religion

Table 1.3 shows that among 60 students 51(85%) are Hindu and 5(8.3%) are Muslim and 4(6.7%) are Christian students.

3	Religion		
	a. Hindu	45	75.0
	b. Muslim	1	1.7
	c. Christian	14	23.3

Table 1.4: Distribution of educational status of parents

Table 1.4 shows that among 60 students 6(10%) parent had formal education, 34(56.7%) were studied up to primary education, 19(31.7%) are secondary education of the parents, higher secondary education are secondary education or graduate

4	Education of Parent		
	Formal education	17	28.3
	Primary education	14	23.3
	Secondary education	18	30.0
	Higher secondary	11	18.3

Table 1.5: Distribution of occupation of parents

Table 1.5 shows among 60 students 3(5%) are government service, 24(40%) are private sector, 29(48.3%) are homemaker, 4(6.7%) are business.

5	Occupation		
	Government service	2	3.3
	Private service	22	36.7
	Homemaker	23	38.3
	Business	13	21.7

Table 1.6: Distribution of monthly income of the family

Table 1.6 shows that among 60 students 30(50%) are getting less than Rs.5000, 14(23.3%) are getting 5001- 10000, 15(25%) are getting 10001- 15000, 1(1.7%) are getting above 15000.

6	Income		
	a. Less than Rs.5000/- month	4	6.7
	b. 5001- 10000/- month	23	38.3
	c. 10001- 15000/- month	33	55.0

Table 1.7 : Distribution of adolescents according to the type of family

Table 1.7 shows that among 60 students 53(88.3%) belongs to nuclear family, 4(6.7%) belongs to joint family, 3(5%) belongs to extended family.

7	Type of Family		
	a. Nuclear family	53	88.3
	b. Joint family	4	6.7
	c. Extended family	3	5.0

Table 1.8 : Distribution of source of information on management and prevention of behavioral problems

Table 1.8 shows that among 60 students 54(90%) were getting information from Mass media, TV / Radio/Newspaper, 2(3.3%) from family members/relatives/friends, 2(3.3%) from journals and magazines and 2(3.3%) from healthcare professionals.

8	Source of Information		
	a. Mass media, TV /Radio/news paper	54	90.0
	b. Family members/relatives/friends	2	3.3
	c. Journals and magazines	2	3.3
	d. Health care professionals	2	3.3

Table 1.9: Distribution of adolescents according to area of residence

Table 1.9 shows that among 60 students, 7 (11.7%) students from rural area, 53 (88.3%) students from urban area.

9	Area of Residence		
a. Rural area		7	11.7
b. Urban area		53	88.3

Section B: Assessment the knowledge problems of adolescents.

Table 2.1 : Distribution of knowledge in adolescents about behavioral regarding management and prevention of selected behavioral problem according to pre-test score and post-test score.

The data presented in table 2.1 depict that among 60 adolescents 49(81.7%) of adolescent had poor knowledge in pre-test, 11 (18.3%) had moderate knowledge and none of the adolescents had good knowledge of selected behavioral problems. In post-test among 60 students 2(3.3%) of adolescents had poor knowledge, 13(21.7%) had moderate knowledge, 45(75%) had good knowledge of selected behavioral problems.

Level of Knowledge	Grading	Pre-test		Post-test	
		Frequency	Percentage	Frequency	Percentage
Poor	0-17	49	81.7	2	3.3
Moderate	18-29	11	18.3	13	21.7
Good	27-30			45	75.0

Table 1: Range, mean, standard deviation, median and mean percentage of knowledge regarding management and prevention of selected behavioural problem among adolescent

N=60

Time	Range	Mean	Standard deviation	Median	Mean percentage
Pre-test	6-22	14.00	4.13	14.0	41.2
Post-test	15-32	27.58	2.71	28.0	81.2

Table 2.2 Area-wise distribution of pre-test and post-test knowledge regarding management and prevention of selected behavioral problems of adolescents.

The data in the table 2.2 indicates that area-wise pre-test knowledge with behavioral problems the pre-test mean score with standard deviation 0.75 ± 0 , and the mean score percentage was 32.7% regarding general information on behavioral problem. In the aspect of eating disorder mean score with standard deviation was 3.52 ± 1.59 mean score percentage was 35.2% regarding the aspect of substance abuse mean score with standard deviation was 2.88 ± 0.69 mean score percentage was 32.0%, In aspect of violence mean score and standard deviation was 1.47 ± 1.13 mean percentage was 24.5% and regarding internet addiction mean score and standard deviation was 2.13 ± 1.56 mean percentage was 35.5%

Areas	Time	Range	Mean	Standard deviation	Median	Mean percentage
General information	Pre-test	0-3	1.40	0.79	1.0	46.7
	Post-test	0-3	2.48	0.75	3.0	82.7
Eating disorder	Pre-test	0-8	4.13	1.74	4.0	41.3
	Post-test	0-10	8.05	2.21	9.0	80.5
Substance abuse	Pre-test	1-7	3.57	1.35	3.0	39.7
	Post-test	4-9	7.17	1.53	7.0	79.7
Violence	Pre-test	0-6	2.37	1.18	2.0	39.5
	Post-test	1-6	4.83	1.21	5.0	80.5
Internet addiction	Pre-test	0-5	2.53	1.36	3.0	42.2
	Post-test	1-6	5.07	1.38	6.0	84.5

Table 1: Mean, standard deviation, mean difference, t value and p value of knowledge regarding management and prevention of selected behavioural problem among adolescent

N=60

Time	Mean	Standard deviation	Mean difference	t value (paired t test)	p value
Pre-test	14.0	4.13	13.58	20.432	<0.001***
Post-test	27.58	2.71			

t(39)=2.023

***Significant at 0.001 level

Table 1: Area-wise mean, standard deviation, mean difference, t value and p value of knowledge regarding management and prevention of selected behavioural problem among adolescent

N=60

Group	Time	Mean	Standard deviation	Mean difference	t value (paired t test)	p value
General information	Pre-test	1.40	0.79	1.08	9.877	<0.001***
	Post-test	2.48	0.75			
Eating disorder	Pre-test	4.13	1.74	3.92	12.517	<0.001***
	Post-test	8.05	2.21			
Substance abuse	Pre-test	3.57	1.35	3.60	12.197	<0.001***
	Post-test	7.17	1.53			
Violence	Pre-test	2.37	1.18	2.47	10.405	<0.001***
	Post-test	4.83	1.21			
Internet addiction	Pre-test	2.53	1.36	2.53	8.961	<0.001***
	Post-test	5.07	1.38			

t(39)=2.023

***Significant at 0.001 leve

Table 1: Association of knowledge regarding management and prevention of selected behavioral problem among adolescent with their selected demographic variable

N= 60

Sl. No	Demographic variables	Knowledge score		Total	χ^2 test
		\leq Median (≤ 14.0)	>Median (> 14.0)		
1	Age in years			60	$\chi^2 =$, df=, p=(NS)
	a. 14 to 15				
	b. 16 to 17				
	c. 18 to 20	49	11	60	
2	Gender			55	$\chi^2 = 0.010$, df=1, p=0.920(NS)
	a. Male	4	1		
	b. Female	45	10	55	
3	Religion			45	$\chi^2 = 0.323$, df=2, p=0.851(NS)
	a. Hindu	37	8		
	b. Muslim	1	0		
	c. Christian	11	3	14	
4	Education of Parent			17	$\chi^2 = 3.986$, df=3, p=0.263(NS)
	Formal education	12	5		
	Primary education	11	3		
	Secondary education	15	3		
	Higher secondary	11	0	11	
5	Occupation			22	$\chi^2 = 4.029$, df=3, p=0.258(NS)
	Government service	2	0		
	Private service	20	2		
	Homemaker	16	7		
	Business	11	2	13	
6	Income			4	$\chi^2 = 1.094$, df=2, p=0.579(NS)
	a. Less than Rs.5000/- month	4	0		
	b. 5001– 10000/- month	19	4		
	c. 10001– 15000/- month	26	7	33	
7	Type of Family			53	$\chi^2 = 0.634$, df=2, p=0.728(NS)
	a. Nuclear family	44	9		
	b. Joint family	3	1		
	c. Extended family	2	1	3	
8	Source of Information			54	$\chi^2 = 3.228$, df=3, p=0.358(NS)
	a. Mass media, TV /Radio/news paper	45	9		
	b. Family members/relatives/friends	1	1		
	c. Journals and magazines	1	1		
	d. Health care professionals	2	0	2	
9	Area of Residence			7	$\chi^2 = 0.087$, df=1, p=0.768(NS)
	a. Rural area	6	1		

	b. Urban area	43	10	53	
NS- Not Significant					

Test of hypothesis

In order to find association between pretest of management and prevention of selected behavioral problem in adolescents with demographic variables, the following of research hypothesis was formulated.

HYPOTHESIS 2

H_2 : There will be significance association between pre-test management and prevention among adolescent behavioral problems and selected socio demographic variables such as age in year , gender , Religion , Education status of parents , Occupation of parents , Monthly income of the family , Type of family , Source of information on management and prevention of behavioral problems, Area of residence .

From table 5: Showed that demographic variable like occupation of the parents and type of family was significantly associated with the pre-test score on management and prevention of selected behavioral problem in adolescents by chi-square test . Therefore ,the formulated hypothesis was accepted .

Table 4.1 :Shows that research hypothesis is accepted for the occupation of the parents and type of family. The research hypothesis is rejected for the variable such as age in year , gender , Religion , Education status of parents , Monthly income of the family , Source of information on management and prevention of behavioral problems, Area of residence

DISCUSSION

The study focused on Management and prevention of selected behavioral problems of adolescents among 3rd year BSc. Nursing students of Srinivas Institute of Nursing Science Mangalore. The discussion is described under the following headings:

Section – A: Socio- demographic variables of management and prevention of behavioral problems of adolescents.

Section – B: Assessment the knowledge regarding management and prevention of selected behavioural problems of adolescents.

Section – C: Effectiveness of structured teaching program on knowledge regarding management and prevention of selected behavioural problems of adolescents.

Section – D: Association between post – test knowledge regarding management and prevention of selected behavioural problems of adolescents and select socio-demographic variables.

Section - A: Socio-demographic variables of Management and prevention of behavioral problems of adolescent's

- In the study distribution of adolescents according to the gender among 60 majority , 100% are in the age group of 18-20 years , 5(8.3%) are male and 55(91.7%) are females
- Distribution of adolescents according to religion among 60 students majority 51(85%) are Hindu and 5(8.3%) are Muslim and 4(6.7%) are Christian students
- Among 60 adolescents 6(10%) parent had formal education , 34(56.7%) were studied up to primary education , 19(31.7%) are secondary education of the parents , higher secondary education are secondary education or graduate
- In the study among 60 students 3(5%) are Government service , 24(40%) are private sector , 29(48.3%) are homemakers , 4(6.7%) are business
- Distribution of adolescents according to monthly income of family among 60 students. 13(50%) are getting less than Rs.5000 , 14(23.3%) are getting 5001-10000 , 15(25%) are getting 10001-11000 , 1(1.7%) are getting g above 15000
- Distribution of adolescents according to type of family among 60 students 53(88.3%) belongs to nuclear family , 4(6.7%) belongs to joint family , 3(5%) belongs to extended family
- Distribution of adolescents according to source of information on management and prevention of behavioral problem among 60 students 54(90%) were getting information from mass media , TV , newspaper , 2(3.3%) from family members/relatives/friends , 2(3.3%) from journals and magazines and 2(3.3%) from health care professionals ,
- In this study among 60 adolescents 7(11.7%) students from rural area, 53(88.3%) students from urban area.

Section – B: Assessment the knowledge regarding management and prevention of selected behavioral problems of adolescents.

None of the adolescents had good knowledge of selected behavioral problems, 49(81.7%) of adolescent had poor knowledge in pretest, 11(18.3%) had moderate knowledge of selected behavioral problems.

- In post-test, 2(3.3%) of adolescent had poor knowledge, 13(21.7%) had moderate knowledge, 45(75%) had good knowledge of selected behavioral problems, 4th yr. BSc Nursing students assessment.

Section – C: Effectiveness of structured teaching program on knowledge regarding management and prevention of selected behavioural problems of adolescents.

- Area wise pre-test knowledge with behavioural problems the pre-test mean score was 1.40 with SD = 0.75 with the mean percentage is 46.7% regarding the general information on behavioural problems in the aspect of eating disorder mean score was 4.13 with SD = 1.74 mean score percentage was 41.3% regarding the aspect of substance abuse mean score was 3.57 with standard deviation = 1.35 mean score percentage was 39.7% , in aspects of violent mean score was 2.37 with SD = 1.18 mean score percentage 39.5 and regarding internet addiction mean score was 2.53 with SD = 1.36 mean percentage was 42.2%.
- Area wise post-test knowledge with behavioural problems the post-test mean score was 2.48 with SD = 0.75 with the mean percentage is 82.7% regarding the general information on behavioural problems in the aspect of eating disorder mean score was 8.05 with SD = 2.21 mean score percentage was 80.5% regarding the aspect of substance abuse mean score was 7.17 with standard deviation = 1.53 mean score percentage was 79.7% , in aspects of violent mean score was 4.83 with SD = 1.21 mean score percentage 80.5 and regarding internet addiction mean score was 5.07 with SD = 1.38 mean percentage was 84.5%.

A Cross-sectional study was conducted on behavioral and emotional problems among 1150 (12-18 years) school going adolescents in the age group in grades 7 to 10 in co-educational schools in Haryana, India. Multiple logistic regression analysis also done and the study findings revealed that the prevalence of emotional problem among adolescents was found to be 30%, with girls exceeding boys in all age group. The most common psychiatric problem was Internalizing syndrome was (28.6%). Lack of emotional proximity to mother (2.642%) and marital discord in parents (1.402%). The findings concluded that an alarming number of adolescents suffer from emotional and behavioral problems which have their roots in the family environment.⁷

Section – D: Association between post – test knowledge regarding management and prevention of selected behavioural problems of adolescents and select socio-demographic variables.

- In pre-test mean score was 1.40 with SD = 0.79 , in post-test mean score was 2.48 with SD = 0.75 and mean difference 1.08 and the t value is 9.877 regarding the general information on the behavioural problems , in the aspects of eating disorder in pre-test mean score was 4.13 with SD = 1.74 , in post-test mean score 8.05 with SD = 2.21 with mean difference 3.92 and t value is 12.517 , regarding the aspect of substance abuse in pre-test the mean score was 3.57 and SD = 1.35 in post-test the mean score is equal to 7.17 with SD = 1.53 and the mean difference is 3.60 and t value is 12.197 , in aspect of violence in pre-test mean score was 2.37 with SD = 1.18 and in post-test mean score was 4.83 with SD = 1.21 and the mean difference is 2.47 and the t value is 10.405 and regarding internet addiction in pre-test mean score was 2.53 with SD = 1.36 in post-test mean score was 5.07 with SD = 1.38 and the mean difference is 2.53 and the t value is 8.961.

CONCLUSION

The study assessed students' knowledge of managing and preventing behavioral problems in nursing college Mangalore. A structured teaching program was implemented, resulting in a significant improvement in post-test knowledge levels. The mean post-test score was 22.83 ± 3.65 , with a 67.1% increase from the pre-test score of 32.2%. The study concluded that structured teaching programs effectively improve knowledge levels in adolescents.

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