



IMPACT OF SCREEN TIME ON PHYSICAL AND PSYCHOLOGICAL BEHAVIOUR AMONG ADOLESCENT GIRLS.

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Abstract:

1. Abstract (300 words for possible publication in *RGUHS Journals/Other Journals*).

Aim: To assess the screen time habits and eabits of adolescent girls and their impact on (4.0%) were studied diploma, majority 212(84.8%) of them were belongs to the nuclear family and remaining 38(15.2%) were belongs to the joint family, distribution of study participants according to physical and psychological health

Materials and methods: 250 adolescent girls were selected making use of purposive sampling techniques. Data were analyzed by using descriptive and inferential statistical methods. **Result:** The study result shows that among the adolescent, majority 218(87.2%) were aged less than or equal to 19 years and remaining 32(12.8%) were aged more than 19 years reveals that, majority 245(98.0%) out of 250 study participants were Hindu and remaining 5(2.0%) study participants were Muslims & it was seen that, majority 136(54.4%) were studied/studying degree followed by 104(41.6%) who were studied/ PUC and remaining 10their income , majority 154(61.6%) were having income between 5000-10000Rs followed by 50(20.0%) study samples having income more than 10000Rs and remaining 46(18.4%) were having income less than 5000Rs, Dietary pattern of study patterns, majority 171(68.4%) of the study participants out 250 were vegetarians and remaining 79(31.6%) were Non-vegetarians, it was noted that , out of 250 study participants, majority 128(51.2%) were under weight, 115(46.0%) of the study participants were normal weight and remaining 7(2.8%) were over weight .The

psychological health of the study participant. Majority 137(54.8%) of the study participants had good psychological health and remaining 113(45.2%) had poor psychological health , out of 250 study participants, majority 137(54.8%) of the study participants had good eating habits and remaining 113(45.2%) of the study participants had bad eating habits .out of 250 study samples, majority 182(72.8%) had fairly bad screen time habit, 42(16.8%) of the study participants had very bad screen time habits and remaining 26(10.4%) had bad screen time habits .it was clear that there was high association between screen time habit and psychological health &there was high association between screen time habit and psychological health &There was low positive correlation between screen time habits and eating but the correlation was highly significant

1-Statement problem

“Impact of Screen time on physical and psychological behaviour among adolescent girls.”

2-Objectives-

- To assess the eating habits of adolescent girls
- To assess the screen time habits of adolescent girls
- To determine the effect of screen time habit on physical health
- To determine the effect of screen time habit on psychological health
- To find out the co relation between screen time habits and eating habit
- To find out the association between screen time habit with selected demographic variables
- To find out the association between eating habit with selected demographic variable

I-Introduction-

Checking, Reading and recording of blood pressure is easy, quick and painless. Noting two reading of contraction and relaxation of heart i.e. systolic and diastolic pressure indicates is a person hypertensive or risk for it. BP Reading of twice a day or of different days with more or equal of systolic pressure 140 mmHg and more or equal of diastolic pressure 90mmHg is diagnosed has Hypertension. But continues care, fallow up of quality care is lacking and become crucial factor for maintain healthy life, if it considered as routine activity mortality and morbidity related CVDs can be reduced.¹

High prevalence of hypertension has become burning issue at all around the world counting of 12.8% global death and predicted to be increase 1.56 million adults with hypertension by 2025 ³.27% of death related to CVDs in India contributes from 63% of total death related to NCDs affecting 45% alone in 40-69 age groups. The associated factors are lack of awareness, inappropriate primary care and delay in fallow up.²

Carelessness of hypertension may develop into ischemic heart diseases, heartattack, stroke and chronic renal disorders⁹. Nearly 24% and 57% of death related to coronary artery diseases and stroke are due to hypertension, hence it is considered as most vital cause of fatality and even as loss of disability-adjusted life years.¹ In general prevalence of systolic blood pressure in India is 21.1% to 18.8% in low epidemiological transition level to high

epidemiological transition level respectively. At nationally the prevalence of hypertension in adult is varies from geographical area like 14.6% and 38.8% in rural area of Chattisagad to Kerala respectively and 17.7% to 62,7% in urban area of Chattisagad to Daman and Diu².

It has become most silent killer disease rarely disclosing symptom of early stages until a emergency medical crisis exists like heart attack, stroke or chronic kidney diseases. Maximum numbers of people remain as asymptomatic, few will report with vertigo, headache, blurred vision etc. Detection of risk factor is an essential requirement to plan and implement preventive measures. Hence this study was intended to generate data of risk factor associated with hypertension and pre-hypertension among the pre-university pupils³.

II- Material and Methods

Source of data: Data will be collected in selected rural area of Vijayapur district

Research design: Descriptive and Evaluative Research Design

Research Approach: Quantitative Approach

Setting: The present study will be conducted in selected rural area of Vijayapur district

Population: The **population of the study will be adolescent Girls** .

Method of data collection

Sample: In this study, the sample would consist of **adolescent Girls**

Sampling procedure: In this study purposive sampling method will be used.

Sample size: The sample for the present study would consist 250 adolescent girls

Instruments intended to be used

DESCRIPTION OF THE TOOL

Section A: Interview Schedule

- ❖ Part I: It consist of the Demographic variables including age, religion, education, type of family, family income, food habits, education of father, education of mother.
- ❖ Part II: It consists of 27 items pertaining assessment of screen time habits of adolescents girls.
- ❖ Part III: It consists of 25 items pertaining assessment of eating habits of adolescents girls.
- ❖ Part IV : It consists of 3 items pertaining assessment of physical health status of adolescents girls
- ❖ Part V: It consists of 20 items pertaining assessment of psychological health of adolescents girls-

Data collection method

Step 1: The researcher will obtain prior permission from the concerned authority.

Step 2: The purpose of the study will be explained to study participants.

Step3: The structured questionnaire will be administered for getting data

IV-Result and Discussion

Distribution adolescent girls according to socio-demographic variables.

Table no 1: frequency and percentage distribution of study participants according to their age.

Age	Frequency	Percentage	Cumulative frequency
≤ 19	218	87.2	87.2
>19	32	12.8	100.0
Total	250	100.0	

Table no 1 describes that, out of 250 study participants, majority 218(87.2%) were aged less than or equal to 19 years and remaining 32(12.8%) were aged more than 19 years.

Table no 2: frequency and percentage distribution of study participants according to their religion.

Religion	Frequency	Percentage	Cumulative frequency
Hindu	245	98.0	98.0
Muslims	05	2.0	100.0
Total	250	100.0	

Table 2 reveals that, majority 245(98.0%) out of 250 study participants were Hindu and remaining 5(2.0%) study participants were Muslims.

Table no 3: frequency and percentage distribution of study participants according to their education

Education	Frequency	Percentage	Cumulative frequency
Diploma	10	4.0	4.0
PUC	104	41.6	45.6
Degree	136	54.4	100.0
Total	250	100.0	

From Table no 3, it was seen that, majority 136(54.4%) were studied/studying degree followed by 104(41.6%) who were studied/ studying PUC and remaining 10(4.0%) were studied/studying diploma

Table no 4: frequency and percentage distribution of study participants according to their types of family

Types of family	Frequency	Percentage	Cumulative frequency
Nuclear family	212	84.8	84.8
Joint family	38	15.2	100.0
Total	250	100.0	

Table no 4 showed that, out of 250 study participants, majority 212(84.8%) of them were belongs to the nuclear family and remaining 38(15.2%) were belongs to the joint family.

Table no 5: frequency and percentage distribution of study participants according to their income

Income	Frequency	Percentage	Cumulative frequency
≤5000	46	18.4	18.4
5000-10000	154	61.6	80.0
≥10000	50	20.0	100.0
Total	250	100.0	

From table no 5, it was clear that , majority 154(61.6%) were having income between 5000-10000Rs followed by 50(20.0%) study samples having income more than 10000Rs and remaining 46(18.4%) were having income less than 5000Rs

Table no 6: frequency and percentage distribution of study participants according to their diet

Diet	Frequency	Percentage	Cumulative frequency
Vegetarian	171	68.4	68.4
Non-vegetarian	79.0	31.6	100.0
Total	250	100.0	

Table no 6 reveals the dietary pattern of study patterns, majority 171(68.4%) of the study participants out 250 were vegetarians and remaining 79(31.6%) were Non-vegetarians.

Table no 7: frequency and percentage distribution of study participants according to their father's education

Father education	Frequency	Percentage	Cumulative frequency
Primary	117	46.8	46.8
Higher primary	107	42.8	89.6
PUC	10	4.0	93.6
Degree	04	1.6	95.2
PG	12	4.8	100.0
Total	250	100.0	

Table no 7 revealed that, majority 117(46.8%) of the fathers were studied up to primary, 107(42.8%) were studied up to higher primary, 10(4.0%) were studied up to PUC, 12(4.8%) were studied up to PG and remaining 4(1.6%) were studied up to degree

Table no 8: frequency and percentage distribution of study participants according to their mother's education

Mother education	Frequency	Percentage	Cumulative frequency
Primary	128	51.2	51.2
Higher primary	113	45.2	96.4
PUC	06	2.4	98.8
Degree	03	1.2	100.0
Total	250	100.0	

Table no 8 revealed that, majority 128(51.2%) of the mothers were studied up to primary, 113(45.2%) were studied up to higher primary, 6(2.4%) were studied up to PUC and remaining 3(1.2%) were studied up to degree

Table no 9: frequency and percentage distribution of study participants according to their BMI

BMI	Frequency	Percentage	Cumulative frequency
Under Weight	115	46.0	46.0
Normal Weight	128	51.2	97.2
Over Weight	07	2.8	100.0
Total	250	100.0	

From table no 9, it was noted that, out of 250 study participants, majority 128(51.2%) were under weight, 115(46.0%) of the study participants were normal weight and remaining 7(2.8%) were over weight

Table no 10: Assessment of psychological health among the study participants

Psychological Health	Frequency	Percentage	Cumulative frequency
Poor	113	45.2	45.2
Good	137	54.8	100.0
Total	250	100.0	

Graph no 10 describes the psychological health of the study participant. Majority 137(54.8%) of the study participants had good psychological health and remaining 113(45.2%) had poor psychological health

Table no 11: Assessment of the eating habits among the study participants

Eating Habit	Frequency	Percentage	Cumulative frequency
Good	137	54.8	54.8
Bad	113	45.2	100.0
Total	250	100.0	

Table no 11 showed that out of 250 study participants, majority 137(54.8%) of the study participants had good eating habits and remaining 113(45.2%) of the study participants had bad eating habits

Table no 12: Assessment of the screen time habits of the study participants

Screen time habit	Frequency	Percentage	Cumulative frequency
Good	26	10.4	10.4
Bad	182	72.8	83.2
Very bad	42	16.8	100.0
Total	250	100.0	

From table no 12, it was clear that, out of 250 study samples, majority 182(72.8%) had fairly bad screen time habit, 42(16.8%) of the study participants had very bad screen time habits and remaining 26(10.4%) had bad screen time habits.

Table no 13: Impact of screen time habit on the psychological health of the study participants

Psychological Health	Screen time Habit			Chi-square	p-value
	Good	Bad	Very bad		
Good	21	100	16	11.8	0.003 (S)
Poor	05	82	26		
Total	26	182	42		

From table no 13, it was clear that there was high association between screen time habit and psychological health

Table no 14: Impact of eating habit on the psychological health of the study participants

Psychological Health	Eating Habit		Chi-square	df	p-value
	Bad	Good			
Good	58	79	1.00	1	0.31 (NS)
Poor	55	58			
Total	113	137			

From table no 14, it was seen that there was no association between screen time habit and eating habit

Table no 15: correlation between screen time habit and eating habit

		Eating Habit	Screen time Habit
Eating Habit	Pearson Correlation	1	0.170**
	Sig. (2-tailed)		.007
	N	250	250
Screen time Habit	Pearson Correlation	0.170**	1
	Sig. (2-tailed)	0.007	
	N	250	250

** . Correlation is significant at the 0.01 level (2-tailed).

There was low positive correlation between screen time habits and eating but the correlation was highly significant

Table no 16: Association between screen time habits and selected socio-demographic variables of the study participants

Socio-demographic	Screen time habit			Chi-square	df	p-value
	Bad	Good	Very bad			
Age						
<= 19	160	24	34	2.159	2	0.340
> 19	22	2	8			
Religion						
Hindu	178	25	42	1.346	2	0.510
Muslim	4	1	0			
Education						
Diploma	06	2	2	6.212	4	0.184
PUC	81	12	11			
Degree	95	12	29			
Types of family						
Nuclear Family	154	21	37	0.686	2	0.710
Joint Family	28	5	5			
Income						
<5000	40	2	4	7.01	4	0.135
5000-10000	33	8	9			
>10000	109	16	29			
Diet						
Vegetarian	125	16	30	0.751	2	0.687
Non-Vegetarian	57	10	12			
Father education						
Primary	87	11	19	2.93	8	0.938
Higher primary	75	12	20			
PUC	8	1	1			
Degree	4	0	0			
PG	8	2	2			
Mother education						
Primary	98	11	19	6.977	6	0.323
Higher primary	76	14	23			
PUC	6	0	0			
Degree	2	1	0			

Table no 14 describes association between screen time habit and socio-demographic variables of the study participants. It was found from the table that screen time habit of the study participants was independent of their demographic variables.

Table no 15: Association between eating habit and selected socio-demographic variables of the study participants

Socio-demographic	Eating habits		Chi-square	df	p-value
	Bad	Good			
Age					
<= 19	100	118	0.31	1	0.57
> 19	13	19			
Religion					
Hindu	111	134	0.05	1	0.81
Muslim	2	3			
Education					
Diploma	4	6	1.34	2	0.51
PUC	43	61			
Degree	66	70			
Types of family					
Nuclear Family	96	116	0.004	1	0.95
Joint Family	17	21			
Income					
<5000	24	22	1.25	2	0.53
5000-10000	23	27			
>10000	66	88			
Diet					
Vegetarian	78	93	0.03	1	0.84
Non-Vegetarian	35	44			
Father education					
Primary	53	64	5.13	4	0.27
Higher primary	49	58			
PUC	7	3			
Degree	1	3			
PG	3	9			
Mother education					
Primary	57	71	5.02	3	0.17
Higher primary	55	58			
PUC	1	5			
Degree	0	3			

Table no 15 describes association between eating habit and socio-demographic variables of the study participants. It was found from the table that eating habit and socio-demographic variables of the study participants were independent

Table no 16: Association between psychological health and selected socio-demographic variables of the study participants

Socio-demographic	Psychological health		Chi-square	df	p-value
	Good	Poor			
Age					
<= 19	119	99	0.031 ^a	1	0.860
> 19	18	14			
Religion					
Hindu	134	111	0.056 ^a	1	0.813
Muslim	3	2			
Education					
Diploma	7	3	1.893 ^a	2	0.388
PUC	60	44			
Degree	70	66			
Types of family					
Nuclear Family	122	90	4.250 ^a	1	0.03(S)
Joint Family	15	23			
Income					
<5000	22	24	3.585 ^a	2	0.167
5000-10000	33	17			
>10000	82	72			
Diet					
Vegetarian	87	84	3.362 ^a	1	0.067
Non-Vegetarian	50	29			
Father education					
Primary	61	56	0.953 ^a	4	0.917
Higher primary	62	45			
PUC	5	5			
Degree	2	2			
PG	7	5			
Mother education					
Primary	64	64	4.600 ^a	3	0.204
Higher primary	66	47			
PUC	4	2			
Degree	3	0			

Table no 16 describes association between psychological health and socio-demographic variables of the study participants. It was found from the table that eating habit was highly associated with types of family of the study participants.

Table no 17: Association between physical health and selected socio-demographic variables of the study participants

Socio-demographic	Physical health			Chi-square	df	p-value
	Normal Weight	Over Weight	Under Weight			
Age						
<= 19	107	5	106	5.600	2	0.061
> 19	21	2	9			
Religion						
Hindu				0.260	2	0.878
Muslim						
Education						
Diploma	5	1	4	3.730	4	0.444
PUC	49	2	53			
Degree	74	4	58			
Types of family						
Nuclear Family	105	7	100	2.431	2	0.297
Joint Family	23	0	15			
Income						
<5000	20	1	25	4.031	4	0.402
5000-10000	29	0	21			
>10000	79	6	69			
Diet						
Vegetarian	81	4	86	4.130	2	0.127
Non-Vegetarian	47	3	29			
Father education						
Primary	60	3	54	3.279	8	0.916
Higher primary	55	3	49			
PUC	6	0	4			
Degree	1	0	3			
PG	6	1	5			
Mother education						
Primary	68	3	57	1.288	6	0.972
Higher primary	56	4	53			
PUC	3	0	3			
Degree	1	0	2			

Table no 17 describes association between physical health and socio-demographic variables of the study participants. It was found from the above table that none of the socio-demographic variables were associated with physical health of the study participants.

Contributions made towards increasing the state of knowledge in the subject

In this study the research scholar identified that There was low positive correlation between screen time habits and eating but the correlation was highly significant and the researcher found there was high association between screen time habits and psychological health

Conclusions summarizing the achievements and indication of scope for future work.

At the end research work the researcher comes to conclusion that there was low positive correlation between screen time habits and eating but the correlation was highly significant and the researcher found there was high association between screen time habits and psychological health

In this study, the research scholar concluded that addiction to screen have greater impact on both physical and psychological health of adolescent girls .there is a need to give guidance and counseling to the students about the ill effects of addiction to screen time

VII. References

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