



“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING ADDICTION OF ONLINE GAMING AND ITS IMPACT ON OVERALL HEALTH AMONG TEENAGERS IN SELECTED HIGH SCHOOL OF VALSAD DISTRICT.”

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ABSTRACT

Introduction: Internet gaming disorder, also known as video gaming disorder or, is generally defined as the problematic, compulsive use of video games that results in significant impairment to an individual's ability to function in various life domains over a prolonged period of time. This and associated concepts have been the subject of considerable research, debate, and discussion among experts in several disciplines and has generated controversy within the medical, scientific, and gaming communities. Such disorders can be diagnosed when an individual engages in gaming activities at the cost of fulfilling daily responsibilities or pursuing other interests without regard for the negative consequences. As defined by the ICD-11 the main the main criterion for this disorder is a lack of self-control over gaming. **Aim:** The present study aims at evaluating the effectiveness of need based planned video assisted teaching programme for teenagers regarding knowledge on effects of online gaming on overall health **Methodology:** The research design used in the study is pre-experimental one group pre-test and post-test design. The research approach used in the study is a quantitative approach. A total of 60

samples (teenagers) were selected from Upasana English Medium school at Vapi. The simple random sampling technique was used for the selection of samples. Data analysis was collected by using the tool google form.

Result: In this study the result shows that the mean post-test knowledge score is 10.45 is higher than the mean pre-test knowledge score i.e.,16.4. The gain in knowledge score was highly significant at $p < 0.05$ level of significance and the calculated paired t-test value is 15.65 which is greater than table pair. **Conclusion:** The finding of the study showed that the video assisted teaching programme was very effective in improving the level of knowledge. This study will help the health care professionals to develop appropriate teaching materials. Video assisted teaching program is a proven method to improve the knowledge of the teenagers which will help to facilitate the healthy growth and development and healthy practices in day-to-day activities.

INTRODUCTION:

Internet gaming disorder, also known as video gaming disorder or, is generally defined as the problematic, compulsive use of video games that results in significant impairment to an individual's ability to function in various life domains over a prolonged period of time. This and associated concepts have been the subject of considerable research, debate, and discussion among experts in several disciplines and has generated controversy within the medical, scientific, and gaming communities. Such disorders can be diagnosed when an individual engages in gaming activities at the cost of fulfilling daily responsibilities or pursuing other interests without regard for the negative consequences. As defined by the ICD-11 the main criterion for this disorder is a lack of self-control over gaming.

STATEMENT OF THE PROBLEM:

“A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING ADDICTION OF ONLINE GAMING AND ITS IMPACT ON OVERALL HEALTH AMONG TEENAGERS IN SELECTED HIGH SCHOOL OF VALSAD DISTRICT.”

OBJECTIVES OF THE STUDY:

- 1) To determine the level of knowledge of teenagers regarding the addiction of online gaming & it's impact on overall health in selected high school of Valsad district.
- 2) To evaluate the effectiveness of video assisted teaching programme regarding the addiction of online gaming & its impact on overall health in selected high school of Valsad district.
- 3) To find out the association between pre-test level of knowledge of teenagers regarding the addiction of online gaming & it's impact on overall health with their selected demographic variables.

ASSUMPTIONS

1. Teenagers may have some knowledge regarding addiction of online gaming and its impact on overall health

2. Video assisted teaching programme will increase the knowledge of teenagers regarding overall effects of online gaming addiction.

HYPOTHESIS

- **H1:** The post-test knowledge score of teenagers in selected high school of Valsad District regarding the addiction of online gaming & its impact on overall health will be significantly higher than their pre-test knowledge score.
- **H2:** There will be significant association between pre-test knowledge score of teenagers and their selected demographic variables regarding the addiction of online gaming and its impact on overall health.

OPERATIONAL DEFINITIONS:

1) Effectiveness: In this study the word “Effectiveness” defined as a significant gaining of knowledge on online gaming addiction and its effects on overall health of teenagers. It will be measured by the mean difference between the pre & post-test practice scores.

2) Video assisted teaching program: In this study the word “video assisted teaching program” means provide information on the effects of online gaming addiction on health with the help of well-developed video with proper information and content

3) Online gaming: Online gaming addiction which is also known as video gaming addiction is defined as problematic, compulsive, use of video games that results in persons significant impairment to and individuals’ ability to function in various life domains over a prolong period of time.

4) Addiction: Addiction is a bio psychosocial disorder characterized by repeated use of drugs, or repetitive engagement in a behaviour such as gambling, despite harm to self and others.

5) Health: A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

6) Teenagers: A person aged between 13 and 19 years.

RESEARCH METHODOLOGY:

1. Research Approach- Quantitative Approach

2. Research Design- Pre-Experimental Research Design, One Group Pre test-Post test Design

3. Variables- Independent variable in this study: video assisted Teaching Programme, Dependent variable in this study: Demographic variables it contains Age, gender, class, status of family, type of family, income of family, money spent on gaming, hours spent on gaming, source of information about online gaming.

4. Setting- The study was conducted in Upasana Lions English medium school school in Vapi at Valsad district.

5. Target Population- In this study Target Population consisted of teenagers.

6. Sample- Teenagers Studying In Upasana English Medium School, Vapi

7. Sample Size-60

8. Sampling Technique- nonprobability purposive sampling

9. Inclusion criteria-

- Teenagers who are studying in the selected school of Valsad district.
- Teenagers who are willing to participate in the study.
- Teenagers who are available at the time of data collection.
- Teenagers who knows about gaming and are practising it.

10. Exclusion criteria-

- Teenagers who are not studying in school of Valsad district.
- teenagers who are not willing to participate in the study.

DESCRIPTION OF TOOL

The tool consists of two sections

SECTION I: Demographic Variables

Teenagers demographic variables includes Age, gender, class, status of family, type of family, income of family, money spent on gaming, hors spent on gaming, source of information aboutonline gaming.

SECTION II: Structured Knowledge Questionnaire

Collection of data is done by using questionnaires on addiction of online gaming and its effects on overall health.

Scoring procedure

The modified numerical intensity scale scores were interpreted as follows.

Scores	Knowledge level
1-7	Inadequate Knowledge
8-14	Moderate Knowledge
15-20	Adequate Knowledge

RESULTS:**SECTION – A - DESCRIPTION OF SELECTED DEMOGRAPHIC VARIABLES****TABLE 1: DEMOGRAPHIC PROFILE**

TABLE NO.1 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF SAMPLES			
			N=60
SR. NO.	CHARACTERISTICS	FREQUENCY	PERCENTAGE
1	Age		
	(a)13-15 years	0	0
	(b)16 - 18 years	60	100%
	(c) 19 years	0	0
2	Gender		
	(a)Male	31	52%
	(b)Female	29	48%
3	Class:		
	(a)9 th standard	0	0
	(b)10 th standard	0	0
	(c)11 th standard	60	100%
	(d)12 th standard	0	0
4	Status of family		

	(a)Higher class	22	36.60%
	(b)Middle class	33	55%
	(c)Lower class	5	8.30%
5	Type of family		
	(a)Joint family	20	33.30%
	(b)nuclear family	25	41.60%
	(c)single parent family	12	20%
	(d)extended family	3	5%
6	Income of family(yearly/INR)		
	(a)less than 1,00,000	8	14%
	(b)1,00,000 – 2,00,000	27	45%
	(c)2,00,000 – 3,00,000	14	23%
	(d) more than 3,00,00	11	18%
7	Money spent on gaming (per month/INR)		
	(a)less than 1000	13	21.60%
	(b)1000 – 2000	27	45%
	(c)more than 2000	20	33.30%
8	Hours spent on gaming per day		
	(a)less than 2 hours	14	23.33%
	(b)2 to 4 hours	35	58.33%
	(c)more than 4 hours	11	18.33%
9	Source of information about online gaming		
	(a)television	3	5%
	(b)internet	52	86.60%
	(c)advertisement	4	6.40%
	(d)newspaper	1	1%

SECTION B- ANALYSIS OF MEAN PRE-TEST AND MEAN POST-TEST KNOWLEDGE OF TEENAGERS REGARDING ADDICTION OF ONLINE GAMING

LEVEL OF KNOWLEDGE	PRETEST	
	NO. OF TEENAGERS	%
INADEQUATE	9	15%
MODERATE	49	81.66%
ADEQUATE	2	3.33%
TOTAL	60	100%

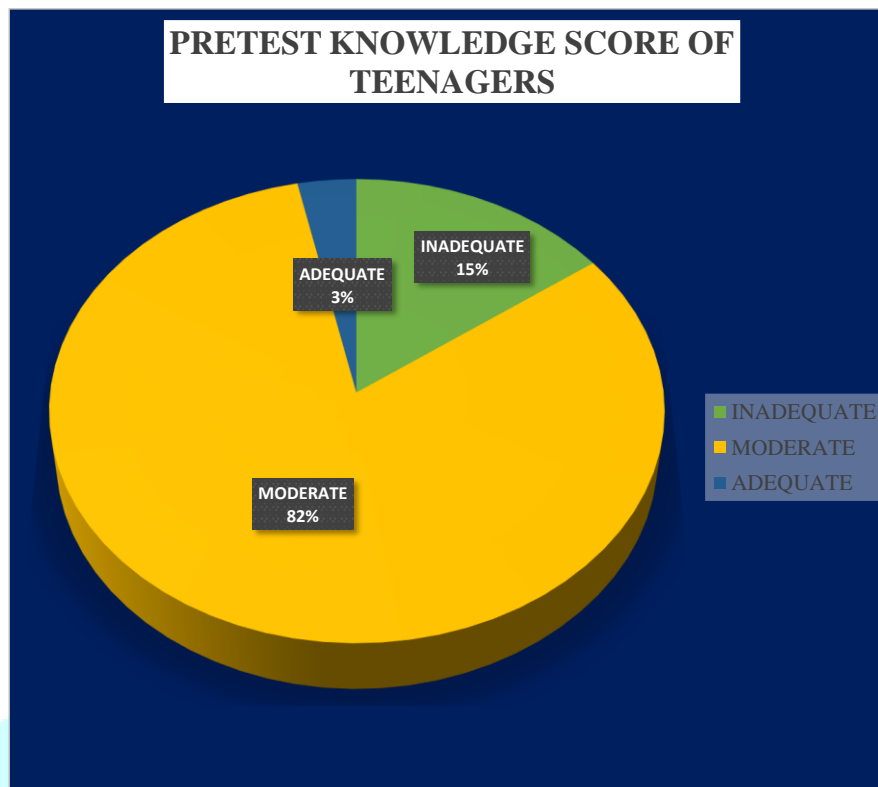


Figure 1: Frequency And Percentage Distribution According To Their Pre Test Knowledge Score

LEVEL OF KNOWLEDGE	POSTTEST	
	NO. OF TEENAGERS	%
INADEQUATE	0	0%
MODERATE	5	8.33%
ADEQUATE	55	91.66%
TOTAL	60	100%

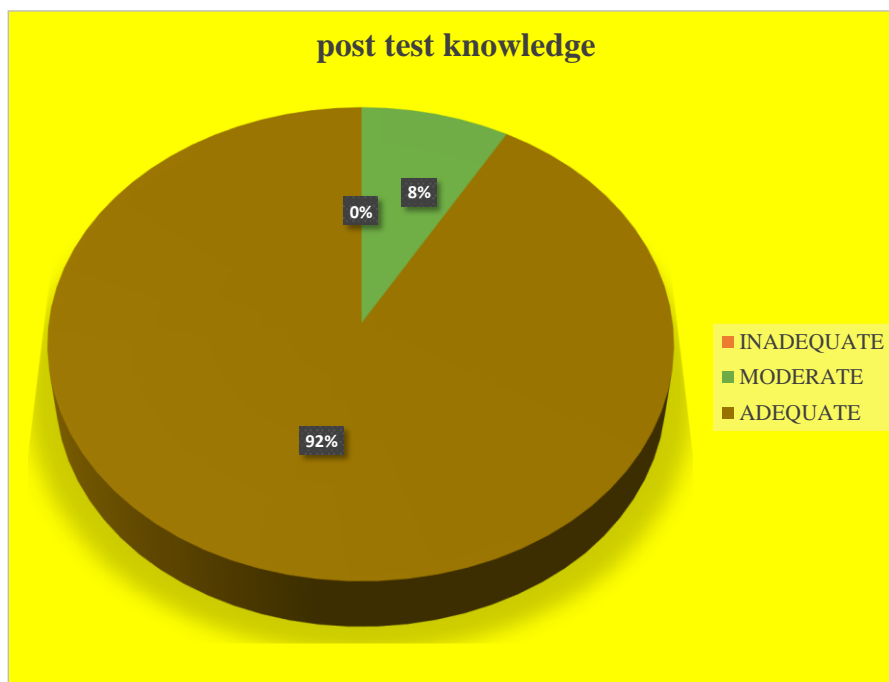


Figure 1: Frequency And Percentage Distribution According To Their Post Test Knowledge Score

SECTION C – THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME REGARDING THE ADDICTION OF ONLINE GAMING AND ITS EFFECTS ON OVERALL HEALTH.

TABLE 2: COMPARISON OF PRE AND POST TEST KNOWLEDGE SCORE OF TEENAGERS REGARDING ADDICTION OF ONLINE GAMING AND ITS IMPACT ON OVERALL HEALTH.

TABLE.4 SIGNIFICANCE DIFFERENCE BETWEEN PRE AND POST TEST KNOWLDGESCORE							
	MEAN	MEAN DIFFERENCE	SD	t' VALUE	TABLE VALUE	P VALUE	SIGNIFICANCE
PRE-TEST	10.45	6	2.73	15.65	1.67	0.05	Significant
POST TEST	16.4		1.45				

SECTION D – ASSOCIATION BETWEEN PRETEST KNOWLEDGE SCORE OF TEENERGERS REGARDING THE ADDICTION OF ONLINE GAMING AND ITS EFFECTS ON OVERALL HEALTH WITH SELECTED DEMOGRAPHICVARIABLES.

Sr. No.	CHARACTERISTICS	FREQUENCY	>M	<= M	DF	Chi square	Table value	INFERENCE

1	Age							
	(a)13-15 years	0	0	0	2	2.14	5.99	NS
	(b)16 - 18 years	60	24	36				
	(c) 19 years	0	0	0				
2	Gender							
	(a)Male	31	13	18	1	0.024	3.84	NS
	(b)Female	29	11	18				
3	Class:							
	(a)9 th standard	0	0	0	3	2.146	7.81	NS
	(b)10 th standard	0	0	0				
	(c)11 th standard	60	24	36				
	(d)12 th standard	0	0	0				
4	Status of family							
	(a)Higher class	22	7	15	2	0.402	5.991	NS
	(b)Middle class	33	16	17				
	(c)Lower class	5	1	4				
5	Type of family							
	(a)Joint family	20	8	12	3	8.862	7.815	S**
	(b)nuclear family	25	13	12				
	(c)single parent family	12	2	10				
	(d)extended family	3	1	2				
6	Income of family(yearly/INR)							
	(a)less than 1,00,000	8	2	6	3	1.9556	7.815	NS
	(b)1,00,000 – 2,00,000	27	12	15				

	(c)2,00,000 – 3,00,000	14	6	8				
	(d) more than 3,00,00	11	4	7				
7	Money spent on gaming (per month/INR)							
	(a)less than 1000	13	5	9	2	4.5104	5.991	NS
	(b)1000 – 2000	27	13	13				
	(c)more than 2000	20	6	14				
8	Hours spent on gaming per day							
	(a)less than 2 hours	14	5	9	2	1.8814	5.991	NS
	(b)2 to 4 hours	35	16	19				
	(c)more than 4 hours	11	3	8				
9	Source of information about online gaming							
	(a)television	3	1	2	3	9.027	7.81	S**
	(b)internet	52	21	31				
	(c)advertisement	4	1	3				
	(d)newspaper	1	1	0				

Note: S** means significant

From the **TABLE 2** it was evident that the obtained chi square value for AGE (2.14), GENDER(0.024), CLASS (2.146), STATUS OF FAMILY (0.402) TYPES OF FAMILY (8.862),INCOME OF FAMILY (1.9556),MONEY SPENT ON GAMING(PER MONTH) (4.5104) and HOURS SPENT ON GAMING(PER DAY)(1.8814), SOURCE OF INFORMATION(9.027)

It was found that there was significant association between the pre-test knowledge score with selected demographic variables such as TYPE OF FAMILY, SOURCE OF INFORMATION.

So, there is a significant association between pretest knowledge with selected demographic variables addiction of online gaming and its effect on overall health H2 is accepted.

DISCUSSION

The above data reveals that 100% teenagers belonged to age group of 16-18 years. The above data reveals that 52% of study group was male and 48% of study group was female. The class data reveals that all the teenagers of study group were studying in 11th standard. The class of family data represents that 33.60% of study group belongs to higher class, 55% of study group belongs to middle class and 8.30% of study group belongs to lower class. The data represents that 42% teenagers belonged to nuclear family, 33% teenagers belonged to joint family, 20% family belonged to single parent family and 5% belonged to extended family. The income of family in which 14% of study group has income of >1,00,000, 45% of study group has income of 1,00,00-2,00,00, 23% of study group has income of 2,00,00-3,00,00 and 18% of study group has income <1,00,00. In the data the money spent on gaming less than 1000 is 22%, 1000 – 2000 is 45% and more than 2000 is 33%. In the data of hours spent on gaming 23.33% of study group invest less than 2 hours in gaming, 58.33% invest 2 to 4 hours in gaming and 18.33% invest more than 4 hours in gaming. According to the data the source of information about gaming observed was television in 5% of study group, internet in 86.60% of study group, advertisement in 6.60%, and newspaper in 1.60%.

Objective 1: To determine the level of knowledge of teenagers regarding the addiction of online gaming & its impact on overall health in selected high school of Valsad district. This study reveals that the pretest knowledge about addiction of addiction of online gaming and its impact on overall health.

In pretest 15% of teenagers are having inadequate knowledge, 81.66% of them are having moderate knowledge and 3.33% of them are having adequate knowledge shows the posttest knowledge about addiction of addiction of online gaming and its impact on overall health.

In posttest 0% of teenagers are having inadequate knowledge, 8.33% of them are having moderate knowledge and 91.66% of them are having adequate knowledge.

OBJECTIVE 2: To evaluate the effectiveness of video assisted teaching programme regarding the addiction of online gaming & its impact on overall health in selected high school of Valsad district.

The study shows that the mean of the pre-test and post-test were 10.45 and 16.4 respectively. The gain in mean for overall knowledge was 6 with t-value 15.65, which was significant. So hypothesis 1 is accepted.

OBJECTIVE 3: To find out the association between pre-test level of knowledge of teenagers regarding the addiction of online gaming & its impact on overall health with their selected demographic variables. From the table 5 it was evident that the obtained chi square value for AGE (2.14), gender (0.024), class (2.146), status of family (0.402) types of family (8.862), income of family (1.9556), money spent on gaming (per month) (4.5104) and hours spent on gaming (per day) (1.8814), source of information (9.027) it was found that there was significant association between the pre-test knowledge score with selected demographic variables such as type of family, source of information.

So, there is a significant association between Pretest knowledge with selected demographic variables addiction of online gaming and its effect on overall health Hypothesis 2 is accepted.

CONCLUSION

The study was conducted in Upasana lions' English medium school at Vapi Valsad district to assess the effectiveness of video assisted teaching programme regarding addiction of online gaming and its impact on overall health among teenagers in selected high school of Valsad district. The finding of the study showed that the video assisted teaching programme was very effective in improving the level of knowledge. This study will help the health care professionals to develop appropriate teaching materials. Video assisted teaching program is a proven method to improve the knowledge of the teenagers which will help to facilitate the healthy growth and development and healthy practices in day-to-day activities.

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