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"Effectiveness Of Child-To-Child Approach Through Power Point Presentation On Knowledge Regarding Ill Effects Of Using Mobile Phone Among 10 To 12 Years School Children In Selected School."

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Abstract: Children all over the world use smartphones for various purposes. Some children are seen talking to their friends for long hours, while others spend their time playing countless games on the phone. The internet is an abode of knowledge for children. Though the utility of smartphones cannot be debated, continued use and exposure can have harmful effects on the child. The aim of the study was to assess effectiveness of child-to-child approach through power point presentation on knowledge regarding ill effects of using mobile phone among (10 to 12 years) School children in selected schools.

Methods: The research methodology adopted for the study was quantitative research approach. The investigator used pre-experimental one group pre-test post-test design. The setting for the study was selected schools. Accessible population selected for this study consisted, 10 to 12 years school going children who are available during the course of the study. Sample size was 120 children selected with purposive sampling technique then sampling as per the inclusion criteria from the selected schools. The data collection was carried out in three phases and the data was analyzed by using the descriptive and inferential statistics.

Result: The study result depicted that, Majority 53% of samples were having good knowledge and 47% were having averageknowledge. Mean score was 12.58 and 2.05 SD. In the present study, mean score in pre-test is 6.83 along with 2.56 SD. In post-test mean score is 12.58 which is more than pre-test mean score and SD is 2.05 which is less than from pre-test SD. DF is 119, T value is 21.43 and p value is less than 0.00001 which shows significant effectiveness of child-to-child approach through power point presentation about ill effect of mobile phone use.

Conclusion: The findings of the present study indicate that the school going children had poor knowledge regarding ill-effects of using mobile phone during pre-test. But after providing them the information about ill effects of using mobile phones their knowledgeis improved. Hence the child-to-child approach through ppt is effective.

Keywords: child-to-child approach, power point presentation, knowledge, ill effects, mobile phone and School children.

INTRODUCTION

Mobile Phone watching is an enjoyable activity for the children, use of mobile phone is on increase day by day and has been accepted by society, varieties of programme like apps, education, news, entertainment, sports,cartoons, etc. Impact of mobile Phone is one of the fastest growing technology in the last few decades, Children who watch mobile phone too much have several bad effects, of which are affected to their cognitive, health, habits, lack of concentration, eyes problem and over weight etc. They became lazy to do something else such as study, because they do not want to miss the mobile phone programmes or games, it will influence their intelligence. Another bad effects of their habits is they will be influenced a violence in some mobile phone programmes, because they have not been able to think long and think what is better or bad.[1]

Mobile Phone is often also called "cellular phone". It is a device mainly used for a voice call. Presently technological has made our life easy. Today, with the help of a mobile phone we can easily talk or video chat with anyone across the globe by just moving our fingers. Today mobile phones are available in various shapes and sizes, having different technical specifications and are used for a number of purposes like – voice calling, video chatting, text messaging or SMS, multimedia messaging, internet browsing, email, video games, and photography. Hence it is called a 'Smart Phone.[2]

Most advanced and effective communication device in this century is the Mobile phone. A mobile phone is not only being used by a corporate or highly qualified professional. People from all types of social groups have mobilephones in their hands now. The usage of the mobile phone is not increased only with all social groups but also with people of all age groups. Children are the more noticeable group as they are using cell phones of all types.[3]

Cell phones after a full day usage contains many germs on their display which are highly numbered than your toilet seats. These germs are easily transferredto your body as you touch frequently or use close to your face for talking. This increases the risk of exposure to the germs and reduces your immune strength as immune status is not fully developed for children.[4]

In Japan, the amount of time that children spend using mobile devices has also increased dramatically. A recent survey found that, according to the Japan Ministry of Education, the proportion of children using mobile devices for over an average of 1 hour per day was 15% among elementary schoolers and 48% among junior high schoolers. Children can use mobile devices anytime and anywhere for various purposes, such as playing games, doing schoolwork, chatting with friends, and surfing the internet. From traditional media like television and video games to new media including not only home computers but also mobile devices, such as smartphones and digital tablets, media are anincreasingly dominant force in children's lives Media devices are expected to play an increasing role in daily life, even among young children. The increasingamount of time that children spend using mobile devices has raised concerns about the influence of digital technology use on the health of developingchildren.[5]

A descriptive study was conducted in Switzerland to investigate health risk perception as well as to assess the prevalence of self-symptoms attributed to electromagnetic fields and other environmental exposures among 2048 samples over 14 yrs. old Swiss population. The result of the study revealed that prevalence of 5% for electromagnetic hypersensitivity and the common health complaints of sleep disorders (43%) and headaches (34%) which were mostly attributed to power lines and mobile phone handset. 53% were worried about adverse health effects from electromagnetic frequency without attributing their own health symptoms.[6]

Cell phones are also known as mobile phones or wireless phones or hand-held phones with built-in antennas. Mobile phones can be carried from place to place with a minimum of fuss, which makes it a good choice for peoplewho want to be in touch with others.[6]

Mobile phone is a mobile electronic device used to make telephone calls across a wide geographic area. It does this by connecting to a cellular network owned by a mobile network operator.[6]

In addition to functioning as a telephone, a modern mobile phone supports additional services such as Short Messaging Service (SMS), Multi Messaging Service (MMS), E-mail, Internet access, short-range wireless infrared or blue tooth communications, gaming applications, and photography. The common component found on all phones is a battery, typically rechargeable, providing the power source for the phone functions. All Global System for Mobile (GSM) phones use a Subscriber Identity Module (SIM) card that allows an account to be swapped among devices. GSM mobile phones require a small chip called a SIM card, to function.[7]

A descriptive study showed that an association between the use of mobile phones and health hazards are headache (21.6%), fatigue (3%) and dizziness 2.4%) and it concluded that use of mobile phones for long time is at risk factor for health hazards.[8]

A survey was conducted regarding the impact of cell phone use on social networking and development among 501 college students by using questionnaire method. The study results showed that 99% owned cell phones and nearly 90% have had cell phones for more than three years. Excessive internet use, along with pathological gambling and addictive disorder, health risk from cell phone radiation and cell phone dependency are the major social impacts found in teenagers.[9]

“As per the study, 23.80% of children use smartphones while they are in bed, before going to sleep which increases with age and 37.15% of children, always or frequently, experience reduced levels of concentration due to smartphone use,” Minister of State for Electronics and IT, Rajeev Chandrasekhar told the Lok Sabha in a written reply on Wednesday, March.[10]

A study conducted by Ramu K., Deelip S. Natekar and Dhanpal HNon A study to assess the effectiveness of organised teaching programme on knowledge regarding hazards of using mobile phones among high school students in selected school at bangalore, karnataka, india. Majority of students19(63.3%) were in the age of

13-14 years. Most of the students 18(60%) were female. Majority of the students 16(53.3%) were Hindu. Most of them belongs to nuclear family 20(66.6%). Most of them have the family income of 14(46.6%) < 10,000.Most of them have total No. of siblings 17(56.5%).Most of them have monthly pocket money 27(90%) 100-200.Most of the students spend on mobile recharges 25(83.3%).Most of the students got information on hazards of using mobile phones through from friends 10(33.3%).Most of the students 18(60%) were not having any knowledge regarding side effects of mobile phones. The mean pre-test knowledge school scores were inadequate (70%). The mean post-test knowledge score was improved and it was found adequate (72%). Conclusion: There is significant difference between pre-test and post- test knowledge scores and it is evident that STP is significantly effective in improving knowledge regarding hazards of using mobile phones, high school students. Child to child approach helps to improve knowledge of families and communitieswhich leads to bring out changes in practice. Use of power point presentation plays a key role to learn and understand a particular topic. PPT becomes essential in conveying the necessary information.[11]

PROBLEM STATEMENT

A study to assess effectiveness of child-to-child approach through power point presentation on knowledge regarding ill effects of using mobile phone among (10 to 12 years) School children in selected schools.

OBJECTIVES OF THE STUDY:

The objectives of the study were -

1. To assess pre-test level of knowledge regarding ill effect of using mobile phone before child-to-child approach through power point presentationamong school children.
2. To assess post-test level of knowledge regarding ill effect of using mobile phone after child-to-child approach through power point presentation amongschool children.
3. To evaluate the effectiveness of child-to-child approach through power pointpresentation by comparing pre and post-test knowledge level regarding ill effects of using mobile phone among (10 to 12) years school children
4. To find the association between pre-test level of knowledge regarding ill effect of using mobile phone and selected socio demographic variables among school children.

MATERIALS & METHODS

Researcher methodology defines what the activity of research is, how to proceed, how to measure progress and what constitutes success.

Research Design: Pre-experimental one group pre-test post-test design

Research Approach: Quantitative Research Approach

Sample: 10 to 12 years school going children who are available during the course of the study.

Sample Size: Sample size was 120 children selected with purposive sampling technique who fulfil the required inclusion and exclusion criteria.

Sampling Technique: Non Probability Purposive sampling technique.

Data collection tool: The structured knowledge questionnaire was used for data collection.

Criteria for Sample selection:

a. Inclusion criteria:

The study included school age children who

- ❖ Are aged from 10 to 12 years
- ❖ Are available at the time of data collection
- ❖ Are known Marathi And English language

b. Exclusion criteria:

The study excluded school age children who

- ❖ Has any acute illness at the time of data collection

Hypothesis

H1 - There will be a significant difference between pre-test and post-test level of knowledge regarding ill effects of using mobile phone among school children.

H2 – There will be a significant association between the pretest level of knowledgeand selected socio demographic variables among school children.

The researcher approached the subjects, informed regarding the objectives of the study and obtained informed consent after assuring the subjects about the confidentiality of the data. Purpose and important of research study explain before collection of data. The structured knowledge questionnaire was used for data collection. Descriptive and inferential statistics was used for data analysis. The collected data was organized and tabulated by using descriptive statistics, i.e. frequency, percentage, mean and SD. The inferential statistics i.e., paired t test was used to assess the effectiveness of child-to-child approach through power point presentation by comparing pre and post-test knowledge level regarding ill effects of using mobile phone among (10 to 12) years school children. The data was planned and presented in the form of tables and figures.

RESULT

The data collected is entered in the master sheet for tabulation and statistical processing. In order to find out relationship, the data was tabulated, analysed and interpreted using descriptive and inferential statistics.

Table 1: Distribution of subjects in relation to the socio-demographic data using frequency and percentage

n=120

DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1. Age		
a) 10.1 - 11years	80	67%
b) 11.1 -12 years	40	33%
2. Gender		
a) Male	60	50%
b) Female	60	50%
c) Transgender	0	0%
3. Birth Order of the child		
a) First	40	33%
b) Second	80	67%
c) Third	0	0%
d) Fourth or above	0	0%
4. Type of family		
a) Nuclear	50	42%
b) Joint	70	58%
c) Extended	0	0%
d) Single parent/separated	0	0%
5. Family income per month		
a) < 10000	20	17%
b) 10001 - 15000	0	0%
c) 15501 - 20000	60	50%
d) 20001 - 25000	40	33%
e) > 25000	0	0%
6. Duration of using Mobile phone		
a) <2 hour	50	42%
b) 2 - 4 hours	70	58%
c) > 4 hours	0	0%

7. From where you get information / news		
a) Newspaper/ Books	40	33%
b) Television / Mobile phone	80	67%
c) Others	0	0%

The above table 1 shows that, majority 67% of subject belonging to 10.1 to 11 years, and 33% belongs to 11.1 to 12 years of age. 50% of the subject were female where as 50% of subject were male. 67% of them were second child of family and 37% were first child. Majority 58% belongs to joint family and 42% belongs to nuclear family. Majority 50% of samples were having family monthly income 15501 to 20000, 33% were having 20001 to 25000 and 17% were having <10000. Majority 58% of children using mobiles 2 to 4 hours and 42% using less than 2 hours.Majority 67% received information about ill effects of mobile from television and mobile phone and 33% received information from newspaper and books.

Table 2: Pre-Test Score of Knowledge Regarding Ill Effect of MobilePhone Use among Children

n=120

Knowledge	Frequency	Percentage	Mean	SD
Poor (0-6)	64	53	6.83	2.56
Average (7-13)	56	47		
Good (14-20)	0	0		

The above table 2 depicts that shows that Majority 53% of samples were having poor knowledge and 47%were having average knowledge. Mean score was 6.83 and 2.56 SD.

Table 3: Post-Test Score of Knowledge Regarding Ill Effect of MobilePhone Use among Children

n=120

Knowledge	Frequency	Percentage	Mean	SD
Poor (0-6)	0	0.0	12.58	2.05
Average (7-13)	56	47.0		
Good (14-20)	64	53.0		

The above table 3 depicts that Majority 53% of samples were having good knowledge and47% were having average knowledge. Mean score was 12.58 and 2.05 SD.

Table 4: Effectiveness of child-to-child approach through pptregarding ill effect of mobile use among children

n=120

Knowledgee	Mean	SD	DF	T Value	P value	Remark
Pre test	6.83	2.56	119	21.43	0.00001	Significant
Post test	12.58	2.05				

The above table 4 depicts that Mean score in pre-test is 6.83 along with 2.56 SD. In post-test mean score is 12.58 which is more than pre-test mean score and SD is 2.05 which is less than from pre-test SD. DF is 119, T value is 21.43 and p value is less than 0.00001 which shows significant effectiveness of child-to-child through power point presentation for children about ill effect of mobile phone use.

DISCUSSION

This section deals which discuss the major findings of the study and reviews in relationto findings from the result of their studies. The aim of the study is to assess the effectiveness of child-to-child approach through power point presentation on knowledge regarding ill effects of using mobile phone among 10 to 12 years School children in selected schools.

Findings related to knowledge of children about ill effect of mobile use

In present study (53%) of children had poor knowledge and (47%) of them had averageknowledge.
Similarly, **Cha and Seo** (18) was conducted study on Smartphone use and smartphone addiction in middle school students in Korea: Prevalence, social networking service, and game use. The findings of the study revealed that 563 (30.9%) were classified as a risk group for smartphone addiction and 1261 (69.1%) were identified as a normal user group.[12]

Findings related to effectiveness of child-to-child approach through power pointpresentation regarding ill effect of mobile use among children

In the present study, mean score in pre-test is 6.83 along with 2.56 SD. In post-test mean score is 12.58 which is more than pre-test mean score and SD is 2.05 which isless than from pre-test SD. DF is 119, T value is 21.43 and p value is less than 0.00001 which shows significant effectiveness of child-to-child approach through power point presentation regarding ill effect of mobile phone use.

Chithra J (2009) conducted a quasi- experimental study to evaluate the effectiveness of child-to-child approach through planned teaching program in reducing harmful effects of mobile use among selected schools in Bangalore. A structured questionnaire was conducted to select the change agent. Child to child programme was conducted through planned teaching program. There was significant difference between pre-testand post-test results about ill effect of mobile use. The major findings of the study revealed that the

knowledge level has increased from 40.2% to 75.8% in the post test.The results indicated that child-to child programme through planned teaching programwas effect of mobile use was effective in school children.

Findings related to the association between levels of pre-test knowledge score with demographic variables

Renuga S1, Alfred Sam D1, **Dinesh. J et (2020**) all conducted study, to assess the knowledge on ill effects of mobile usage among students and to associate the knowledge on ill effects of mobile usage with selected demographic variables. The findings shows that there was significant association between demographic variables(number of mobile phone at home) and there was no significant association between demographic variables (age in years, gender, type of family, monthly income, type of mobile phone in your home on ill effects of mobile usage among school children.

RECOMMENDATION

- A similar study can be replicated on a larger sample and in a different settings.
- A similar study can be conducted on school teachers regarding knowledge ofusing ill effects of using mobile phones.
- A comparative study can be undertaken to find the difference of knowledge regarding ill effects of using mobile phone between schools from rural area and urban area.
- A similar study can be conducted on community people as a sample.

LIMITATION

- The study is confined to selected schools.
- The study is limited to the school going children who are comes under 10 to12 years of age
- There was difficulty in getting permission from the school.
- There was difficulty in collecting data from the samples.Time constrain was major problem faced for the study.

CONCLUSION

The findings of the present study indicate that the school going children had poor knowledge regarding ill-effects of using mobile phone during pretest. But after providing them the information about ill effects of using mobile phones their knowledgeis improved. Hence the child-to-child approach through ppt is effective

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