



**A study to assess the effectiveness of structured teaching program
regarding hazards of smart phone dependency among late adolescent of the
selected college in Bilaspur (C.G.)**

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Abstract:

Introduction: Technology has simplified our lives with gadgets like smartphones, but they also pose physical and mental health risks. Excessive smartphone use, especially among children, leads to dependency and non-productive activities. The WHO defines addiction as a dependence that provides relief or stimulation, including both Substance Addiction (e.g., drugs) and Behavioral Addiction (e.g., smartphone use). **Method and Material:** This study adopted a quantitative research approach using a pre-experimental one-group pre-test and post-test design. Conducted at C.M.D College Bilaspur, the study involved 60 first-year students selected through non-probability purposive sampling. Participants were first-year students willing to participate, using personal smartphones, and available during data collection. A structured questionnaire assessed their knowledge, and a checklist evaluated the level of smartphone dependency. The instruments were developed based on a literature review and expert consultation. A pilot study tested the feasibility and reliability of the tools, confirmed through the split-half method and Cronbach's alpha, ensuring the study's reliability. **Results:** Data from 60 college students indicated a significant increase in post-test knowledge about smartphone hazards, with 73.3% of participants demonstrating good knowledge after the



intervention. There was a significant association between knowledge and factors such as age, gender, number of phones in the family, type of phone, and the family's earning member at the 0.05 level of significance. Additionally, 50% of the participants were found to be severely dependent on smartphones. **Conclusion:** The structured teaching program effectively increased knowledge about the hazards of smartphone use among late adolescents. Addressing specific socio-demographic factors can enhance educational interventions, potentially reducing smartphone dependency in this age group.

Key words: Effectiveness, Structured Teaching Program, Hazards, Smart Phone, Dependency, Late Adolescent.

Introduction:

Technology has made our life easy. We have gadgets that save our time and energy, entertain and inform us and play the role of companions, too. These gadgets, like mobile phones, the iPad, etc. are a boon for human beings. On the flip side, though, these gadgets are also the bane of our lives.

Not only do these gadgets make us lazy and inactive but they are also harmful to our physical and mental well-being. Take the Smartphone, for example. Everywhere you see, people are glued to their phones, scrolling through social media, and wasting precious hours doing nothing productive.

Kids, especially, have become victims of smartphones, and if we don't take steps soon, then these smart gadgets will completely ruin their lives.

Addiction is defined by WHO as dependence, as the continuous use of something for the sake of relief, comfort or stimulation, which often causes cravings when it is absent. Two major categories of addiction involve Substance Addiction (e.g. Drug or alcohol addiction) and Behavioral Addiction (e.g. Mobile phone or internet addiction).

Material and Method:

To investigate the phenomenon under the study the quantitative research approach was adopted using the pre- experimental one group pre-test and post-test research design. The study conducted at C.M.D College Bilaspur. The 60 students of 1st year were selected by using non-probability purposive sampling technique. The sample was collected from students who are



studying in 1st year, willing to participate in study, using their own personal smart phone and available at the time of data collection. After a review of research and non-research literature and expert consultation, opinion structured questionnaire for assessing knowledge and a checklist to find level of smart phone dependency is prepared. Pilot study is done to assess the feasibility of study and reliability was tested using split- half method and Cronbach alpha and found to be reliable.

Result and Discussion:

Table- 1: Frequency distribution of subject based on socio-demographic variable

S. No	Demographic Variable	Frequency	Percentage
1.	Age		
	17-19 year	20	32.30%
	18-21 year	33	55%
	20-22 year	03	5%
	Above 22 year	04	7.7%
2.	No. of family member in family		
	3	7	11.65%
	4	12	20%
	5	14	23.38%
	More than 5	27	45%
3.	No. of mobile phone available in the family		
	1	2	3.34%
	2	3	5%
	3	7	11.66%



	More than 3	48	80%
4.	Type of mobile phone		
	I phone	4	6.66%
	Telephone	0	0%
	Keypad	2	3.34%
	Android	54	90%
5.	Earning person in family		
	Father	2	3.44%
	Mother	4	6.66%
	Both	54	90%
	Retired	0	0%
6.	Gender		
	Male	32	53.34%
	Female	28	46.66%

Data analysis and interpretation-Table- 1- frequency distribution of subject based on age 32.30% (20) sample age ranges between 17-19 year, 55% (33) from 18-21 year, 5% (3) is from 20-22 year and 7.7% (4) were above 22 years. In terms of gender 53.34% (32) were male and 46.66% (28) were female. In term of no. of family member in family 11.65% (7) were 3 member, 20% (12) were 4 member, 23.38% (14) were 5 member and 45% (27) had more than 5 members. In terms of no of mobile phone available in the family 3.34% (2) having 1 mobile phone, 5% ((3) had 2 mobile phones, 11,66% (7) had 3 mobile phone and 80% (48) had more than 3 mobile in family. In term of type of mobile phone 6.66% (4) had I phone, 3.34% (2) had key pad mobile and 95% (54) using Android mobile. In terms of earning person in family 3.34% (2) earning person is father, 6.66% (4) earning person is mother and 90% (54) earning person are both father and mother.



Table-2 analysis of all over pre-test and post-test score of knowledge regarding hazards of smart phone

Criteria	Pre- test		Post-test	
	Frequency	Percentage	Frequency	Percentage
Good knowledge	6	10%	44	73.3%
Average knowledge	38	63.33%	14	23.33%
Poor knowledge	16	26.66%	2	3.33%

Table-2 analysis of all over pre-test and post-test score of knowledge regarding hazards of smart phone in pre-test it was found that 63.33% (38) had average knowledge 26.6% (16) had poor knowledge and 10% (6) had good knowledge. In post- test 73.3% (44) had good knowledge 23.3% (14) had average knowledge and 3.3% (2) had poor knowledge.

Table-3 analysis of all over pre-test and post-test score of knowledge regarding hazards of smart phone

	Mean	Mean difference	SE	SD	T Value	Inference
Pre-test	10.63	5.23	0.05	10.4	14.2	HS
Post-test	15.86			15.7		



Table -3 Evaluation of planned teaching programme in terms of knowledge that the mean post- test knowledge score 15.86 is higher than the mean pre- test knowledge score 10.63, mean difference is 5.23. The calculated 't' value = 14.2 is higher than the table value of 't' = 1.684 hence, the research hypothesis H1 which indicate the planned teaching programme on knowledge regarding program regarding hazards of smart phone dependency among late adolescent is effective.

Table -4 chi-square analysis to find out association between knowledge score regarding hazards of smart phone with selected socio-demographic variables there is significant association between the knowledge with age, gender, no. of phone in family, type phone and earning person of family at 0.05 level of significance and there is no significant association between the knowledge with no. of family member.

Table -5 Analysis of smart phone dependency by self -structured check list

Criteria	Frequency	Percentage
No dependency	18	30%
Mild dependency	12	20%
Severe dependency	30	50%

Table -5 analysis of smart phone dependency by self -structured check list shows that in 60 sample 50% are sever dependent, 20% is mild dependent and 30% are no dependent.

Conclusion:

The knowledge score of students is increased in the post- test which indicates the effectiveness of planned teaching programme. And 50% of student were severe dependent on smart phone.

Limitation:

- Study is limited to adolescent
- The sampling technique used was Purposive sampling hence, it limits generalization to larger population.



- The study was limited to 60 samples.
- The study was limited to one group only.
- Study is limited to assess knowledge not the practice

Recommendation:

- A similar study can be under taken on large scale.
- A similar study may be replicated with control group.

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