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A Comparative Study to Assess the Effectiveness of Video Assisted Teaching vs. Structured Teaching Program on Knowledge Regarding Mobile Phone Dependence and Its Harmful Effects On Health among B.Sc. Nursing Students in Selected Nursing Colleges at Udaipur City, Rajasthan

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Abstract: Background of the Study: Teaching is a distinctively human activity. It is imparting of knowledge and the learning process, the means by which the student assimilates a share of it. Some method like lecture method structured teaching method and plan teaching method are traditionally used method through ages at higher educational stage. But they were mostly teacher-centered and expository method involving one way communication. This modern age is the science and technology has always been instrumental in bringing efficiency and perfection in both process of the human work. Technology- mediated teaching strategies can change dramatically the way teaching and learning occurs challenging the traditional relationship of students to academic institutions. Mankind has made technological advancement over thousands of years from "Stone Age" technology to the present day with communication technology. One of the important technological advancements in the last three decades was the advent of the mobile phone. Mobile phones have become an important part of people's lives; probably as important as our body part. Its usage has become an important public health problem as there have been plenty of health hazards, both mental and physical, in people of all age groups. People become restless if they don't have their mobile phones even for a few minutes. People are normally seen using mobile phones while walking, driving etc. Hence the researcher felt the need to conduct study to find out the effectiveness of two teaching strategies which may contribute to enhance knowledge of BSc nursing students regarding mobile phone dependence and its harmful effects on health.

Keywords: Comparative, Assess, Knowledge, Effectiveness, Video assisted teaching, Structured Teaching Program, B.Sc. Nursing students, and Mobile Phone dependence.

Objectives

- 1. To assess the pre- test knowledge regarding mobile phone dependence and its harmful effects on health among B.Sc. nursing students in both the groups.
- 2. To plan and implement video assisted teaching and structured teaching program on knowledge regarding mobile phone dependence and its harmful effects on health among B.Sc. nursing students.
- 3. To evaluate the effectiveness of video assisted teaching and structured teaching program on knowledge regarding mobile phone dependence and its harmful effects on health among B.Sc. nursing students.
- 4. To compare the mean post-test knowledge scores of VAT and STP groups.
- 5. To find out the association between mean between pre-test knowledge scores regarding mobile phone dependence and selected socio-demographic variables in both the groups.

Hypothesis

- H₁- There will be significant difference between mean pre-test & post- test knowledge scores in both VAT & STP groups.
- H₂- There will be significant difference between the mean post-test knowledge scores of both VAT and STP group.
- \mathbf{H}_{3} There will be significant association between the pre-test knowledge scores of both VAT and STP group with selected socio-demographic variables.

Material and Methods

In this study QuasiExperimental two group pre-test and post-test design was used. Comparative approach was used for the present study. This study was conducted at selected Nursing colleges at Udaipur city. Samples were selected by using simple random sampling method. The Sample size for the present study comprised of 110B.sc Nursing students. The data was collected using structured knowledge questionnaire and after this structured teaching program and Video assisted teaching were administered. After seven days, post-test was conducted using the same structured knowledge questionnaire. Data was analyzed by using descriptive and inferential statistics.

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Results

On over all comparison mean pre and post-test level of knowledge among respondents regarding Mobile Phone dependence and its harmful effect on health. In the pre-test (VAT Group) 45.5%, respondents had inadequate knowledge, 54.5% had moderate knowledge and no one had adequate knowledge regarding mobile phone dependence and its harmful effect on health while in post-test 100% respondents had adequate knowledge, level regarding Mobile Phone Dependence and its harmful effect on health.

In the pre-test (STP Group) 69% respondents had inadequate knowledge, 31% had moderate knowledge and no one had adequate knowledge regarding Mobile Phone dependence and its harmful effect on health while in post-test 64.5% respondents had adequate knowledge, and 34.5 respondents had moderate knowledge regarding Mobile Phone dependence and its harmful effect on health.

The mean and SD of pre-test in VAT group is 14.6 & 1.87 respectively and mean and SD of post-test is 26.5 & 1.49 respectively. The enhancement of knowledge after VAT is 41.94. The obtained t value was found to be 36.29 which is greater than t critical value, at p<0.05 level of significance. Hence, there is a significant difference between pre-test and post-test knowledge scores in VAT group.

The mean and SD of pre-test in STP group is 12.3 & 3.37 respectively and mean and SD of post- test is 22.29 & 1.42 respectively. The enhancement of knowledge after STP was found to be 34.39. The obtained t score was 18.4l=18.4 which is greater than t critical value, at p<0.05 level of significance. Hence, there was a significant difference between pre-test and post-test knowledge scores in STP group.

On comparison of difference in both group it was revealed that mean post- test value of VAT group (26.5) is greater than the mean post- test knowledge score of STP group (22.3). The calculated 't' value (15.15) is greater than 't' tabulated value (1.659) at p<0.05 level of significance. Hence, Video assisted teaching was much effective in improving the knowledge of the respondents than structured teaching program.

There was no significant association (in VAT group) between mean pre-test knowledge scores and socio demographic variables such as such as age, gender, class, place of residence, family income per month, father's occupation and have you attended any program on impact of mobile phone dependence on health status.

There was no significant association between mean pre-test knowledge scores and the demographic variables (in STP group) such as age, class, place of residence, family income per month, father's occupation and have you attended any program on impact of mobile phone dependence on health status, Only one variable such as gender there was significant association.

Conclusion

Technology- mediated teaching strategies can change dramatically the way teaching and learning occur challenging the traditional relationship of students to academic institutions. These strategies may helpful in changing conventional thinking about how quality of educational programs is assessed and what is required to support student learning. There is a need to improve the knowledge and awareness of other public by conducting health programs related to mobile phone dependence and its effect on health and limit the uses so with the use of technology- mediated teaching strategies like Video assisted teaching will be very helpful for nursing professionals to use and improve knowledge of students.

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