

Impact of Structured Teaching Program on Knowledge and Level of Nomo-phobia among Adolescent Students in Selected Rural Community, Amritsar, Punjab

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Abstract

Context: Nomo-phobia or No- Mobile Phone Phobia is described as a psychological condition when people have a fear of being detached from mobile phone connectivity. The burden of this problem is now increasing globally.

Aim: The aim of the study is to assess the level of knowledge and level of Nomo-phobia among adolescent students.

Setting and Design: Research design for study was Quasi experimental-pre-test and post-test control group design.

Methods and Material: The samples of 60 adolescent students were selected to collect data by convenient sampling technique. The tool for data collection were demographic variables, Nomo-Phobia rating scale and structured knowledge Questionnaire regarding Nomo-phobia.

Statistical analysis used: The collected data were tabulated, analyzed and interpreted by using descriptive and inferential method.

Results: The findings of the study have shown that in experimental group majority in pre-test 16(53.3%) had moderate Nomo-phobia where as in post-test majority 21(70%) had mild Nomo-phobia. Moreover, in control group findings showed that majority 18(6%) and 20(66.7%) had moderate Nomo-phobia in pre-test as well as in post-test respectively.

About knowledge level, in experimental group during pre-test majority (66.7%) had average knowledge while in post-test majority (73.3%) had good knowledge regarding Nomo-phobia. Results in control group showed that during pre-test majority (56.7%) had average knowledge and in post-test majority (63.3%) had average knowledge regarding Nomo-phobia.

Conclusion: Findings concluded that structured teaching program was very effective in reducing level of Nomo-phobia and improving knowledge regarding Nomo-phobia among adolescents.

Keywords: Knowledge; Nomo-phobia; Structured teaching program; Adolescent students.

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INTRODUCTION

More than 7.2 billion people currently own a mobile phone, accounting for 91% of the population of the world. Mobile phones have become so normalized within our culture that even children as young as five years old have their own mobile phones or unlimited access to their



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parents' or siblings' mobile phones. The increasing dependence and obsession that people experience in relation to their mobile phones have resulted in the rise of a new phobia – Nomo-phobia – which is the extreme and overwhelming fear of being without your mobile phone (Nicole Murphy, 2022).¹ The term Nomo-phobia is used to describe a psychological condition when people have a fear of being detached from mobile phone connectivity. The term Nomo-phobia is constructed on definitions described in the DSM-IV; it has been labelled as a “phobia for a particular/specific thing”. Various psychological factors are involved when a person overuses the mobile phone, *e.g.*, low self-esteem, extrovert personality. The burden of this problem is now increasing globally (Sudip Bhattacharya, *et al.*, 2019).²

Problem Statement

Quasi experimental study to assess the effectiveness of structured teaching program on Knowledge and level of Nomo-phobia among adolescent students in selected rural Community Verka, Amritsar, Punjab.

AIM OF STUDY

The purpose of this study is to assess the level of knowledge and level of Nomo-phobia among adolescent students in selected rural community Verka Amritsar, Punjab.

OBJECTIVES

- To assess the pre-test and post-test level of Nomo-phobia among adolescent students.
- To assess the pre-test and post-test level of knowledge about Nomo-phobia among adolescent students.
- To compare pre-test and post-test level of Nomo-phobia among adolescent students in experimental and control group.
- To compare pre-test and post-test level of knowledge regarding Nomo-phobia among adolescent students in experimental and control group.
- To find out the association between post-test level of Nomo-phobia among adolescent students with their selected demographic variables in experimental group.
- To find out the association between post-test level of knowledge among adolescent students with their selected demographic variables in experimental group.

Hypothesis

H₁- There is a significant reduction in the level of Nomo-phobia among adolescent students after structured teaching program in Experimental group.

H₂- There is a significant difference between pre-test and post-test level of knowledge among adolescent students after structured teaching program in Experimental group.

H₃- There is a significant association between the post-test knowledge scores on Nomo-phobia among adolescent students with their demographic variables in Experimental group.

H₄ – There is a significant association between post-test level of Nomo-phobia among adolescent students with their demographic variables in Experimental group.

MATERIALS AND METHODS

Research approach - Quantitative evaluative approach

Research design – A Quasi experimental Research design with pre-test and post-test

Control group design was used (Suresh K Sharma 2021)³

Setting of the study – The study was conducted in Rural Community Area Verka Amritsar, Punjab.

Sample Size – 60 Adolescent students in that 30 experimental group and 30 control group.

Sampling Technique – Convenient sampling technique.

Tools for Data Collection

Section A: Demographic variables: This section consists of information about demographic variables such as Age, Gender, Religion, Education status, Occupation of father, Annual income of father, Type of using mobile phone.

Section B: Nomo-phobia rating scale: This section deals with Nomo-phobia rating scale for assessment of level of Nomo-phobia. It consists of 18 structured rating scale related to mobile phone dependence regarding Nomo-phobia among adolescents aged between 12 to 15 years. Each answer will give score.

Section C: Structured Knowledge Questionnaire: Structured knowledge questionnaire on Nomo-phobia is used to assess the level of knowledge among adolescents. It consists of 15 items related to Nomo-phobia.

Scoring Procedure and Interpretation

Section B: Nomo-phobia rating scale:

It consists of 18 items. Each question has different options. Total score is 90.

The point along the scale (1, 2, 3, 4 and 5) can be interpreted as follows:

1. Completely or strongly disagree
2. Disagree
3. Neutral
4. Agree
5. Completely or strongly agree

Level of Nomo-phobia	Score	Percentage
Mild	0 to 30	Below 35%
Moderate	31 to 60	35 to 70%
Severe	61 to 90	71 to 100%

Section C: Structured Knowledge Questionnaire:

For each correct response 1 mark will be given and 0 mark for incorrect answer.

Knowledge of Nomo-phobia	Score	Percentage
Inadequate	0 to 5	Below 33%
Moderate Adequate	6 to 10	34 to 66%
Adequate	11 to 15	67 to 100%

Data collection procedure

Before proceeding with the study formal permission was taken from the senior medical officer, Community health center, Verka Amritsar. The researcher gave necessary information about the study to subjects and obtained consent from the participants. For the pre-test, demographic variables, Nomo-phobia rating scale and knowledge questionnaire was given to the participants both experimental and control group. After that, computer assisted teaching on Nomo-phobia was given only to the experimental group following which doubts were clarified. Then post-test was conducted on 3rd day with same tools to both the groups. Collected data were coded, tabulated and analyzed by descriptive and inferential statistics.

RESULTS AND DISCUSSION

Findings related to demographic variables of adolescent students:

- According to their age in experimental group majority 24(80%) were in 14-15 years of age and 6(20%) were in 13-14 years of

age, where as in control group majority 17(56.6%) were in 13-14 years of age and 11(36.7%) were in 14-15 years of age.

- Regarding gender of adolescent students, in experimental group 15(50%) were male and 15(50%) were female. In control group 21(70%) were male and 9(30%) were female.
- With regard to family type of adolescent students, in experimental group maximum 16(53.3%) were living in nuclear family and 14(46.7%) were living in joint family. In control group 15(50%) were living in nuclear family and 15(50%) were living in joint family.
- As per religion of adolescent students, in experimental group majority 16(53.3%) belongs to Hindu, 12(40%) belongs to Sikh and only 2(6.7%) belongs to Christian. In control group 15(50%) belongs to Sikh, 12(40%) belongs to Hindu and 3(10%) belongs to Christian.
- According to how much money you spent every month on mobile phone recharge, in experimental group majority 14(46.6%) spent Rs 201-300, 11(36.7%) spent Rs 401-500, and 5(16.7%) spent Rs 301-400 per month. In control group 11(36.6%) spent Rs 201-300, 9(30%) spent Rs 301-400, 5(16.7%) spent Rs 100-200 and 5(16.7%) spent Rs 401-500 per month.

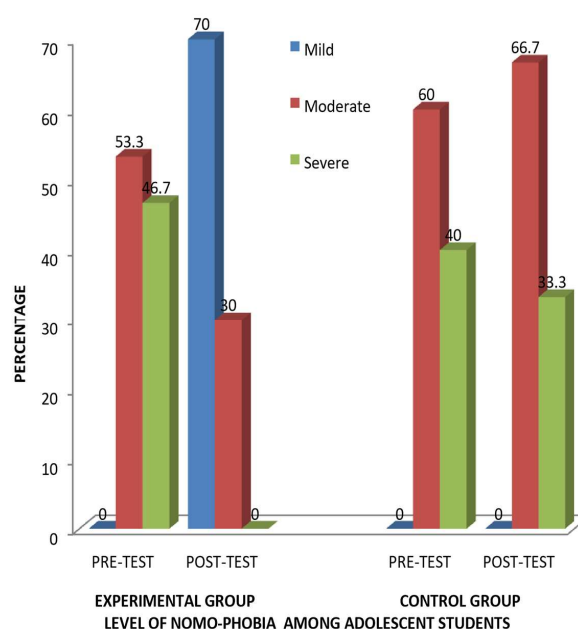


Fig 1: Percentage distribution of pre-test and post-test level of Nomo-phobia among adolescents in experimental and control group

Objective 1: To assess the pre-test and post-test level of Nomo-phobia among adolescent students.

Results showed that in Experimental group majority in pre-test 16(53.3%) had moderate Nomo-phobia and 14(46.7%) had severe Nomo-phobia whereas in post-test majority 21(70%) had mild Nomo-phobia and 9(30%) had moderate Nomo-phobia. (Fig. 1)

Results in Control group showed that in pre- test majority 18(60%) had moderate Nomo-phobia and 12(40%) had severe Nomo-phobia while in post-test majority 20(66.7%) had moderate Nomo-phobia and 10(33.3%) had severe Nomo-phobia.(Fig. 1)

Similar study was carried out by **Ismail Bulent Gursurz et al., (2021)⁴** in Turkey to assess the level of Nomo-phobia among young people revealed that there are 8.5% of youth was severely Nomo-phobic, 71.5% were moderate and 20% were mildly Nomo-phobic.

Objective 2: To assess the pre-test and post-test level of knowledge about Nomo-phobia among adolescent students.

Results showed that in Experimental group during pre-test maximum 20(66.7%) had average knowledge and 10(33.3%) had poor knowledge while in post-test maximum 22(73.3%) had good knowledge and 8(26.7%) had average knowledge regarding Nomo-phobia.(Fig. 2)

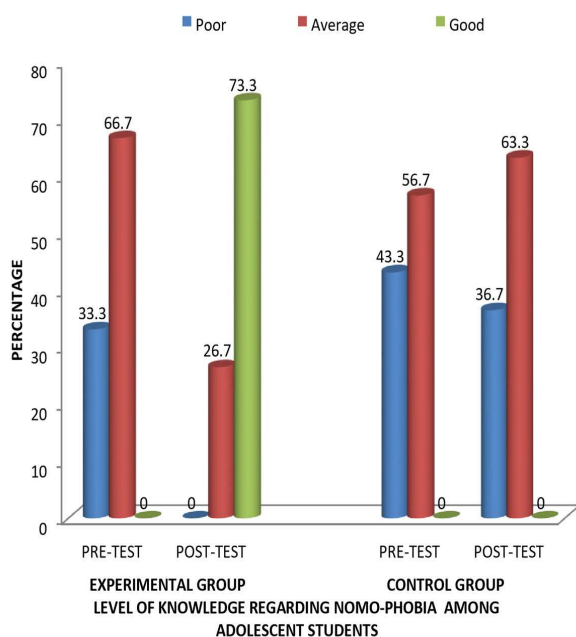


Fig. 2: Percentage distribution of pre-test and post-test level of knowledge regarding Nomo-phobia among adolescents in experimental and control group

Results in Control group showed that during pre-test majority 17(56.7%) had average knowledge and 13(43.3%) had poor knowledge and in post-test maximum 19(63.3%) had average knowledge and 11(36.7%) had poor knowledge regarding Nomo-phobia.(Fig. 2)

Similar study was conducted by **Nidhin Abraham et al., (2014)⁵** to assess the level of knowledge about Nomo-phobia among the youth which revealed that 89.5% of youth have no knowledge about Nomo-phobia and 10.5% have some knowledge about Nomo-phobia.

Objective 3: Comparison of pre-test and post-test level of Nomo-phobia among adolescent students in experimental and control group.

Results in experimental revealed that mean pre-test score was 58.03 ± 13.82 and mean post-test score was 36.0 ± 9.292 with mean difference of 22.03 and obtained t value ($t=7.230$, $df=29$, $p=0.001$) was highly significant. Results in control group showed that pre-test mean score was 56.57 ± 14.35 and post-test mean score was 57.77 ± 12.23 with mean difference of 1.20 with obtained ($t=0.398$, $df=29$, $p=0.693$) was found non-significant. So, Hypothesis (H1) is accepted.(Table 1)

Similar study was conducted by **Nasrin Mohammadi Nasab et al., (2021)⁶** and reported that the mean $\pm$ SD of the post-test scores of self-esteem and Nomo-phobia symptoms were (19.26 ± 3.34) and (50.60 ± 5.07) in the experimental group and (13.46 ± 2.47) and (71.63 ± 8.47) in the control groups. The training intervention sessions decreased the Nomo-phobia symptoms of high school students in the experimental group compared to the control group ($P=0.0001$).

Objective 4: To compare pre-test and post-test level of knowledge about Nomo-phobia among adolescent students in experimental and control group.

Results in Experimental group revealed that mean pre-test score was 7.0 ± 1.829 and mean post-test score was 1.040 ± 1.632 with mean difference of 3.37 and obtained t value ($t=6.805$, $df=29$, $p=0.001$) was highly significant. Results in Control group showed that pre-test mean score was 7.43 ± 1.977 and post-test mean score was 7.47 ± 1.833 with mean difference of 0.033 and obtained I value ($t=0.065$, $df=29$, $p=0.948$) was found non-significant. So, Hypothesis (H2) is accepted.(Table 2)

Similar study was conducted by **Priyanka Thakur (2015)⁷** to assess the effect of structured teaching program on knowledge regarding nomo-phobia among students and reported that pre-test mean knowledge score of experimental

Table 1: Compare the pre-test and post-test level of Nomo-phobia among adolescent students in experimental and control group

n¹ = 30; n² =30

Comparison	Pre-test Mean ± SD	Post-test Mean ± SD	Mean difference	t-value	df	p-value
Experimental Group Nomo-phobia	58.03±13.82	36.0±9.292	22.03	7.230	29	0.001*
Control Group Nomo-phobia	56.57±14.35	57.77±12.23	1.20	0.398	29	0.693NS
*P<0.05 Level of Significance		Ns-Non-Significance				

Table 2: Compare the pre-test and post-test level of knowledge regarding Nomo-phobia among adolescent students in experimental and control group

n¹ = 30; n² =30

Comparison	Pre-test Mean ± SD	Post-test Mean ± SD	Mean difference	t-value	df	p-value
Experimental Group Knowledge	7.03±1.829	10.40±1.632	3.37	6.805	29	0.001*
Control Group Knowledge	7.43±1.977	7.47±1.833	0.033	0.065	29	0.948NS
*P<0.05 Level of Significance		Ns-Non-Significance				

group was 8.02 and post-test mean knowledge score was 18.14. There is significant difference between pre-test and post-test knowledge score was 21.451 in experimental group. So, research hypothesis (H1) was accepted at p<0.05 level of significance.

Objective 5: To assess the association between post-test level of knowledge and level of Nomo-phobia regarding Nomo-phobia among adolescent students with their selected demographic variables.

Results in Experimental group and control group showed that age, gender, family type, religion and how much money you spend every month on mobile phone recharge was found statistically non-significant at <0.05 with post-test level of knowledge regarding Nomo-phobia and level of Nomo-phobia among adolescent students. So, Hypothesis (H3 and H4) is rejected.

CONCLUSION

Findings revealed that structured teaching program was very effective in reducing the level of Nomo-phobia among adolescent students. From the obtained result through reviewing the

shortlisted literature it can be concluded that the addiction towards cell phone and social media might lead to depression, loss of memory and anxiety. Hence it is important to reduce the usage of mobile phone by organizing educational programs to create awareness about the various risk factors of Nomo-phobia.

IMPLICATIONS

Nursing Research

- This is a need for intensive and extensive research for this area. It opens a big avenue for research on innovative methods for creating awareness development of teaching material and setting up multimedia centers for teaching and creating awareness among the public regarding Nomo-phobia.
- The information contained in the study can be valuable source of data for the future researchers.
- The nurses should actively conduct research in this field so as to become aware of latest non-pharmacological ways to control Nomo-phobia.

Nursing Practice

- (a) Assisting nurses to design nursing intervention in such a way that is helping in reducing the risk of Nomo-phobia.
- (b) Psychiatry health nurse and other health professional should be aware of Nomo-phobia.
- (c) Nurses should facilitate awareness among adolescent students about Nomo-phobia.

Nursing Education

- (a) Seminars, workshops, conferences should be in nursing institution to improve the knowledge of nursing students.
- (b) Nursing curriculum should include Nomo-phobia and non-pharmacological management of Nomo-phobia.
- (c) The nurse educator should be directed for exploring updating the nurse's knowledge and attitude regarding management of Nomo-phobia.

Nursing Administration

- (a) In service and continuing education on Nomo-phobia need to planned and implemented from time to time for all categories of health workers in the hospital.
- (b) This study will help the nurse administrators to develop insight into the developing module and set information towards the awareness about Nomo-phobia and prevention of complication.

Limitations

- The present study was limited to 60 adolescent students.

Recommendations

- The study can be conducted on large sample size.

- The study can be conducted at different settings and population.

Acknowledgement

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Conflict of interest

This study is self-funded research work. So, there is no conflict of interest.

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