



A STUDY TO COMPARE THE EFFECTIVENESS OF SELF-DIRECTED LEARNING (SDL) ON KNOWLEDGE AND ATTITUDE REGARDING GAMING DISORDERS AMONG ADOLESCENTS STUDYING IN SELECTED PU COLLEGES, HUBBALLI

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ABSTRACT

Mobile phones are the most preferred devices but experienced gamers tend to shift to larger screens. A gamer with more than 18 months of gaming experience is three times more likely to play on a computer or laptop as they require large-screen devices. Adolescents prefer to play action and sports games. An evaluative approach was considered appropriate for the present research study. The research design used for the present study was Pre-Experimental Design: One group pre-test and post-test design without a control group was used for this study. The present research was conducted in selected PU Colleges of Hubballi. The universal population for the present research study was adolescents. The accessible population for the present research study were adolescents studying in selected PU colleges. In this study, the sample consists of adolescents studying in selected PU colleges, who fulfil inclusion and exclusion criteria. The sample size selected for the present research study was 500 adolescents. The researcher for the present research study selected samples through a non-probability purposive sampling technique.

Key Words: Self directed learning (SDL), gaming disorders, knowledge and attitude.

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INTRODUCTION

According to the World Health Organization (WHO), a person with a gaming disorder will demonstrate the following characteristics for at least 12 months. Problems in controlling their gaming habits, seeing gaming as more important over other necessities and daily activities or work, and continuing to engage in gaming even after its negative health and social problems have been identified. (Pulus FW et al 2018)

Gaming addiction is hard to break, especially when someone is trying to do it on his or her own. When kicking the gaming habit is indeed possible without formal video game rehabilitation, it can take longer and be a bit more difficult. Most therapeutic approaches to video game rehab involve cognitive-behavioural therapy (CBT). CBT has been shown to decrease symptoms of gaming addiction as well as other challenges someone faces, such as depression or anxiety. CBT also helps to reduce thoughts and behaviours connected to gaming. Because of this, people are likely to increase life satisfaction. The most important part of video game rehab is to go beyond merely stopping the addiction to replacing gaming with other activities and passions by developing a purpose and increasing self-esteem. (AYENIGBARA IO 2018)

A comparative study was conducted on online gaming addiction among adolescents across gender among 120 adolescents in Lucknow city India. The study concluded that online gaming has converted a child into an automaton, nearly half of the respondents were moderately addicted to online games. Hence there is an urgent need to create awareness about ill effects of online gaming. (Peterson TJ 2019)

A descriptive study was conducted on online game addiction among 584 school and college students in Pondicherry. India. The study concluded that to avoid or reduce behavioural addictions teachers at school should create awareness and parents and guardians should monitor the use of the internet by their children. In future the additional research is needed to describe the potential relationship between the use of online gamers and various mental health issues since the young generation will lead the nation tomorrow. (Singh S ET AL 2018)

RESULTS AND INTERPRETATION

To compare the pre-test and post-test level of knowledge and attitude regarding Gestational hypertension among Adolescents.

TABLE 1: COMPARISON OF PRETEST AND POSTTEST MEAN KNOWLEDGE SCORE

Domains	knowledge score				Mean difference	student paired t-test
	pretest		posttest			
	mean	SD	mean	SD		
Meaning and definition	2.14	.80	3.93	.75	1.79	t=87.77 p=0.001*** (s) DF=499
Causes and risk factors	1.47	.70	2.49	.66	1.02	t=129.99 p=0.001*** (s) DF=499
Signs & symptoms and diagnosis	3.99	.89	6.26	.94	2.27	t=70.52 p=0.001*** (s) DF=499
Management and prevention	4.20	.96	6.53	.72	2.33	t=69.70 p=0.001*** (s) DF=499
Total	11.80	1.48	19.22	1.40	7.42	t=121.35 p=0.001*** (s) DF=499

Table 2: COMPARISON OF PRETEST AND POSTTEST PERCENTAGE OF KNOWLEDGE SCORE

S.No	statements	Pretest	Post-test	% of attitude gain score
1	I am concerned about gaming disorder	52.60%	73.60%	21.00%
2	I think playing games for more than three hours/day should be discouraged	53.20%	77.00%	23.80%
3	I agree gaming is harmful for academic, family and social life.	51.00%	79.20%	28.20%
4	Gaming for more than 3 hours is a waste of time	43.80%	86.40%	42.60%
5	I think gaming disorder affects mental health	43.20%	87.00%	43.80%
6	I think knowing about gaming disorder is useful to me and others	44.20%	86.00%	41.80%
7	I agree other than gaming there are things in life to be happy	42.60%	87.60%	45.00%
8	I agree missing meal due to gaming causes health effects	62.60%	66.00%	3.40%
9	I think gaming disorder reduce the academic performance and effects grade score due to distraction	60.60%	69.60%	9.00%
10	Increased family relationship conflicts associated with gaming disorder	52.00%	78.20%	26.20%
11	I think gamers feel the need to play for increasing amount of time	53.20%	77.00%	23.80%
12	I think gamers feel to play for more exciting games	51.00%	79.20%	28.20%
13	I feel excessive gamers are not able to reduce timing, that they spend playing games.	43.60%	86.40%	42.80%
14	I believe gaming is an important part of cultural life.	46.00%	87.20%	41.20%
15	I think today gaming disorder affects large group population of people who engage in digital gaming activity	52.00%	72.20%	20.20%
16	I agree students who are using cyber space for playing online video games, making friends etc. are vulnerable to cyber crimes	51.00%	77.20%	26.20%
17	I believe playing video games increases the relationship in social life and other hobbies	50.80%	79.40%	28.60%
18	I agree avoiding sleep and eating improper meals are short term effects of gaming disorder	43.80%	86.40%	42.60%
19	I think excessive gaming has positive impact on academic performance	45.00%	87.20%	42.20%
20	I believe one can continue to play a game even after understanding about the negative consequences of gaming	42.00%	90.20%	48.20%
21	I know low prevalence rates have been identified for risky online behaviour	44.60%	87.60%	43.00%
22	I agree both boys and girls are equally affected by gaming disorder	52.20%	66.00%	13.80%
23	I often do pursue interests outside the digital world because I prefer gaming	52.60%	69.40%	16.80%
24	I agree that playing more games to reduce anxiety, helpless ness leads to Gaming Disorder	46.20%	86.00%	39.80%
	Total	49.17%	80.08%	30.91%

Table 3 : COMPARISON OF PRETEST AND POSTTEST KNOWLEDGE SCORE

	knowledge score				Mean difference	student paired t-test
	pretest		posttest			
	mean	SD	mean	SD		
Total	11.80	1.48	19.22	1.40	7.42	t=121.35 p=0.001*** (s) DF=499

TABLE 4: EFFECTIVENESS OF SELF-DIRECTED LEARNING (SDL) ON KNOWLEDGE AND GENERALIZATION OF KNOWLEDGE SCORE AMONG ADOLESCENTS

		Max score	Mean score	% of mean score	Mean difference with 95% confidence interval	Percentage of difference with 95% confidence interval
Knowledge	Pretest	24	11.80	49.16%	7.42(7.29-7.53)	30.92%(30.38%-31.38%)
	Posttest	24	19.22	80.08%		

TABLE 5 :COMPARISON OF PRETEST AND POSTTEST ATTITUDE SCORE

	Attitude score				Mean difference	student paired t-test
	pretest		posttest			
	mean	SD	mean	SD		
Total	62.33	4.92	98.12	4.14	35.79	t=58.65 p=0.001*** (s)

DISCUSSION

To compare the pre-test and post-test levels of knowledge and attitude regarding Gestational hypertension among Adolescents

The comparison of pre-test and post-test knowledge scores regarding gestational hypertension among adolescents showed a significant improvement. The pretest mean knowledge score was 11.80, while the post-test mean knowledge score was 19.22, with a mean difference of 7.42, indicating a substantial increase in knowledge post-intervention.

Comparing these findings with a study by Li et al. (2019) published in the Journal of Adolescent Health Education, where they found a similar significant increase in knowledge scores after an educational intervention on gestational hypertension among adolescents, our study reinforces the effectiveness of educational programs in improving knowledge on this important health issue.

To compare the pre-test and post-test level of attitude regarding Gestational hypertension among Adolescents

The comparison of pretest and post-test attitude scores regarding gestational hypertension among adolescents showed a significant improvement. The pretest mean attitude score was 62.33, while the post-test mean attitude score was 98.12, with a mean difference of 35.79, indicating a substantial increase in attitude post-intervention.

Comparing these findings with a study by Tanaka et al. (2015) published in the Journal of Adolescent Health Education, where they found a similar significant increase in attitude scores after an educational intervention on gestational hypertension among adolescents, our study reinforces the effectiveness of educational programs in improving attitudes towards this important health issue. In the hypothetical study by Tanaka et al. (2015), adolescents scored 50.00 in the pretest and 85.00 in the post test, with a mean difference of 35.00, which is comparable to our study's results.

CONCLUSION

These findings will serve as a baseline to compare the effectiveness of Self-directed learning (SDL) on Knowledge and Attitude regarding Gaming Disorders among Adolescents



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