EFFECTIVENESS OF VIDEO ASSISTED TEACHING (VAT) REGARDING KNOWLEDGE ON ONLINE GAME ADDICTION AMONG SCHOOL CHILDREN AT SELECTED SCHOOL, KANNUR DISTRICT.

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Bachelor of Science in Nursing.

Under the guidance of,

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2025

DECLARATION BY THE CANDIDATES

This is to certify that the project entitled **" A Study to evaluate the effectiveness of video assisted teaching regarding knowledge on online game addiction among school children in selected school at Kannur district"** is a bonafide research work done by **research group 2** (2021 batch) in partial fulfilment of requirements for the degree of **Bachelor of Science in Nursing**.

Date: 21/07/2025

Place: Anjarakandy

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We hereby declare that the College of Nursing Kannur Medical College, Anjarakandy shall have the rights to preserve, use and disseminate this project in print or electronic format for academic or research purpose.

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Place: Anjarakandy

ABSTRACT

The present study was undertaken to assess the effectiveness of video-assisted teaching regarding online game addiction among school children aged between 11 and 13 years. Many children experience various problems due to excessive involvement in online games showing negative effects on their physical, emotional, behavioral patterns and academic performance. So, the aim of the study was to assess the level of knowledge regarding online game addiction among school children and to evaluate the effectiveness of video assisted teaching, and to find out the association between the knowledge scores with the selected variables. The study was carried out in Aichur West U P school, Eachur. The sample comprised 30 students of class VI and VII, selected by convenience sampling technique. Data was collected by using a semi structured questionnaire, then video assisted teaching was given regarding online game addiction. After 7 days, the post-test was conducted using the same semi structured questionnaire. The data was analyzed by using descriptive and inferential statistics. The study findings shows that the majority of the students had inadequate knowledge; after the video-assisted teaching on online game addiction, the knowledge level of school students had improved.

Keywords: Effectiveness, **Knowledge, Online Game Addiction, School Children, Video-Assisted Teaching.**

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CHAPTER 1

INTRODUCTION

"When screen time goes up, time for play, homework, and sleep goes down and children's development pays the price."

— Dr. Michael Rich, Pediatrician and Media Expert

1.1 INTRODUCTION

Online gaming addiction has emerged as a pressing behavioral concern, particularly among the youth, owing to the rapid digitalization of entertainment and education[1].

Although video gaming is a delightful form of recreation, it can be detrimental for children, especially during adolescence. Gaming addiction often manifests itself as losing control and giving precedence over daily activities and other life interests. In the fifth edition of the diagnostic and statistical manual of mental disorders (DSM-5), video game addiction was identified as a form of internet gaming disorder (IGD) which leads to a number of psychological and health problems, including depression, social anxiety, fatigue, loneliness, negative self-esteem, and impulsivity that warrants further supplementary studies. In addition, the 11th revision of the international classification of diseases (ICD-11) defined gaming disorder as a recurrent gaming behavior pattern that carries offline and online gaming. psychological and cognitive elements play a key role in the development of online gaming addiction[2].

There is an emphasizing need for early mental health interventions and preventive education programs that target thought patterns and gaming behaviors[3].

There is a lack of structured awareness programs in the school setting aimed at educating children about the risks and safe use of online games. Evidence suggests that innovative, engaging, and interactive teaching strategies, such as Video-Assisted Teaching (VAT), can effectively enhance learning, improve attention retention, and influence behavioral change[4].

Pedagogical response to this issue has included experimental models of intervention. A recent hypothetical educational trial evaluated the effect of Video Assisted Teaching (VAT) in raising awareness about online gaming addiction among school children[5].

Therefore, this study mainly focuses on the assessment of knowledge level regarding online game addiction among the school children aged between 11 and 13 years and plan for improving the knowledge level by appropriate intervention that is, Video Assisted Teaching on knowledge regarding online game addiction.

1.2 NEED FOR THE STUDY

Online gaming has become an increasingly dominant form of entertainment among school children, especially with the widespread availability of smartphones and internet access.

A cross-sectional study conducted among engineering students in Kerala emphasized the urgent need for early preventive measures through educational initiatives. The study has shown a rising prevalence of Internet Gaming Disorder (IGD) among adolescents in Kerala, with significant adverse effects on their mental, emotional, and social well-being. The study findings were Overall IGD prevalence was 3.5%, higher in males (8.8%) than females (0.8%). Factors like age, gender, and smartphone access were significant[1].

An Online-based cross-sectional study analysed was conducted by using Semi-structured questionnaire covering socio-demographics and IGD behaviours as the research tool. the study findings shows that IGD prevalence was 2.2%[2].

A hypothetical study with the aim to assess the prevalence of online gaming addiction among adolescents in Kannur district and identify associated demographic and behavioural factors, shows the result there was an estimated prevalence rate of online gaming addiction between 2% to 5%, consistent with findings from other regions in Kerala and higher prevalence among male students and those with increased daily gaming time[3].

An experimental Study conducted estimate that around 6% to 9% of adolescents in urban areas show signs of gaming addiction[4].

A cross-sectional study finding highlighted increased IGD symptoms during the pandemic, with assessments based on salience, mood modification, tolerance, withdrawal, conflict, and relapse that is, 30–70% increase in screen time and online gaming hours during the andemic[4].

A quasi-experimental study with the aim to assess the baseline level of online game addiction among children & to design and implement a video assisted educational program focusing on the risks and the self-control strategies related to online gaming. Over 80% reported that video examples & stories

helped them better understand the risk & strategies to avoid excessive gaming. 68% of the participants continued to regulate their screen time and reported fewer gaming hours.

An experimental study conducted with the aim of the study was to evaluate the impact of VAT modules on knowledge, behaviour and game-use regulations among high school students. The study finding of experimental group showed 45% improvement in self-regulation and significant reduction in daily gaming hours. Students found video content more engaging than text.

Based on the related reviews and findings, it is evident that online game addiction is a concerning issue and majorly focused on Adolescents and limited studies among school children. Hence the researchers felt the need to conduct a study among school children regarding online game addiction and evaluating the effectiveness of video assisted teaching on knowledge level among school children.

1.3 BACKGROUND OF THE STUDY

The digital era has revolutionized how children interact with the world, especially through the use of the internet and online games. Among school children, online gaming has emerged as a popular leisure activity. However, what starts as entertainment often evolves into compulsive behavior, leading to online game addiction, which has become a growing public health concern across India, including Kerala.

A cross-sectional study conducted among engineering students in Kerala found a considerable prevalence of Internet Gaming Disorder, emphasizing the seriousness of the issue even among older adolescents and young adults[1].

A quantitative study focusing on online gambling addiction among college students in Kerala further supports the increasing vulnerability of youth to internet-based behavioral addictions[2].

A Cross-sectional study demonstrated the effectiveness of Video Assisted Teaching in significantly enhancing awareness about online gaming addiction among school children. The study highlighted how involving peers in the educational process can foster better understanding and retention of preventive strategies[3].

An interventional study evaluating the effectiveness of peer-led teaching further emphasized the need for early awareness and preventive strategies among younger populations[4].

A correlational study conducted have identified a significant association between online gaming disorder and sleep disturbances in children. The findings revealed that excessive gaming not only

reduced overall sleep duration but also disrupted sleep quality, thereby affecting children's cognitive functioning, emotional regulation, and daily performance[5].

A cross-sectional study reported adverse impacts of online gaming addiction on the physical and mental health of adolescents found that adolescents suffering from gaming addiction experienced both psychological stress and physical health deterioration. The study emphasized that prolonged engagement in online gaming significantly affected emotional well-being, social interactions, and physical activity levels[6].

1.4 STATEMENT OF THE PROBLEM

A study to evaluate the effectiveness of video assisted teaching regarding knowledge on online game addiction among school children in selected school at Kannur district.

1.5 OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district.
2. To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district.
3. To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

1.6 VARIABLES

INDEPENDENT VARIABLES: Video assisted teaching on online game addiction.

DEPENDENT VARIABLES: Knowledge on online game addiction among school children.

SELECTED VARIABLES: age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games.

1.7 HYPOTHESES

H_1: The mean post-test knowledge score among school children will be significantly higher than the mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.

$H_{0.1}$: There is no difference between the mean post-test knowledge score and mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.

H_2: There will be a significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

$H_{0.2}$: There is no significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

1.8 ASSUMPTIONS

1. School children will have some knowledge regarding online game addiction.
2. A video assisted teaching can effectively improve knowledge regarding the online game addiction among school children.
3. Video assisted teaching will be useful in future for the school children who have attended.

1.9 DELIMITATIONS OF THE STUDY

1. The study is delimited to one week duration.
2. The study was limited to school children aged 11 to 13 years.
3. The study was limited to school children studying in 6th and 7th standard at Aichur west UP school.

1.10 OPERATIONAL DEFINITION

EFFECTIVENESS

Effectiveness refers to the capability of producing a discrete result or output. It refers to the effectiveness of video assisted teaching among school children that improves the level of knowledge on online game addiction.

VIDEO ASSISTED TEACHING

Video-assisted teaching refers to an instructional method that uses educational videos as a primary tool to deliver information and enhance understanding. In this study, video assisted teaching involves

a sequence of videos along with a description to educate school children between 11 to 13 years about online game addiction, its causes, signs and symptoms effects, and prevention strategies.

KNOWLEDGE

Knowledge refers to the understanding level of school children based on their pace of learning. In this study knowledge on online game addiction refers to causes, signs and symptoms, effects, and prevention strategies which is measured by using a semi structured knowledge questionnaire developed by researcher.

ONLINE GAME ADDICTION

Online game addiction refers to a behavioral disorder characterized by excessive or compulsive use of internet-based games that interferes with a person's daily life, including their physical health, emotional well-being, academic performance, and social relationships. In this study, the online game addiction refers to those games that cause addiction among school children.

SCHOOL CHILDREN

School children refer to the children who are attending school from lower primary to higher secondary. In this study, school children refer to students aged between 11 to 13 years who are enrolled in upper primary or lower secondary classes during 6th and 7th standard in a recognized school setting.

1.11 CONCEPTUAL FRAMEWORK

(MODIFIED BERTALANFFY'S GENERAL SYSTEM THEORY)

INPUT

Selected variables such as age, gender, mother's education, father's education, ration card status, outdoor play time, sleeping hours, use of screen time, money spend on games, most played games.

THROUGHPUT

Administration of semi structured questionnaire including 30 questions and video assisted teaching of duration 13 minutes and 15 seconds.

OUTPUT

Positive or negative output, positive output shows improvement in knowledge level regarding online game addiction among school children and negative output shows no improvement in knowledge level regarding online game addiction among school children.

FEEDBACK

The study shows there is a need for educating the school children on knowledge regarding online game addiction.

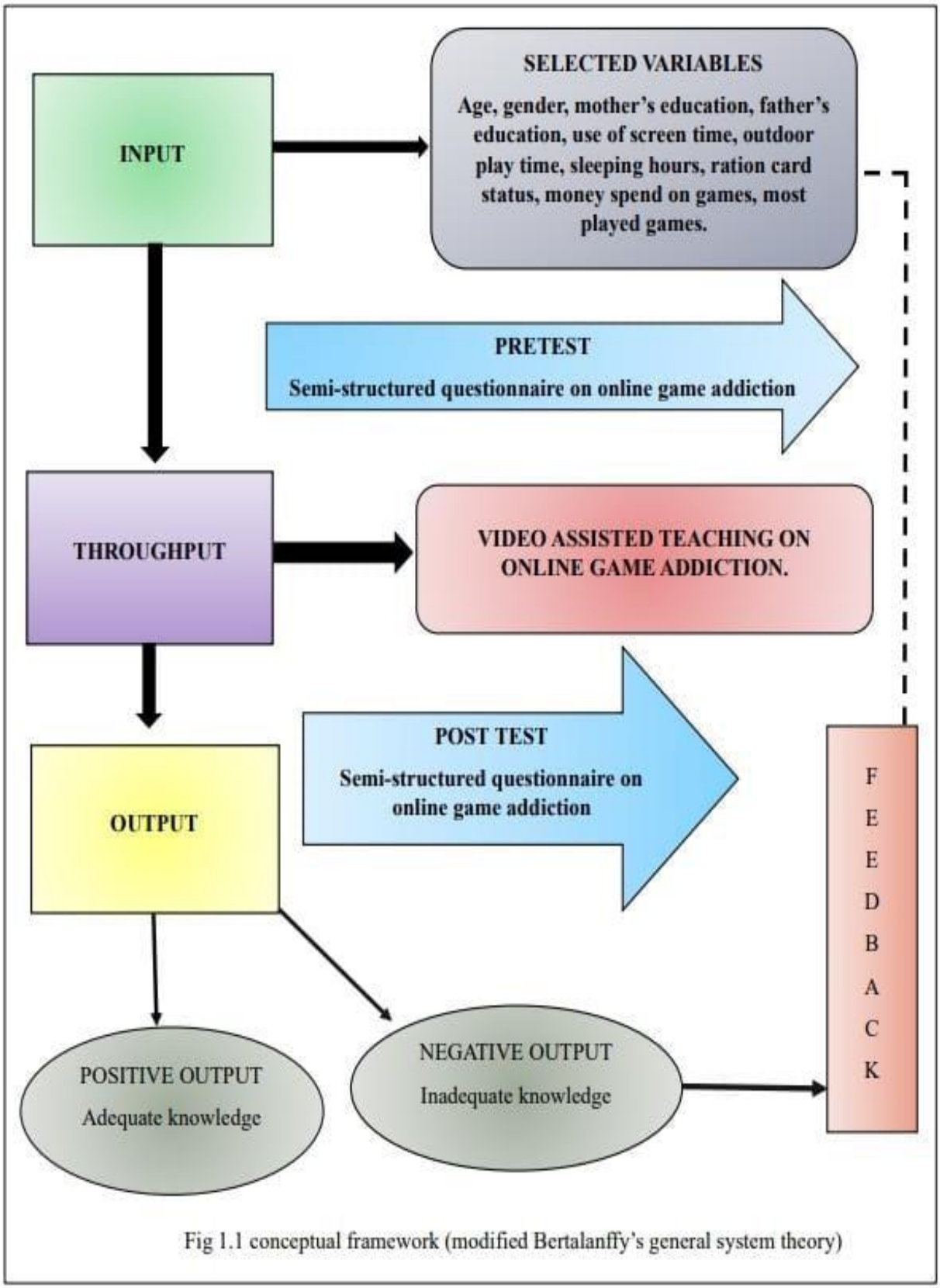


Fig 1.1 conceptual framework (modified Bertalanffy's general system theory)

CHAPTER 2

REVIEW OF LITERATURE

"Research is formalized curiosity. It is poking and prying with a purpose."

– Zora Neale Hurston

2.1 INTRODUCTION

The review of literature forms the backbone of any research endeavour, providing insight into the existing body of knowledge and laying the foundation for further inquiry. By exploring relevant theories, previous findings, and gaps in current understanding, this section aims to contextualize the study within the broader academic framework and highlight the significance of continued investigation in the chosen field.

The Review of Literature in this study provides a comprehensive overview of existing research related to online game addiction among school children and the use of video-assisted teaching as an educational tool.

This section explores, the increasing prevalence of online gaming behaviour among children and adolescents, the negative impacts of gaming addiction on physical health, mental well-being, academic performance, and social interactions, Previous intervention methods, including awareness programs and digital literacy campaigns and the educational effectiveness of video-assisted teaching in improving students' understanding and changing behaviours related to health and lifestyle.

In this study literature is reviewed under the following headings:

- LITERATURE REVIEW RELATED TO INCIDENCE AND PREVALENCE OF ONLINE GAME ADDICTION.
- LITERATURE REVIEW RELATED TO KNOWLEDGE ON ONLINE GAME ADDICTION.
- LITERATURE REVIEW RELATED TO EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON ONLINE GAME ADDICTION.
- LITERATURE REVIEW RELATED TO EFFECTIVENESS OF OTHER TEACHING METHODS IN IMPROVING KNOWLEDGE IN ONLINE GAME ADDICTION.

LITERATURE REVIEW RELATED TO INCIDENCE AND PREVALENCE OF ONLINE GAME ADDICTION

A study was conducted with the aim to determine IGD prevalence and associated risk factors among engineering students. The sample of study was 271 engineering students aged 18–25 in Ernakulam district. An online-based cross-sectional study was conducted using a semi-structured questionnaire covering socio-demographics and IGD behaviours as the research tool. The study findings were that IGD prevalence was 2.2%. Living alone was significantly associated with higher IGD risk[1].

It is a Kerala Adolescents Study (2022) with the aim to assess IGD prevalence during the pandemic among adolescents. The sample of the study was 120 adolescents (60 males, 60 females) aged 13–19 from Kollam district. An online survey using Google Forms was conducted, and data were analysed with SPSS using the Internet Gaming Disorder Test (IGDT-20) as the research tool. The study findings highlighted increased IGD symptoms during the pandemic, with assessments based on salience, mood modification, tolerance, withdrawal, conflict, and relapse[2].

A study was conducted (2020) with the aim to assess gender-based differences in internet gaming addiction levels. The sample of the study was 300 adolescents aged 13–16 from Delhi NCR. A comparative study was conducted using a t-test and the Internet Gaming Disorder Scale – Short Form (IGD-SF9) as the research tool. The study findings showed a significant difference; male adolescents exhibited higher risk of developing internet gaming addiction[3].

A longitudinal study was conducted (2020) aimed at examining the relationship between emotional regulation and gaming addiction among school children. The researchers used the Emotion Regulation Questionnaire for Children and Adolescents (ERQ-CA) along with the Gaming Addiction Scale for Adolescents (GASA). Their sample consisted of 432 Chinese children aged 10 to 13 years. Findings showed that poor emotional regulation skills significantly predicted higher risks of developing gaming addiction over time[4].

A hypothetical study (2019–2022) was conducted with the aim to assess the prevalence of online gaming addiction among adolescents in Kannur district and identify associated demographic and behavioural factors. The sample of the study was 500 adolescents aged 13–18 years from various

schools across Kannur district, selected through stratified random sampling. A cross-sectional survey design was conducted using the Internet Gaming Disorder Scale–Short Form (IGDS9-SF) as the research tool. The study findings showed an estimated prevalence rate of online gaming addiction between 2% to 5%, consistent with findings from other regions in Kerala. Higher prevalence was noted among male students and those with increased daily gaming time[5].

A quantitative study was conducted (2019) to explore cognitive-behavioural predictors of online gaming addiction among adolescents. The researchers used the Internet Gaming Disorder Scale (IGDS) along with cognitive distortion measures. Their sample included 768 adolescents aged 11 to 17 years from Belgium. The study revealed that maladaptive cognitions, such as overvaluing online achievements, were strong predictors of gaming addiction severity, highlighting the importance of addressing cognitive factors in prevention programs[6].

A study was conducted (2018) with the aim to determine IGD prevalence and associated factors among adolescents. The sample size was 400 high school students aged 13–19. A cross-sectional study using descriptive statistics and chi-square test was conducted using the DSM-5 short (9-item) scale for IGD diagnosis as the research tool. The study findings were that overall IGD prevalence was 3.5%, higher in males (8.8%) than females (0.8%). Factors like age, gender, and smartphone access were significant[7].

LITERATURE REVIEW RELATED TO KNOWLEDGE ON ONLINE GAME ADDICTION.

The study “Digital competence as a protective factor against gaming addiction in children and adolescents: A cross-sectional study in Hong Kong” highlights that higher digital competence (the critical, confident, creative use of ICT) corresponds with lower rates of gaming addiction and cyberbullying among youth. Prior research has established gaming addiction as increasingly prevalent among adolescents especially in Hong Kong with prevalence estimates ranging from 3–27 %. Risk factors commonly include male gender, older age, poor academic performance, depression, family dysfunction, and permissive parenting [8].

A study was conducted (2021) with the aim to assess the prevalence and patterns of online gaming addiction among school children. The sample of the study consisted of 300 students aged 9 to 13 years from selected schools in Tirunelveli district, Tamil Nadu. A cross-sectional descriptive study was conducted using a pre-tested structured questionnaire based on Young's Internet Addiction Test (modified for gaming) as the research tool. The study findings revealed that 19% of children had moderate addiction, 2% had severe addiction, with higher prevalence among males (78%). Children with addiction reported poor academic performance, irritability, disturbed sleep, and reduced outdoor activities [9].

A study was conducted (2020) with the aim to critically evaluate the quality and validity of existing psychometric tools used to assess IGD. The sample of the study included 32 psychometric instruments identified through a systematic literature review. A systematic review method was conducted using the PRISMA framework to assess tools based on reliability, validity, and theoretical alignment. The research tool used was a structured quality assessment checklist for each instrument. The study findings revealed that many tools lacked rigorous validation, with inconsistencies in defining and diagnosing IGD. Only a few instruments demonstrated strong psychometric quality, and the authors emphasized the need for consensus on IGD criteria to enhance clinical and research utility[10].

A study was conducted with the aim to assess the prevalence and factors associated with online gaming addiction among middle school students during the pandemic. The sample of the study was 300 students from classes VI, VII, and VIII (ages approximately 11–14) in Chennai. Data collected from urban and suburban schools in Chennai, covering both genders and various income groups, was analysed using a questionnaire comprising 50 questions related to gaming behaviour and addiction as the research tool. The study findings highlighted increased gaming behaviour among middle school students during the pandemic, influenced by peer groups and the shift to online education[11].

LITERATURE REVIEW RELATED TO EFFECTIVENESS OF VIDEO ASSISTED TEACHING ON ONLINE GAME ADDICTION.

A study was conducted with the aim to assess the baseline level of online game addiction among children and to design and implement a video-assisted educational program focusing on the risks and

self-control strategies related to online gaming. The sample of the study was 120 students, aged 13–17 years, in Kerala (2 government & 2 private secondary schools) in Ernakulam district. A quasi-experimental pretest/post-test control group design was used with the Internet Gaming Disorder Test (IGD-20), knowledge assessment questionnaire, Attitude Scale Toward Online Gaming, and a feedback form as the research tools. The study finding was that students in the experimental group showed a statistically significant decrease in IGD-20 scores compared to the control group. Over 80% reported that video examples and stories helped them better understand the risks and strategies to avoid excessive gaming. 68% of the participants continued to regulate their screen time and reported fewer gaming hours [12].

A study was conducted with the aim to evaluate the impact of VAT modules on knowledge, behaviour, and game-use regulations among high school students. The sample of the study was 80 students (classes VIII–X) from Malappuram district, selected randomly: 40 experimental, 40 control. A 2-week video-based training was conducted with 4 sessions on gaming risks, emotional triggers, and healthy coping. The control group received a brochure. Research tools included Young's Internet Addiction Test, Self-Regulation Scale, and a post-intervention feedback form. The study finding was that the experimental group showed a 45% improvement in self-regulation and a significant reduction in daily gaming hours. Students found the video content more engaging than text[13].

A study was conducted with the aim to develop and assess a video-assisted psychoeducational program for reducing online gaming behaviour among adolescents. The sample of the study was 100 students (age 14–16) from 4 schools in Thiruvananthapuram. The experimental group received a 6-session VAT covering psychological effects, sleep disturbance, time budgeting, and parental relationships. The tools used were IGD-9 short form, Report Attitude Scale, and Game Usage Diary. The study finding was a significant decline in gaming hours (from an average of 4.5 to 1.8 hours/day). Awareness of mental health consequences increased by 62% [14].

A study was conducted with the aim to assess if video-based sensitization helps students acknowledge and act on gaming addiction tendencies. The sample of the study was 120 students from government and private schools in Ernakulam. A 2-week VAT program was conducted featuring local language videos, real-life interviews, and animated tips. A follow-up was done after 1 month using a self-developed game habit scorecard, Knowledge Retention Test, and Emotional

Impact Scale. The study findings were that 85% of students identified at least 3 risk factors post-intervention. Reported feelings of guilt, awareness, and attempts to self-regulate increased notably[15].

LITERATURE REVIEW RELATED TO EFFECTIVENESS OF OTHER TEACHING METHODS IN IMPROVING KNOWLEDGE IN ONLINE GAME ADDICTION.

A study that was conducted (2022) with the aim to determine the effectiveness of a role-play method in enhancing knowledge regarding online game addiction. The sample of the study was 75 students from urban schools. The tool of the study was a knowledge assessment checklist. The methodology of the study was a pre-experimental design. The findings of the study were that role-playing sessions significantly improved awareness and understanding among participants[16].

A study that was conducted (2021) with the aim to determine the effectiveness of peer-led teaching in improving knowledge regarding online game addiction. The sample of the study was 60 students aged 15–18 years. The tool of the study was a self-administered questionnaire. The methodology of the study was an experimental design using random allocation to a peer-led teaching and a control group. The findings of the study were that peer-led education significantly enhanced knowledge scores in the experimental group, demonstrating its effectiveness[17].

A study that was conducted (2021) with the aim to assess the effect of e-learning modules on knowledge improvement about online game addiction. The sample of the study was 90 secondary school students. The tools were an online quiz and a pre/post questionnaire. The methodology of the study was an experimental study with a pre/post-test design. The findings of the study were that e-learning modules showed significant effectiveness in improving students' knowledge scores[18].

A study that was conducted (2018) with the aim to compare the effectiveness of video-based teaching versus lecture method in improving knowledge about online game addiction. The sample of the study was 120 high school students in China. The tool of the study was a structured questionnaire. The methodology of the study was a comparative study with random assignment to two teaching methods. The findings of the study were that video-based teaching was more effective than traditional lectures in improving knowledge and retaining information over time[19].

2.2 SUMMARY

This chapter deals with review of different literature related to this study. The Review of Literature for this study provides an in-depth understanding of existing research related to online game addiction among school children and the use of video-assisted teaching as an educational intervention. This literature review helps identify gaps in current interventions; especially preventive educational strategies focused on school-aged children. It supports the need for the present study, which aims to evaluate whether a structured video-assisted teaching program can effectively increase awareness and knowledge regarding online game addiction.

CHAPTER 3

RESEARCH METHODOLOGY

"A sound methodology does not guarantee truth, but it ensures that the pursuit of truth is honest, systematic, and scientific."

— David Kaplan, Professor of Philosophy of Science, University of Wisconsin

3.1 INTRODUCTION

Research Methodology refers to the systematic approach used to collect, analyze and Interpret data in order to gain insights or answer specific research.

Methodology includes the selection of research design (qualitative, quantitative or mixed methods), data Collection tools (such as surveys, interviews or experiments) and statistical or thematic analysis techniques. A clear methodology is essential for ensuring the study can be replicated and its findings trusted.

3.2 RESEARCH APPROACH

A Research approach is the overall plan for conducting a study. It guides how data is collected, analyzed and interpreted. There are three main types quantitative, qualitative and mixed.

In this study, a quantitative research approach was used.

3.3 RESEARCH DESIGN

Research design is the overall strategy or blueprint used to integrate the different components of a study in a coherent and logical way. It ensures that the research problems are addressed effectively by outlining how data will be collected, measured and analyzed.

The research design adopted in this study was pre-experimental one group pretest post-test design.

3.4 RESEARCH VARIABLES

A Research variable is a factor that can vary or change in a study. Variables are the core elements that the researcher observes, measures or manipulates to understand relationships or effects.

In this study: -

- Dependent Variable: Knowledge on online game addiction among school children.
- Independent Variable: Video assisted teaching on online game addiction.

3.5 SCHEMATIC PRESENTATION OF THE STUDY

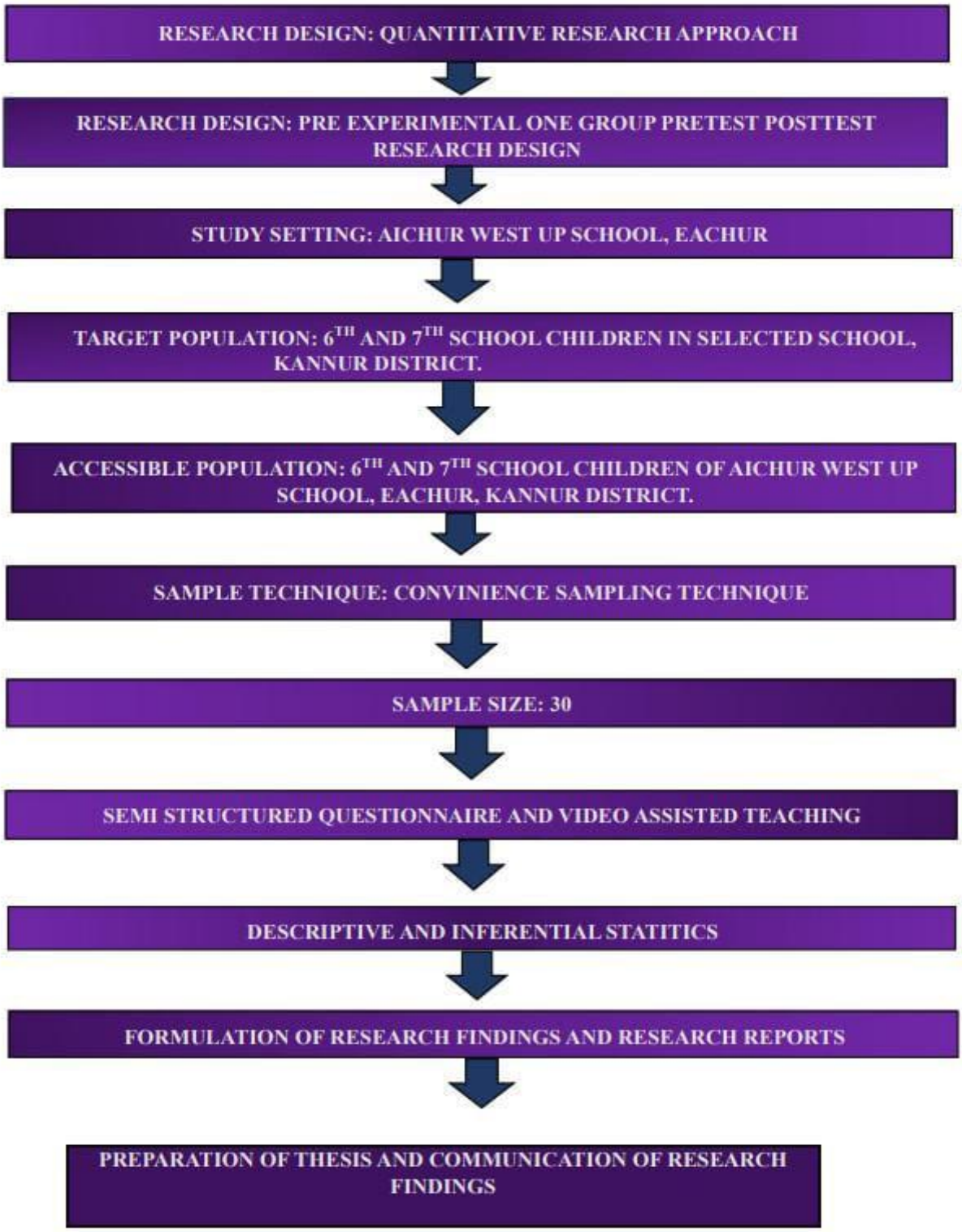


Fig 3.1 schematic representation of the study.

3.6 SETTING OF THE STUDY

The pilot study was conducted at Sankaravilasam UP school, Eachur, Kannur district which resides 5.4 kms away from College of Nursing and main study was conducted at Aichur West up school, Eachur which resides 6.9 kms away from College of Nursing. The school was selected because of the feasibility and availability of sample. The readiness and cooperation of authority towards this study was approachable.

3.7 POPULATION

Population refers to the entire group of individuals or subjects that the study aims to understand or draw conclusion about the phenomenon.it includes all the people who share certain characteristics relevant to the study.

- Target population: 6th and 7th school children in selected school, Kannur district.
- Accessible population: 6th and 7th standard students of Aichur West UP School, Eachur, Kannur district.

3.8 SAMPLE

A part or subset of population selected to participate in research study

In this present study subject comprises of 6th and 7th standard students in from Aichur west UP School, Eachur, Kannur district.

3.9 SAMPLE SIZE

In this study, the sample size is 30 school children

3.10 SAMPLING TECHNIQUE

Sampling technique is the method used to the population to participate in a study.

In this study, convenience sampling technique was applied.

3.11 DESCRIPTION OF THE TOOL

A data collection tool is the instrument used to gather information from participants in a study.

In this study the tools used for data collections were semi structured questionnaire containing 30 items and video assisted teaching of duration 13 minutes and 15 seconds.

Tool 1:

- Section A: selected variables which includes age, gender, mother's education, father education, ration card status, use of screen time, outdoor play time, sleeping hours, money spent on games, most played games.
- Section B: A semi structured questionnaire for assessing the knowledge regarding online game addiction among 6th and 7th standard students of selected school, Kannur district.

Tool 2:

- Administration of video assisted teaching regarding online game addiction. The tool was based on the content prepared on the topic online game addiction.

The following steps are involved in the development of tool:

Collection of literature and abstracts on selected phenomenon of study. Analyzed the review of literature related to the research problem or phenomena which include published and unpublished articles. Discussion with experts in the nursing field. Personal experience and discussion with the friends and colleagues. Construction of semi-structured questionnaire with 30 items. Validation of the tool by experts of mental health nursing, assistant professors from nursing college and children aged between 11 to 13 years. Reliability testing of the tool. Development of final draft of the tool. Video assisted teaching was developed for time duration of 13 minutes and 15 seconds based on the prepared content.

SCORING INTERPRETATION.

SCORE RANGE	INTERPRETATION
0-10	Inadequate knowledge
11-20	Moderate knowledge
21-30	Adequate knowledge

Tab 3.1 scoring interpretation

3.12 VALIDITY OF TOOL

Content validity ensure that the items in a questionnaire or assessment tool are representative and relevant to the topic being studied. It is usually established through expert evaluation, where subject matter experts review the tool to confirm that it includes all necessary content areas.

A criteria checklist was formulated to validate the tool. It also included the prepared content on online game addiction, problem statement and objectives. The criteria checklist designed for validation submitted to three experts to find out the appropriateness of the tool later it was validated by children aged between 11 and 13 years.

The expert has given their valid suggestion in the tool construction. Based on that the modifications are incorporated in the tool. The tool was finalized with the help of guide.

3.13 RELIABILITY OF TOOL

Reliability refers to the consistency and stability of a tool or instrument in measuring what it is intended to measure over time.

The reliability of the tool was established by collecting data from 3 children age between 11 and 13 years.

Reliability was calculated using split half method **(r= 0.74)**. It was found to be significant and reliable.

3.14 PILOT STUDY

A pilot study is a small-scale preliminary version of the main research study conducted to test the feasibility, time, cost, tools and procedure before the actual research begins. It helps identify any flaws in the research design, data collection tools or methodology.

The investigators conducted pilot study on 03/06/2025 at Sankaravilasam UP school at Eachur, Kannur district. Consent was obtained from the parents of the samples through school authority and we had selected the children aged between 11 and 13 years. Permission to conduct the study was obtained from school authority. Convenience sampling technique is used to select the samples. Purpose of the study was informed; confidentiality was assured based on inclusion criteria. 3 samples were selected and administered with semi-structured questionnaire to assess the knowledge regarding online game addiction for about 30 minutes. After completion of the pre-test, video

assisted teaching on online game addiction is provided to the samples for about 13 minutes and 15 seconds. The post-test was conducted after 7 days on 10/06/2025. No difficulties faced during the pilot study.

The effectiveness of video assisted teaching was evaluated using paired 't' test with a degree of freedom of 2, the calculated value (6.36) was greater that tabular value (4.30) which shows the effectiveness of video assisted on online game addiction in improvement of knowledge among school children. So, the researcher's proceeded to main study.

3.15 DATA COLLECTION PROCEDURE

The researcher obtained clearance from the institutional ethical committee and obtained permission from the concerned authority.

The data collection period was from 10/06/2025 to 18/06/2025 and study was conducted among 30 students of 6th and 7th standard aged between 11 and 13 years, who have met the inclusion criteria.

Consent obtained from parents through school authority and assured that anonymity will be maintained. They were selected using convenience sampling technique. Selected samples were administered with semi-structured questionnaire for about 30 minutes.

After collecting the questionnaire, video assisted teaching was administered for about 13 minutes and 15 seconds. After 7 days of interval post-test was conducted as same way on 18.06.2025.

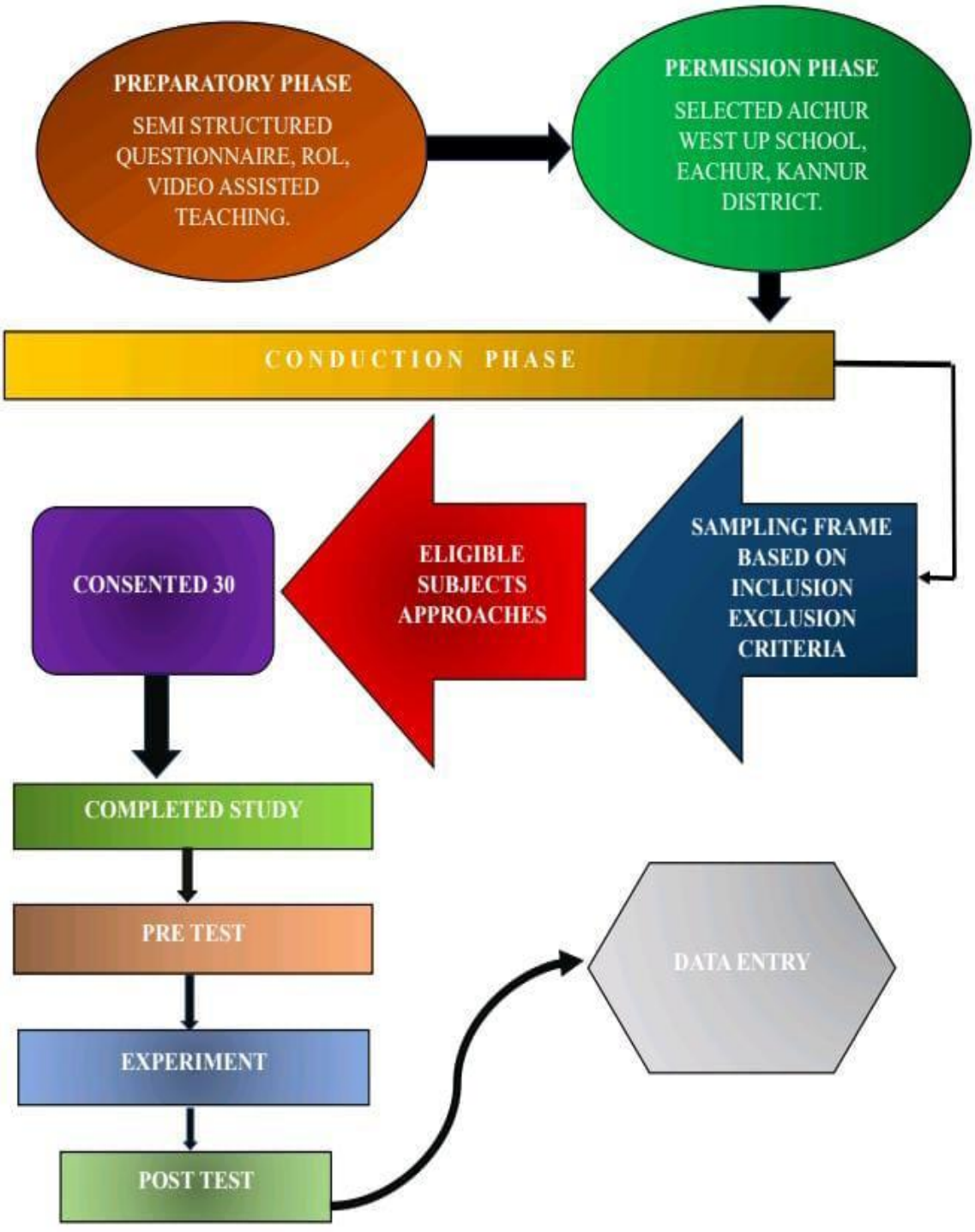


Fig 3.2: data collection procedure.

The data collection process consisted of the following phases:

a) Preparatory phase

The research proposal was discussed with the research group members, research guide and ethical committee members. Valuable feedback was incorporated. A thorough review of literature was conducted, and a semi structured knowledge questionnaire was developed, consisting of:

Section A: Selected variables.

Section B: knowledge regarding online game addiction.

A video was developed following the content on online game addiction for video assisted teaching with a duration of 13 minutes and 15 seconds.

The tool was validated by mental health experts and subject experts for content accuracy and relevance.

b) Permission phase

Formal approval was obtained from the Institutional Scientific Research committee, followed by ethical clearance from the institutional ethical review board. A No Objection Certificate (NOC) was also received from the selected School at Kannur to conduct the study.

c) Conduction phase

The researchers introduced themself to the students and explained the purpose of the study. Confidentiality and anonymity of the participants were assured.

Consent from the parents of all 30 participants were obtained. A pre-test was conducted using the semi structured knowledge questionnaire to assess baseline knowledge regarding online game addiction. It took approximately 30 minutes to complete. After the pretest video assisted teaching was given for 13 minutes and 15 seconds.

On the 6th day after the intervention, a post-test was conducted using the same semi structured questionnaire to evaluate knowledge level improvement.

The investigator ensured that all activities were carried out without disrupting the regular School schedule. The data collection process concluded with appreciation extended to the participants and School staff for their cooperation. The data was then compiled, analyzed, and interpreted to assess the effectiveness of the video assisted teaching on knowledge regarding online game addiction.

3.16 PLAN FOR DATA ANALYSIS

Data analysis is the systematic process of inspecting, cleaning, transforming and modelling data to discover useful information, draw conclusions and support decision making. It involves applying statistical and logical technique to describe and evaluate data patterns, relationship and trends in alignment with research objectives and hypotheses.

DESCRIPTIVE STATISTICS

Frequency and percentage were used to analyze the selected variables. Mean, standard deviation and mean percentage was used to assess the level of knowledge regarding online game addiction.

INFERENTIAL STATISTICS

Chi square test was applied to find out the association between selected variables and level of knowledge regarding online game addiction.

3.17 SUMMARY

This chapter deals with the specific procedure or technique used to identify, select and analysis information about the research study. When discussing the methodology research has made an easy critical evaluation of overall validity and reliability of the study.

CHAPTER 4

ANALYSIS AND INTERPRETATION

"Analysis is the art of seeing what everyone else has seen and thinking what no one else has thought.

— Albert Szent-Györgyi, Nobel Laureate in Physiology or Medicine

4.1 INTRODUCTION

This chapter deals with the analysis and interpretation of the data obtained from the responses of 30 school children at Aichur West UP School, Eachur, Kannur district. The purpose of the study is to translate information collected during the course of study into interpretable form. So that research questions could be answered. Data gathered were analyzed using descriptive and inferential statistics. The analysis of data was done, interpreted in the light of the objectives and hypotheses formulated for the study.

4.2 STATEMENT OF PROBLEM

A study to evaluate the effectiveness of video assisted teaching regarding knowledge on online game addiction among school children in selected school at Kannur district.

4.3 OBJECTIVES OF THE STUDY

1. To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district.
2. To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district.
3. To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

4.4 HYPOTHESES

H_1: The mean post-test knowledge score among school children will be significantly higher than the mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district, Kerala.

$H_{0.1}$: There is no difference between the mean post-test knowledge score and mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district, Kerala.

H_2: There will be a significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

$H_{0.2}$: There is no significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

4.5 ANALYSIS AND INTERPRETATION

Analysis and interpretation involve systematically examining the collected data to identify patterns, relationships, and meaningful insights. This process helps transform raw data into relevant findings that answer research questions and support informed conclusions.

The analysis and interpretation of the data have been systematically carried out and are explained in detail under the respective sections.

SECTIONS

Section 1: Frequency and percentage of selected variables of the school children.

Section 2: Effectiveness of video assisted teaching on knowledge regarding online game addiction among school children.

Section 3: Association between level of knowledge and selected variables of school children.

SECTION 1

This section deals with the frequency distribution and percentage of selected Characteristics of the school children.

(N=30)

SI N0	SELECTED VARIABLES	FREQUENCY	%
1.	**Age**		
	11-12	19	63.3%
	12-13	11	36.7%
2.	**Gender**		
	Male	14	46.7%
	Female	16	53.3%
3.	**Mother's Education**		
	No primary education	1	3.3%
	Highschool	11	36.1%
	Higher secondary	5	16.7%
	Graduate	5	16.7%
	Others	8	26.7%
4.	**Father's Education**		
	No primary education	1	3.3%
	Highschool	13	43.3%
	Higher secondary	5	16.7%
	Graduate	2	6.7%
	Others	9	30%

5.	**Ration card status**		
	Blue	14	46.7%
	Rose	8	26.7%
	White	7	23.3%
	Yellow	1	3.3%
6.	**Use of screen time**		
	1 hr	24	80%
	2-3 hr	6	20%
	4-5 hr	0	0%
	>5 hr	0	0%
7.	**Outdoor play time**		
	0-30 min	6	20%
	30 min-1 hr	2	6.7%
	1-2 hr	5	16.7%
	>2hr	17	56.7%
8.	**Sleeping hours**		
	6-7 hr	5	16.7%
	7-8 hr	8	26.7%
	8-9 hr	12	40%
	>9hr	5	16.7%
9.	**Money spend on games**		
	No money	28	93.3%
	Each game 100 rupees	2	6.7%
	Each game 200 rupees	0	0%

	Each game above 200	0	0%
10.	**Most played games**		
	MMORPH	6	20%
	Casino games	0	0%
	Battle royale games	3	10%
	Other games	21	70%

Tab 4.1 Frequency distribution and percentage of selected variables.

DISTRIBUTION OF PARTICIPANTS ACCORDING TO AGE.

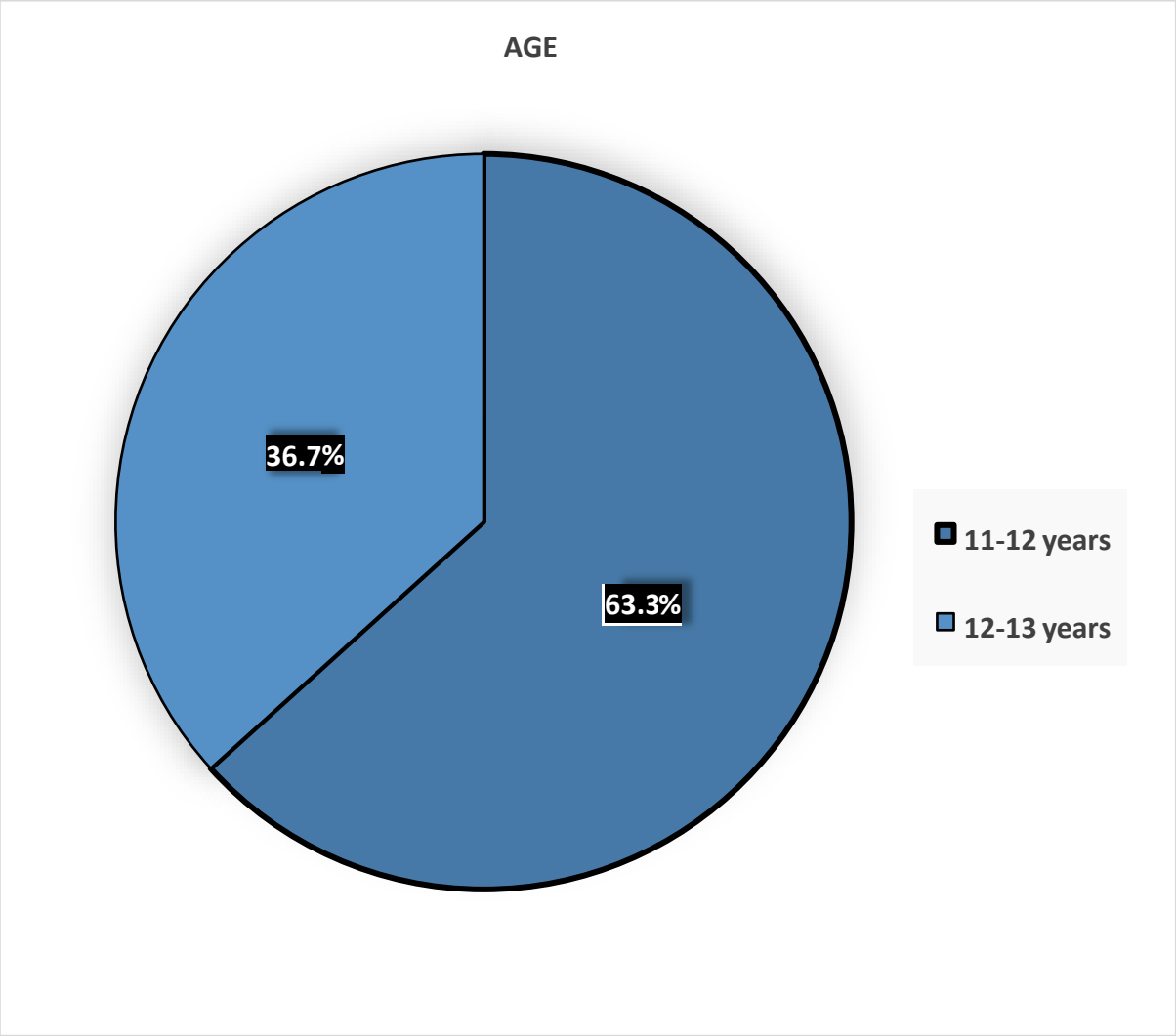


Fig 4.1 Distribution of participants by age.

Fig 4.1 shows the percentage distribution of school children according to their age in a pie chart. Children aged between 11 and 12 years (63.3%) and 12 and 13 years (36.7%) shows that majority of the participants were aged between 11 and 12 years.

DISTRIBUTION OF PARTICIPANTS ACCORDING TO GENDER.

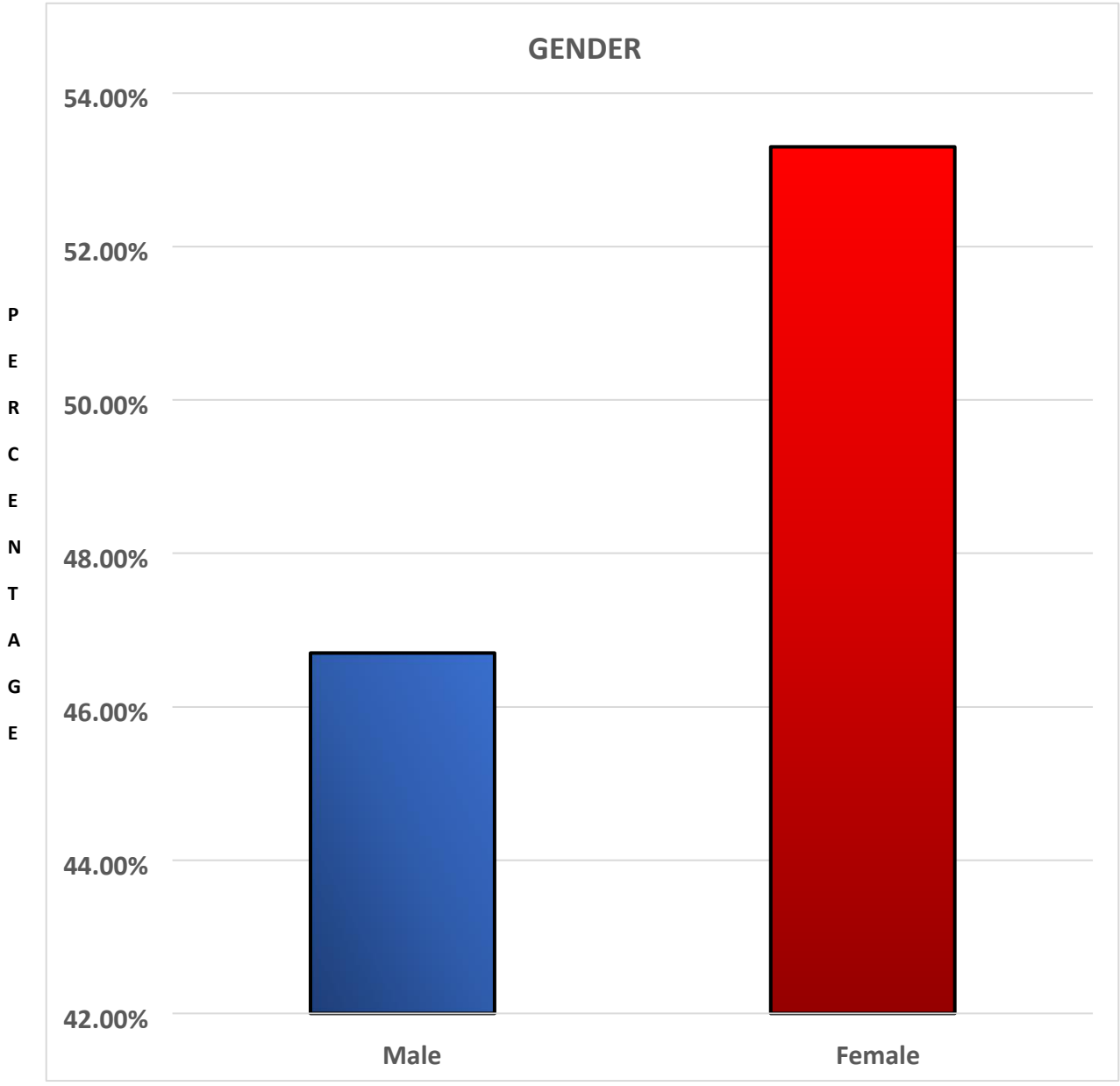


Fig 4.2 Distribution of participants by Gender

Fig 4.2 shows the percentage distribution of school children according to their gender in a bar chart. Male school children 14(46.7%) and female school children16 (53.3%) shows that majority of the participants were female.

DISTRIBUTION OF PARTICIPANTS ACCORDING TO MOTHER'S EDUCATION.

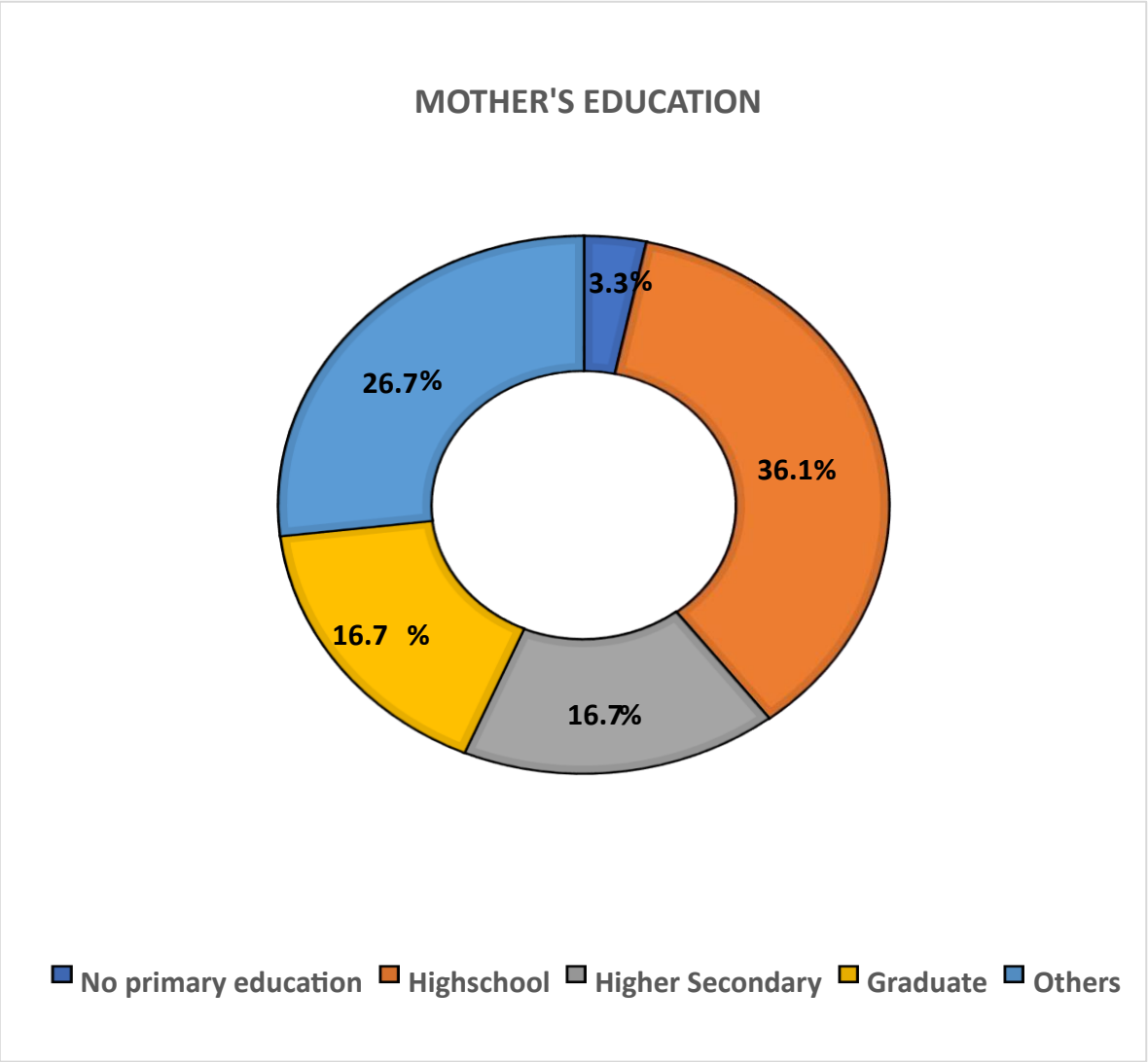
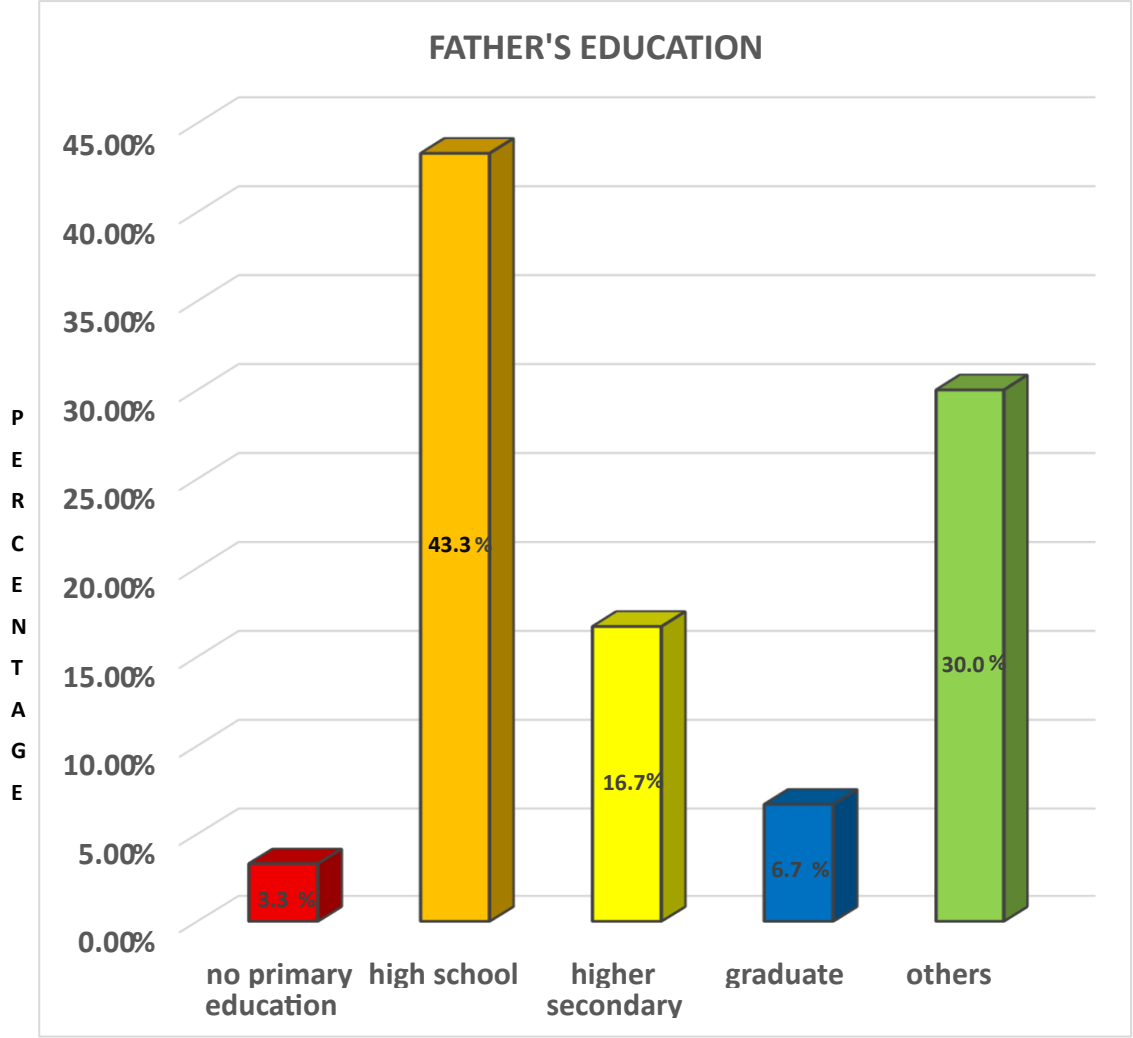


Fig 4.3 distribution of participants by Mother's Education.

Figure 4.3 shows the distribution of participants by Mother's Education. In this majority of the participant's mother were having the educational qualification of high school (36.1%), higher secondary (16.7%), graduates (16.7%), others (26.7%) and minority with no primary education (3.3%).

DISTRIBUTION OF PARTICIPANTS ACCORDING TO FATHER'S



EDUCATION.

Fig 4.4 distribution of participants by Father's Education.

Figure 4.4 shows the distribution of participants by Father's Education. In this majority of the participant's father were having the educational qualification of high school (43.3%), higher secondary (16.7%), graduates (6.7%), others (30.0%) and minority with no primary education (3.3%)

DISTRIBUTION OF PARTICIPANTS ACCORDING TO RATION CARD STATUS.

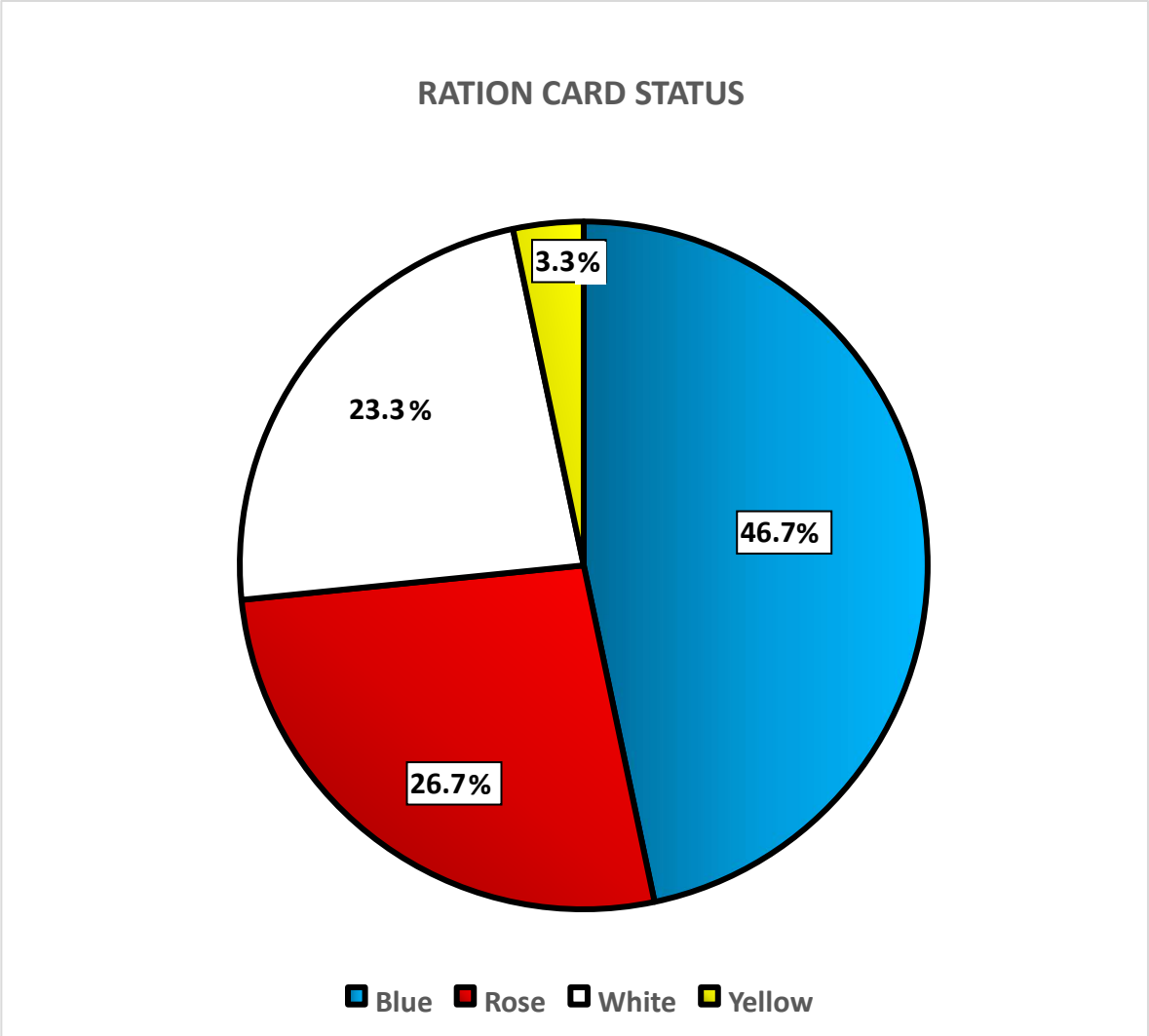


Fig 4.5 distribution of participants by Ration card status.

Figure 4.5 shows the distribution of participants by Ration card status. In this majority of the participants were belonged to the ration card status of blue (46.7%), rose (26.7%), white (23.3%) and minority with yellow (3.3%)

DISTRIBUTION OF PARTICIPANTS ACCORDING TO USE OF SCREEN TIME.

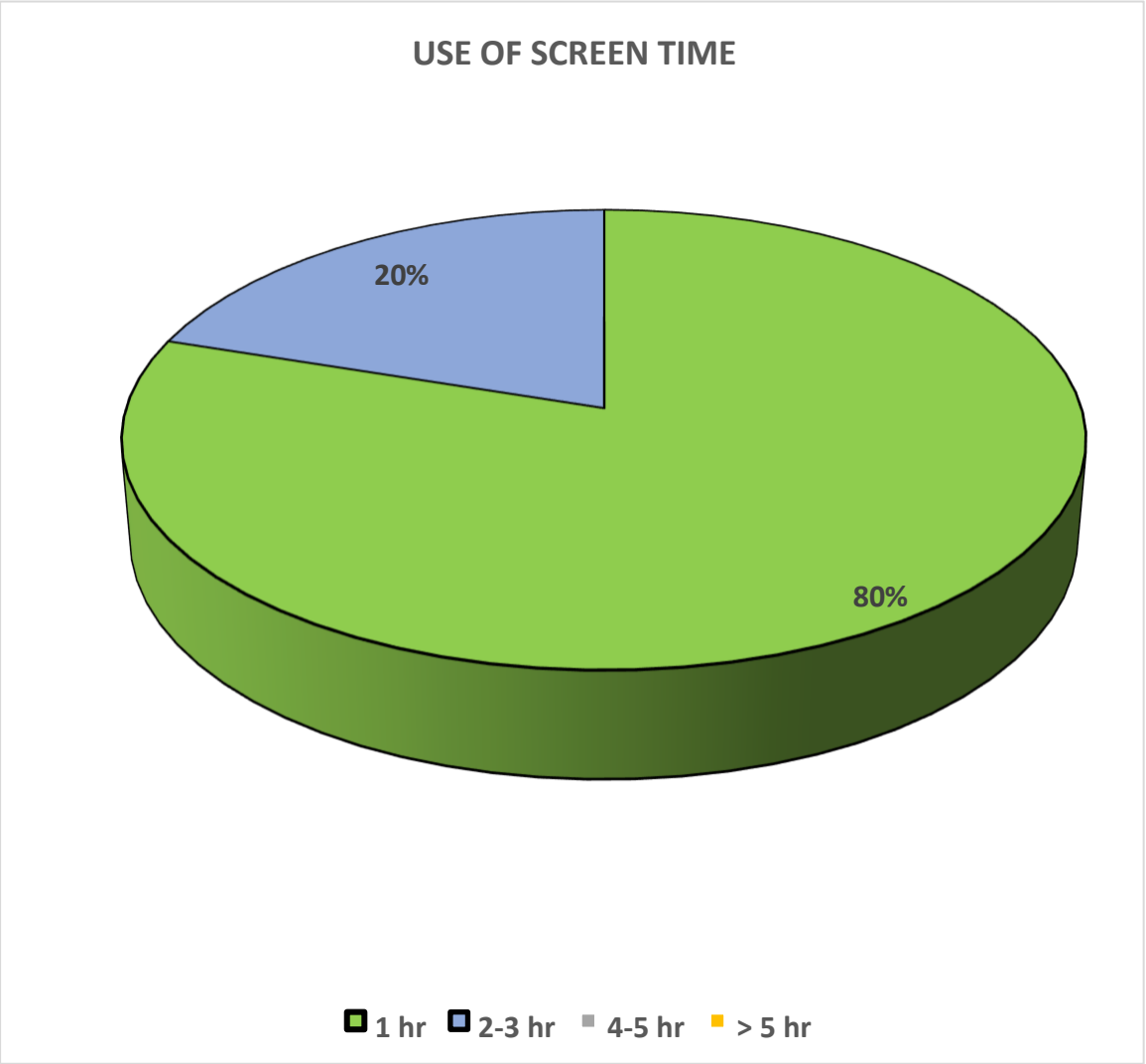


Fig 4.6 distribution of participants by Use of screen time.

Figure 4.6 shows the distribution of participants by use of screen time. In this majority of the participant used the screen time of 1hr (80%) and others used of 2-3 hr (20%),

DISTRIBUTION OF PARTICIPANTS ACCORDING TO OUTDOOR PLAY TIME.

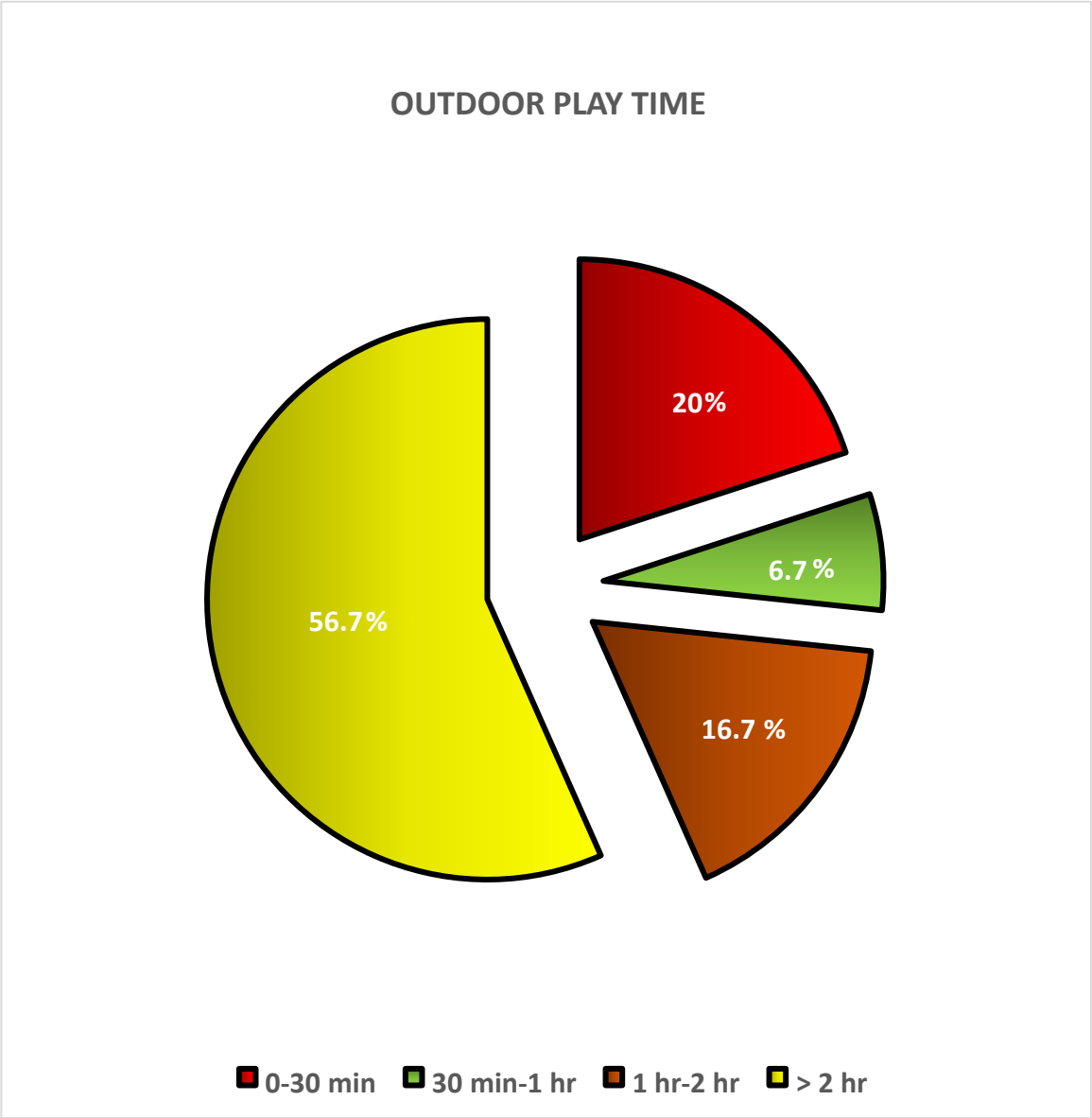


Fig 4.7 distribution of participants by Outdoor play time.

Figure 4.7 shows the distribution of participants by outdoor play time. In this majority of the participant had spent the outdoor play time as >2 hr (56.7%), 0-30 min (20%), 1-2 hr (16.7%), and minority as 30 min-1 hr (6.7%)

DISTRIBUTION OF PARTICIPANTS ACCORDING TO SLEEPING HOURS.

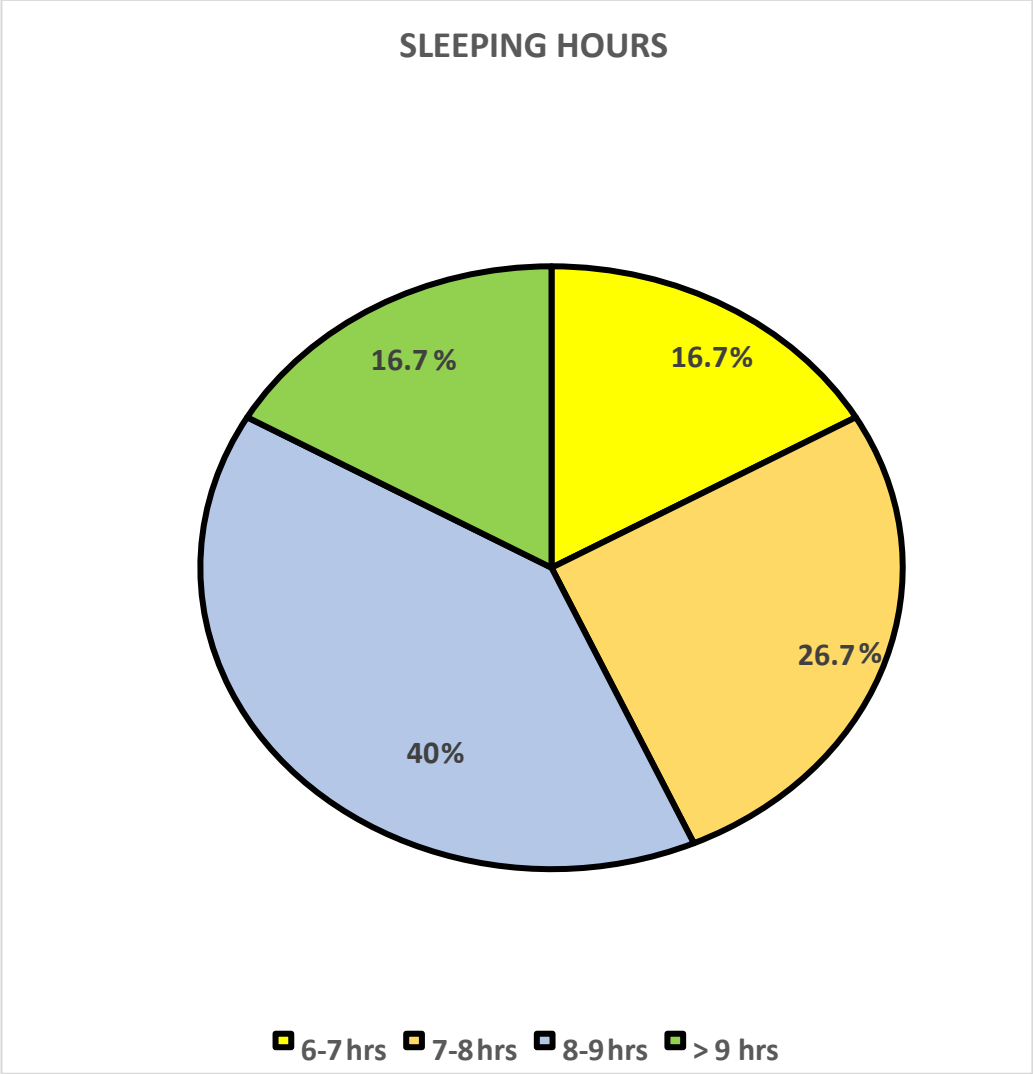


Fig 4.8 distribution of participants by Sleeping hours.

Figure 4.8 shows the distribution of participants by sleeping hours. In this majority of the participant had sleep duration of 8-9 hr (40%), 7-8 hr (26.7%) and minority with 6-7 hr and >9 hr (16.7%)

DISTRIBUTION OF PARTICIPANTS ACCORDING TO MONEY SPEND ON GAMES.

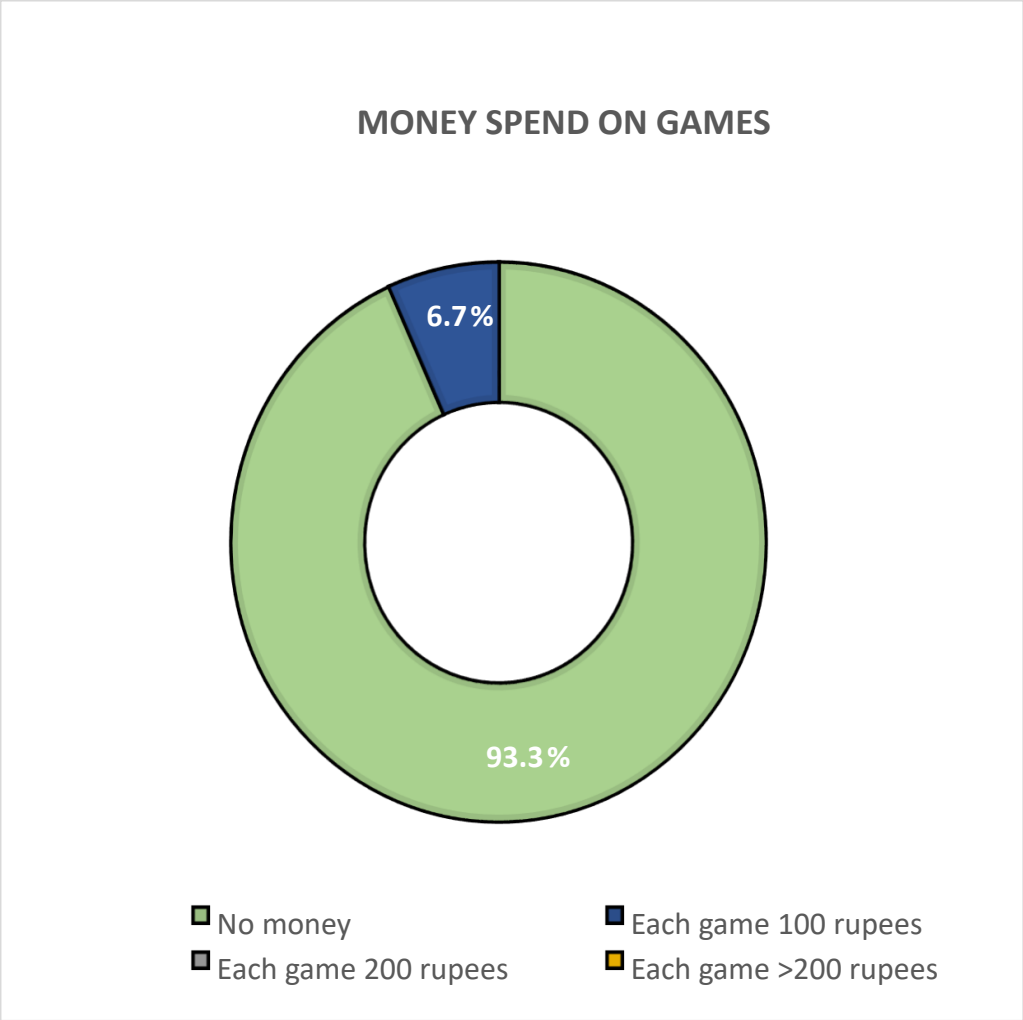


Fig 4.9 distribution of participants by Money spend on games.

Figure 4.9 shows the distribution of participants by money spend on games. In this majority of the participants spent no money (93.3%), where (6.7%) spent 100 rupees for each game and none of the participants is spending money 200 for each game and above.

DISTRIBUTION OF PARTICIPANTS ACCORDING TO MOST PLAYED GAMES.

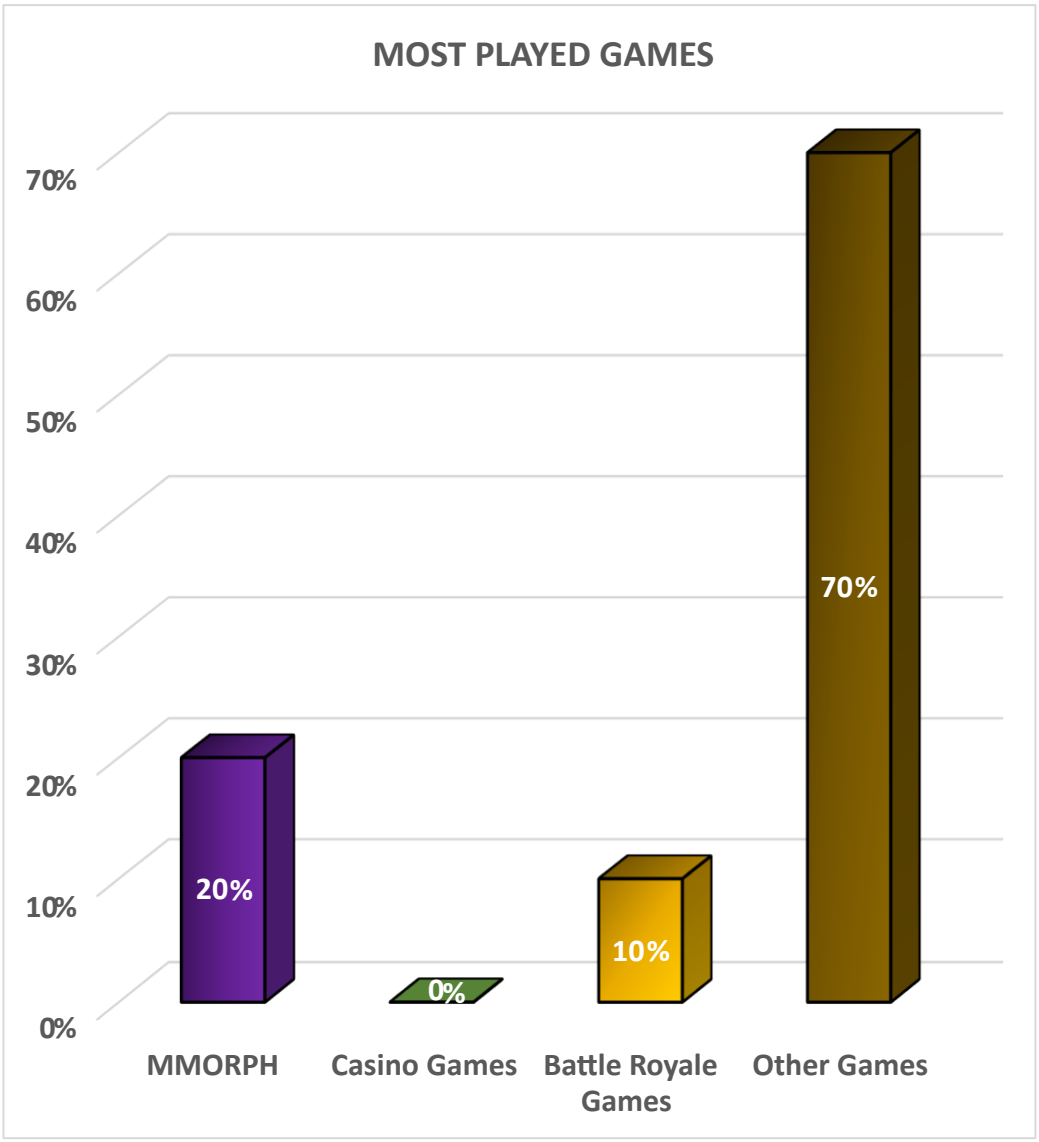


Fig 4.10 distribution of participants by Most played games.

Figure 4.10 shows the distribution of participants by most played games. In this majority of the participants played other games (70%), some participants played MMORPH (20%), and a very few played Battle royale games (10%) none of the participants is playing casino games.

SECTION 2

This section deals with the effectiveness of video assisted teaching on knowledge regarding online game addiction among school children.

(N=30)

	MEAN	**STANDARD DEVIATION**	**MEAN DIFFERENCE**	**CALCULATED 't' VALUE**	**DEGREE OF FREEDOM**	**'p' VALUE**
Pre test	11.67	1.8	2.8	6.4	29	P< 0.05
Post test	14.4	1.4				

(t 29 = 1.699) at p = 0.05 level of significance

Tab 4.2 Effectiveness of video assisted teaching on knowledge regarding online game addiction among school children.

The data in the table 4.2 shows that mean post-test knowledge score 14.4 was higher than the mean pre- test knowledge score 11.67. The calculated 't' value 6.4 was greater than the table value (t 29 = 1.699) at **p = 0.05** level of significance. Hence the Hypothesis, H_1 was accepted.

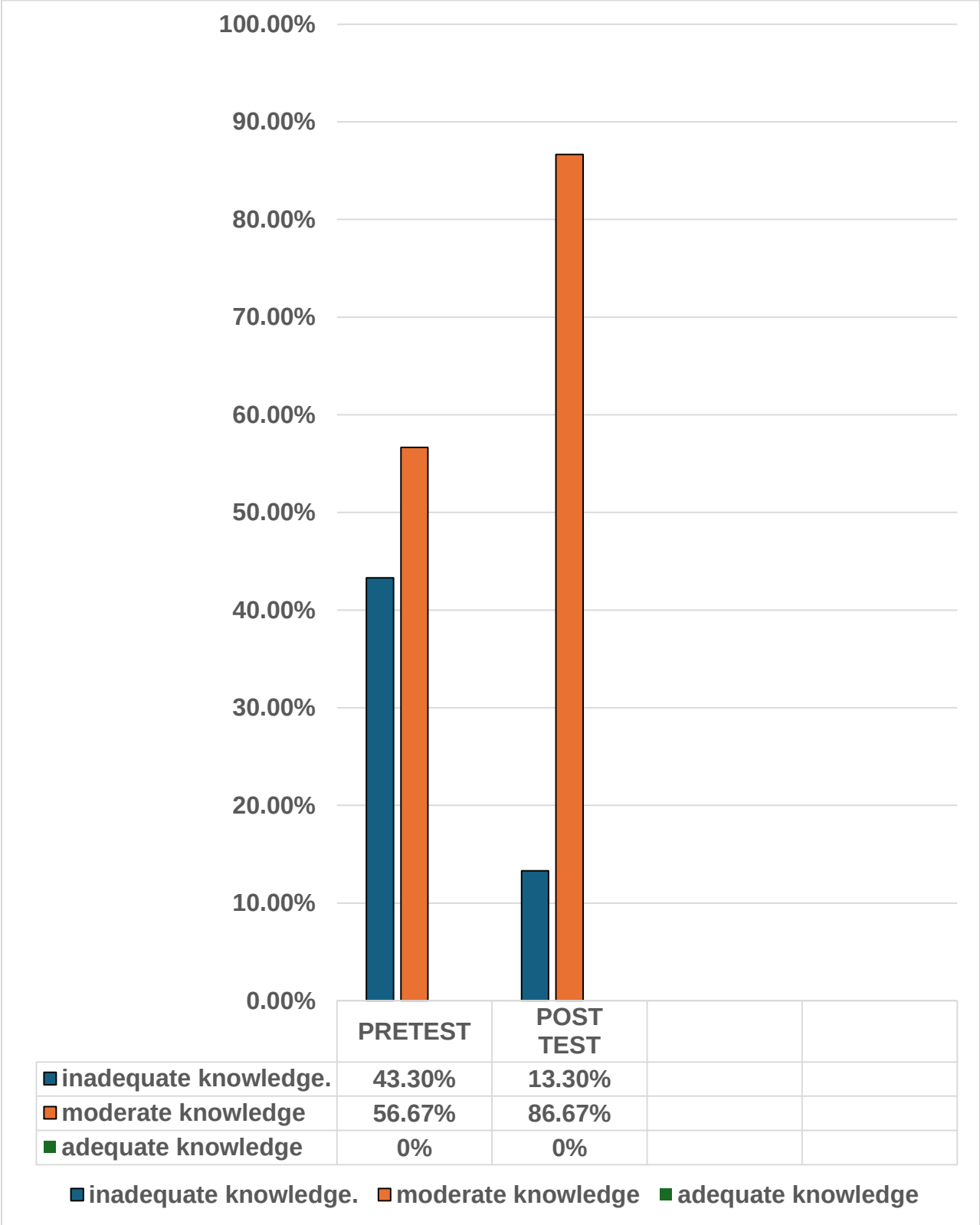


Fig 4.11 comparison of pre and post test knowledge score

SECTION 3

This section deals with the association between level of knowledge and selected variables of school children.

(N=30)

VARIABLES	INADEQUATE KNOWLEDGE	MODERATE KNOWLEDGE	ADEQUATE KNOWLEDGE	CALCULATED χ^2 VALUE	CRITICAL VALUE	LEVEL OF SIGNIFICANCE	INFERENCE.
Age							
11-12	3	16	0	0.3	5.991	0.05	NS
12-13	1	10	0				
Gender							
Male	1	13	0	0.9	5.991	0.05	NS
Female	3	13	0				
Mother's Education							
No primary education	0	1	0	3.5	15.51	0.05	NS
High school	3	8	0				
Higher secondar	0	5	0				

y							
Graduate	0	5	0				
Others	1	7	0				
Father's Education							
No primary education	0	1	0	19.5	15.51	0.05	*
High school	1	12	0				
Higher secondary	0	5	0				
Graduate	2	0	0				
Others	1	8	0				
Ration card status							
Blue	4	10	0	5.3	12.59	0.05	NS
Rose	0	8	0				
White	0	7	0				
Yellow	0	1	0				
Outdoor play time							
0-30 min	1	5	0	0.1	12.59	0.05	NS
30 min – 1 hr	0	2	0				
1-2 hr	1	4	0				

>2hr	2	15	0				
Use of screen time							
1 hr	3	21	0	10.5	12.59	0.05	NS
2-3 hr	1	5	0				
4-5 hr	0	0	0				
>5hr	0	0	0				
Sleeping hours							
6-7 hr	3	2	0	13.7	12.59	0.05	*
7-8 hr	0	8	0				
8-9 hr	1	11	0				
>9hr	0	5	0				
Money spend on games							
No money	4	24	0	3.1	12.59	0.05	NS
100 rupees	0	2	0				
200 rupees	0	0	0				
>200 rupees	0	0	0				
Most played games							
MMORPH	0	6	0	2	12.59	0.05	NS
Casino games	0	0	0				

Battle royale games	0	3	0				
Others	4	17	0				

Tab 4.3 association between level of knowledge and selected variables

- * : significance
- NS : no significance

4.6 SUMMARY

According to section 1, Majority (63.3%) of subjects belonged to 11-12 years (36.7%) of subjects are 12-13 years. Majority (53.3%) of subjects belonged to female, (46.7%) were male. Majority (36.1%) of subject's mothers' education belongs to high school, (26.7%) were others, (16.7%) were both higher secondary and graduates, (3.3%) were no primary education. Majority (43.3%) of subject's fathers' education belongs to high school, (30.0%) were others, (16.7%) were higher secondary, (6.7%) were graduates, (3.3%) were no primary education. Majority (46.7%) of subjects had ration card status blue, (26.7%) had rose, (23.3%) had white, (3.3%) had yellow. Majority (80%) of subject's use of screen time was 1 hour, (20%) on 2-3 hour, (0.0%) on both 4-5 hour and > 5 hour. Majority (56.7%) of subject's outdoor play time was > 2 hour, (20.0%), 0-30 minute, (16.7%) was 1-2 hour, (6.7%) was 30 minutes to 1 hour. Majority (40.0%) of subjects had sleeping hours of 8-9 hour, (26.7%) was of 7-8 hour, (16.7%) on both 6-7 hour and > 9 hour. Majority (93.3%) of subject's money spend on game belongs to no money, (6.7) belongs to each game 100 rupees, none of them spent money for 200 and above. Majority (70.0%) of subjects fallen in playing other games where others (20.0%) were playing MMORPH, (10.0%) were playing battle royale games, none of them playing casino games.

According to section 2, Majority had moderately adequate knowledge (56.67%) before video assisted teaching. (43.3%) had inadequate knowledge and none of them had adequate knowledge. After administering video assisted teaching, majority of them (86.67%) had moderately adequate knowledge and (13.33%) had inadequate knowledge

According to section 3, There is statistically significant association with selected variables such as Father's Education and sleeping hours and no significant association with selected variables such as Age, Gender, Mother's Education, Ration card status, Screen use time, Outdoor play time, Money spend on games and most played games.

43.33% of school children had inadequate knowledge about online game addiction 56.67% had moderately adequate knowledge and nobody had adequate knowledge on online game addiction in pretest. A total of 86.67% school children had moderately adequate knowledge and there is a decreased rate of 13.33% in inadequate knowledge in post-test. There was an improvement in the mean knowledge score on online game addiction which was found significant. The video assisted teaching had significantly increased the knowledge among school children regarding online game addiction.

CHAPTER 5

RESULTS

"The results of an experiment are not just data points — they are the seeds of understanding."

— Carl Sagan, Astrophysicist and Science Communicator

5.1 INTRODUCTION

The results section in nursing research presents the key findings of the study based on data analysis. It includes organized summaries of statistical outcomes such as frequencies, percentages, means, and tests like t-values or chi-square.

This chapter deals with the result of study findings obtained through analysis and interpretation of data which is collected from 30 school children studying in 6^{th} and 7^{th} standard of Aichur West UP School, Eachur, Kannur district through a semi-structured knowledge questionnaire regarding online game addiction among school children.

5.2 OBJECTIVES

- To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district.
- To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district.
- To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

5.3 HYPOTHESES

- H_1: The mean post-test knowledge score among school children will be significantly higher than the mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.
- $H_{0.1}$: There is no difference between the mean post-test knowledge score and mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.
- H_2: There will be a significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).
- $H_{0.2}$: There is no significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

5.4 RESULTS

- **To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district, Kerala.**

  Majority (63.3%) of subjects belonged to 11-12 years (36.7%) of subjects are 12-13 years. Majority (53.3%) of subjects belonged to female, (46.7%) were male. Majority (36.1%) of subject's mothers' education belongs to high school, (26.7%) were others, (16.7%) were both higher secondary and graduates, (3.3%) were no primary education. Majority (43.3%) of subject's fathers' education belongs to high school, (30.0%) were others, (16.7%) were higher secondary, (6.7%) were graduates, (3.3%) were no primary education. Majority (46.7%) of subjects had ration card status blue, (26.7%) had rose, (23.3%) had white, (3.3%) had yellow. Majority (80%) of subject's use of screen time was 1 hour, (20%) on 2-3 hour, (0.0%) on both 4-5 hour and > 5 hour. Majority (56.7%) of subject's outdoor play time was >

2 hour, (20.0%), 0-30 minute, (16.7%) was 1-2 hour, (6.7%) was 30 minutes to 1 hour. Majority (40.0%) of subjects had sleeping hours of 8-9 hour, (26.7%) was of 7-8 hour, (16.7%) on both 6-7 hour and > 9 hour. Majority (93.3%) of subject's money spend on game belongs to no money, (6.7) belongs to each game 100 rupees, none of them spent money for 200 and above. Majority (70.0%) of subjects fallen in playing other games where others (20.0%) were playing MMORPH, (10.0%) were playing battle royale games, none of them playing casino games.

- **To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district, Kannur.**

  Majority had moderately adequate knowledge (56.67%) before video assisted teaching. (43.3%) had inadequate knowledge and none of them had adequate knowledge. After administering video assisted teaching, majority of them (86.67%) had moderately adequate knowledge and (13.33%) had inadequate knowledge.

- **To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games)**

  There is statistically significant association with selected variables such as Father's Education and sleeping hours and no significant association with selected variables such as Age, Gender, Mother's Education, Ration card status, Screen use time, Outdoor play time, Money spend on games and most played games.

5.5 SUMMARY

The results showed that majority of school children 26(86.67%) had moderate knowledge after receiving video assisted teaching on online game addiction. It suggests that school children are in need of education about online game addiction.

CHAPTER 6

DISCUSSION, SUMMARY AND CONCLUSION

"Every research is a journey from known to unknown, leading not just to answers, but to deeper questions and greater understanding."

— Dr. A.P.J. Abdul Kalam, Former President of India and Aerospace Scientist

6.1 INTRODUCTION

This chapter presents a comprehensive interpretation of the research findings, linking them with existing literature, theoretical frameworks, and the objectives set forth at the beginning of the study. It critically analyzes the results, highlights significant patterns and implications, and discusses any unexpected observations. Following the discussion, a concise summary of the key findings is provided to reinforce the core outcomes of the research. Finally, the conclusion draws the study to a close by reflecting on its contributions, limitations, and potential directions for future research.

6.2 DISCUSSION

This chapter discuss the major findings of the study and reviews them in terms of results from other studies.

The aim of the study was to assess the effectiveness of video assisted teaching regarding online game addiction among school children aged between 11 and 13years.A sample of 30 school children in Aichur West UP school, Eachur, Kannur district was selected. Pretest was conducted by using semi structured questionnaire and followed by pretest, a video assisted teaching given to the samples.7days after the teaching program post test conducted by using the same questionnaire.

- **To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district.**

Majority (63.3%) of subjects belonged to 11-12 years (36.7%) of subjects are 12-13 years. Majority (53.3%) of subjects belonged to female, (46.7%) were male. Majority (36.1%) of subject's mothers' education belongs to high school, (26.7%) were others, (16.7%) were both higher secondary and graduates, (3.3%) were no primary education. Majority (43.3%) of subject's fathers' education belongs to high school, (30.0%) were others, (16.7%) were higher secondary, (6.7%) were graduates, (3.3%) were no primary education. Majority (46.7%) of subjects had ration card status blue, (26.7%) had rose, (23.3%) had white, (3.3%) had yellow. Majority (80%) of subject's use of screen time was 1 hour, (20%) on 2-3 hour, (0.0%) on both 4-5 hour and > 5 hour. Majority (56.7%) of subject's outdoor play time was > 2 hour, (20.0%), 0-30 minute, (16.7%) was 1-2 hour, (6.7%) was 30 minutes to 1 hour. Majority (40.0%) of subjects had sleeping hours of 8-9 hour, (26.7%) was of 7-8 hour, (16.7%) on both 6-7 hour and > 9 hour. Majority (93.3%) of subject's money spend on game belongs to no money, (6.7) belongs to each game 100 rupees, none of them spent money for 200 and above. Majority (70.0%) of subjects fallen in playing other games where others (20.0%) were playing MMORPH, (10.0%) were playing battle royale games, none of them playing casino games.

- **To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district.**

Majority had moderately adequate knowledge (56.67%) before video assisted teaching. (43.3%) had inadequate knowledge and none of them had adequate knowledge. After administering video assisted teaching, majority of them (86.67%) had moderately adequate knowledge and (13.33%) had inadequate knowledge.

The above findings were supported by the study done by Zhang X. et al (2018) "The absence of preventive education in school curriculums contributes to poor knowledge on online game addiction among teenagers." The tool of the study was structured questionnaire and video assisted teaching. The findings of the study revealed that the video-based teaching was more effective than traditional lectures in improving knowledge and retaining information over time.

- **To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games)**

There is statistically significant association with selected variables such as Father's Education and sleeping hours and no significant association with selected variables such as Age, Gender, Mother's Education, Ration card status, Screen use time, Outdoor play time, Money spend on games and most played games.

The above findings were supported by the study done by Jayalakshmi G., Ranganathan et.al to assess "Online game addiction is becoming a common phenomenon affecting adolescents' physical and mental health." Significant correlations were found between online game addiction and less physical activity, sleep disturbance, nervousness, abnormalities in social functioning, and depressed mood. The study revealed that the children had sleep disturbances due to online game addiction.

6.3 SUMMARY

The study was conducted in Aichur West UP school at Kannur district. The primary aim of the study was to assess the effectiveness of video assisted teaching on online game addiction among school children aged between 11 and 13 years.

The review of literature enabled the investigators to develop conceptual framework, tools and methodology for the study. The tool for collecting data was validated with the help of experts. Pilot study was conducted in Sankaravilasam UP school, Eachur to check the reliability and feasibility of the tool. The reliability of the tool r=0.74 which was found reliable. The pilot study helped to improve the confidence of the investigators for conducting the actual study.

The main study was conducted in Aichur West UP school, where 30 school children were taken for main study. Sampling technique used for the study was convenient sampling. Baseline data was used to collect the sampling characteristics and semi structured knowledge questionnaire with 30 items were used to determine the knowledge about online game addiction. Before the teaching program, pretest was conducted by using semi structured questionnaire for about 30

minutes. After pretest a video assisted teaching was given by using LCD projector for 13 minutes 15 seconds. Then seven days after post test was conducted by using the same questionnaire. The investigators applied both descriptive and inferential statistics to analyze the data regarding the selected variables. The findings of the study showed that there is a need to educate the school children on online game addiction to improve their knowledge.

Major findings of the study include,

Among the school children 43.33% had inadequate knowledge about online game addiction 56.67% had moderately adequate knowledge and nobody had adequate knowledge on online game addiction in pretest. A total of 86.67% school children had moderately adequate knowledge and there is a decreased rate of 13.33% in inadequate knowledge in post-test. There was an improvement in the mean knowledge score on online game addiction which was significant. The video assisted teaching had significantly increased the knowledge among school children regarding online game addiction.

6.4 CONCLUSION

Online game addiction among school children aged between 11 and 13 is a growing concern that can negatively impact their academic performance, social relationships, and mental well-being. Early identification and proper guidance from parents, teachers, and health professionals are essential to promote healthy gaming habits and ensure balanced development during this critical stage of growth. The pre-test assessed the knowledge among school children aged between 11 and 13 years regarding Online Game Addiction and found that the school children had inadequate knowledge on Online Game Addiction. After Video Assisted Teaching on Online Game Addiction, there was a significant improvement in level of knowledge among school children. The study concluded that the results shows that school children had improved their knowledge regarding Online Game Addiction through Video Assisted Teaching.

6.5 NURSING IMPLICATIONS

The findings of the study have implications on the field of nursing education, nursing practice, nursing administration and nursing research.

6.5.1 NURSING PRACTICE

In nursing practice, it is essential to identify early signs of addiction through school health programs, provide health education to students and parents, and collaborate with educators to promote healthy digital behavior. Nurses play a key role in prevention early intervention, and creating awareness to ensure the overall well-being of children in this age group.

6.5.2 NURSING EDUCATION

In the context of nursing education, understanding online game addiction among school children aged between 11 and 13 is vital for preparing future nurses to address emerging behavioral health issues. Incorporating this topic into the nursing curriculum enhances awareness, equips students with skills to identify addictive behaviors, and promotes the development of effective strategies for prevention and intervention. Knowledge on psychological and mental health needs empower nursing students to contribute meaningfully to child and adolescent mental health care.

6.5.3 NURSING RESEARCH

Online game addiction among school children aged between 11 and 13 highlights the need for continued nursing research to explore its causes, consequences, and effective interventions. Through evidence-based studies, nursing research can provide valuable insights into the psychological and behavioral patterns associated with gaming addiction. This study addresses the need for the development of targeted strategies and policies, ultimately enhancing child psychosocial and mental health.

6.5.4 NURSING ADMINISTRATION

Nursing administrators play a crucial role in developing policies to address online game addiction among school children aged between 11and 13. They are responsible for organizing and supervising school health programs that include mental health screening and education. Ensure the availability of trained nursing staff to identify and manage early signs of addiction.

Promote collaboration between nurses, teachers, parents, and mental health professionals. Support the implementation of awareness campaigns and preventive strategies within school settings. Allocate resources for continuous training of nurses on child behavioral issues related to technology use.

6.6 LIMITATIONS OF THE STUDY

- The sample size was limited to 30
- The study was limited to school children aged between 11 and 13 years.
- The study was limited to school children studying in 6th and 7th standard at Aichur west UP school.

6.7 RECOMMENDATIONS

- A similar study can be repeated on a large scale covering the entire school children of Kannur district.
- A similar study can be replicated using a large sample to validate findings and make generalizations.
- A comparative study can be conducted among other developmental age of children.
- A follow up study can be conducted to evaluate the effectiveness of Video Assisted teaching program.
- A randomized trial can be conducted by using different teaching strategies and assess the knowledge among school children.
- A correlational study can be conducting on influence of online game addiction and academic performance of school children.

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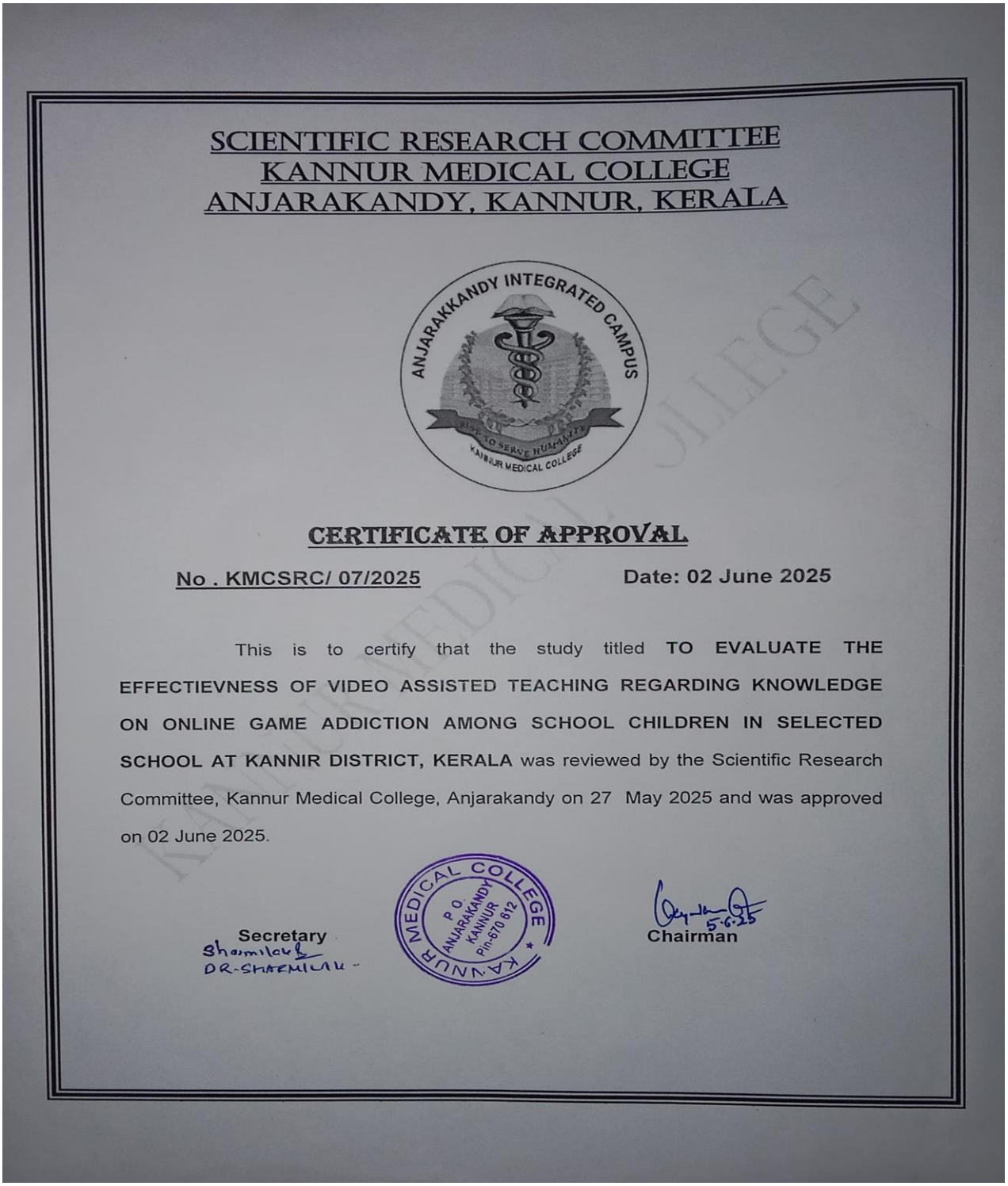
21. https://youtu.be/n7jzvUzbRLM?si=A3hnoYtuzcT-QISt
22. https://youtu.be/hyN4qRHf-bU?si=FmYoeyBSka2Jt_jf

ANNEXURES I

SCIENTIFIC COMMITTEE CERTIFICATE OF APPROVAL



SCIENTIFIC RESEARCH COMMITTEE
KANNUR MEDICAL COLLEGE
ANJARAKANDY, KANNUR, KERALA

ANJARAKKANDY INTEGRATED CAMPUS
KANNUR MEDICAL COLLEGE

CERTIFICATE OF APPROVAL

No . KMCSRC/ 07/2025 Date: 02 June 2025

This is to certify that the study titled **TO EVALUATE THE EFFECTIEVNESS OF VIDEO ASSISTED TEACHING REGARDING KNOWLEDGE ON ONLINE GAME ADDICTION AMONG SCHOOL CHILDREN IN SELECTED SCHOOL AT KANNIR DISTRICT, KERALA** was reviewed by the Scientific Research Committee, Kannur Medical College, Anjarakandy on 27 May 2025 and was approved on 02 June 2025.

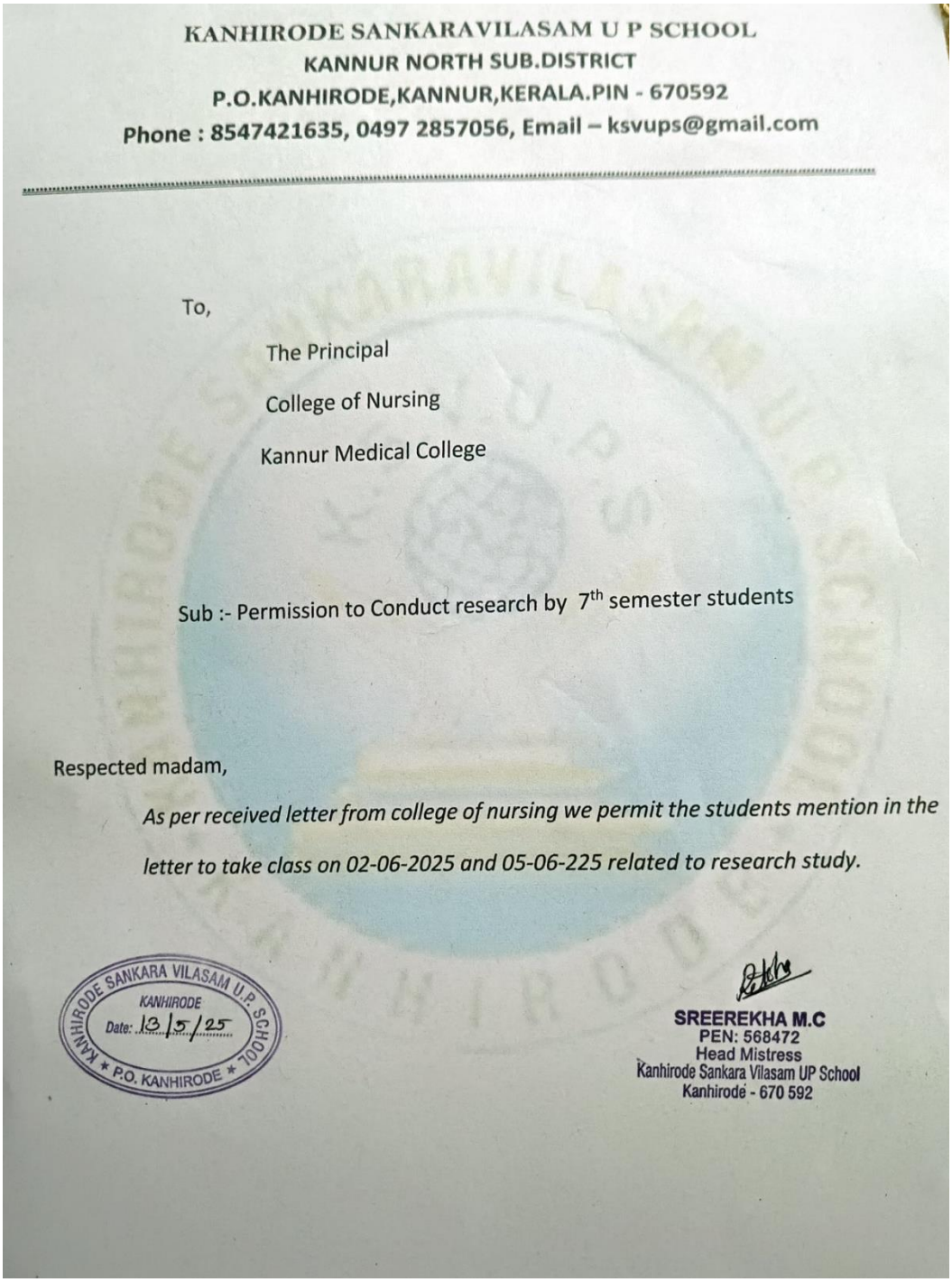
Secretary
Shamilath
DR-SHAEMILATH

KANNUR MEDICAL COLLEGE
P.O. ANJARAKANDY
KANNUR
Pin-670 612

5.6.25
Chairman

ANNEXURE II

LETTER GRANTING PRMISSION TO CONDUCT THE PILOT STUDY.



KANHIRODE SANKARAVILASAM U P SCHOOL
KANNUR NORTH SUB.DISTRICT
P.O.KANHIRODE,KANNUR,KERALA.PIN - 670592
Phone : 8547421635, 0497 2857056, Email – ksvups@gmail.com

To,

The Principal

College of Nursing

Kannur Medical College

Sub :- Permission to Conduct research by 7th semester students

Respected madam,

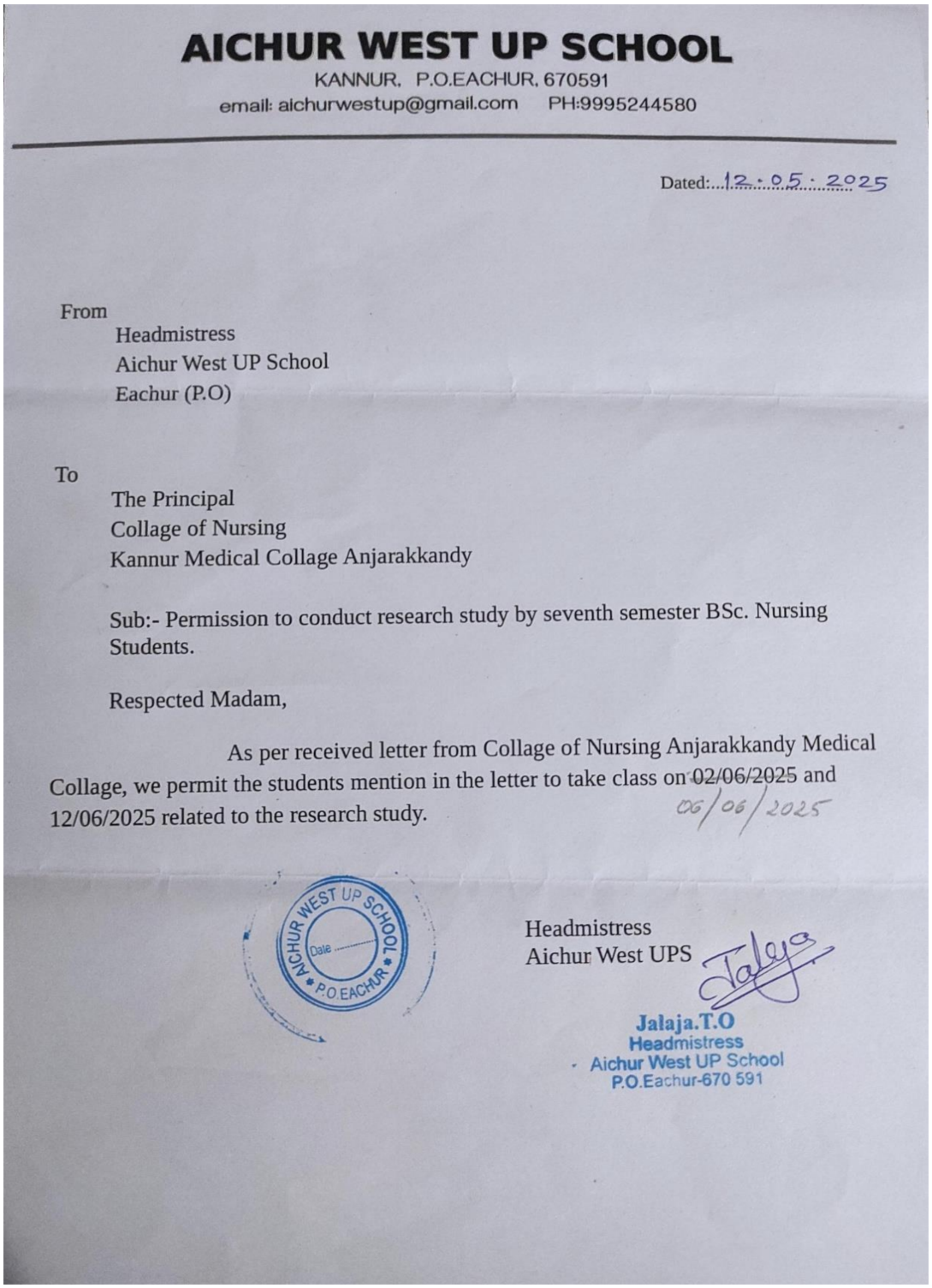
As per received letter from college of nursing we permit the students mention in the letter to take class on 02-06-2025 and 05-06-225 related to research study.

KANHIRODE SANKARA VILASAM U.P. SCHOOL
KANHIRODE
Date: 13/5/25
P.O. KANHIRODE

SREEREKHA M.C
PEN: 568472
Head Mistress
Kanhirode Sankara Vilasam UP School
Kanhirode - 670 592

ANNEXURE III

LETTER GRANTING PRMISSION TO CONDUCT THE MAIN STUDY.



AICHUR WEST UP SCHOOL

KANNUR, P.O.EACHUR, 670591
email: aichurwestup@gmail.com PH:9995244580

Dated: 12.05.2025

From
Headmistress
Aichur West UP School
Eachur (P.O)

To
The Principal
Collage of Nursing
Kannur Medical Collage Anjarakkandy

Sub:- Permission to conduct research study by seventh semester BSc. Nursing Students.

Respected Madam,

As per received letter from Collage of Nursing Anjarakkandy Medical Collage, we permit the students mention in the letter to take class on 02/06/2025 and 06/06/2025 12/06/2025 related to the research study.

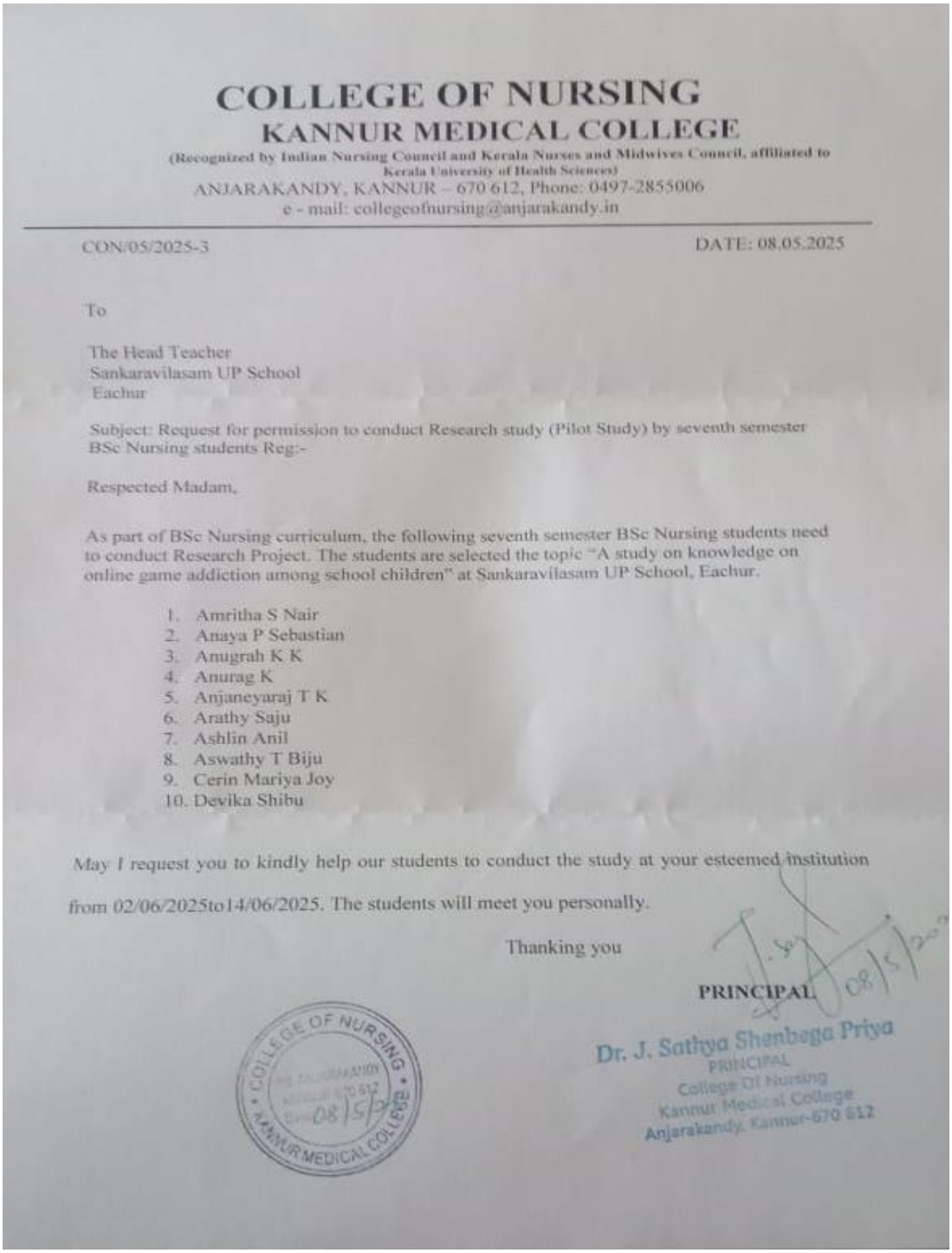
AICHUR WEST UP SCHOOL Date P.O.EACHUR

Headmistress
Aichur West UPS

Jalaja.T.O
Headmistress
Aichur West UP School
P.O.Eachur-670 591

ANNEXURE IV

LETTER SEEKING PRMISSION TO CONDUCT THE PILOT STUDY.



COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE
(Recognized by Indian Nursing Council and Kerala Nurses and Midwives Council, affiliated to Kerala University of Health Sciences)
ANJARAKANDY, KANNUR – 670 612, Phone: 0497-2855006
e - mail: collegeofnursing@anjarakandy.in

CON/05/2025-3 DATE: 08.05.2025

To

The Head Teacher
Sankaravilasam UP School
Eachur

Subject: Request for permission to conduct Research study (Pilot Study) by seventh semester BSc Nursing students Reg:-

Respected Madam,

As part of BSc Nursing curriculum, the following seventh semester BSc Nursing students need to conduct Research Project. The students are selected the topic "A study on knowledge on online game addiction among school children" at Sankaravilasam UP School, Eachur.

1. Amritha S Nair
2. Anaya P Sebastian
3. Anugrah K K
4. Anurag K
5. Anjaneyaraj T K
6. Arathy Saju
7. Ashlin Anil
8. Aswathy T Biju
9. Cerin Mariya Joy
10. Devika Shibu

May I request you to kindly help our students to conduct the study at your esteemed institution from 02/06/2025to14/06/2025. The students will meet you personally.

Thanking you

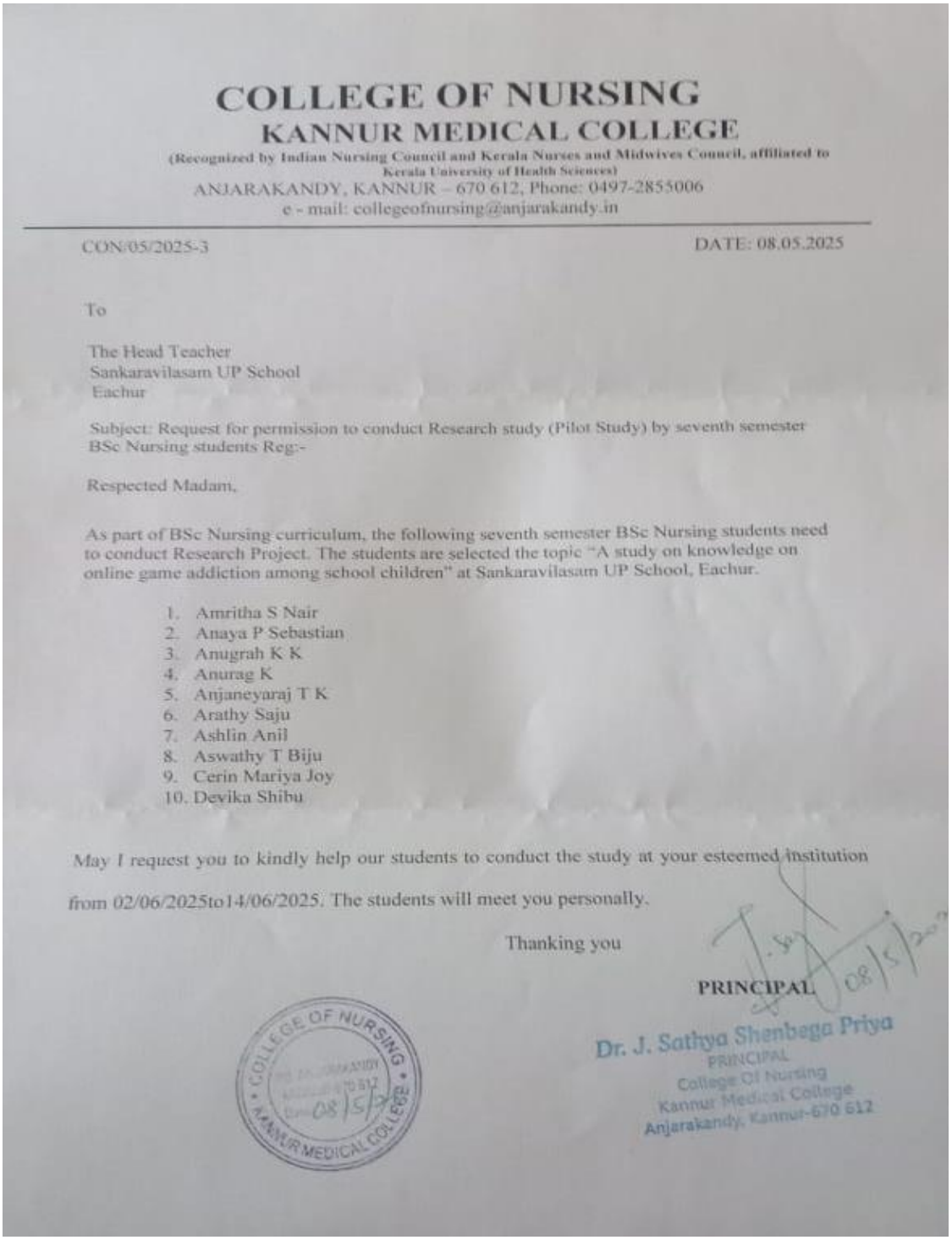
PRINCIPAL

Dr. J. Sathya Shenbega Priya
PRINCIPAL
College Of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612

COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE

ANNEXURE V

LETTER SEEKING PRMISSION TO CONDUCT THE MAIN STUDY.



COLLEGE OF NURSING
KANNUR MEDICAL COLLEGE
(Recognized by Indian Nursing Council and Kerala Nurses and Midwives Council, affiliated to Kerala University of Health Sciences)
ANJARAKANDY, KANNUR – 670 612, Phone: 0497-2855006
e - mail: collegeofnursing@anjarakandy.in

CON/05/2025-3 DATE: 08.05.2025

To

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Sankaravilasam UP School
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10. Devika Shibu

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Thanking you

PRINCIPAL

Dr. J. Sathya Shenbega Priya
PRINCIPAL
College Of Nursing
Kannur Medical College
Anjarakandy, Kannur-670 612

ANNEXURE VI

INFORMED CONSENT FORM

സമ്മതപത്രം

ഞാൻ....., ...എന്ന

..... ക്ലാസ്സിൽ പഠിക്കുന്ന കുട്ടിയുടെ.....ആണ്,

കണ്ണൂർ മെഡിക്കൽ കോളേജ്, അഞ്ചരക്കണ്ടി, നഴ്സിംഗ് കോളേജിലെ ബി.എസ്.സി. നഴ്സിംഗ് വിദ്യാർത്ഥികളായ ശ്രീമതി അമൃത എസ് നായർ, അനയ പി സെബാസ്റ്റ്യൻ, ആരതി സാജു, ആഷ്ലിൻ അനിൽ, അശ്വതി ടി ബിജു, സെറിൻ മരിയ ജോയ്, ദേവിക ഷിബു, ശ്രീ അനുരാഗ് കെ കെ, അനുഗ്രഹ് കെ, ആജനേയരാജ് ടി കെ എന്നിവരുടെ നേതൃത്വത്തിൽ നടത്തി വരുന്ന "സ്കൂൾ കുട്ടികളിൽ ഓൺലൈൻ ഗെയിം ആസക്തിയെക്കുറിച്ചുള്ള അറിവിൽ, വീഡിയോ അസിസ്റ്റഡ് അദ്ധ്യാപനത്തിന്റെ ഫലപ്രാപ്തിയെ വിലയിരുത്തുന്ന പഠനം" എന്ന വിഷയത്തിൽ നടക്കുന്ന പദ്ധതിയിൽ എന്റെ കുട്ടിയെ പങ്കെടുപ്പിക്കുവാൻ എനിക്ക് സമ്മതമാണ്.

പഠനാർത്ഥം ആവശ്യമായ വിവരങ്ങൾ കുട്ടി ഗവേഷകർക്ക് നൽകുന്നതിന് സഹകരിക്കാൻ തയ്യാറാണ്. കുട്ടി നൽകുന്ന വിവരങ്ങൾ പഠനത്തിന് അല്ലാതെ മറ്റു കാര്യങ്ങൾക്ക് ഉപയോഗിക്കില്ലെന്നും, കുട്ടിയുടെ മറുപടികളുടെ രഹസ്യത്വം സംരക്ഷിക്കപ്പെടുമെന്നും, കുട്ടിയുടെ ഇഷ്ടപ്രകാരം പഠനത്തിൽ നിന്ന് പിൻവാങ്ങാനുള്ള അവകാശം എന്റെ കുട്ടിക്ക് ഉണ്ടെന്നതും അറിയിച്ചിട്ടുണ്ട്.

എന്ന്,

പേര്:

ഒപ്പ്:

തീയതി:

ANNEXURE VII

TOOL

SEMI STRUCTURED KNOWLEDGE QUESTIONNAIRE

SECTION A: Semi structured Questionnaire, for Selected variables among school children.

INSTRUCTIONS: Select only one response per question.

1. Age

   a. 11 – 12
   b. 12-13

2. Sex

   a. Girl
   b. Boy

3. Mother's Education

   a. No primary education.
   b. High school
   c. Higher secondary
   d. Graduate
   e. Others

4. Father's Education

   a. No primary education.
   b. High school
   c. Higher secondary
   d. Graduate
   e. Others

5. Ration card status(color)

a. Blue

b. Rose

c. Yellow

d. White

6. Use of screen time

a. Up to 1 hours

b. 2 – 3 hours

c. 4 – 5 hours

d. >5 hours

7. Duration of outdoor play

a. 0 – 30 minutes

b. 30 – 1 hours

c. 1 – 2 hours

d. >2 hours

8. Sleeping hours

a. 6 – 7 hours

b. 7 – 8 hours

c. 8 – 9 hours

d. >9 hours

9. Most played games

a. MMORPG Games

b. Casino Games

c. Battle Royale Games

d. Others

10. Money spends on games

a. No Money

b. 100 per play

c. 200 per play

d. >200

SEMI STRUCTURED QUESTIONARE ON ONLINE GAME ADDICTION

SECTION B: Semi structured Questionnaire: for knowledge regarding online game addiction

INSTRUCTIONS: Select only one response per question.

1. What is another term used for online game addiction?
    a. Internet use syndrome.
    b. Gaming disorder.
    c. Screen dependency.
    d. Digital play syndrome.
2. What is the best description of gaming disorder among the following?
    a. A temporary interest in video games.
    b. A behavioral pattern involving excessive gaming.
    c. A healthy form of stress relief.
    d. A no educational gaming routine.
3. What does “Impaired Control” in gaming disorder refers to?
    a. Poor hand-eye coordination.
    b. Inability to stop or limit gaming time.
    c. Lack of concentration.
    d. Control over game settings.
4. How does poor time management contribute to online game addiction?
    a. It balances children to spend more time on school activities.
    b. It leads to better balance between games and responsibilities.

c. It allows excessive and uncontrolled gaming sessions.

d. It explores children for accessing games.

5. Which of the following is a social cause of online game addiction?

a. Festivals.

b. Peer pressure.

c. Family gathering.

d. School clubs.

6. Which of the following sign is seen in a child using games to avoid real life problems?

a. High resilience.

b. Reality-based thinking.

c. Escape from reality.

d. Focused attention.

7. Which of the following cause allows for unrestricted game access?

a. Lack of parental supervision.

b. Increased screen exposure.

c. Use of android mobile.

d. Lack of parent knowledge.

8. Which of the following is a psychological risk factor for online game addiction in children?

a. Depression.

b. Lack of structured activities.

c. Low self-esteem.

d. Anxiety.

9. Which environmental factor may increase the risk of game addiction in children?

a. Poor academic performance.

b. Structured extracurricular activities.

c. Easy access to devices and internet.

d. Lack of parenteral supervision.

10. Which game design element encourages children to continue playing for long periods?

a. Advertisements.

b. No clear end goals.

c. Reward systems and achievements.

d. Limited play time.

11. Why socially isolated children are more prone to online game addiction?

a. Poor family relationship.

b. Prefer gaming over reading.

c. To connect with others.

d. Use of android phones.

12. Which of the following is a common emotional symptom of online game addiction in children?

a. Decreased motivation to study.

b. Irritability or anger when not playing.

c. Withdrawal from others.

d. Anxious in school events.

13. Which of the physical symptom might a child show if addicted to online gaming?

    a. Vomiting.

    b. Fail to bathing.

    c. Eye strain or headache.

    d. Fever.

14. Which behavior indicates preoccupation with gaming?

    a. Talking about peers all the day.

    b. Planning time for online games.

    c. Constantly thinking or talking about games.

    d. Focusing on multiple play activities.

15. Which is an academic consequence of excessive gaming in children?

    a. Absenteeism.

    b. Lack of concentration.

    c. Decreased group study.

    d. Lack of problem-solving skills.

16. Which of the following is a psychological effect of online game addiction?

        a. Improved attention span.

        b. Increased anxiety or depression.

        c. Enhanced emotional control.

        d. Greater interest.

17. Which developmental issue can arise from early and excessive exposure to online games?

a. Delayed language skills.

b. Delayed emotional and social development.

c. impaired brain growth.

d. Impaired Motor skills.

18. What emotional behavior might children get experienced when online game s display is interrupted?

a. Fatigue

b. Loss of appetite.

c. Irritability and aggression.

d. Lack of focus.

19. Which of the following age group is most frequently fall in mobile game addiction? a) 3-6 years.

a. 7-12 years.

b. 18-21 years.

c. 25-30 years.

20. Which age group of children are more addictive to simulation games that replicate real world activities like running a form or city?

a. 4-6 years.

b. 7-10 years.

c. 11-14 years.

d. 15-18 years

21. What is the first step in managing gaming addiction?

a. Reducing screen time.

b. Avoiding games completely.

c. Acknowledging the problem.

d. Talking to friends.

22. Why is tracking gaming habits important?

a. To increase game skills.

b. To find better games.

c. To understand gaming pattern and triggers.

d. To win more reward.

23. How the parents can monitor emotional triggers that lead to excessive gaming?

a. Observe behavioral patterns of child.

b. Encourage emotional awareness and talk about feelings.

c. Replace games with reading books.

d. Taking away devices without discussion.

24. What is the meaning of creating ‘game free zones’ in the home?

a. Allows gaming devices only in living room.

b. Limiting gaming to bedroom only.

c. Designating specific areas like the dining room and study as tech fee.

d. Limiting only in the evenings.

25. Which among the following help to retrain the brain from new habits?

    a. Watching more educational videos.

    b. Consistency in daily routine.

    c. Multitasking while learning.

    d. Sleeping adequate.

26. What is the impact of technology in managing gaming time?

    a. Unlock premium content.

    b. Increase screen brightness.

    c. Limit/block access to games.

    d. Find new online game

27. Who can provide tailored help for gaming addiction?

    a. Sport coaches.

    b. Therapist trained in behavioral addiction.

    c. Parents.

    d. School principal.

28. What is the acceptable screen time for children between 10-12 years?

    a. 2-3 hours.

    b. Unrestricted if educational.

    c. 1-2 hours.

    d. No limit on weekends.

29. What is the recommendation regarding screen before bedtime?

a. Use of dim screen mode.

b. Stop usage 1 hour before bedtime.

c. Only use for educational content.

d. Keep the phone under pillow

30. When should professional help be considered in addressing online game addiction in children?

a. Only after the child turn 18.

b. When signs like withdrawal, aggression or academic deadline are persistent.

c. If the child plays more than 30 minutes a day.

d. Immediately after buying a game.

വിഭാഗം എ: സ്കൂൾ കുട്ടികളിൽ സെലക്ടഡ് വേരിയബിൾസിനെ കുറിച്ചുള്ള ഘടനാപരമായ ചോദ്യാവലി.

നിർദ്ദേശങ്ങൾ: ഓരോ ചോദ്യത്തിനും ഒരു ഉത്തരം മാത്രം തിരഞ്ഞെടുക്കുക

1. വയസ്
    a. 11 - 12 വയസ്
    b. 12-13 വയസ്
2. ലിംഗം
    a. പെൺകുട്ടി
    b. ആൺകുട്ടി

3. അമ്മയുടെ വിദ്യാഭ്യാസം

    a. പ്രാഥമിക വിദ്യാഭ്യാസം ഇല്ല
    b. ഹൈസ്കൂൾ
    c. ഹയർ സെക്കന്ററി
    d. ബിരുദം
    e. മറ്റ് വിദ്യാഭ്യാസം

4. അച്ഛന്റെ വിദ്യാഭ്യാസം

    a. പ്രാഥമിക വിദ്യാഭ്യാസം ഇല്ല
    b. ഹൈസ്കൂൾ
    c. ഹയർ സെക്കന്ററി
    d. ബിരുദം
    e. മറ്റ് വിദ്യാഭ്യാസം

5. റേഷൻ കാർഡ് (നിറം)

    a. നീല
    b. പിങ്ക്
    c. വെള്ള
    d. മഞ്ഞ

6. സ്ക്രീൻ ഉപയോഗ സമയം

    a. 1 മണിക്കൂർ വരെ
    b. 2-3 മണിക്കൂർ
    c. 4-5 മണിക്കൂർ
    d. 5 മണിക്കൂറിൽ കൂടുതൽ

7. പുറത്ത് കളിക്കുന്ന സമയം

    a. 0-30
    b. 30 മിനിറ്റ് -1 മണിക്കൂർ
    c. 1-2 മണിക്കൂർ
    d. 2 മണിക്കൂറിൽ കൂടുതൽ

8. ഉറങ്ങുന്ന സമയം

    a. 6-7 മണിക്കൂർ
    b. 7-8 മണിക്കൂർ
    c. 8-9 മണിക്കൂർ
    d. 9 മണിക്കൂറിൽ കൂടുതൽ

9. ഗെയിമുകൾക്ക് ചിലവാക്കുന്ന തുക

    a. പണം ചിലവാക്കുന്നില്ല
    b. ഓരോ കളിക്കും 100
    c. ഓരോ കളിക്കും 200
    d. ഓരോ കളിക്കും 200 ൽ അധികം

10. ഏറ്റവും കൂടുതൽ കളിക്കുന്ന ഗെയിമുകൾ

    a. എംഎംഒആർപിജി (MMORPG) ഗെയിമുകൾ
    b. കാസിനോ ഗെയിമുകൾ
    c. ബാറ്റിൽ റോയൽ ഗെയിമുകൾ
    d. മറ്റ് ഗെയിമുകൾ

വിഭാഗം B: ഘടിത ചോദ്യാവലി – ഓൺലൈൻ ഗെയിം അഡിക്ഷനുമായി ബന്ധപ്പെട്ട അറിവ്.

നിർദ്ദേശങ്ങൾ: ഓരോ ചോദ്യത്തിനും ഒരു ഉത്തരം മാത്രമേ തിരഞ്ഞെടുക്കാവൂ.

ശരി ഉത്തരം [✓] ചെയ്യുക.

1. **ഓൺലൈൻ ഗെയിം അഡിക്ഷൻ, മറ്റൊരു പേര് എന്താണ്?**

   a) [ ] ഇൻ്റർനെറ്റ് ഉപയോഗിക്കുന്നത് കൊണ്ട് ഉണ്ടാകുന്ന രോഗലക്ഷണങ്ങൾ. b) [ ] ഗെയിം കളിക്കുന്നത് കൊണ്ട് ഉണ്ടാകുന്ന രോഗങ്ങൾ
   c) [ ] സ്ക്രീനിന് സ്ക്രീൻ ഉപയോഗം കൊണ്ട് ഉണ്ടാകുന്ന രോഗങ്ങൾ
   d) [ ] ഡിജിറ്റൽ പ്ലേയ്സിൻഡ്രം

2. **ഗെയിമിംഗ് ഡിസോർഡറിനെ ഏറ്റവും നല്ലത് പോലെ വിവരിക്കുന്നത് ഏതാണ്?**

   a) a) [ ] വീഡിയോ ഗെയിമുകളോട് കൂറച്ചു നേരത്തേക്ക് ഉള്ള താല്പര്യം
   b) b) [ ] അധികമായി ഗെയിം കളിക്കുന്ന സ്വഭാവ രീതി
   c) c) [ ] സമ്മർദ്ദം ഒഴിവാക്കുന്നതിനുള്ള ആരോഗ്യകരമായ മാർഗം
   d) d) [ ] പഠനമായി ബന്ധമില്ലാത്ത ഗെയിം കളികൾ

3. **ഗെയിമിംഗ് ഡിസോഡറിൽ കൺട്രോൾ ഇല്ലാതാകുക എന്നതുകൊണ്ട് ഉദ്ദേശിക്കുന്നത്?**

   a) [ ] കണ്ണും കൈയും ഒരുപോലെ പ്രവർത്തിക്കാതിരിക്കുക
   b) [ ] ഗെയിം കളിക്കുന്നത് നിർത്താനോ കുറയ്ക്കാനോ കഴിയാത്തത്
   c) [ ] ഗെയിമിൽ താല്പര്യക്കുറവ്
   d) [ ] ഗെയിം സെറ്റിംഗ്സുകളിൽ

4. **ഒരുപാട് സമയം ഓൺലൈൻ ഗെയിം കളിക്കുന്നത് എങ്ങനെയാണ് അഡിക്ഷന് കാരണമാകുന്നത്?**

   a) [ ] സ്കൂൾ പ്രവർത്തനങ്ങളിൽ കൂടുതൽ സമയം ചെലവഴിക്കാൻ
   b) [ ] ഗെയിമും ഉത്തരവാദിത്വവും തമ്മിൽ ബാലൻസ് ഉണ്ടാക്കുന്നു
   c) [ ] അധികസമയം ഗെയിം കളിക്കാൻ സഹായിക്കുന്നു
   d) [ ] കുട്ടികളെ ഗെയിമുകൾക്കെതിരെ ആകുന്നു

5. **സമൂഹത്തിലെ ഏത് കാരണം കൊണ്ടാണ് ഓൺലൈൻ ഗെയിം അഡിക്ഷൻ ഉണ്ടാകുന്നത്?**

   a) [ ] ഉത്സവങ്ങൾ
   b) [ ] കൂട്ടുകാരുടെ നിർബന്ധം
   c) [ ] കുടുംബ സംഗമം
   d) [ ]സ്കൂൾ ക്ലബ്ബുകൾ

6. **സ്ഥിരമായ ജീവിതത്തിലെ പ്രശ്നങ്ങൾ ഒഴിവാക്കാൻ ഗെയിം കളിക്കുന്ന കുട്ടിയിൽ താഴെപ്പറയുന്നവയിൽ ഏത് ലക്ഷണമാണ് കാണുന്നത്?**

   a) [ ]ഉയർന്ന പ്രതിരോധശേഷി
   b) [ ]സ്ഥിരമായി ചെയ്യുന്ന കാര്യങ്ങളെ അടിസ്ഥാനമാക്കിയുള്ള ചിന്ത
   c) [ ]സ്ഥിരമായി ചെയ്യുന്ന കാര്യങ്ങൾ നിന്നുള്ള രക്ഷപ്പെടൽ
   d) [ ] ശ്രദ്ധ കേന്ദ്രീകരിക്കൽ

7. **കൺട്രോൾ ഇല്ലാതെ ഗെയിം കളിക്കാൻ സഹായിക്കുന്നത് ഏതാണ്?**

   a) [ ] മാതാപിതാക്കൾ ശ്രദ്ധിക്കാതിരിക്കുന്നത്
   b) [ ]സ്ക്രീൻ ഉപയോഗം കൂടുതലായത്
   c) [ ]സ്മാർട്ട്ഫോൺ ഉപയോഗം
   d) [ ]മാതാപിതാക്കളുടെ വിദ്യാഭ്യാസ കുറവ്.

8. **ഏതു മാനസിക കാരണം മൂലമാണ് ഓൺലൈൻ ഗെയിം അഡിക്ഷൻ ഉണ്ടാകുന്നത്?**

   a) [ ] സങ്കടം
   b) [ ] ടൈംടേബിൾ വെച്ച കാര്യങ്ങൾ ചെയ്യുന്നത്
   c) [ ] ആത്മവിശ്വാസക്കുറവ്
   d) [ ] ആകുലത (പേടി)

9. കുട്ടികൾക്ക് ഗെയിം അഡിക്ഷൻ കൂടുതൽ ആകാൻ കാരണം എന്താണ്?

a) [ ] മോശം വിദ്യാഭ്യാസ പ്രകടനം
b) [ ] പഠന കാര്യങ്ങൾ
c) [ ] എളുപ്പത്തിൽ ഇൻറർനെറ്റ് ഉപകരണങ്ങളും കിട്ടുന്നതുകൊണ്ട്
d) [ ] മാതാപിതാക്കളുടെ ശ്രദ്ധ കുറവ്.

10. എന്തുകൊണ്ടാണ് ചില ഗെയിമുകൾ കുട്ടികൾ കൂടുതൽ സമയം കളിക്കുമ്പോൾ ആകർഷിക്കപ്പെടുന്നത്?

a) [ ] പരസ്യങ്ങൾ
b) [ ] അവസാനം തിരാത്ത ലെവലുകൾ
c) [ ] സമ്മാനങ്ങളും നേട്ടങ്ങളും
d) [ ] കളിയുടെ സമയപരിമിതി

11. ചില കുട്ടികൾ സമൂഹത്തിൽ നിന്ന് ഒറ്റപ്പെട്ടു പോകുമ്പോൾ കൂടുതലായി ഗെയിംകളിക്കുന്നത് എന്തുകൊണ്ട്?

a) [ ] മോശം കുടുംബബന്ധം
b) [ ] വായനേക്കാൾ ഗെയിമിങ്ങിന് പ്രാധാന്യം കൊടുക്കുന്നതുകൊണ്ട്
c) [ ] മറ്റുള്ളവരുമായി കൂട്ടുകൂടാൻ
d) [ ] സ്മാർട്ട്ഫോൺ ഇഷ്ടമുള്ളതുകൊണ്ട്.

12. ഓൺലൈൻ ഗെയിം ഉപയോഗിക്കുമ്പോൾ കുട്ടികളിൽ പൊതുവേ കാണുന്ന വികാരപരമായ ലക്ഷണം ഏതാണ്?

a) [ ] പഠിക്കാനുള്ള ഇഷ്ടം കുറയുന്നു
b) [ ] കളിക്കാതിരിക്കുമ്പോൾ ദേഷ്യം ഉണ്ടാകുന്നു
c) [ ] മറ്റുള്ളവരിൽ നിന്ന് അകന്നു നിൽക്കുന്നു
d) [ ] സ്കൂൾ പരിപാടികളെ പറ്റി ഓർക്കുമ്പോൾ

13. ഓൺലൈൻ ഗെയിം അധികമായി കളിക്കുമ്പോൾ ശരീരത്തിൽ എന്താണ് സംഭവിക്കുന്നത്?

a) [ ] വയറുവേദന
b) [ ] തലവേദന
c) [ ] കണ്ണിനു പ്രയാസമല്ലെങ്കിൽ തലവേദന
d) [ ] തലകറക്കം

14. ഗെയിമിങ്ങിൽ ഒരാൾ മുഴുകിയിരിക്കുന്നു എന്ന് കാണിക്കുന്ന സ്വഭാവം ഏത്?

a) [ ] ദിവസം മുഴുവൻ കൂട്ടുകാരുടെ കൂടെ കളിക്കുന്നു
b) [ ] ഓൺലൈൻ ഗെയിമുകൾക്കായി സമയം കണ്ടെത്തുന്നു
c) [ ] നിരന്തരം ഗെയിമുകളെ കുറിച്ച് ചിന്തിക്കുക സംസാരിക്കുകയോ ചെയ്യുന്നു
d) [ ] ഒന്നിലധികം പ്രവർത്തനങ്ങളിൽ ശ്രദ്ധ വയ്ക്കുന്നു

15. ഓൺലൈൻ ഗെയിം അഡിക്ഷന് കാരണം കുട്ടികളിൽ ഉണ്ടാകുന്ന പഠനസംബന്ധമായ കുറവ് താഴെ പറയുന്നവയിൽ ഏതാണ്?

a) [ ] സ്കൂളിൽ വരാതിരിക്കുക
b) [ ] ശ്രദ്ധ ഇല്ലായ്മ
c) [ ] ഗ്രൂപ്പ് പഠനം കുറയുന്നു
d) [ ] ചോദ്യം പരിഹരിക്കാൻ പ്രയാസം തോന്നുന്നു

16. ഓൺലൈൻ ഗെയിമിന് കാരണമുണ്ടാകുന്ന മാനസികമായ ബുദ്ധിമുട്ട് എന്താണ്?

a) [ ] കൂടുതൽ സമയം ശ്രദ്ധിക്കാൻ പറ്റുന്നു
b) [ ] പേടി അല്ലെങ്കിൽ സങ്കടം
c) [ ] വികാര നിയന്ത്രണം കൂടുതൽ ആകുന്നത്
d) [ ] ഉയർന്ന താൽപര്യം

17. അധികമായി ഗെയിം കളിക്കുമ്പോൾ വളർച്ചയുമായി ബന്ധപ്പെട്ട എന്ത് പ്രശ്നമാണ് ഉണ്ടാകുന്നത്?

a) [ ] ഭാഷാവൈകല്യം
b) [ ] വികാര സാമൂഹിക വളർച്ച വൈകുന്നു
c) [ ] തലച്ചോറിന്റെ വളർച്ച തടസ്സപ്പെടുന്നു
d) [ ] ചലന കഴിവുകൾ തകരാറിലാകുന്നു

18. ഗെയിമിംഗ് സ്ക്രീൻ തടസ്സപ്പെടുമ്പോൾ കുട്ടികൾ എങ്ങനെ പ്രതികരിക്കും?

a) [ ] ക്ഷീണം
b) [ ] വിശപ്പില്ലായ്മ
c) [ ] ദേഷ്യവും ഉപദ്രവ ശ്രമവും
d) [ ] ശ്രദ്ധിക്കാൻ കഴിയില്ല

19. ഇനിപ്പറയുന്ന പ്രായത്തിലുള്ളവരിൽ ഏത് വിഭാഗക്കാരാണ് ഏറ്റവും കൂടുതൽ മൊബൈൽ ഗെയിം അഡിക്ഷനിൽപ്പെടുന്നത്?

a) [ ] 3-6 വയസ്സ്
b) [ ] 7-12 വയസ്സ്
c) [ ] 18-21 വയസ്സ്
d) [ ] 25-30 വയസ്സ്

20. സിമുലേഷൻ ഗെയിമുകൾക്ക് ഏതു പ്രായത്തിലുള്ള കുട്ടികളാണ് കൂടുതൽ അടിമപ്പെടുന്നത്?

a) 4 - 6 വയസ്സ്
b) 7 -10 വയസ്സ്
c) 11 -14 വയസ്സ്
d) 15 -18 വയസ്സ്

21. ഗെയിമിംഗ് അഡിക്ഷൻ നിയന്ത്രിക്കാൻ ആദ്യമായി ചെയ്യേണ്ടത് എന്താണ്?

a) [ ] മൊബൈൽ ഉപയോഗസമയം കുറയ്ക്കുക
b) [ ] ഗെയിമുകൾ പൂർണമായും ഒഴിവാക്കുക
c) [ ] പ്രശ്നമുണ്ടെന്ന് അംഗീകരിക്കുക
d) [ ] സുഹൃത്തുക്കളുമായി സംസാരിക്കുക

22. "ഗെയിം കളിക്കുന്ന ശീലം ശ്രദ്ധിക്കുക" എന്നതിന്റെ പ്രാധാന്യം എന്താണ്?

a) [ ] ഗെയിം കളിക്കുന്നതിൽ കഴിവ് വർദ്ധിപ്പിക്കുക
b) [ ] ഗെയിമുകൾ കണ്ടെത്തുക
c) [ ] ഗെയിമിംഗ് പാറ്റേണും പ്രേരണകളും മനസ്സിലാക്കുക
d) [ ] കൂടുതൽ പ്രതിഫലം നേടുക

23. അമിതമായ ഗെയിം കളിക്കുന്നതുമൂലം എങ്ങനെയാണ് മാതാപിതാക്കൾക്ക് കുട്ടിയുടെ വികാരപരമായ മാറ്റങ്ങൾ മനസ്സിലാക്കാൻ കഴിയുന്നത്?

a) [ ] കുട്ടിയുടെ സ്വഭാവരീതി ശ്രദ്ധിക്കുക.
b) [ ] വിചാരങ്ങളെകുറിച്ച് സംസാരിക്കാൻ പ്രോത്സാഹിപ്പിക്കുക.
c) [ ] ഗെയിമുകൾക്ക് പകരം വായന.
d) [ ] അനുവാദം കൂടാതെ ഗെയിം സാമഗ്രികൾ എടുത്തു മാറ്റുക.

24. വീട്ടിൽ "ഗെയിം ഉപയോഗിക്കാത്ത സ്ഥലം സെറ്റ് ചെയ്യുക" എന്നതുകൊണ്ട് എന്താണ് ഉദ്ദേശിക്കുന്നത്?

a) [ ] സ്വീകരണ മുറിയിൽ മാത്രം ഗെയിം കളിക്കാൻ സമ്മതിക്കുക.
b) [ ] കിടപ്പുമുറിയിൽ മാത്രം ഗെയിം കളിക്കാൻ സമ്മതിക്കുക.
c) [ ] ഡൈനിങ് റൂം പഠനം മുറി ഇവിടെ എല്ലാം ഗെയിം കളിക്കുന്നത് ഒഴിവാക്കുക.
d) [ ] വൈകുന്നേരങ്ങളിൽ മാത്രം കളിക്കാൻ അനുവദിക്കുക.

25. പുതിയ ശീലങ്ങളിൽ നിന്ന് തലച്ചോറിനെ പഴയതുപോലെ ആക്കാൻ എന്താണ് സഹായിക്കുന്നത്?

a) [ ] കൂടുതൽ വിദ്യാഭ്യാസ വീഡിയോകൾ കാണുക
b) [ ] എന്നും ചെയ്യുന്ന കാര്യങ്ങൾ കൃത്യമായി ചെയ്യുക
c) [ ] പഠനത്തോടൊപ്പം മറ്റു പ്രവർത്തികൾ ചെയ്യുക
d) [ ] മതിയായ ഉറക്കം

26. ടെക്നോളജിയുടെ സ്വാധീനം എങ്ങനെയാണ് ഗെയിം സമയം നിയന്ത്രിക്കുന്നത്?

a) [ ] പുതിയ ലെവൽ അൺലോക്ക് ചെയ്യാൻ
b) [ ] സ്ക്രീൻ തെളിച്ചം വർദ്ധിപ്പിക്കാൻ
c) [ ] ഗെയിമുകൾ കളിക്കുന്നത് തടയാൻ
d) [ ] പുതിയ ഗെയിമുകൾ കണ്ടെത്താൻ

27. ഗെയിം അഡിക്ഷൻ ഉള്ള കുട്ടികൾക്ക് സഹായം നൽകാൻ ഏറ്റവും യോഗ്യർ ആരാണ്?

a) [ ] സ്പോർട്സ് പരിശീലകർ.
b) [ ] സ്വഭാവ ദൂഷ്യം ഉള്ളവരെ ചികിൽസിക്കുന്ന തെറാപ്പിസ്റ്റ്.
c) [ ] മാതാപിതാക്കൾ
d) [ ] സ്കൂൾ പ്രിൻസിപ്പൽ.

28. 10 -12 വയസ്സിനിടയിലുള്ള കുട്ടികൾക്ക് എത്ര സമയം സ്ക്രീൻ ഉപയോഗിക്കാൻ അനുവദിക്കാം?

a) [ ] രണ്ട് മൂന്ന് മണിക്കൂർ
b) [ ] പഠനത്തിന് ആണെങ്കിൽ എത്ര സമയം വേണമെങ്കിലും ഉപയോഗിക്കാം.
c) [ ] 1 -2 മണിക്കൂർ
d) [ ] ആഴ്ചയുടെ അവസാന ദിവസമെങ്കിൽ പരിധിയില്ല

29. ഉറക്ക സമയത്തിന് മുമ്പ് സ്ക്രീൻ ഉപയോഗിക്കേണ്ടതില്ലെന്ന് പറയുന്നത് എന്തുകൊണ്ട്?

a) [ ] സ്ക്രീൻ മോഡിൽ ഉള്ള ഫോണിന്റെ മങ്ങിയ ഉപയോഗം
b) [ ] ഉറക്ക സമയത്തിന് ഒരു മണിക്കൂർ മുമ്പ് ഉപയോഗം നിർത്തുക
c) [ ] പഠനത്തിനു വേണ്ടി മാത്രം ഉപയോഗിക്കുക
d) [ ] നിശബ്ദതയ്ക്ക് സഹായിക്കുന്നു

30. കുട്ടികൾക്ക് ഗെയിം അടിമത്വം ഉണ്ടാകുമ്പോൾ പ്രൊഫഷണൽ സഹായം എപ്പോഴാണ് ആവശ്യം?

a) [ ] 18 വയസ്സ് ആകുമ്പോൾ
b) [ ] കുട്ടി ആക്രമണങ്ങളോ പഠന പ്രശ്നങ്ങളോ കാണിച്ചാൽ
c) [ ] കുട്ടി ഒരു ദിവസം 30 മിനിറ്റിൽ കൂടുതൽ കളിക്കുകയാണെങ്കിൽ.
d) [ ] പുതിയ ഗെയിം വാങ്ങിയ ഉടനെ

ANSWER KEY

1. b

2. b

3. b

4. c

5. b

6. c

7. a

8. a

9. c

10. c

11. c

12. b

13. c

14. c

15. b

16. b

17. b

18. c

19. b

20. b

21. c

22. c

23. b

24. c

25. b

26. c

27. b

28. c

29. b

30. b

ANNEXURE VIII

CONTENT ON ONLINE GAME ADDICTION

ONLINE GAME ADDICTION IN CHILDREN.

BSC. Nursing Students, VIIth Semester, College of Nursing, Kannur Medical College, Anjarakandy.

GROUP-2

1. Ms. Amritha S Nair
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3. Mr. Anurag K
4. Mr. Anugrah KK
5. Mr. Aanjaneyaraj TK
6. Ms. Arathy Saju
7. Ms. Ashlin Anil
8. Ms. Aswathy T Biju
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PROBLEM STATEMENT.

A study to evaluate the effectiveness of video assisted teaching regarding knowledge on online game addiction among school children in selected school at Kannur district.

OBJECTIVES.

1. To assess the level of knowledge regarding online game addiction before and after administration of video assisted teaching among school children in selected school at Kannur district.
2. To evaluate the effectiveness of video assisted teaching regarding online game addiction among school children in selected school at Kannur district.
3. To find out the association between the level of knowledge regarding video assisted teaching on online game addiction among school children and selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

HYPOTHESES

H_1: The mean post-test knowledge score among school children will be significantly higher than the mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.

$H_{0.1}$: There is no difference between the mean post-test knowledge score and mean pretest knowledge score regarding video assisted teaching on online game addiction among school children in selected school at Kannur district.

H_2: There will be a significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

$H_{0.2}$: There is no significant association between the level of knowledge regarding video assisted teaching on online game addiction among school children with selected variables (age, gender, mother's education, father's education, ration card status, use of screen time, outdoor play time, sleeping hours, money spend on games, most played games).

INTRODUCTION.

Online gaming has become a popular form of entertainment world wide, especially among children and teenagers. With the rise of smartphone, computer and gaming consoles, access to online games is easier than ever. While gaming can provide enjoyment, social interaction and even educational values, excessive and uncontrolled use lead an online game addiction -a behavioral issues where a person becomes unable to control their gaming habits despite negative consequences. This growing concern can affect mental health, academic performance, social life and overall, wellbeing, making it a topic of increasing importance for parents, educators and health professionals. Focusing on this issue the investigators shown interest to assess the knowledge on online game addiction among school children.

DEFENITION OF ONLINE GAME ADDICTION.

- "The World Health Organization (WHO) defines online game addiction, also known as gaming disorder, as a pattern of gaming behavior characterized by impaired control over gaming, a prioritization of gaming over other activities, and continued gaming despite negative consequences. This pattern must cause significant impairment in personal, family, social, educational, or occupational areas, and be present for at least 12 months."

- "Online games refer to interactive digital experiences that allow individuals or groups of players to engage in virtual gameplay over the internet. Providing players with opportunities for entertainment, competition, collaboration, and social interaction in a virtual environment."

- "Online gaming addiction can be an academic black hole, devouring time and focus, leaving behind a trail of missed opportunities and unrealized potential. It's vital to navigate the virtual realm responsibly, ensuring that academic pursuits and personal well-being remain at the forefront."

CAUSES OF ONLINE GAME ADDICTION.

1. **Instant gratification.**

   Online games provide immediate rewards (points, levels, achievements) which dopamine release and create a habit loop.

2. **Escape from reality.**

   Children may use games to avoid stress, anxiety or problems in real life, such as school pressure or family issues.

3. **Social interaction.**

   Multiplayer games offer a sense of continuity and friendship, especially for children who struggle with socializing in person.

4. **Lack of parental supervision.**

   Limited monitoring of screen time and game content can lead to excessive and unregulated gaming.

5. **Poor time management skills.**

   Children often struggle to balance gaming with responsibility like homework or physical activity

6. **Game design.**

   Many games are designed to be addictive, using features like daily rewards, in game purchase and infinitive levels.

7. **Low self-esteem.**

   Children with low confidence may find a sense of accomplishment and identify in games that they don't get in real life.

8. **Peer pressure.**

   Friends who play and talk about games constantly, can influence others to get involved in playing games.

RISK FACTORS OF ONLINE GAMING.

1. **Psychological Factors**

    - Low self-esteem: Children may use games to escape feelings of inadequacy.
    - Poor emotional regulation: Difficulty managing emotions can lead to gaming as a coping mechanism.
    - ADHD or impulsivity: Increased impulsiveness or attention issues can contribute to compulsive gaming.
    - Depression and anxiety: Gaming may provide temporary relief from mental health symptoms.

2. **Social Factors**

    - Lack of parental supervision: Limited monitoring increases screen time and reduces boundaries.
    - Peer pressure: Friends who game excessively can normalize and encourage the behavior.
    - Social isolation: Children who struggle to connect with peers offline may turn to online gaming communities for social interaction.

3. **Environmental Factors**

    - Easy access to devices and internet: Unrestricted access facilitates more gaming time.
    - Lack of structured activities: Children with few extracurricular activities may rely more on games for entertainment.
    - Inconsistent rules and routines: Homes without clear boundaries around screen time may foster addictive behaviors.

4. **Game Design Factors**

    - Reward systems and achievements: Games often use psychological reinforcement (e.g., loot boxes, level-ups) to keep players engaged.
    - Social features: Multiplayer and chat features can create a sense of obligation to play regularly.
    - Endless gameplay: Games with no clear end (e.g., MMOs) can lead to prolonged play.

SYMPTOMS OF ONLINE GAME ADDICTION.

1. **Excessive time spent gaming.**

   Spending many hours a day on games, often neglecting homework, meals, sleep.

2. **Loss of interest in other activities.**

   Lossing interest in hobbies, sports or social activities that where once enjoyed.

3. **Irritability or anger when not playing.**

   Showing mood swings, anger or frustration when asked to stop gaming or when unable to play.

4. **Declining academic performance.**

   Falling grades or lack of focus on school due to time and energy spent on gaming.

5. **Lying about gaming time.**

   Hiding the amount of time spent playing or sneaking time to play games.

6. **social withdrawal.**

   Spending less time with family and friends, preferring virtual interaction over real life relationship.

7. **Neglect of personal hygiene and health.**

   Ignoring basic needs like eating, bathing or sleeping due to excessive gaming.

8. **Pre occupation with gaming.**

   Constant thinking about games even when not playing, planning when to play next.

9. **Inability to stop or cut down.**

   Making repeated unsuccessful efforts to reduce or control gaming time.

10 **Physical symptoms.**

   Headache, eyestrain, back pain, poor eating or sleep disturbances related to prolonged screen time.

PSYCHOSOCIAL SYMPTOMS

1. **Anxiety and Depression**

   Children may experience increased anxiety due to pressure from online competition or fear of missing out (FOMO). Depressive symptoms can emerge when gaming becomes a way to escape from real-life problems or emotions.

2. **Emotional Dysregulation**

   Difficulty controlling emotions like anger, frustration, or sadness. Mood swings are common, especially when children are forced to stop playing or lose in a game.

3. **Sleep Disorders**

   Excessive gaming, especially late at night, disrupts sleep patterns, leading to insomnia or poor sleep quality. Lack of sleep can worsen mental health and cognitive function.

4. **Social Withdrawal**

   Children may isolate themselves from family and friends, preferring virtual interactions over real-life relationships. This can lead to loneliness and difficulty in developing social skills.

5. **Decreased Academic Performance**

   Obsession with games often leads to reduced focus, poor time management, and lower academic motivation.

6. **Increased Aggression or Irritability**

   Violent games and constant stimulation can increase aggressive behavior and impulsiveness. Withdrawal from gaming can cause irritability and anger.

7. **Attention Problems**

   Overstimulation from games may reduce a child's ability to concentrate on non-gaming tasks. This can resemble symptoms of ADHD or exacerbate existing attention issues.

8. **Low Self-Esteem and Identity Issues**

   Children may tie their self-worth to in-game achievements. This may lead to a distorted sense of identity or reality.

TYPES OF ONLINE GAMES

1. MMORPG Addiction (Massively multiplayer online roleplaying games)

Example: world of warcraft, final fantasy XIV, black desert online.

Characteristics:

•vast, persistent virtual worlds

•character leveling, year upgrades, quests

•strong social aspects (guilds, raids, In game friendships)

Psychological Mechanism:

- Escapism: players may retreat from real world stress or dissatisfaction
- Virtual identity: player create and interest in character that may become an extension of their self-image.
- Community dependence: Social obligations (eg: Raids) may mimic real life responsibility.

Risk:

- Neglect of real-life relationship
- Sleep deprivation (eg: staying up for in game events).
- Identity confusion or disconnection from reality.

2. MOBILE GAME ADDICTION

Example: Clash of Clans, Candy crush, Genshin impact

Characteristics:

- Easy to access and play in short bursts
- Often free to play with in app purchases
- Simple game play mechanics with bright visuals and sounds.

Psychological Mechanism.

- Frequent rewards: constant feedback triggers dopamine.
- Microtransactions: spending real money for in game boosts, often in small frequent amounts
- FOMO (Fear of missing out) Limited time events or log in rewards encourage compulsive play.

Risk:

- Financial issues due to spending on micro transactions.
- Reduced attention span or productivity.
- Development of compulsive checking behaviours.

3. Battle Royale/ game-as-a-service addiction

Examples: PUBG, Fortnite, Apex legends, Call of duty: War zone.

Characteristics:

- Short, high-intensity matches
- Online-only, fast paced competition
- Seasonal content and cosmetic unlock

Psychological Mechanism:

- Competitive desire: Desire to win or perform better fuels continued play.
- Variable rewards: Winning a match or unlocking rare items is predictable and exciting.
- Social status: In-game ranking and cosmetic game items signal skill or commitment.

Risk:

- Frustration, anger issues (rage quitting, toxic behaviour)
- Disruption of daily routine to complete daily or seasonal challenges.
- Obsession with ranking and peer validation.

4. Casino / Chance Based game addiction

Example: Online poker, slot machine apps, gauche games like Genshin impact or AFK Arena

Characteristics:

- Randomized reward systems.
- Often disgusted as games but closely mimic gambling.
- Real money or "in-game currency" often required to access rewards.

Psychological Mechanism.

- Intermittent reinforcement: Unpredictable rewards are the most addictive (same as slot machine.)
- Near misses: The illusion of being "close to winning" keeps players engaged.

- Sunk cost fallacy: Continued spending due to already invested money or time

Risk:

- Financial debt or compulsive spending
- Gambling addiction crossover
- Emotional instability from perceived "bad luck"

5. Competitive Multiplayer Addiction (esports- oriented)

Examples: League of legends, Data 2, Valorant, Counter- strike

Characteristics:

- Team based, high skill games with ranked ladders.
- Strong online communities and professional scene.
- Fast learning curve and constant skill improvement.

Psychological Mechanism:

- Achievement driven: Players want to rank up or improve skills.
- Peer compassion: Constant compassion with other players via public stats
- Team dynamics: Responsibility

Risk:

- Increased stress, anxiety or burnout
- Loss of interest in non-gaming hobbies
- Poor social behaviour or aggression from toxic game environment

6. Sandbox or Simulation Game Addiction

Examples: Minecraft, The sims, Roblox, Terraria

Characteristics:

- Open- ended gameplay with no fixed play time.
- High degree of creativity and freedom
- Often played solo/ with a small, niche community

Psychological Mechanisms:

- Creative expression: Players feel fulfilled by building, designing, exploring.
- Time distortion: Players can lose track of time while immersed is creating.
- Control and autonomy: Offers players a sense of control they may lack in real life.

Risk:

- Isolation from others due to preference for solo gameplay
- Disruption of sleep or daily tasks due to long sessions
- Avoidance of real-life challenges through fantasy worlds

TARGETED AGE GROUP OF EACH ONLINE GAMES.

- **6–12 years old**: Minecraft, Roblox, Among Us, Candy Crush, Clash of Clans.
- **13–17 years old**: Fortnite, Genshin Impact, Apex Legends, Terraria, League of Legends.
- **16–18+**: PUBG, Call of Duty, CS: GO, Online Poker, Gach games.

ADVERSE EFFECTS OF ONLINE GAME ADDICTION.

1. PSYCHOLOGICAL EFFECTS

a) Anxiety and Depression
- Excessive gaming can increase feelings of isolation, anxiety, and depression.
- Mood swings may occur when not playing or when performance drops

b) Low Self Esteem
- Over – identification with in- game success may lead to low self-worth in real life.
- Constant compassion with other players can erode confidence.

c) Addictive Behaviours
- Tolerance (needing more time to feel the same excitement)
- Withdrawal symptoms (irritability, restlessness when not playing)
- Loss of control over time spent gaming

2. PHYSICAL HEALTH EFFECTS

a) Sleeping disorders
- Staying up late to play disrupts circadian rhythm and reduces sleep quality.
- Poor sleep contributes to fatigue, cognitive impairment and mood swings.

b) Sedentary life style
- Long gaming session can lead to obesity, poor picture, back pain and eyestrain

c) **Neglected hygiene and nutrition**
   - Gamers may skip meals, eat junk food or ignore personal hygiene to keep playing

3. SOCIAL AND RELATIONAL EFFECTS

a) **Social isolation**
   - Time spending in gaming can replace face to face interactions and meaningful relationships
   - Difficulty maintaining family and romantic relationships due to gaming processes

b) **Aggression and irritability**
   - Competitive or violent games may influence Aggression especially in younger children
   - Emotion outburst over issues or disconnections can strain relationship

4. ACADEMIC AND OCCUPATIONAL CONSEQUENCES

a) **Poor academic performance**
   - Missed deadlines, skipped classes, lack of concentration are common among addicted students
   - Students may choose gaming over studying attending school

b) **Job performance issues**
   - Excessive gaming may lead to missed work or burnout
   - extreme cases, individuals may lose jobs or drop out if school due to gaming habits

5. FINANCIAL EFFECTS

a) **Spending on microtransactions**
   - Mobile and online games often use in -game purchases or tool boxes, encouraging compulsive spending
   - Young players or vulnerable individuals may unknowingly spend large sums

b) **Neglecting financial responsibilities**
   - Bills or savings maybe ignored in favour if spending money or time on gaming

6. DEVELOPMENTAL EFFECTS (for children)

- Impaired cognitive and emotional development
- Delays in developing social skills or coping mechanisms
- Increased risk of other addictions.

PREVENTION OF ONLINE GAME ADDICTION.

1. **Set clear time limit:**
   - use apps /built in screen time tools to limit daily gaming hours
   - Stick to a gaming schedule and avoid late night play that disrupts sleep
   - Under 2 years -No screen time (except for video calls under supervision)
   - Ages 2-5 years- Maximum 1 hour per day, high quality content only. parent involvement is crucial.
   - Age 6-12 years- 1 to 2 hours per day of recreational screen time prioritize homework, sleep(9-12hours) physical activity (1 hour) and social time.
   - Ages 13-18 years -Up to 2 hours per day of non-academic screen time. Maintain balance with sleep (8-12hours) school work and offline activities.

2. **Balance with other activities:**
   - Encourage hobbies, sports, reading and social interactions offline
   - Ensure gaming doesn't replace essential responsibilities like homework or work.

3. **Monitor emotional triggers:**
   - Identify if gaming is used to escape dress, loneliness or Bardon.
   - Teach healthier coping mechanism like talking to someone, exercising or meditation.

4. **Parental involvement:**
   - Parents should monitor game content and duration
   - Discuss the importance of balance and lead by example

5. **Create game free lines:**
   - Avoid gaming in bedroom or during mealtimes
   - Establish screen free times, like before bed or during family activities.

6. **Use alarms or remainders:**
   - Set remainders to take breaks or end play sessions.
   - Use timers to break long sessions into smaller chunks.

7. **Understand the risks:**
   - Learn about the signs of addiction neglecting duties, mood swings or isolation.
   - Discuss their risks openly with gamers especially teens.

8. **Professional help:**
   - Seek help from therapist if gaming affects mental health /daily functioning.
   - cognitive behavioral therapy can be effective in managing addiction.

MANAGEMENT OF ONLINE GAME ADDICTION.

1. **ACKNOWLEDGE THE PROBLEM**

   - ✓ Acceptance is the first step.
   - ✓ Recognize how gaming us negatively impacting life (sleep, academics, work and relationships)

2. **TRACK GAMING HABITS**

   - ✓ Keep a log when, how long and when you play.
   - ✓ Identify triggers like stress, bedroom or social pressure.

3. **SET REALISTIC GOALS**

   - ✓ Gradually reduce gaming time instead of stopping abruptly.
   - ✓ Use SMART goals (specific, measurable, achievable, relevant, time bound) to guide changes.

4. **ESTABLISH A DAILY ROUTINE**

   - ✓ Replace gaming hours with structured activities: studying, exercise, meals, chores
   - ✓ Consistency helps restrain the brain to new habits.

5. **USE TECH TOOLS**

   - ✓ Install apps that limit or block access to games after a certain time.
   - ✓ Enable parental control if needed.

6. **INVOLVE FAMILY AND FRIENDS**

   - ✓ Share goals and ask for support from people you trust.
   - ✓ Spend more time with supportive, non-gaming peers.

7. **FIND ALTERNATIVE REWARDS**

   - ✓ Replace the dopamine high from games with hobbies or accomplishments (eg : learning an instrument, joining a club, volunteering).

8. **SEEK PROFESSIONAL HELP**

   - ✓ Therapists, especially those trained in behavioral addiction, can provide tailored help.
   - ✓ Support groups or online communities (like OLGA- online games anonymous) can offer peer support.

CONCLUSION

Online gaming can offer cognitive, social and emotional. Benefits to children when used in moderation. however, excessive gaming and uncontrolled gaming pores serious risks, including poor academic performance, disrupted sleep, reduced physical activity and social withdrawal. online game addiction in children is a growing concern that requires awareness, open communication and structured guidance from parents, educators and caregivers. Preventive measures like setting time limits, encouraging alternative activities and monitoring content are essential. When addiction is evident, early intervention and professional support can help children regain balance and develop healthier digital habits.

ANNEXURE IX

LETTER SEEKING FOR CONTENT VALIDATION

To,

(Name and Designation)

"Respected mam,

We VII th Semester BSc Nursing students conducting a research program on the topic

"Online game addiction among school children"

We would like to get your valuable suggestion about the tool that was prepared by us. kindly go through our questionnaire and validate the tool.

Yours's sincerely,

VII th semester students

Group-II of Research and statistics,

College of Nursing, Kannur Medical College,

Anjarakandy.

CERTIFICATION OF VALIDATION

I_____ hereby certify that I have validated the tool of 7th Semester BSc Nursing – Group 4, who is undertaking the following study:

Title of the Study:

"A study to evaluate the effectiveness of video assisted teaching on Knowledge regarding online game addiction among school children at selected School Kannur district."

Place:

Date:

Name of the expert:

Signature:

Designation and seal:

ANNEXURE X

LIST OF EXPERTS

SI NO	NAME	DESIGNATION
1.	Dr. Sachin Rayne	MBBS, MD, Psychiatry Kannur Medical College, Anjarakandy.
2.	Dr. Keerthana Sathyan	Consultant psychologist, Clinical psychologist, Kannur Medical College, Anjarakandy.
3.	Prof. Dr. Usha. V	Vice principal & HOD Dept. Child Health Nursing, College of Nursing, Kannur Medical College, Anjarakandy.
4.	Mrs. Navya Vargheese	Assistant professor, College of Nursing, Thalassery.
5.	Mrs. Soumya Bhaskar	Assistant professor OBG Nursing, College of Nursing, Kannur Medical College, Anjarakandy.