



## EFFECTIVENESS OF PEER EDUCATION ON KNOWLEDGE AND ATTITUDE REGARDING HIGH RISK BEHAVIOR AMONG ADOLESCENT BOYS AT SELECTED SCHOOLS

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### Abstract

In This Pre Experimental Design, Sample consisted Of 100 Adolescent boys Selected By Non Probability convenient Sampling Technique. Self Structure Questionnaire & attitude scale Was Used For Assessing The Knowledge & attitude Of Adolescent boys Pre Test Was Conducted By Using The Same Structured Questionnaire And attitude scale After 30 Days Post Test Was Conducted Using The Same Structured Questionnaire & attitude scale For Assessing The Effectiveness Of Peer Education On Knowledge And Attitude Regarding High Risk Behavior Among Adolescent Boys At Selected Schools, Mean Percentage Of The Knowledge Score & attitude score Of Post Test Mean 21.32 for knowledge and 23.24 in attitude Was Higher Than Mean Pre Test 12.91 for knowledge and 14.61 for attitude. The 'T' Value For Total Pre Test And Post Test Was 27.17 The Data Was Analyzed In Terms Of Descriptive And Inferential Statistics.

### INTRODUCTION

Adolescence is a period, usually between 10 and 20 years, during which children undergo rapid changes in body size, physiology, and psychological and social functions.

Adolescence begins with the onset of puberty, which UNICEF describes as "the sequence of events in which a person is transformed into a young adult through a series of biological changes". According to WHO, adolescence is a life span of 10 to 19 years (Wongs, 2009).

Adolescent adolescence is divided into three stages: Early, middle, and late teens. Early puberty refers to 10 to 13 years, middle age is 14 to 16 years and late puberty covers 17 to 20 years.

In 2009, there were 1.2 billion young people aged 10-19 in the world making up 18% of the world's population. Youth numbers have more than doubled since 1950 (the hopes of the world community, 2010).

About 1.2 billion people, or one in 6 people worldwide, are young people aged 10 -19. It is estimated that 1.2 million young people died in 2015, more than 3000 daily, mainly for preventable or treatable reasons. Most young people are healthy, but there is still a high risk of premature death, illness, and injury among young people. Other harmful behaviors such as alcohol or tobacco use, lack of exercise, unprotected sex or exposure to violence may endanger not only their current health, but also their health as adults. Promoting healthy behavior among young people during adolescence, as well as taking steps to protect young people from health risks is essential to preventing health problems in adulthood, as well as future international health and the ability to develop and prosper.

At the global level, young people share the number of people who reached a peak in the 1980s by just over 20%. About 88% of the world's youth live in developing countries. Asia alone is home to 70% of young developing countries. The less developed countries are home to about 1 in 6 youths. More than half of the world's youth live in South Asia or in the East Asia and Pacific region, each comprising approximately 330 million youth (UNFPA, 2003)

According to the National Multiple Indicator Cluster Survey (2014), about 22% (6.38 million) of the population (government average 2016) are young people aged 10-19. The legal age for marriage in Nepal is 20 years. However, 48.5% of women are married by the age of 18 and 15.5% are married by the age of 15.

### **Objectives**

1. To assess the pre and post test level of knowledge and attitude regarding high risk behavior among adolescent boys.
2. To assess the effectiveness of peer education on knowledge and attitude regarding high risk behavior among adolescent boys.
3. To correlate mean differed knowledge score with attitude score regarding high risk behavior among adolescent boys.

4. To associate the mean difference between knowledge and attitude score with selected demographic variables.

### **Hypothesis:**

The hypotheses will be tested at 0.05 level of significance.

H<sub>1</sub>. There is a significant difference between the pre test and post test level of knowledge regarding high risk behavior among adolescent boys.

H<sub>2</sub>. There is a significant association between the post test levels of knowledge regarding high risk behavior among adolescent boys with their selected demographic variables.

### **Methods and Material**

An extensive review of literature was undertaken. The conceptual framework based on general system model the An experimental research approach was used to assess the knowledge and attitude regarding high risk behavior among adolescent boys A pre experimental research design was Considered Appropriate For The Study "Evaluate The Effectiveness the knowledge and attitude regarding high risk behavior among adolescent boys One group pre test and post test design was used. In order to measure the content validity of the tool, the questionnaire schedule was given to the 15 experts from the field of child health Nursing and community health nursing. The experts were chosen on the basis of their clinical expertise, experience, qualification and interest in the problem area. The tool was found reliability of tool was calculated with split half method and found 0.91 for knowledge and 0.81 for attitude which is statically reliable for the present study.

### **RESULT**

The major findings of the study revealed that The findings of the effectiveness of peer education on knowledge revealed that the paired 't' value was 33.33, which was highly significant at  $p < 0.001$  level. The result of the effectiveness of peer education on attitude revealed that the paired 't' value was 27.59, which was highly significant at  $p < 0.001$ . Hence the hypotheses H<sub>1</sub> was Accepted The correlation of mean improvement of knowledge score and attitude score revealed that there was a moderately positive

correlation with 'r' value (0.66) at  $p < 0.001$  level. Hence the hypotheses H2 was accepted the association of mean improvement level of knowledge with selected demographic variables showed that there was a high statistically significant association to type of family at  $p < 0.001$  level, moderate statistically significant association to educational status of the father at  $p < 0.01$  level and low statistically significant association to family history of smoking at  $p < 0.05$  level and no statistically significant association with other demographic variables.

The data findings revealed that there was high statistically significant association of mean improved attitude score with demographic variables like age in years at  $p < 0.001$  level and moderate statistical association for educational status of the father and family history of smoking at  $p < 0.01$ . The other demographic variables had no statistically significant association of mean improved attitude score.

Hence the hypotheses H3 stated earlier that "there is no significant association between mean differed attitude score with selected demographic variables" was accepted for age in years, type of family, educational status of the father and family history of smoking and retained for other demographic variables.

## **CONCLUSION**

The present study aimed to assess the effectiveness of peer education on knowledge and attitude regarding high risk behavior among adolescent boys. The overall mean improvement of knowledge was 14 with the 't' value of 33.33 and the overall mean improvement of attitude was 15.58 with 't' value 27.59 which were highly significant at  $p < 0.001$  level.

The study concluded that there was a significant improvement of knowledge and attitude of adolescent boys in posttest through peer education. Thus peer education was an effective tool to improve the knowledge and attitude of adolescent boys regarding high risk behavior.

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