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EFFECTIVENESS OF EDUCATION INTERVENTION ON KNOWLEDGE REGARDING HEALTH RISK BEHAVIOR AMONG ADOLESCENT BOYS AT SELECTED SCHOOLS

[1]Dr. Peter Jasper Youtham and [2]Mr. Suresh Chide

[1]Research Guide, [2]Ph.D. Scholar

Abstract

In This Pre Experimental Design, Sample Consisted of 40 Adolescent boys Selected By Non Probability Purposive Sampling Technique. Self Structure Questionnaire Was Used For Assessing The Knowledge Of Adolescent boys Pre Test Was Conducted By Using The Same Structured Questionnaire, After 5 Days Post Test Was Conducted Using The Same Structured Questionnaire For Assessing The Effectiveness Of Education Intervention On Knowledge Regarding Health Risk Behaviour Among Adolescent Boys At Selected Schools" Mean Percentage Of The Knowledge score Of Post Test Mean 27.52 , which Was Higher Than Mean Pre Test 11.23 for knowledge. The 'T' Value For Total Pre Test And Post Test Was 29.64 The Data Was Analyzed In Terms Of Descriptive And Inferential Statistics.

INTRODUCTION

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.

India has the largest number of youth countries (243 million), followed by China (207 million), United States (44 million), Indonesia and Pakistan (both 41 million)) (world hopes, 2010)

According to the 2001 Indian Census, the age group between 15-24 years is estimated at 195 million of the 1,029 million people in India. In other words, every fifth person in India belongs to the age group of 15-24 years. In 2011, this age group is expected to grow to 240 million and have a slightly higher population density than in 2001. There is an incorrect sex ratio of 927 women to 1,000 men outside the provinces of Kerala and Goa.

Objectives

1. To assess the pre and post test level of knowledge regarding Health risk behavior among adolescent boys.
2. To assess the effectiveness of peer education on knowledge regarding health risk behavior among adolescent boys.
3. To associate the mean score with selected demographic variable.

Hypothesis:

The hypotheses will be tested at 0.05 level of significance.

H_1. There is a significant difference between the pre test and post test level of knowledge regarding the Health risk behavior among adolescent boys.

H_2. There is a significant association between the post test levels of knowledge regarding the Health 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 health promotional model the An experimental research approach was used to assess the knowledge regarding health risk behavior among adolescent boys A pre experimental research design was Considered Appropriate For The Study “Evaluate The Effectiveness the knowledge regarding health 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 0.87 for knowledge and 081 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 29.64, which was highly significant at $p<0.001$ level. The result of the effectiveness of education intervention which was highly significant at $p<0.001$. Hence the hypotheses H1 was Accepted The correlation of mean improvement of knowledge score revealed that there was a moderately positive correlation with 'r' value (0.89) 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.

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 and retained for other demographic variables.

CONCLUSION

The present study aimed to assess the effectiveness of education Intervention on knowledge regarding health risk behavior among adolescent boys. The overall mean improvement of knowledge with the 't' value of 29.64 which were highly significant at $p<0.001$ level.

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

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