# Assess the Effectiveness of Structured Teaching Programme on Knowledge Regarding Coping Measures on Anxiety among Adolescents

Dr. Vathana Pazhanivelu,
Professor,
Department of Nursing,
Madha College of Nursing,
Chennai.

ABSTRACT: Adolescence is a period of transition from childhood to adulthood is a decade filled with profound and often confusing changes. Anxiety is a normal human emotion. In moderation anxiety stimulates an anticipating and adaptive to challenging or stressful events. In excess, anxiety destabilizes the individual and dysfunctional state results. This study aimed to assess the effectiveness of structured teaching programme on knowledge regarding coping measures on anxiety among adolescents in selected school at Kunrathur Chennai. This study adopted the quantitative research approach. The research design selected for the study was experimental one group pre-test post-test research design. The sample consists of 30 adolescence studying in selected school students who met the inclusion criteria were chosen for the study by simple random sampling technique. The tool used was a demographic variables and semi structured questionnaires regarding coping measures on anxiety among adolescents. Then the structured teaching programme was given to the students about 20-30 minutes. After that the post-test was conducted by using the same questionnaire. The study findings concluded that the mean pre-test level of knowledge was 16.8. The standard deviation of pre-test knowledge was 16.8 and post-test knowledge was 3.25. The paired 't' value was 16.83\*\*\* which revealed that there was a highly statistically significant difference between the pre-test and post-test level of knowledge at p<0.001. Hence it showed the effectiveness of structured teaching programme on knowledge regarding coping measures among adolescent with anxiety.

## I. INTRODUCTION

"Snow and adolescence are the only problems that disappear if you ignore them long enough. Earl Wilson.

Research studies suggests that anxiety is high among teenagers, affecting their mental health and predisposing them to mental health disease, such as depression and schizophrenia, and personality disorder as well as poor physical health. The mental health foundation reports that one in seven people in India from excessive anxiety.

According to Merrets, (2016) explained that adolescent depression and anxiety disorders are often associated with problem of low self-esteem, determination in academic performance and difficulty in inter personal relationship, long term mental health problems, substance abuse and suicidal attempts. According to Collins (2017), explained that anxiety disorders are among the most common mental, emotional & behavioural problems to occur during childhood & adolescence. In a social setting, anxious teenagers appear dependent, withdrawn or uneasy. They may be preoccupied with worries about losing control or unrealistic concerns about social competence. According to Kovacs and Delving, (2017) explained that 7.5% of prevalence of anxiety disorders was seen at 11yrs old, and it is increasing to 20% at 21yrs old. The National statistics mental health in children and young people reports that one in ten children up to the age of fifteen suffers a mental health disorder.

# II. NEED FOR THE STUDY:

The onset of anxiety disorder is generally in early to late adolescent. Some research studies report anxiety disorder prevalence rate between 5.7% to 15.4% in children ranging in age from 16 to 17 years old and rates of 8.7% to 17.7% in adolescents aged 16 to 18 years old. Anxiety commonly experienced by virtually all human being. It is nearly universal human experience and individual face anxiety on a daily basis.

According to Overbeek, et.al, (2017) anxiety disorders are frequently co morbid with other psychiatric problem. Several studies suggest that up to 90% of people with an anxiety disorder develop another psychiatric disorder during the lifetime. According to National Centre for Health Statistics, (2017) Suicide rate among young people between 15 to 19 years peaked in 2014 at 10/100000 and decline to 18/100000 in 2016. During the past 3 decades the rate of suicide of person between 15 to 24 years has tripled and it is the 3<sup>rd</sup> leading cause of death in this age group due to anxiety. If the anxiety persists it can begin to interfere with regular daily activities like school or work. So the treatment helps to elevate the anxiety include psychotherapy, medication like benzodiazepines and antidepressants, cognitive behaviour therapy and other relaxation techniques.

The Indian statistics prevalence of anxiety in adolescent girls and boys 3.7 to 5% girls are getting more anxiety (66%) and boys are getting moderate (44%) of anxiety. This anxiety will lead to suicidal attempt and death leading for school children. Researcher posted in institution of mental health, met various patients in that age group of adolescence due to anxiety. This incidence aroused the investigator to adopt coping measures among adolescence. So, the investigator felt the need to assess the anxiety.

# **III. STATEMENT PROBLEM:**

A study to assess the effectiveness of structured teaching programme on knowledge regarding coping measures on anxiety among adolescents in selected school at Kunrathur Chennai.

## IV. OBJECTIVES:

- <sup>1</sup> To assess the pre-test level of knowledge regarding coping measures on anxiety among adolescents
- To evaluate the effectiveness of structured teaching programme on coping measures on anxiety among adolescents.
- To associate the level of knowledge regarding coping measures on anxiety with their selected demographic variables among adolescents.

# **Operational definition:**

EFFECTIVENESS: Refers to change occurs in adolescences after the structured teaching programme

STRUCTURED TEACHING PROGRAMME: Refers to planned teaching programme schedule on knowledge regarding to coping measures on anxiety using flash cards, & video clips

# KNOWLEDGE:

It refers to known information regarding coping measures on anxiety among adolescents

#### ANXIETY:

It is unpleasant feelings for an individual to unexpected events.

# v. METHODOLOGY

## **RESEARCH DESIGN:**

The research design are pre-experimental research design (one group pre-test and post- test) will be used for the study. SETTING OF THE STUDY:

The study will be conducted in selected matriculation higher secondary school at Kunrathur, Chennai. It has all facilities like full furnished classroom, playground, ventilation, transport facilities, etc... The total students studying in this school is 500.

## POPULATION:

The study population comprises of adolescent at selected school in Kunrathur.

#### SAMPLE:

The sample consists of all adolescence studying in selected matriculation higher secondary school who fulfils the inclusion criteria

# SAMPLE SIZE:

The sample size consists of 30 adolescence who fulfil the inclusion criteria

#### **SAMPLING TECHNIQUES:**

Simple random technique with lottery method will be use to select the sample

# CRETIRA FOR SAMPLE COLLECTION:

**INCLUSION:** 

Adolescence both male and female.

Adolescence who are in age group between 16-17 years

Adolescence who are willing to participant in the study

**EXCLUSION:** 

Students who are absent or sick on the day

## VI. DESCRIPTION OF THE INSTRUMENT:

#### PART -I DEMOGRAPHIC DATA

It consists of demographic variables like age, sex, father education status, mother education status, father occupation, mother occupation.

# PART -II STRUCTURED QUESTIONNAIRE

It consist of 30 multiple choice questions

PART III Structured teaching programme

It consists of instruction module on structured teaching programme regarding coping measures on anxiety among adolescents.

Coping measures are exercise, yoga, relaxation techniques and other activities.

#### SCORING INTERPRETATION:

- [1] Each correct answer carries 1 mark
- [2] Each wrong answer carries 0 mark

LEVEL OF KNOWLEDGE	16	PERCENTAGE
Inadequate knowledge		0 -50%
Moderate knowledge		51-75%
Adequate knowledge		76-100%

# VII. DATA COLLECTION PROCEDURE:

The permission obtained from principal of Madha matriculation higher secondary school. The study will be carry out with 30 students, who fulfilled the inclusion criteria. The investigator introduced herself and the purpose of the study was explained. The pre-test knowledge will be assess by self –administered questionnaire regarding coping. The structured teaching programme was be given to students about 20-30 minutes measures on anxiety among adolescents. After post- test was be conduct using the same questionnaires.

# VIII. DATA ANALYSIS

**SECTION-A:** Frequency and percentage distribution of demographic variables among the adolescents with anxiety.

**SECTION-B:** Frequency and percentage distribution of pre-test level of knowledge regarding coping measures among adolescents with anxiety

**SECTION-C:** Frequency and percentage distribution of post-test level of knowledge regarding coping measures among adolescents with anxiety

**SECTION-D:** Frequency and percentage distribution of pre-test and post-test level of knowledge regarding coping measures among adolescents with anxiety

**SECTION-E:** Comparison of mean and standard deviation of pre-test and post-test level of knowledge regarding coping measures on anxiety.

SECTION-F: Association between level of knowledge regarding coping measures among adolescents with anxiety

#### **SECTION-A**

Table 1: Frequency and percentage distribution of demographic variables among adolescents with anxiety

S.No	Demographic variables	Frequency (No.)	Percentage (%)	
1	Age in years			
	a) 14-15	1	3.33	
	b) 16-17	19	63.33	
	c) 17-18	10	33.33	
2	Sex			
	a) Male	17	56.7	
	b) Female	13	43.33	
3	Parent's Education			
	a) Primary	6	20	
	b) Secondary	24	80	
	c) Graduate	0	0	
4	Parent's Occupation			
	a) Coolie	4	13.33	
	b) Business	10	33.33	
	c) Government	4	13.33	
	d) Private	12	40	

Table 1 shows frequency and percentage distribution of demographic variables of adolescents with anxiety in selected matriculation higher secondary school. With regard to age of the students, 30 (100%) were 14-15years, 1 (3.3%) were 16-17 years, 19 (63.3%) were 17-18 years, 10(33.3%). Regarding the gender, male 17(56.7%), female 13 (43.3%). According to parents education primary 6 (20%), secondary 24 (80%). According to parent's occupation, coolie 4 (13.3%), business 10 (33.3%), government 4 (13.3%), private 12 (40%).

#### SECTION -B

Table 2: Frequency and percentage distribution of pre-test level of knowledge regarding coping measures among adolescent with anxiety.

PRETEST LEVEL OF	FREQUENCY	PERCENTAGE%		
KNOWLEDGE				
Inadequate knowledge	11	36.6%		
Moderate knowledge	16	53.3%		
Adequate knowledge	3	10%		

Table 2 shows the frequency and percentage of pre-test level of knowledge regarding coping measures among students with anxiety It revealed that 11 (36.6%) had inadequate knowledge, 16 (53.3%) had moderate knowledge and only 3 (10%) had adequate knowledge.

#### SECTION - C

Table 3: Frequency and percentage distribution of post-test knowledge regarding coping measures among adolescents with anxiety.

POST TEST LEVEL OF	FREQUENCY	PERCENTAGE%		
KNOWLEDGE				
Inadequate knowledge	1	3.30%		
Moderate knowledge	7	23.3%		
Adequate knowledge	22	73.3%		

Table 3 shows the frequency and percentage of post-test level of knowledge regarding coping measures among adolescents with anxiety. It revealed that 1(3.3%) had inadequate knowledge 7 (23.3%) had moderate knowledge, only 22(73.3%) had adequate knowledge.

## **SECTION - D**

Table 4: Frequency and percentage distribution of pre-test and post-test level of knowledge regarding coping measures among adolescents with anxiety.

ASSESSMENT		PR	E TEST	POST TEST	
		NO	%	NO	%
LEVEL OF	INADQUATE	11	36.6%	1	3.3%
KNOWLEDGE			331		
	MODERATE	16	53.3%	7	23.3%
	ADQUATE	3	10%	22	73.3%

Table 4 shows the frequency and percentage distribution of pre-test and post-test level of knowledge regarding coping measures among adolescent with anxiety. In pre-test level of knowledge 11 (36.6%) had inadequate knowledge, 16 (533.3%) had moderate knowledge and only 3 (10%) had adequate knowledge. In post- test knowledge 1(3.3%) had inadequate knowledge 7 (23.3%) had moderate knowledge, only 3 (10%) had adequate knowledge The pre-test and post-test value revealed that structured teaching programme was effective.

# **SECTION-E**

**Table 5:** Comparison of Mean and Standard deviation of pre-test and post-test level of knowledge regarding coping measures among adolescent with anxiety

S.NO	LEVEL OF	MEAN	STANDARD	PAIRED "t"
	KNOWLEDGE		DEVIATION	TEST
1.	Pre-test	10.1	2.97	16.83***
2.	Post- test	16.8	3.25	

\*\*\* - Very highly significant at p<0.001

Table 5 shows the comparison of mean and standard deviation of pre-test and post-test level of knowledge regarding coping measures among adolescent with anxiety. The mean pre-test level of knowledge was 10.1 and mean post-test level of knowledge was 16.8. The standard deviation of pre-test knowledge was 16.8 and post-test knowledge was 3.25. The paired 't' value was 16.83\*\*\* which revealed that there was a highly statistically significant difference between the pre-test and post-test level of knowledge at p<0.001. Hence it showed the effectiveness of structured teaching programme on knowledge regarding coping measures among adolescent with anxiety.

#### SECTION -F

Table 6: Association post-test level of knowledge among coping measures among adolescents with anxiety with the selected demographic variables

S.NO	VARIABLES	INAD	INADEQUATE MODERA		ERATE	ADEQUATE		Post-test Chi
		NO	%	NO	%	NO	%	square
								valueX <sup>2</sup>
1.	Age in year							
	14-15	0	0	0	0	1	3.3	$X^2=4.761$
	16-17	0	0	4	13	15	50	Df=4
	17-18	0	0	4	13	6	20	
2.	Sex							
	Male	1	3.3	3	10	13	43	X2=1.349
	Female	0	0	4	13	9	30	Df=2NS
							4	
3.	Parent education							
	Primary	0	0	2	7	4	13	$X^2=0.599$
	Secondary	1	3.3	5	17	18	60	Df=4
	Graduate	0	0	0	0	0	0	
4.	Parent occupation							
	Coolie	0	0	0	0	0	0	$X^2=8.109$
	Business	0	0	2	7	8	27	Df=6
	Government	1	3.3	1	3.3	2	7	
	Private	0	0	0	0	0	0	

Table 6: Shows the association the post-test knowledge among coping measures among adolescents with anxiety with selected demographic variables. It revealed that there is significant association between demographical variables like

# **CONCLUSION:**

The presents study was to assess the effectiveness of structured teaching programme coping measures on anxiety among adolescents. The study findings showed that there was an increased in the level of knowledge regarding coping measures on anxiety.

## **RECOMMENDATION:**

- A similar study can be conducted by increasing the sample size
- The study can be conducted in various setting
- Comparative study can be conducted in assessing the problems among school students.

## REFERENCES

## BOOK:

M. Kasi, M. Kassi, and T. Khawar, "Excessive work hours of physicians in training: maladaptive coping strategies," PLoS Medicine, vol. 4, no. 9, article e205, 2007.

- [2] H. G. Koenig, H. J. Cohen, D. G. Blazer et al., "Religious coping and depression among elderly, hospitalized medically ill men," American Journal of Psychiatry, vol. 149, no. 12, pp. 1693–1700, 1992.
- [3]M.Vosvick, C.Koopman, C.Gore-Felton, C.Thoresen, J. Krumboltz, and D. Spiegel, "Relationship of functional quality of life to strategies for coping with the stress of living with HIV/AIDS," Psychosomatics, vol. 44, no. 1, pp. 51–58, 2003.
- [4] B.S.Ali, H.Reza, M.M.Khan, and I.jean, "Development of an indigenous screening instrument in Pakistan: the Aga Khan University anxiety and depression scale," Journal of the

Pakistan Medical Association, vol. 48, no. 9, pp. 261–265, 1998.

- [5] C. S. Carver, "You want to measure coping but your protocol's too long: consider the brief COPE," International Journal of Behavioral Medicine, vol. 4, no. 1, pp. 92–100, 1997.
- [6] B. S. Ali and S. Amanullah, "Prevalence of anxiety and depression in an urban squatter settlement of Karachi," Journal of the College of Physicians and Surgeons Pakistan, vol.10, no.1, pp.4–6, 2000.
- [7] B. Ali, M. Saud Anwar, S. N. Mohammad, M. Lobo, F. Midhet, and S. A. Ali, "Psychiatric morbidity: prevalence, associated factors and significance," Journal of the Pakistan Medical Association, vol. 43, no. 4, pp. 69–70, 1993.
- [8] I. Mirza and R. Jenkins, "Risk factors, prevalence, and treatment of anxiety and depressive disorders in Pakistan: systematic review," British Medical Journal, vol. 328, no. 7443, pp.794–797, 2004.
- [9] M. R. Khawaja, A. Majeed, F. Malik et al., "Prescription pattern of benzodiazepines for inpatients at a tertiary care university hospital in Pakistan," Journal of the Pakistan Medical Association, vol. 55, no. 6, pp. 259–263, 2005.
- [10] M. R. Khawaja, A. Majeed, F. Malik et al., "Prescription Pattern of Benzodiazepines for Inpatients at a Tertiary Care University Hospital in Pakistan," Journal of Pakistan Medical Association, vol. 55, no. 6, pp. 259–263, 2005.
- [11] C. Brown, J. Dunbar-Jacob, D. R. Palenchar et al., "Primary care patients' personal illness models for depression: a preliminary investigation," Family Practice, vol. 18, no. 3, pp. 314–320, 2001.
- [12] S. McPherson, R. Hale, P. Richardson, and A. Obholzer, "Stress and coping in accident and emergency sensior house officers," Emergency Medicine Journal, vol. 20, no. 3, pp. 230–231,

NET REFERENCES

http://www.pubmed.com

http://www,google,com

http://,internet addiction disorder.com

http://www.review of literature internet addiction.com

http://www,wikipedia.com