Effectiveness of Structured Teaching Programme on Knowledge Regarding Nomophobia and it's Prevention Among B.Sc. Nursing Students at Selected Colleges, Hapur, Uttar Pradesh.'

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***Abstract*- Background: Nomophobia, or "no-mobile-phone phobia," is an emerging psychological condition marked by anxiety of being disconnected from one's mobile phone. With smart phones serving as essential tools for communication, information, and social interaction, excessive dependence has raised concerns especially among young adults and nursing students.**
Aim: To assess the effectiveness of a structured teaching programme on enhancing knowledge regarding Nomophobia and its prevention among B.Sc. Nursing students.
Objective: 1. To assess the pre-test knowledge regarding nomophobia and it's prevention.
2. To administer a structured teaching programme on Nomophobia.
3. To assess the post-test knowledge regarding Nomophobia.
4. To evaluate the effectiveness of the structured teaching programme.
5. To find the association between post-test knowledge and selected demographic variables.
Methods: A pre-experimental one-group pre-test and post-test design was utilized. 60 nursing students, selected via purposive sampling from selected colleges in Hapur,Uttar Pradesh, participated in the study. Data were collected using a structured questionnaire administered before and after the intervention. Analysis was performed using descriptive and inferential statistics.
Results: Post-intervention, a statistically significant increase ($p < 0.05$) in knowledge score was observed compared to pre-test values. This suggests that the educational intervention effectively increased awareness and understanding of Nomophobia and it's prevention strategies.
Conclusion: The structured teaching programme was effective in improving knowledge about nomophobia among nursing students. The findings underscore the importance of targeted educational interventions in mitigating digital dependency and promoting mental well-being among future healthcare providers.

***Index Terms*- Nomophobia, Mobile Phone Dependency, Nursing Education, Structured Teaching Programme, Digital Health**

I. INTRODUCTION

In the current digital age, smart phones have become essential tools for communication, learning, and social interaction. However, this growing reliance has led to a new psychological condition known as Nomophobia—short for "no mobile phone phobia." Coined in a 2010 UK Post Office study, the term refers to the irrational fear or anxiety experienced when individuals are unable to use or access their mobile phones due to reasons like battery loss, poor signal, or simply misplacing the device.

Nomophobia is now recognized as a psychological syndrome where users feel intense discomfort at the thought of being separated from their smart phones. While the situations causing this fear are common, such as a drained battery or no signal, the emotional distress is often disproportionate and irrational.

This condition is especially prevalent among youth and students, who are highly dependent on their mobile devices for academic, social, and personal needs. Nursing students, in particular, face added stress from academic demands and clinical responsibilities, making them more susceptible to mobile phone overuse and it's psychological effects.

Despite it's growing significance, awareness of nomophobia remains limited among students. There is a pressing need to educate them on the potential consequences of excessive phone usage and to promote healthier digital habits.

This study aims to assess the effectiveness of a

structured teaching programme on knowledge regarding Nomophobia and it's prevention among B.Sc. Nursing students at selected colleges. It seeks to raise awareness and foster balanced smart phone use for better mental well-being and academic performance.

II. METHODOLOGY

Research Approach

Quantitative Research Approach

Research Design

A pre-experimental one-group pre-test and post-test design was adopted to evaluate the impact of the teaching programme.

Setting

The study was conducted in selected B.Sc. Nursing colleges in Hapur, Uttar Preadesh.

Population and Sample

60 B.Sc. Nursing students who fulfilled the inclusion and exclusion criteria were included in the study.

Sampling Technique

Purposive sampling technique was used.

Sampling Criteria

Inclusion: Students enrolled in selected colleges, gave consent, and were present during data collection. Exclusion: Previously exposed students or those absent.

Variables

Independent Variable: Administration of structured teaching program was the independent variables.

Dependent Variable: The level of knowledge regarding Nomophobia among B.Sc. nursing students as measured by structured questionnaire was the dependent variables.

III. OPERATIONAL DEFINITIONS

Nomophobia: It refers to the addiction to mobile phone and it also known as mobile phone addiction.

Structured teaching programme: It refers to the well-planned teaching information to improve knowledge on prevention of Nomophobia among B.Sc. nursing students compromising

Prevention: It refers to the action of stopping something from happening or arising.

College: An Educational Institute or establishment, in particular one providing higher education or specialized professional or vocational training.

B.sc nursing students: In this study it refers to student's studying in selected College of nursing, Hapur,Uttar Pradesh.

IV. DATA QUALITY CONTROL:

To ensure the accuracy and reliability of data, A structured data collection tool was re-tested on a small sample before the actual study. Clear instructions were provided to participants, and data collection was supervised closely. Regular checks were done for completeness and consistency of responses. Any ambiguous or missing entries were clarified immediately. The data were then securely stored and analyzed systematically.

V. DATA PROCESSING AND ANALYSIS

The collected data were systematically coded, Entered and organized using Microsoft Excel. Descriptive statistics such as frequency and percentage were used to summarize demographic variables. Inferential statistics, including pair t- test and chi-square, test were applied to assess the effectiveness of the structured teaching programme. Data analysis was carried out using SPSS software, and results were presented in tables and figures for clarity and interpretation.

VI. RESULTS

Table 1: Demographic Characteristics of Respondents

SL NO	Characteristics	Category	Respondents (Number)	Percentage (%)
1	Age	18 - 20 years	39	65
		21 - 23 years	21	35
2	Gender	Male	24	40
		Female	36	60
3	Religion	Hindu	30	50
		Muslim	21	35
		Christian	09	15
		Others	-	-
4	Place of Residence	Rural	42	70
		Urban	18	30

5	Type of Family	Joint Family	24	40
		Nuclear Family	36	60
		Extended Family	-	-
6	Nature of Stay	Home	39	65
		Hostel	21	35
		P.G	-	-
7	Family Monthly Income	Below 5000/-	06	10
		5001 - 10000/-	21	35
		10001 - 15000/-	24	40
		Above 15000/-	09	15
8	Educational Status of the Father	No formal education	09	15
		Primary Education	21	35
		Secondary Education	12	20
		12^{th}	12	20
		Degree &Above	06	10
9	Educational Status of the Mother	No formal education	09	15
		Primary Education	18	30
		Secondary Education	12	20
		12^{TH}	12	25
		Degree &Above	09	10
10	Previous Knowledge Regarding Nomophobia	Friends & Relatives	18	30
		Mass Media	24	40
		Self Reading	18	30
		Others	-	-
		TOTAL	60	100%

Table 1: shows the personal characteristics of 60 B.Sc. Nursing students. Most respondents were aged 18–20 years (65%) and female (60%). Half of the students were Hindu, and a majority (70%) lived in rural areas. Nuclear families were more common (60%), and 65% stayed at home.
Regarding income, 40% reported a family monthly income of ₹10,001–₹15,000. Most fathers and mothers had primary or secondary education, with fewer holding higher degrees. Prior knowledge about nomophobia was mainly through mass media (40%), followed by friends/relatives and self-reading (30% each).

Table 2: Pre-test Knowledge Levels

Knowledge Level	Number	Percentage (%)
Very Poor (0–20%)	18	30%
Poor (21–40%)	30	50%
Average (41–60%)	12	20%
Good (61–80%)	0	0%
Very Good (81–100%)	0	0%

Table 2: shows that before the interventions,a majority of students had limited knowledge regarding the topic. Specifically,30% of the respondents fell in the “very poor” category and 50% in the “poor” category, indicating that 80% had insufficient knowledge only 20% were in the average category with none achieving good or very good knowledge level.

Table 3: Post-test Knowledge Levels

Knowledge Level	Number	Percentage (%)
Very Poor (0–20%)	0	0%
Poor (21–40%)	0	0%
Average (41–60%)	0	0%
Good (61–80%)	18	30%
Very Good (81–100%)	42	70%

Table 3: This table shows a marked improvement in knowledge levels following the intervention. After the teaching programme 70% of the Respondents attained a "very good" level of knowledge,while 30% reached the "good level", no respondents were categorized under "average", "poor" or "very poor" reflecting the effectiveness of the educational intervention.

Table 4: Aspect-wise Pre-test and Post-test Knowledge Scores

S.No	Aspect	Pre-test Mean	Pre-test SD	Post-test Mean	Post-test SD	Enhancement (%)	t-value
1	General Information	69.34	20.83	97.33	4.79	28	14.00*
2	Causes & Symptoms	32.00	57.18	85.80	7.34	54.8	19.57*
3	Effects	24.53	41.30	80.66	9.17	56.13	31.18*
4	Prevention & Treatment	37.67	69.91	81.66	15.30	44	—

Table 4: shows a significant enhancement in knowledge across all four aspects evaluated. The highest Percentage gain was seen in the effects (56.13), causes and symptoms (54.8%) categories, followed by Prevention and treatment (44%) and general information (28%), the improvement was statistically significant for all aspects, except the last as denoted by the t- values.

Association between Post-Test Knowledge Scores and Selected Demographic Variables N=6

The association between post-test knowledge scores of B.Sc Nursing students and their selected demographic variables were measured by using the Chi-square test. The findings indicate that none of the demographic variables were significantly associated with the post-test knowledge scores. This is evidenced by all Chi-square values being less than the table value at a 0.05 level of significance. Therefore, the null hypothesis is accepted, and the research hypothesis (H_2) stating a significant association is rejected. It can be concluded that the structured teaching programme was effective irrespective of the students' demographic characteristics.

VII. DISCUSSION

The findings of the present study revealed a significant improvement in the post-test knowledge scores of B.Sc Nursing students following the administration of a structured teaching programme on Nomophobia and its prevention. The majority of participants initially demonstrated inadequate knowledge, which improved substantially after the intervention, as evidenced by the mean post-test score of 85.55%. The paired t-test confirmed that the difference between pre-test and post-test scores was statistically significant. This suggests that structured teaching is an effective educational strategy for enhancing awareness about behavioral addictions like Nomophobia. Furthermore, the study found no significant association between post-test knowledge scores and demographic variables, indicating that the teaching programme was equally effective across different student backgrounds. These results are consistent with previous studies that support structured education as a tool to improve mental health literacy.

VIII. CONCLUSION

The study concluded that the structured teaching programme was effective in enhancing knowledge among B.Sc. Nursing students on Nomophobia and it's prevention. The programme can be used as a model for similar interventions.

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