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Impact of Parent – Child Education on Physical - Psychosocial Health Status and Academic Performance of Internet Addicted Teens

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Abstract
Objective To evaluate the impact of Parent - Child Education on Physical, Psychosocial health status and academic performance of internet addicted teens.
Methods The study was based onQuasi-Experimental Pre-test Post-test research design. One hundred and eighty seven(187) high school students, studying in class VII to X from selected schools of Mumbai, participated in the study.Duke Health Profile was administered to assess the physical and psychosocial health status of the internet addicted teens before and after implementing the Parent - Child Education program developed by the researcher. Duke Health Profile is a reliable tool with test–retest reliability coefficient 0 .97 value. The tool has a 17-item self-report questionnaire, containing six health measures (physical, mental, social, general, perceived health, and self-esteem), and four dysfunction measures (anxiety, depression, pain, and disability).Maharashtra a state board evaluation criterion was used to assess the academic performance of the internet addicted teenagers before and after implementing the Parent - Child Education program.Data was collected and evaluated through t-test. The Parent Child Education program prepared by the researcher also validated by the Scientific Advisory Committee of MGM Institute of Health Sciences, Navi Mumbai and 15experts from other reputed institutes of the country.
Results The statistical analysis of data indicated a significant differencebetween pre-test and post-tests score of each health measures and between first and second term exams, between study and control group.
Conclusions Parent – Child Education has a significant impact on some of the measures of physical and psychosocial health status of internet addicted teens as well as on their academic performance.

Keywords: Impact, Parent, Child, Education, Physical, Psychosocial, Health, Internet, Addicted, Teens

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I. INTRODUCTION

Twenty years ago, only a few people had mobile phones and internet was unknown to people. At present, internet has become an increasingly integral part of our daily lives. Through internet unaccountably works without physical movement are possible e.g. money transfer between banks and across countries, bills payments, selling and purchase etc. Internet has changed the communication scenario forever. It is observed that increased popularity of social networking sites, chatting, twitting, virtual gaming etc. has led to excessive use of internet, making people of all agesaddicted.Researches indicate that addiction to internet affects health, work and academic performance[1-11]. Abstinence from internet use is never a solution; the world is going more digital day by day, thus awareness for proper use of internet is the only key to prevent such health issues. Since children and adolescents are also affected by excessive use of internet,parents have a pivotal role in helping themto adhere a lifestyle which includes purposeful internet use. There is no evidence of any structured Parent – Child Education program for the teens in this regard. The researcher developed a parent – child education programme and evaluated its impact on physical - psychosocial health status and academic performance of teens.

II. MATERIAL AND METHODS

A quasi experimental survey design was used for data collection. Total of 187 teenagers, both boys and girls in the age range of 13 – 16 years, who use internet for more than one year continuously, were selected from schools across Mumbai city. All students belonged to private schools and follow State board curriculum. Young's Internet Addiction Test (IAT) wasused to assess internet addicted[12].Duke's Health Profile was used to assess the physical and psychosocial health status and Maharashtra state board evaluation criteria was used to assess the academic performance of internet addicted teens before and after Parent – Child Education program. The data was collected and analyzed to evaluate the impact on physical and psychosocial health statusin study and control group.

The Parent – Child Education Programme for Internet Addiction teens consisted ofone main session which included both teens (internet addicted) and their parents and four booster sessions. The main session is prepared based on the information related to causes of internet addiction, its negative impacts on life, strategies to manage such crisis etc. The booster sessions are prepared based on the ideas and principles of group counselling/group psychoeducation/cognitive behaviour therapy and problem solving approach. Booster sessions included review of previous session and evaluate the follow-up process.

III. RESULTS

Table – 1. Physicaland psychosocial health status of teenagers before and after intervention in study and control group. **N = 187**

Variables	Group	Pre – test Mean	Post – test Mean	Change in Mean	Std. Dev.	p value
Health measure						
Physical health score	Study	75.86	76.15	.28	25.25	0.8
	Control	73.13	71.92	-1.20	26.42	
Mental health score	Study	72.78	77.11	4.32	25.98	
	Control	73.01	70.24	-2.77	25.67	0.06
Social health score	Study	73.36	77.69	4.32	28.00	
	Control	72.04	60.96	-11.08	29.75	< **0.001**
Perceived health score	Study	77.40	86.05	8.65	29.92	
	Control	75.90	69.87	-6.02	44.44	**0.008**
Self-esteem score	Study	72.21	81.53	9.32	28.15	
	Control	72.04	66.38	-5.66	28.46	< **0.001**
General health score	Study	74.10	76.89	2.78	24.81	
	Control	72.73	67.71	-5.02	24.48	**0.03**
Dysfunction measures						
Anxiety score	Study	25.31	25.88	.56	25.52	
	Control	26.20	32.52	6.32	26.87	0.13
Depression score	Study	26.82	24.13	-2.69	28.25	
	Control	27.59	33.25	5.66	23.95	**0.03**
Anxiety - Depression score	Study	26.03	24.17	-1.85	26.22	
	Control	26.59	30.55	3.95	24.64	0.12
Pain score	Study	22.59	20.19	-2.40	29.04	
	Control	25.30	30.72	5.42	39.05	0.11
Disability score	Study	21.15	6.73	-14.42	22.76	
	Control	24.09	20.48	-3.61	31.99	**0.008**

Calculated using independent t – test

The table illustrates significant difference in all the health measures except physical and mental health and among the dysfunction measures, only depression and disability score found showing significant difference.

Table – 2 12 Comparison of academic performance among teenagers before and after intervention in study and control group. **n = 187**

Subjects	Group	First term exam	Second term exam	Change in mean	Std. Dev.	p value
Marathi	Study	64.65	70.71	6.05	6.24	**< 0.001**
	Control	70.85	70.30	-.55	1.17	
Hindi	Study	62.76	70.06	7.29	7.27	**< 0.001**
	Control	71.90	71.26	-.63	1.67	
English	Study	61.88	67.87	5.99	5.36	**< 0.001**
	Control	70.66	70.16	-.49	1.72	
Maths	Study	62.67	67.12	4.45	5.01	**< 0.001**
	Control	70.43	69.80	-.62	1.66	
Science	Study	62.19	65.83	3.64	4.10	**< 0.001**
	Control	70.30	69.80	-.49	1.38	
Social studies	Study	63.79	66.57	2.77	4.41	**< 0.001**
	Control	69.18	68.78	-.39	1.19	
Information technology	Study	33.50	35.26	1.75	2.51	**< 0.001**
	Control	32.61	32.75	.14	.87	
Physical education	Study	31.39	33.86	2.47	4.26	**< 0.001**
	Control	31.53	31.19	-.33	1.06	
Personality development	Study	31.59	33.86	2.26	4.16	**< 0.001**
	Control	32.02	31.71	-.31	.86	
Total percentage	Study	63.26	68.15	4.89	4.63	**< 0.001**
	Control	69.26	68.77	-.49	.85	

Calculated using independent t – test

The table depicts statistically significant difference in all the academic subjects e.g. Marathi, Hindi, English, Maths, Science, Social studies andInformation Technology.

IV. DISCUSSION

Table shows social health and self – esteem score highly significant as p = < 0.001 at 0.05 level of significance, perceived health and disability score (p=0.008), general health anddepression score (0.03) observed significant, on the other hand Physical health, mental health, anxiety, anxiety – depression and pain score though not found statistically significant, but there was difference between the within group change in mean. There was highly significant difference also observed in all the academic subjects as p = < 0.001 at 0.05 level of significance.

Davey S., et al.,[17] found smart phone causing significant effect on physical, psychosocial and academic performance. Goel D., et al.,[18] found positive correlation between severity of internet addiction as assessed by Young's IAT and Anxiety, Depression, Anxiety-Depression as assessed by Duke Health profile.

Though there is no evidence of any such programme conducted for internet addiction, Kimberly Young[13] has found 95% of clients able to manage symptoms like limits time online to legitimate purposes at the end of receiving a twelve week cognitive behavior therapy for internet addiction.Cornel R. [14] suggested various form of treatment for internet addiction such as counseling, inpatient treatment, outpatient treatment, after care treatment, CBT-IA to treat and prevent internet addiction.Akin A., et al.[15] examined the relationship of self-control/management and Internet addiction found Students high in Internet addiction are more likely to be low in self-control and self-management. Balkan E.[16] showed that there is a significant correlation between family functions and the internet addiction to the high school students.

V. CONCLUSION

Whenever some technologies introduced, it leads epidemiological transition both in positive and negative way. Education always helps humans by making them understand about the cause and effect relationship of any phenomenon, by empowering them with knowledge.The internet is one of such invention that greatly revolutionized our day to day life. Apart from the benefits, it grossly affects our lives in various ways. The problem of internet addiction is so evident that, now people need specialist assistance; therefore specific centres are now opened across the world. In India also such steps are being taken in several places. The Parent – Child Education Programme on Internet Addiction for teens is prepared keeping in view that teenage is the perfect time to bring behaviour change in order to prevent internet addiction. In the current study researcher found the Parent – Child Education Programme effective as significant differences observed in various dependent variables.

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