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# Effectiveness of health teaching programme on knowledge regarding effect of mobile phone use on psychosocial development in children among school children

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## Abstract

The childhood period is vital because of socialization process by the transmission of attitude, customs and behavior through the influences of the family and community. They need appropriate care for survival and healthy development. Better nutrition, education and family planning are essential aspects of child health. In education, technology helps to enhanced learning, foster skills and critical thinking[2]. Technology is the application of scientific knowledge to the practical aims of human life. There are different types of technology like computer, mobile phones, laptops, digital watches etc. among advanced technology devices; a mobile phone is a prominent example.

**Materials and Methodology:** The main objectives of this study were to evaluate the effectiveness of health teaching programme on knowledge regarding effect of mobile phone use on psychosocial development in children among school children. Quantitative research approach was used for this study. The study was carried out in selected High School in Kakching. The research design was pre-experimental one group pre- test & post-test research design. The sample comprised of 50 High School Children. The school children were selected by purposive sampling technique. The data collection was done between 3-11-2025 to 10-11-2025. Formal written permission was obtained from the authorities to conduct the study. Data was collected by administering a self-administered knowledge questionnaire. The data was analyzed by using descriptive and inferential statistics.

**Major findings and Results:** The results of the study shown that pre-test level of knowledge were30(60%) High School Children had inadequate knowledge, followed by 20(40%) had moderate knowledge and after intervention results of the study shown that post-test level of knowledge was 44(88%) High School Children have moderate knowledge, followed by 06 (12%) had adequate knowledge. The overall mean knowledge score of pre-tests was 13.54andpost-testwas 19.64andmean difference was 6.1. The obtained 't' value 12.063 is greater than the tablevalueat0. 05levelofsignificance.It shows that there was significance difference between pre-test and the post-test knowledge score of High School Children regarding effect of mobile phone use on psychosocial development. The significant association between the post-test level of knowledge of High School Children regarding effect of mobile phone use on psychosocial development with selected socio-demographic variable such as age($x^2$=3.977), gender($x^2$=0.440), religion ($x^2$=2.581), type of residence ($x^2$=3.209), type of family($x^2$=0.006), family income ($x^2$=4.086), educational status ($x^2$=constant), uses of smart phone ($x^2$=1.497), knowledge regarding using smart phone ($x^2$=2.153), reason for using smart phone ($x^2$=2.153), hour spent on mobile phone use ($x^2$=4.832). Thus, it can be interpreted that there is no significant association between the post-test level of knowledge with the selected socio-demographic variables at $p<0.05$ level of significance.

**Interpretation and conclusion:** The findings of this study support the need for conducting awareness on effect of mobile phone use on psychosocial development among School Children. The study proved that majority of the student had imparted adequate knowledge on effect of mobile phone use on psychosocial development.

**Keywords:** Assess, knowledge, effect of mobile phone use on psychosocial development and health teaching programme, school children

## Introduction

Children health focuses on children from conception through adolescence. It is vitally concerned with all aspects of children growth and development and with the unique opportunity that each child has to achieve their full potential as a healthy adult.[1]

School play is a vital role in promoting health through various initiatives including health education access to healthcare services and creating a healthy school environment.

Children always need special care to survive and thrive. Good health of these preciousmembersofthesocietyshouldbeensuredasprimeimportanceinall countries. The childhood period is vital because of socialization process by the transmission of attitude, customs and behavior through the influences of the family and community. They need appropriate care for survival and healthy development. Better nutrition, education and family planning are essential aspects of child health. In education, technology helps to enhanced learning, foster skills and critical thinking [1].

Technology is the application of scientific knowledge to the practical aims of human life. There are different types of technology like computer, mobile phones, laptops, digital

watches etc. among advanced technology devices; a mobile phone is a prominent example.

Mobile phone is a portable device for connecting to a telecommunication network [2]. It helps to enhanced communication, helps in educational purpose, creativity, develops responsibility, increased sense of awareness, and improves skills, facilitated social interaction.

Nowadays due to increase in mobile phone addiction children prioritized mobile phone used than active play which decrease physical activity, social interaction and declined academic performance. They are reduced face to face interaction, reduce attention span, addictive behavior, reduced physical activity, anxiety, depression, obesity, sleep disturbance, reduced academic result, and eye strain, and reduce learning abilities, reduced skills and creativity.

As a researcher mobile phone use has both positive and negative impact on children. It depends upon the individual and it is benefited when it is used appropriately. The positive impacts of using mobile phones are it helps in the communication, improves skills and creativity, gain more knowledge, it improves social connectivity. The negative impacts of using excess mobile phone can leads to physical and mental problems such as attention deficit and hyper activity disorder, emotional instability, aggressiveness, impaired vision and hearing, obesity, depression, lack of control, body imbalance and lack of brain development. So, it is necessary to provide health awareness to the children to make them gain adequate knowledge regarding the negative impact of excess and wrong use of mobile phones in their health and education [3].

Mobile phone usage is important due to their pervasive nature in modern life, impacting various aspects of individual life, including communication, education, health and social interaction. Globally, 90% of the populations are using mobile phone[4]. Global studies on the impact of mobile device states that children are essential to address rising concerns regarding physical, cognitive and mental health. A global analysis indicates that early Smartphone access, particularly before age13, is correlated with poorer mental health outcomes. Studies on the impact of mobile use that Indian childrenarecrucialduetohighusesrates73%of kids, early exposure of before age 2 and linked to adverse outcome like myopia, obesity, sleep disturbance, and reduce attention span and tantrum. As many children use phones for over 4hours daily, raising risks of physical and mental health problems increase. Mobile phone addiction is most prominent among teenagers and adults. Nowadays, mobile phone uses are rapidly growing worldwide. In 2024, China has the highest mobile phone addiction rate also 1.5 times more than any other countries and 36.18% [5]. United State has the highest mobile phone penetration rate (81.6%) among the countries in India, 659 million mobile phone users with penetration rate of 46.5%. In India, mobile phone usages among children is wide spread and increasing with a significant portion using them for both educational and entertainment purposes [4].

Mobile phone usage among children is high and increasing with studies showing over 50% of children is exposed to mobile phone by age 1 and 73%-91% of children using often before age 11. Daily screen time frequently exceeds 2 hours for many, with some young children using them for 3 or more hours. Children use mobile phone for educational purposes 43.9% and for less than an hour a day 57.6%. In 3 to 4-year age group, 19% used mobile phone for 3 hour or more. While 93.3% of parents felt they should not give their children a phone, 71.4% children of these parents still use done. Some 51% of children have their own mobile phone from 45%. Most children as 3-17 went (at online home or elsewhere) via mobile phone 69% and tablets 64%, although the types of mobile phone use vary by age of children.

Mobile phone use among children is highly prevalent and starts at an early age with studies showing that 70%-96% of children or adolescents use mobile phones. Over 50% of children are exposed to mobile phone within their first year, and in some regions nearly all preschool children (3-5years) have access to mobile phone. Usage frequently exceeds 1-2 hours daily, often for entertainment and is frequently used to manage children's behavior, leading to concerns about addiction[5].

**Nithya Sara James, Princy S, Priya Samson et al, (2022) [6]:** A descriptive study to assess the knowledge of mothers regarding mobile phone use and mobile phone addiction among middle school children at Kollam. The objective of the study was to assess the knowledge of mothers of middle school children and to find out the association between knowledge regarding mobile phone use and mobile phone addiction among middle school children and selected demographic variables such as age of mother, number of children, age of child, gender of child, education of mother, occupation of mother, monthly income, type of family. A quantitative approach was use with non- probability convenient sampling method. The Sample consists of 60 mothers of children between 5-18 years residing at Kollam. The data collected by using self-structured questionnaire. The tool was found to be reliable (0.8). The study results show that there was significant association between gender of child, education of mother, monthly income of family, type of family among mothers of middle school children (calculated value > tabulated value) at 0.05 level of significance. There is no significant association between age of mother, number of children, age of children and occupation of mother. Based on the findings the investigators have drawn implication which were of vital concerns in the fill of nursing practice, nursing administration and nursing education for future development. The presence study aimed to assess the knowledge of mothers regarding mobile phone use and mobile phone addiction among middle school children at Kollam. The study result shows that there was significance association between gender of child, education of mother, monthly income of family, type of family among mother middle school children (calculated value > tabulated value) at 0.05 level of significance [6].

**Mr. Rujvelt Pravinkumar Christian, Mr. Chetan Prakash Bardwal and Dr Jitendra Pujari (2025):** "A descriptive study to assess the knowledge and attitude regarding smartphone addiction in pre-school children among mothers in selected area of Ahmedabad City. Smartphone's have fundamentally reshaped our world, blurring the lines between the physical and digital realms. They serve as portals to vast networks of information, enabling instant communication, access to entertainment, and facilitating everyday tasks. Smartphone are not just technological gadgets; they are cultural artefacts that reflect and shape our values, behaviors, and societal structures.

Philosophical inquiry into smartphones challenges us to critically evaluated to role of technology in our lives and consider how we can cultivate a balanced relationship with these powerful tools in an increasingly interconnected world. In 2021, the number of mobile users worldwide too dat7.1 billion, with forecasts suggesting this is likely to rise to7.26 billion by 2022. In 2025, the number of mobile users worldwide is projected to reach 7.49 billion. There are 4.92 billion mobile users globally, 66% of the total population. Global mobile data traffic is projected to increase nearly 3x between 2018-2021.Mobile devices are projected to drive 79% of total global internet usage in 2018. The average adult spends 3.1 hours a day consuming digital media on mobile. That's approximately 69% of their total media time. 52% of the time that individuals spend on digital media is on mobile apps. Smartphones are the only devices that have seen growth in the number of online visits, up 89% since January 2015. Consumer spending worldwide is projected to top $110 billion in 2018. The findings suggest that lifestyle factors such as hobbies and children's sleep patterns may influence maternal perspectives on smartphone use, underlining the need for further research into lifestyle factors affecting attitudes and knowledge concerning technology use in early childhood [7].

**Problem Statement**

A study to assess the effectiveness of Health Teaching Programme on knowledge regarding effect of mobile phone use on psychosocial development in children among school children in selected High School, Kakching.

**Research objectives**

- To assess the knowledge regarding effect of mobile phone use on psychosocial development in children among school children.
- To evaluate the effectiveness of Health Teaching Programme on knowledge regarding effect of mobile phone use by comparing pre- test and post - test knowledge score.
- To find the association between post-test level of knowledge with selected socio-demographic variables.

**Materials and Methodology**

The main objectives of this study were to evaluate the effectiveness of health teaching programme on knowledge regarding effect of mobile phone use on psychosocial development in children among school children. Quantitative research approach was used for this study. The study was carried out in selected High School in Kakching. The research design was pre-experimental one group pre-test & post-test research design. The sample comprised of 50 High School Children. The school children were selected by purposive sampling technique. The data collection was done between 3-11-2025 to 10-11-2025. Formal written permission was obtained from the authorities to conduct the study. Data was collected by administering a self-administered knowledge questionnaire. The data was analyzed by using descriptive and inferential statistics. Pilot study was conducted from 3rd November 2025, it was initiated by using multiple choice questions and was analyzed statistically. Total 5samplewereselected for pilot study. All 5 samples were shown Health Teaching regarding effect of mobile phone use on psychosocial development followed by questionnaire for assess the knowledge. The average time consumed by each sample for answering the questions was 30 minutes. And found feasible for further study regarding effect of mobile phone use on psychosocial development among School Children. The reliability of the tool was established by using "Karl Pearson's correlation coefficient method". The reliability was r=0.81, which indicates the tools were highly reliable.

**Findings**

The data were grouped and analyzed under the following sections:

**Section I:** Description of socio demographic variables.

**Section II:** Analysis of pre-test and posttest on knowledge regarding effect of mobile phone use on psychosocial development among school children.

**Section III:** Effectiveness of health teaching programme on knowledge on effect of mobile phone use on psychosocial development among school children

**Section IV:** Association between the post-test level of knowledge with selected socio demographic variables.

**Section I: Description of socio demographic variables.**

**Table 1:** Frequency and Percentage Distribution of socio demographic variables

| Socio-Demographic Variable | | Frequency | Percentage |
|---|---|---|---|
| Age in years | 12-13 | 6 | 12% |
| | 13-14 | 16 | 32% |
| | 14-15 | 25 | 50% |
| | 15 and above | 3 | 6% |
| Gender | Male | 26 | 52% |
| | Female | 24 | 48% |
| Religion | Hinduism | 27 | 54% |
| | Islam | 9 | 18% |
| | Christian | 4 | 8% |
| | Other | 10 | 20% |
| Type of residence | Rural | 34 | 68% |
| | Urban | 16 | 32% |
| Type of family | Joint family | 33 | 66% |
| | Nuclear family | 17 | 34% |
| Family income | Rs.10000-20000/-month | 24 | 48% |
| | Rs.20000-30000/-month | 9 | 18% |
| | Rs.30000-40000/-month | 6 | 12% |
| | Rs.40000andabove | 11 | 22% |

| | | | |
|---|---|---|---|
| Educational status | Class VIII | 50 | 100% |
| | Class IX | 0 | 0% |
| | Class X | 0 | 0% |
| Have you ever used Smart phone | Yes | 41 | 82% |
| | No | 9 | 18% |
| Do you have knowledge regarding using smart phone | Yes | 39 | 78% |
| | No | 11 | 22% |
| Have you ever exposes in social media | Yes | 12 | 24% |
| | No | 38 | 76% |
| Reason for using smart phone | Call | 10 | 20% |
| | Internet | 38 | 76% |
| | Message | 2 | 4% |
| How many hours do you spent on mobile phone use | 30 min | 14 | 28% |
| | 1hr | 17 | 34% |
| | 2 hrs. | 9 | 18% |
| | 3hrs and above | 10 | 20% |

Data presented in the table 1 show the distribution of the high school children are shown as:

The majority of the High School Children 25(50%) were between the age group of 14-15 years, followed by 16 (32%) were between the age group of 13-14 years, 6(12%) were between the age group of 12-13years and 3(6%) were in the age group of 15 year and above.

The majority of the High School Children 26 (52%) were male and 24 (48%) were female.

The majority of the High school Children 27(54%) were Hindus, followed by 10(20%) were others, 9(18%) were Islam and 4(8%) were Christian.

The majority of the High School Children 34(68%) were residing in Rural area and remaining 16(32%) were residing in Urban area.

The majority of the High School Children 33(66%) were Joint Family and 17(34%) in Nuclear Family.

The majority of the family income 24(48%) were Rs.10000-20000/month, 11(22%) were Rs.40000 and above, 9(18%) were Rs.20000-30000/month and 6(12%) were Rs.30000-40000/month.

The majority of the High School Children 50 (100%) was VIII standard and none of them were from IX and X standard.

The distribution of the High School Children according to the use of smart phone 41(82%) have use smart phone while 9 (18%) have not use smart phone.

The distribution of the High School Children according to the knowledge regarding using smart phone 39(78%) have the knowledge while 11(22%) does not have knowledge.

The distribution of High School Children according to the expose in social media 38(76%) have not expose social media and 12(24%) have expose social media.

The distribution of High School Children according to the reason for using smart phone 38(76%) use smart phone for internet access, 10(20%) use mobile phone for call and 2(4%) use mobile phone for messaging.

The distribution of High School Children according time spent on mobile phone use17(34%) spent 1 hour, 14(28%) spent 30 minutes, 10(20%) spent 3 hours and above and 9(18%) spent 2 hours.

**Section II:** Analysis of pre-test and posttest on knowledge regarding effect of mobile phone use on psychosocial development among children.

**Table 2:** Overall knowledge score on effect of mobile phone use on psychosocial development among High School children: Pre-test n=50

| Questions | Mean | SD | Mean% |
|---|---|---|---|
| Overall Pre-test knowledge | 13.54 | 3.808 | 45.13% |

The above table 2 shows that the overall mean knowledge scores of High School children are found to be 13.54 with standard deviation of 3.808.

**Table 3:** Overall knowledge score on effect of mobile phone use on psychosocial development among High School children: Post-test n=50

| Question | Mean | SD | Mean % |
|---|---|---|---|
| Overall posttest knowledge | 19.64 | 3.049 | 32.13% |

The above table 4 shows that the overall mean knowledge scores of High School Children are found to be 19.64with standard deviation of 3.049.

**Section III:** Effectiveness of health teaching programme on knowledge on effect of mobile phone use on psychosocial development among children.

**Table 5:** Comparison of pre-test and post-test knowledge score of High School children regarding effect of mobile phone use on psychosocial development.

| Area of knowledge | Pre-test | | Post-test | | Paired t-test |
|---|---|---|---|---|---|
| | Mean | SD | Mean | SD | |
| Define mobile | .50 | .614 | 1.34 | .593 | 9.134 |
| List down the uses of mobile | 1.20 | .782 | 1.64 | .525 | 3.831 |
| Discuss the types of mobile | .96 | .198 | 0.96 | .198 | .000 |
| Describe the psychological impact of mobile use | 2.12 | 1.043 | 3.62 | 1.193 | 7.638 |
| Elucidate the social impact of mobile use | .56 | .675 | .84 | .710 | 2.246 |
| Illustrate the health impact of mobile use | 2.48 | .953 | 3.28 | 1.031 | 5.029 |
| Illustrate the educational impact of mobile use | .36 | .485 | .54 | .503 | 2.024 |
| Explain advantages and disadvantages of Mobile use | 2.72 | 1.443 | 4.26 | 1.482 | 6.018 |
| Explain the do's and don'ts | 2.64 | 1.156 | 3.16 | .766 | 2.943 |

**Table 6:** Determination of overall mean knowledge score on pre-test and post-test score.

| Knowledge | Pre-test | Post-test | Mean of difference | Paired t-test |
|---|---|---|---|---|
| Overall mean knowledge score | 13.54 | 19.64 | 6.1 | 12.063 |

*Significant at 0.05 level of significance, df =49

To find the significance difference between pre-test and post-test level of knowledge of high school children, the following research hypothesis was stated:

**$H_1$:** There will be significance difference between pre-test and post-test knowledge score regarding effect of mobile phone use on psychosocial development among High School Children. Thus, the hypothesis was tested using paired 't' test.

From the above table 6 the overall mean knowledge score of pre-tests was 13.54 and post-test was19.64 and mean difference was 6.1. The obtained 't' value 12.063 is greater than the table value at 0.05 level of significance. Therefore obtained 't' value is found to be significant. It shows that there will be significance difference between pre- test and post-test knowledge score of High school children regarding effect of mobile phone use on psychosocial development. Therefore, the research hypothesis is accepted.

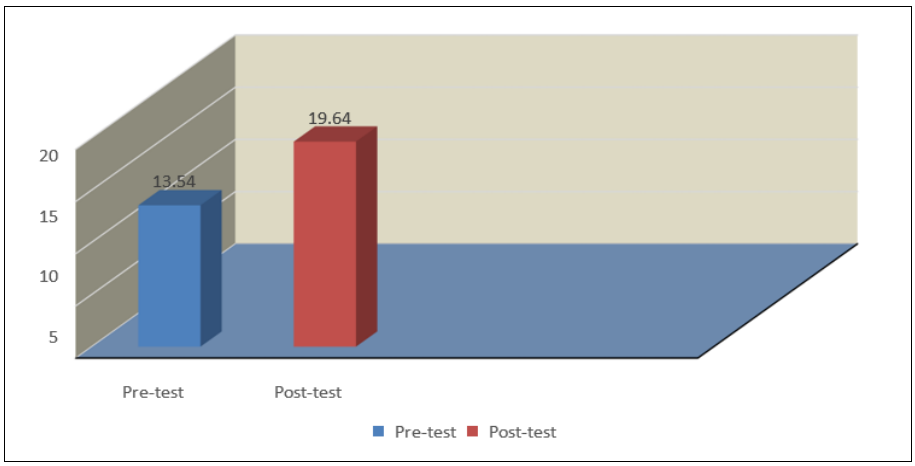


**Fig 1:** verall knowledge Pre and Post-test Mean score

From the above figure 1 and table 5 the overall mean knowledge score of pretests was 13.54 and posttest was 19.64. The obtained 't' value 12.063 is greater than the table value at 0.05 level of significance. Therefore obtained 't' value is found to be significant. It shows that there will be significance difference between pre- test and post-test knowledge score of High school children regarding effect of mobile phone use on psychosocial development.

**Therefore, the research hypothesis is accepted.**

**Section IV:** Association between the post-test level of knowledge with tselected socio demographic variables.

Testing of hypothesis to test the association between the post-test level of knowledge with selected socio demographic variables, the following hypothesis was formulated.

**$H_2$:** There will be significant association between the post-test level of knowledge with selected socio-demographic variables.

**Table 7:** Association between post-test level of knowledge with selected socio- demographic variables

| Variables | | No. of High school students | Level of knowledge | | P value | df | Chi square test ($x^2$) |
|---|---|---|---|---|---|---|---|
| | | | Adequate | Moderately adequate | | | |
| Age in years | 12-13 | 6 | 1 | 5 | 0.264 | 3 | 3.977 |
| | 13-14 | 16 | 0 | 16 | | | |
| | 14-15 | 25 | 4 | 21 | | | |
| | 15 and above | 3 | 0 | 3 | | | |
| Gender | Male | 26 | 4 | 22 | 0.507 | 1 | 0.440 |
| | Female | 24 | 2 | 22 | | | |
| Religion | Hinduism | 27 | 4 | 23 | 0.461 | 3 | 2.581 |
| | Islam | 9 | 0 | 9 | | | |
| | Christian | 4 | 0 | 4 | | | |
| | Other | 10 | 2 | 8 | | | |
| Type of residence | Rural | 34 | 6 | 28 | 0.73 | 1 | 3.209 |
| | Urban | 16 | 0 | 16 | | | |
| Types of family | Joint family | 33 | 4 | 29 | 0.941 | 1 | 0.006 |
| | Nuclear family | 17 | 2 | 15 | | | |
| Family income | Rs.10000-20000/- Month | 24 | 2 | 22 | 0.252 | 3 | 4.086 |
| | Rs.20000-30000/- Month | 9 | 0 | 9 | | | |
| | Rs.30000-40000/- Month | 6 | 1 | 5 | | | |
| | Rs.40000 and above | 11 | 3 | 8 | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Educational status | Class VIII | 50 | 6 | 44 | | | |
| | Class IX | 0 | 0 | 0 | | | |
| | Class X | 0 | 0 | 0 | | | |

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Have you ever used smartphone | Yes | 41 | 6 | 35 | 0.221 | 1 | 1.497 |
| | No | 9 | 0 | 9 | | | |
| Do you have knowledge regarding using smart? Phone | Yes | 39 | 6 | 33 | 0.142 | 1 | 2.153 |
| | No | 11 | 0 | 11 | | | |
| Have you ever exposes in social? Media | Yes | 12 | 0 | 12 | 0.142 | 1 | 2.153 |
| | No | 38 | 6 | 32 | | | |
| Reason for using smart phone | Call | 10 | 0 | 10 | 0.341 | 2 | 2.153 |
| | Internet | 38 | 6 | 32 | | | |
| | Message | 2 | 0 | 2 | | | |
| How many hours do you spent on mobile phone use | 30minutes | 14 | 1 | 13 | 0.185 | 3 | 4.832 |
| | 1hour | 17 | 1 | 16 | | | |
| | 2hour | 9 | 3 | 6 | | | |
| | 3hourandabove | 10 | 1 | 9 | | | |

Theabovetable10showsthat(x2)valuecomputedbetweenthepost-testlevel of knowledge of High School Children regarding effect of mobile phone use on psychosocial development with selected socio-demographic variable such as age (x2=3.977), gender (x2=0.440), religion (x2=2.581), typeofresidence (x2=3.209), type of family (x2=0.006), family income (x2=4.086)2, educational status (x2=constant), uses of smart phone (x2=1.497), knowledge regarding using smart phone (x2=2.153), reason for using smart phone (x2=2.153), hour spent on mobile phone use (x2=4.832).

**Discussion and Conclusion**

- Majority of the High School Children 25(50%) were between the age group of 14-15years.
- Majority of the High School Children 26(52%) were male and 24(48%) were female.
- Majority of the High school Children 27(54%) were Hindus, followed by 10(20%) were others, 9(18%) were Islam and 4(8%) were Christian.
- Majority of the High School Children 34(68%) were residing in Rural area and remaining 16(32%) were residing in Urban area.
- Majority of the High School Children 33(66%) were Joint Family and 17(34%) in Nuclear Family.
- Majority of the family income 24(48%) were Rs.10000-20000/month, 11(22%) were Rs.40000 and above, 9(18%) were Rs.20000- 30000/month and 6(12%) were Rs.30000-40000/month.
- Majority of the High School Children 50(100%) were viii standard and none of them were from ix and x.
- Majority of the High School Children according to the use of smartphone 41(82%) have use smartphone while 9(18%) have not use smartphone.
- Majority of the High School Children according to the knowledge regarding using smartphone 39(78%) have the knowledge while 11(22%) does not have knowledge.
- Majority of High School Children according to the exposer in social media 38(76%) have not expose social media and 12(24%) have expose social media.
- Majority of High School Children according to the reason for using smart phone 38(76%) use smart phone for internet access, 10(20%) use mobile phone for call and 2(4%) use mobile phone for messaging.
- Majority of High School Children according time spent on mobile phone use1 7(34%) spent 1 hour, 14(28%) spent 30 minutes, 10(20%) spent 3 hours and above and 9(18%) spent 2 hours.

In pre-test the mean knowledge score was maximum 2.72 in the area of explain the advantages and disadvantages of mobile use with standard deviation of 1.443 and minimum 0.36 in the area illustrate the educational impact of mobile use with standard deviation 0.485.

- In post-test the mean score was maximum 4.26 in the area of explain the advantages and disadvantages of mobile use with standard deviation 1.482 and minimum mean knowledge score was 0.54 in the area illustrate the educational impact of mobile use with standard deviation 0.503.
- The mean difference between pre-test and post-test knowledge score was a true difference and not a chance difference. Those indicates that the health teaching programme was significantly effective in increasing the knowledge of High School Children.
- From the above table, the overall mean knowledge score of pre-tests was 13.54 and post-test was 19. 64.. The obtained 't' value -12.063 is greater than the table value at 0.05 level of significance. Therefore, 't' value is found to be significant. It's showed that there will be significant difference between pre-test and post-test knowledge score of High School children regarding effect of mobile phone use on psychosocial development.

**Therefor the research hypothesis is accepted.**

- The above table shows that ($x^2$) value computed between the post-test level of knowledge of High School Children regarding effect of mobile phone use on psychosocial development with selected socio-demographic variable such as age($x^2$=3.977), gender ($x^2$=0.440), religion ($x^2$=2.581), type of residence ($x^2$=3.209), type of family ($x^2$=0.006), family income ($x^2$=4.086)$^2$, educational status ($x^2$=constant), uses of smart phone ($x^2$=1.497), knowledge regarding using smart phone ($x^2$=2.153), reason for using smart phone ($x^2$=2.153), hour spent on mobile phone use ($x^2$=4.832) were significant at 0.05 level. Thus, it can be interpreted that there is no any significance association between the post-test levels of knowledge with selected

socio-demographic variables. Therefor research hypothesis is rejected.

- The overall experience of conducting this study was satisfying one. The consent encouragement and the guidance of the guide, co – operation of the high school authorities and the school children contributed to the fruitful completion of the study.

**Implication of the study**

**Nursing administration**

Nursing is a major component of the health care delivery system, and nurses make up the longest employment group within the system. Nursing services are necessary for virtually every client seeking care of any type, including health promotion, diagnosis and treatment rehabilitation. Nurse as an administrator play an important role in educating the professionals and policy making such as mass health education measures in the community. The special implication of nursing administration in community is that they should pay attention to all the School children's and to see whether they are provided with enough education about effect of mobile phone in High School Children. Being a nurse administrator, one can arrange in service education and special training programmes regarding effect of mobile phone in High School Children.

**Nursing Education**

The nurse educators have responsibility to update the knowledge of the nursing personnel regarding effect of mobile phone through the media. The present study emphasizes on enhancement of knowledge regarding effect of mobile phone in High School children. In order to achieve those nurses should equip themselves by reading more books, recent advance and current issues. Clearly, it is imperative to include in the nursing curriculum the correct material about effect of mobile phone in High School Children in health textbooks.

**Nursing Practice**

The nurse plays an important role in health care delivery system. The nurses can visit to hospital and community to recognize any problems of the children and people. Health education is important function of health personnel. Nurse's as resource persons working in community setting should impart education to the primary school children regarding effect of mobile phone in High school Children. It helps in improving their knowledge regarding effect of mobile phone use on psychosocial development in children among school children in selected High School, Kakching.

**Nursing Research**

The findings emphasis an extensive need to assess the effectiveness of Health Teaching Programme regarding effect of mobile phone use psychosocial development in children among school children in selected High School, Kakching.

**Recommendations**

Based on the findings of the study, the following recommendations have been made for study;

- A similar study can be done to assess the knowledge, attitude and practice of High school children regarding effect of mobile phone use on psychosocial development in children among school children in selected High School, Kakching.
- The study can be replicated on larger samples for better generalization.
- Structure teaching programme can be conducted among High School teachers on effect of mobile phone use on psychosocial development among High school children.

Health Teaching Programme can be conducted among the other groups regarding effect of mobile phone of High school children.

**Conflict of Interest**

I Prof. Waikhom Ranjana Devi, corresponding author, on behalf of all authors confirm that this manuscript is original and has not been published elsewhere and is not under consideration by any other journals. We agree with submission to International Journal of Nursing and Health Research.

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