



A Study To Assess The Knowledge And Attitude Regarding The Health Hazards Of The Bgmi Game Among Adolescents Studying In Selected Colleges G.I.C Kunjapur Haridwar (Uk).

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ARTICLE INFO	ABSTRACT
	<p>Most people around the world suffer from different kinds of addiction including drug addiction, mobile addiction, TV addiction name a few. The latest to join the bound Wagen is the BGMI. Mobile game addiction and this one is providing to be the worst of all. People who ae addicted to BGMI game that they often skip their meals and important work just to play the game, due to this people suffering from high risk of developing health issues such as chronic migraine, weakness, eyesight, heart problem, Alzheimer, depression, spondylitis, insomnia, obesity.</p> <p>The demographic variables of the samples in the study includes age, gender, education qualifications, knowledge regarding health hazards of using BGMI game and those information related to BGMI. In respect age of the age group (12.2%) of adolescent belongs to 15-16 years, 118(65.6%) of add.</p> <p>Keywords: BHMI , Knowledge, attitude, Adolescents, health hazzards.</p>

Introduction

The majority of individuals worldwide struggle with various forms of addiction, such as addiction to drugs, smartphones, and television, to mention a few. The biggest of all is the BGMI mobile gaming addiction, which is the most recent to join the trend. BGMI game addicts frequently skip meals and critical tasks in order to play the game, which puts them at risk for health problems such persistent migraines, weakness, poor vision, heart problems, Alzheimer's, melancholy, spondylitis, sleeplessness, and obesity. They loose interest in activities of daily living that are needed to stay healthy.

An online multiplayer battle royal game called Player Unknown's Battlegrounds (BGIM) was created and released by BGMI Corporation, a branch of the South Korean video game company Blue Hole. Inspired by the 2000 Japanese film Battle Royale, the game is based on moods previously generated by Brendan "Player Un known" Greene for other games. Greene's creative direction allowed the game to grow into a stand-alone title. Up to 100 players can parachute into an island in this game, where they must search for tools and weapons to kill other players without getting killed themselves. As the game progresses, the size of the safe region on the map becomes smaller, forcing surviving players into increasingly constrained places to induce interactions. The team or player in last place wins the round (Kenneth & Laura, 2014).

The World Health Organisation (WHO) designated the desire and compulsion for digital and video gaming as a mental health problem in 2018. Furthermore, the World Health Organisation (1992) defines online gaming addiction as a unique behavioural addiction marked by obsessive or excessive computer or video game playing that interferes with day-to-day functioning. Studies conducted in the last few years have shown that players struggle to limit how much time they spend playing video games. Excessive gaming time can seriously interfere with school, work, and social interactions in real life.

Addiction BGMI is a brand-new game that has recently gained a lot of popularity. In this multiplayer shooter game, teams or individuals fighting until only one person remains wins in a "battle royale" with up to 100 people. The game can be played with friends or strangers. The majority of players are hooked to this game and play it for extended periods of time. Even though this game is intended for players over sixteen because it requires user participation and digital transactions, a lot of kids play it. According to a research on gamers, 47% of the subjects have engaged in one or more very violent video game.

MATERIAL AND METHODS

Research Design

The study's descriptive research design was chosen in accordance with its goals. The goal of descriptive study design is to precisely and methodically characterise a population, circumstance, or phenomena.

POPULATION

In this present study, the population comprised of adolescents of selected college of Uttarakhand.

SAMPLE AND SAMPLE SIZE

In this present study, the sample comprised of 180 adolescents of 15 -19 years age group of selected college G.I.C Kunjapur Uttarakhand..

Non- probability convenient sampling technique was adopted for the study.

STATEMENT OF THE PROBLEM

"A study to assess the knowledge and attitude regarding the health hazards of the BGMI game among adolescents studying in selected colleges G.I.C Kunjapur Haridwar."

OBJECTIVES OF THE STUDY

1. To assess the knowledge regarding health hazards of BGMI gaming among adolescents in selected colleges of uttrakhand.
2. To assess the attitude regarding the health hazards of BGMI gaming among adolescents in selected colleges of uttrakhand.
3. To determine the association between knowledge regarding health hazards of using BGMI game among adolescent with their demographic variables

OPERATIONAL DEFINITIONS

- **Knowledge:** It refers to awareness of adolescent students regarding physical and psychological health hazards of BGMI game.
- **Attitude:** It refers to the way the adolescents act and approach to the health hazard of the BGMI game
- **Health Hazards:** It refers to the various dangers to health (physical and psychological) that occur due to BGMI game.
- **BGMI game:** It refers to an online multiplayer game which is hugely popular in younger generation now a days
- **Adolescents:** It refers to a transitional stage of physical and psychological development during puberty to adulthood.

ASSUMPTIONS

- Adolescents have an inadequate knowledge regarding health hazard of BGMI game.
- The attitude of the adolescents towards BGMI affects is measurable by attitude scale.
- The students will express frank opinion about health effect of BGMI game

The knowledge and attitude level of adolescents are variable

CONCEPTUAL FRAMEWORK OF THE STUDY

General system theory outlined by **Ludwig von Bertalaffy (1968)**. Its premise is that complex system share organizing principles which can be discovered and modeled mathematically. The term came to relate to find a general theory to explain all system in all fields of science.

System theory provides approach to understanding, analyzing, and thinking about organization.

ELEMENTS

Input

Maintenance input (Questionaries)

Throughput

Work done by user of Questionaries

Output

Exit or change existing system. System returns the product to the environment.

Feedback

Information about a reaction to a product and it used as basis for improvement can be ; Positive Feedback-move from status.

Negative Feedback return to status

Setting

The setting of the present study was selected college of Uttarakhand.

The rationale for selecting the college of Uttarakhand was:

- Availability of the subjects.
- Feasibility of conducting the study.
- Administrative approval and expectation of co-operation from the study subjects.
- Economy of time and easy access.

Sample and Sampling technique**Population**

In this present study, the population comprised of adolescents of selected college of Uttarakhand

Sampling Technique

Non- probability convenient sampling technique was adopted for the study.

Method of data collection is Virtual medium.

Inclusive Criteria

- Those adolescents whose age group is between 15 to 19 years age group of selected college, Uttarakhand.
- Those who were willing to participate in the study and available at the time of data collection

Exclusive Criteria

- Those adolescents who age group is below 15 years .
- Those adolescents who are not from the selected college of Uttarakhand
- Those samples who are not available during data collection time

Sampling Size

In this present study, the sample comprised of 180 adolescents of 15 -19 years age group of selected college G.I.C Kunjapur Uttarakhand..

Ethical Consideration

- Ethical permission was taken from Principal of selected college, Uttarakhand.
- Informed and written consent was obtained from the study subjects.
- Anonymity and confidentiality of participants were maintained by making use of code numbers. .
- The scientific objectivity of the study was maintained with honesty and impartiality.

Data Collection Tools and Techniques

The adolescents who met the inclusion criteria were selected using convenient sampling technique. The tool was divided into three parts to assess the background data, the knowledge and attitude level regarding health hazard of BGMI game among adolescents.

Validity of Tools

A letter requesting the opinion of experts about content validity was produced in order to guarantee the validity of the attitude scale and structured questionnaire. Experts are asked to evaluate the items based on the following criteria: relevance, clarity, practicality, and arrangement of the study's items. The tool was modified in response to ideas that were received. Language specialists approved the tool.

RESULT AND DISCUSSION

TABLE 1 Findings related to the knowledge score regarding health hazards of BGMI among adolescent.

Table No.1.b– Frequency and percentage distribution of knowledge score.
N=180

KNOWLEDGE SCORE	Poor (0- 10)		Average (11-20)		Good (21-30)	
	Frequency	%	Frequency	%	Frequency	%
Score	32	17.8%	142	78.9%	6	3.3%

The above table shows the frequency and distribution of knowledge score of adolescents related to health hazards related to BGMI. The table depicts that in 32 (17.8%) of the adolescent had poor knowledge, 142(78.9%) of the adolescent had average knowledge and only 6 (3.3%) of the adolescent possess good knowledge.

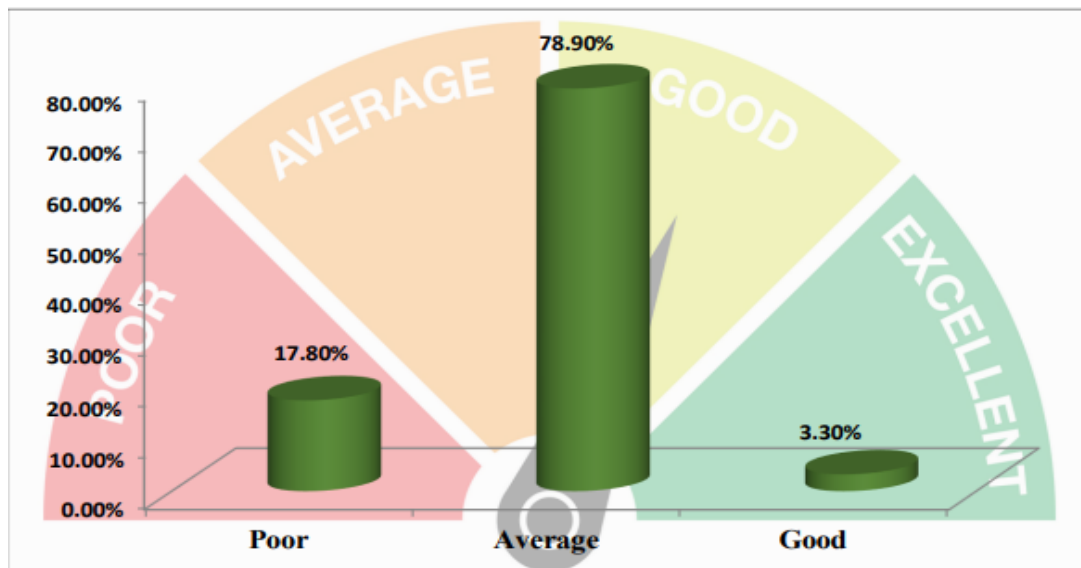


Figure No. 1 Cylindrical diagram showing percentage distribution of knowledge score.

Table No. 1.c Frequency distribution of mean and Standard deviation (SD) of knowledge score.

KNOWLEDGE SCORE	MINIMUM SCORE	MAXIMUM SCORE	MEAN	SD
Score	10	46	28.8	7.94

The table shows the mean and SD distribution of pre test and post test score of the sample. The table reveals that in the minimum score of the adolescents was 10 and maximum score was 46. The mean was 28.84 with 7.94 SD

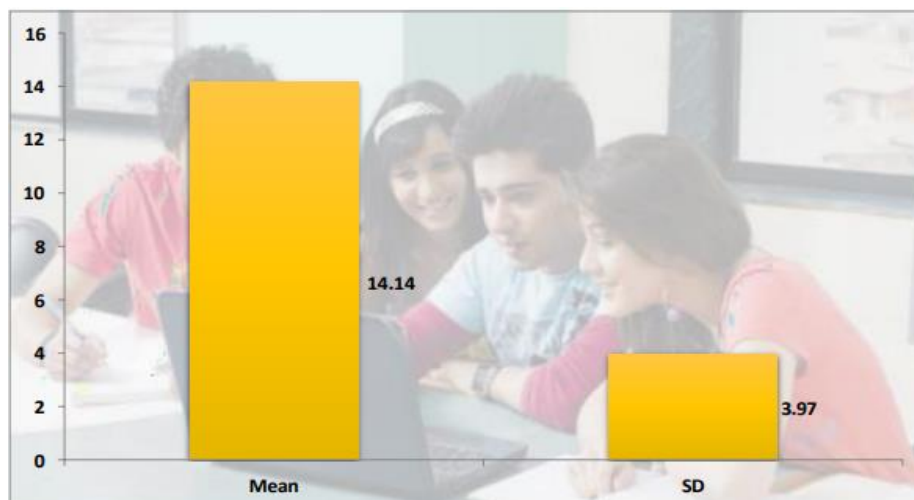


Figure No.- 8 Bar graph diagram showing mean and SD of knowledge score

SECTION –1. This section deals with the attitude of adolescent regarding health hazard of BGMI.

Table No. 1.d– Analysis of attitude score of adolescent regarding health hazard of BGIM.

ATTITUDE SCORE	Negative attitude (1- 80)		Positive Attitude (81-160)	
	FREQUENCY	%	FREQUENCY	%
Score	12	6.7%	168	93.3%

The table shows the attitude score. Among 180 adolescents, 168 (93.3%) adolescents possess positive attitude and 12 (6.7%) adolescents possess negative attitude towards health hazard of BGMI.

This section deals with the association of data with socio demographic variables.

Table No. 1.e Distribution of adolescents based on association between demographic variables and the knowledge score related to health hazard of BGMI.

S.N O	DEMOGRAPHIC VARIABLES		KNOWLEDGE SCORE		X ² YATES	D F	INFER ENCE
			BELOW MEDIAN	ABOVE MEDIAN			
1.	Age	15-16 years 17-18 years 18-19 years	30 56 24	12 62 16	1.0435	2	*
2.	Gender	Male Female	60 28	66 26	0.1355	1	*
3.	Educational qualification	Intermediate Graduate others	16 48 24	10 64 18	2.2204	2	
4.	Previous Knowledge	YES NO	48 38	68 26	2.6766	1	*
5.	Source of information	Mass Media Social Group Newspaper	40 36 12	20 60 12	6.292	2	*S

* Significant

** Not Significant

Table No. 1.e Revealed the association of score with the demographic variable making use of chi square with Yates correction.

DISCUSSION

The present study was conducted to assess the knowledge and attitude regarding health hazard of using BGMI games among adolescent in selected college G.I.C Kunjapur of Dehradun . In respect to fulfil the objective of the study, descriptive design was adopted. There were total 180 samples that fulfil the inclusion and exclusion criteria were selected through convenience non probability sampling technique. Data was collected by using structured questionnaire and then it was organized, analyzed and presented under following sections.

Section I - Description of demographic variables of the sample.

Section II - Findings related to knowledge regarding health hazard of using BGMI game among adolescent..

Section III – This section deals with the attitude regarding health hazard of using BGIM game among adolescent.

Section IV - This section deals with the association of knowledge score with selected demographic variables.

CONCLUSION

The present study was conducted to assess the knowledge and attitude regarding health hazard of using BGMI games among adolescent in selected college G.I.C Kunjapur of Dehradun . In respect to fulfil the objective of the study, descriptive design was adopted. There were total 180 samples that fulfil the inclusion and exclusion criteria were selected through convenience non probability sampling technique. Data was

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Section IV - This section deals with the association of knowledge score with selected demographic variables.

MAJOR FINDINGS OF THE STUDY

The demographic variables of the samples in the study includes age, gender, educational qualification, previous knowledge regarding health hazard of using BGMI game and the source of information related to BGMI.

In respect to age to the age group 22 (12.2%) of adolescent belongs to 15-16 years, 118 (65.6%) of adolescent belongs to 17-18 years of age group, and 40 (22.2%) of adolescent belongs to age group of 18-19 years

In relation to the gender of the adolescents majority of the students are male. i.e. 126(70%) and rest of the students are female i.e. 54 (30%).

According to the educational status of the adolescents 26(14.4%) had intermediate certificate, 112(62.2%) of them posses graduate degree. And 42(23.3%) had other qualification The graduates are those who after completing their general graduation started the course of nursing.

In respect to the previous knowledge regarding health hazard of using BGMI game many 116(64.4%) of the adolescents were having previous knowledge and 64(35.6%) of the student did not had any knowledge related to health azard of using BGMI game.

As per the source of information 60(33.3%) of the adolescent had knowledge through mass media, 96(53.3%) of the adolescent had knowledge from their social group and 24 (13.4%) of the adolescent receive through newspaper.

1. The first objective was to assess the knowledge regarding health hazard of using BGMI games among adolescent in selected college of Uttarakhand.

Assessment of the knowledge regarding health hazard of using BGMI game among adolescent .It reveals that in pre test 32(17.8%) had poor knowledge, majority of the adolescents 142(78.9%) had average knowledge and 6(3.3%) had good knowledge.

2.The second objective was to assess the attitude regarding health hazard of using BGMI games among adolescent in selected college of Uttarakhand.

1.The study shows that majority of the adolescents had positive attitude regading health hazard of using BGMI game i.e. 168(93.3%) and rest of the adolescent i.e. 12(6.7%) possess negative attitude .

3.The third objective was to find out the association between demographic variables and pre test score of adolescent regarding health hazard of using BGMI game

The test was used to find out the association between the pre test knowledge score and demographic variables. The result findings exhibited that one variable i.e. source of information at 0.05 level of significance had statistical significant association with the pre test knowledge score

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