EFFECTIVENESS OF DIVERSIONAL ACTIVITIES ON VIOLENT BEHAVIORS AMONG SCHOOL CHILDREN IN SELECTED GOVERNMENT SCHOOLS AT KANYAKUMARI DISTRICT

A DISSERTATION SUBMITTED TO THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY CHENNAI IN PARTIAL FULFILMENT FOR THE DEGREE OF MASTER OF SCIENCE IN NURSING

APRIL 2016

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Bonafide Certificate

This is to certify that the dissertation entitled **"A Study to Assess the Effectiveness of Diversional Activities on Violent Behaviors among school children in selected Government Schools at Kanyakumari District"** is the bonafide work done by **Mrs.Vijila, II year M.Sc. Nursing,** Sree Mookambika College of Nursing, Kulasekharam, under the guidance of **Mrs. Shanthi Msc (N) Assistant professor of child health nursing** in partial fulfillment of the requirement for the Degree of Master of Science in nursing under the Tamil Nadu Dr.M.G.R. Medical university, Chennai.

Place: Kulasekharam   **Principal**

Date: 10.02.2016   Sree Mookambika college of nursing

Kulasekharam

Declaration

I hereby declare that the present dissertation titled. **"A study to Assess the Effectiveness of Diversional Activities on Violent Behaviors among school children in selected Government schools at Kanyakumari District"** is the outcome of the original research works under taken by me under the guidance of **Mrs. Shanthi M.Sc(N) Assistant Professor of Child Health Nursing,** Sree Mookambika College of nursing, Kulasekharam. I also declare that the material of this has not formed anyway the basis for the award of any Degree or Diploma in this university or any universities.

Place: Kulasekharam   **Mrs.Vijila.S**

Date: 10.02.2016   II Year M.Sc (N)

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Abstract

The World Health Organization (WHO) recognizes violence as a leading Worldwide Public Health Problem. WHO defines violence as "The intentional use of physical force or power threatened against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development or deprivation? The public health and educational communities have launched a spectrum of violence prevention interventions to increase youth pro social behavior and reduce violence as a societal problem. The overall objective of the study was to assess the Effectiveness of Diversional Activities on Violent Behaviors by comparing the pre test and post test scores. The study was designed as pre experimental design with one group pretest and post test design. Total of 30 samples were selected by purposive sampling technique. The investigator used Violent Behavior Assessment Rating Scale to collect the data.

Pilot study was conducted with 3 samples. The result of the pilot study revealed that the tool was adequate. The main study was conducted on 30 selected School Children. Data were analyzed by descriptive and inferential statistics. The analysis revealed that there was a significant reduction in the Mean Violent Behavior. The pretest score was 24.7 and post test score was 9.2. Diversional activities reduced the level of violent behaviors. The value calculated for the difference of pretest and post test is statistically significant. The 't' value found 2.04 at 0.05 level of significant. That showed there was reduction in the level of violent behaviors. Chi-square test was used to analyze the association between the demographic variables and violent behaviors score. There is no association between violent behaviors and demographic variables such as age, sex, education of father, education of mother, family income, and area of living, duration of gaming/day, types of games, duration of watching Television /day, type of programme. Diversional Activities are effective in reducing the level of violent behavior in younger generation.

Key words: Violent Behaviors, Diversional Activities, School children.

CHAPTER - I

Introduction

"Violence is the last refuge of the incompetent"

"Violence naked force, has settled more issues in history than has any other factor"

Robert A Heinlein

Children as young preschoolers can show violent behavior. Parents and other adults who witness the behavior may be concerned however they often hope that young child will "grow out of it". Violent behavior in a child at any age always needs to be taken seriously. It should not be quickly dismissed as "just a phase they're going through.

Initially, between the ages of 18 months to 2 years, children find it extremely hard to communicate their needs to their parents, caregivers and other children. Negative behaviors are one way they may choose to get their points across. For older children the age of 3 and 6 such behaviors may be the result of never having learnt appropriate, non-aggressive ways of communicating when they were faced with a difficult situation. The cause of aggressive behaviors may be due to any or all of the following; self defense, being placed in a stressful situation, lack of routine, extreme frustration on anger, inadequate speech development, over-stimulation, exhaustion, lack of adult supervision, mirroring the aggressive behaviors of other children (Dr. Joan Simeo Munson).

Violence can be defined as the harmful and unlawful use of force or strength; or caused by physical assault. The violent person is commonly understood to be

someone who attacks another. We use the term in this book to refer to someone engaged, or engaging, in assault on another person either with or without the use of weapons (Tom Mason).

Aggression differs slightly from actual violence and refers more to a disposition to show hostility towards becoming violent, but clearly can also involve assault itself. Aggression is an extremely wide term with both negative and positive connotations. In this context we understand aggression to be an extreme negative tendency towards becoming assaultive (Mark Chandley).

"The intentional use of physical force or power, threatened or actual, against oneself, another person or against a group or community, that either results in or has a high likelihood of resulting in injury, death, psychological harm, mal development, or deprivation" (WHO).

The World Report on Violence and Health (WRVH) was produced by the World Health Organization (WHO) as part of its Plan of Action following resolution WHO 49.25 of the 1996 World Health Assembly to address violence as a public health priority. It is the first comprehensive summary of the problem of violence on a global scale and a call for action and violence prevention. This report provides pediatricians and pediatric institution with the rational for elevating the priority of child abuse prevention as a health intervention strategy. It strengthens legitimate claims to resources, whether national, regional, or local; governmental, institutional, or private; and either monetary or human. It promotes appropriate academic, legislative, media, and community attention to this important issue.

Violent behavior has been identified as a national health concern and a priority for intervention in the United States where occurrences exceed 2 million per year.

Violence is always an objectionable act that involves intentional use of force that result in injury to another person. Aggression is a behavior that can range from violent. Physical acts such as kicks and punches through verbal abuse, insults and nonverbal gestures. People who are aggressive behavior in way that demonstrates their anger. For e.g. Aggressive people may invade the personal space of others, shout or falls loudly hang their fists, stamp their feet, shake their hands, stare, until others feel uneasy or stand over people. The overall feeling projected is an attempt to dominate. Violence on the other hand can be defined as a serious physical attacks where the intent to cause harm to an individual or object. Verbal aggression is an emotion expressed through verbal abuse, lack of co -operation, violation of rules or norms or threatening behavior (Schultz videbeck 2005).

Violent behavior in children and adolescents can include a wide range of behavior explosive temper tantrums, physical aggressive fighting, threats or attempts to hurt others use of weapons, cruelty toward animals, fire setting, intentional destruction of property and vandalism.

The main causes of violent behavior and of conduct disorder is difficult to pin down. According to the American Academy of Child and Adolescent Psychiatry (AACAP) "Numerous research studies have concluded that a complex information or combination of factors leads to an increased risk of violent behavior in children and adolescents (AACAP).

Stephen Scott conducted a thorough review of the research on childhood conduct disorder. He found that children of antisocial parents are more likely to develop conduct disorder even if they are raised in an adoptive home. This suggests a hereditary or genetic cause of youth violence. At the same time the risks of developing conduct disorder is even higher among their children if they are raised in an unfavorable family situation, suggesting that environmental factors are also at work in causing violent behavior in children.

Scott reports that various aspects of parenting may contribute to violence behavior in children. He lists five parenting flaws in particular: poor supervision erratic, harsh discipline parental disharmony; rejection of the child and limited involvement in the child's activities. Parents who exhibit this behavior engage in a parent-child interaction pattern that inadvertently encourages and rewards aggressiveness in their children.

According to the office of Juvenile Justice and Delinquency prevention (OJJDP), "children who are exposed to violence undergo lasting physical, mental and emotional harm" and are more likely to engage in violence themselves. 60% of children in America are exposed to violence in the home, at school or in the community every year (OJJDP).

According to the AACAP, A variety of social and economic factors can create conditions that lead to violence among children and teens. These factors may include stressful family situations such as single parenting, the breakup of a marriage, parental unemployment, poverty and severe deprivation.

A developmental theory presented to account for the relation between increased exposure to media violence and increased aggressive behavior. It is argued

that the effect of media violence on individual differences in aggression is primarily the result of a cumulative learning process during childhood. Aggressive scripts for behavior are acquired from observation of media violence and aggressive behavior itself stimulates the observation of media violence. In childhood and adulthood, certain cues in the media may trigger the activation of aggressive scripts occurred in any manner and thus stimulate aggressive behavior. A number of intervening variables may either mitigate or exacerbate these reciprocal effects. If un dampened, this cumulative learning process can build enduring schemas for aggressive behavior that persist into adulthood. Thus, early childhood television habits are correlated with adult criminality independently of other likely causal factors. It is concluded that interventions directed at mitigating the effects of media violence on delinquency and criminality should focus on the pre Adolescent years (Rowell Huesmann, 1986).

Aggression as a characteristics way of solving social problems usually appears early in life. Like many other pathologies, it appears multiply determined. Neurological, hormonal, or other causes undoubtedly play a role in many cases. However, the presence of environmental, familiar, and cognitive characteristics that promote the learning of aggressive responses is probably more important in most cases (Eron Walder and Lefkowitz, 1971).

The American Academy of Pediatrics reports that exposure to media violence initiates problems with aggressive behavior, night mares, desensitization to violence, anxiety and depression. Repeated exposure to aggressive media creates an attitude that aggression is an appropriate problem solving tool that facilitates success. When children perceive frightening themes viewed on media as reality they determine that

their world is harrowing, sinister place. Children may exhibit sleep problems, miss school, withdraw from friends and fear that they may become a victim of violence.

As parents, few situations are more difficult to deal with than having a child who is aggressive towards other children. It can be embarrassing as well as frightening when the child bites, scratches or kicks to get his or her way. It's not uncommon for younger children to engage in this type of behavior at various points in their development and in a variety of settings. However, when it becomes very frequent or seems to be their consistent way of reacting to something they don't like, it is time to step in and help them change their behavior. The first step understands the reasons and why the child is choosing to act out this way, and non-aggressive ways to solve their problems (Dr.Joan Simeo Munson).

Role of violence and aggression in our society attempt at contributing towards and explanatory frame work of the role of violence and aggression in our westernized and psychiatrist society, we will focus on an examination of the macro -social structures that give us a glimpse into the cultural soul in which they are rooted. The number of violent films that have been produced and have been deemed successful in terms of box – office sales is vast. Their close up shots and slow motion scenes are testimonies to our need to see the intricacies of violence.

Responses to violence and aggression of numerous; some people become physically sick, whilst others develop emotional reactions. Although some find violence abhorrent, others may become psychologically excited, while still others become sexually aroused. However, the response that we wish to focus upon here is on grounded in fear as a reaction to the encroachment of violence and aggression; this is the most common reaction in the majority of people.

Blackburn (1993) identified differences between theories of aggression and antecedents of aggression. These, he argued, rested on different sets of assumptions, so that our understandings of the nature of aggression varied depending upon the emphasis placed on whether: (a) the components of aggression were either learned or unlearned, (b) the determinants were internal or external and (c) the processes were affective or cognitive. He stated that: they therefore differ in how they address the critical questions of how aggressive tendencies are acquired, maintained, and regulated, and how acts of aggression are "triggered" or provoked' (Blackburn, 1993).

Carney (1978) posited the view that: (a) aggressive individuals lacked the ability to trust, which was due to their poor role playing skills; (b) they were unable to feel, which was evidenced in their acting- out behavior; and (c) they were unable to fantasy as seen as in their impulsive behavior; and (d) they were lacking in both empathy and learning skills, which was manifested in their inability to learn from experience. Other researchers have concentrated on the presence of anger as a trait (Selby 1984), differences in self esteem (Blackburn and Lee Evnas 1985) and the social skills (Kirchner, Kennedy and Draguns 1979).

Environmental noise levels have also been studied in relation to aggression and Mueller (1983) has suggested that a relationship exist. Similarly, climatic factors such as temperature have also been suggested to be related to human aggression (Anderson 1989), as have ozone levels (Rotten and Frey 1985). However, Anderson (1989) noted that this relationship could well be accounted for by misattribution by the individuals concerned and Blackburn (1993) tempers the strength of the relationship by suggesting that these climatic factors may merely alter individuals' rate of social interaction, which governs the opportunities for aggression and violence. Gerlock and

Solmons (1983) found no significant relationship between aggression and violence, as evidenced by seclusion rates, and barometric pressure readings, biorhythms or birth signs. The invasion of personal space (Proxemic Behavior) is said to raise anger level (O' Neil et all 1979) and aggressive persons are said to prefer greater personal space distances (Kinzel 1979). However, proxemic preferences are culturally different, can change overtime, with experiences and, differ between individuals.

Zimpardo (1970) suggested that levels of anonymity are related to violence and factors such as the extent to which a person is involved in their cultural group, and the feelings of felt responsibility spread across members, contribute to a condition of deindividuation. This condition involves loss of self esteem, decreased self awareness and an unconcern for consequences, which make the person more likely to respond to aggressive cues.

Wolfgang's (1957) suggested that the majority of the homicides were triggered by the victim being the first two resort to aggression led to a negative response from some quarters and the claim that this suggestion blames the victim. More recently, however, it has also been reported that violence occurs owing to retaliation following insults (Felson and Steadman 1983) and also in an attempt to save face (Berkowitz 1986).

According to Chandley (1995) verbal de-escalation is a skill based on the theoretical understanding of human stress; and on what nurses refer to us "experience", which implies a degree of insight and the capacity to reflect creatively on past professional experience. Verbal de-escalation is a skilled intervention that is specifically used to intervene when a patient's behavior moves from being normal for that individual to a state that can be recognised as pre -aggressive. The technique

particularly lends itself to use by health care worker who spend long periods of time with patients, have formed a relationship, and can note the early warning signs.

Chandley (1995) suggests that: 'Verbal de-escalation is useful across many diagnostic categories in helping de-fuse situations likely to elicit violence but that the approach to de-escalation changes, qualitatively, depending upon the patient mental condition'. Lead Paterson (1995) discuss the concept of de-escalation, which is sometimes as 'defusing or talk down', concluding; that there is no standard approach, and that there cannot be as every situation demands that a balance of the therapist social skills be measured according to the exact situation.

Almost all researchers would agree that more aggressive children generally watch more television and prefer more violent television. This appears to be true of children in societies with rigidly controlled media and little media violence of children in free societies with substantial media violence. It also is as true today of girls in the Unites States as of boys. In fact, the relation disappears only when children are denied individual choice about what is viewed and subjected to strong group norms about how to react to what is viewed. E.g, among kibbutz children (Huesmann and Eron, 1986). Most readers would also agrees that the behavior of adults and children immediately after viewing a violent scene is more likely to be violent than at other times. The disagreements revolve around why these relations obtain, whether these relations are large enough to be of consent, and whether the so called violent behavior represents significant and social threats (Huesmann and Eron, 1986).

Need and Significance of the Study

According to the American Academy of Pediatrics website children between the ages of 2 and 18 spend an average of three hours each day for watching television. A three year National Television study reported by the American Academy of Pediatrics (AAP) found that children shows the most violence of all television programming statistics need that some cartoons average twenty acts of violence in one hour and that by the age of 18 children will have seen 16,000 simulated murders and 20,000 acts of violence on television. Young people are especially in jeopardy of the negative effects of television violence because many younger children cannot discriminate between what they see and what is real" (AAP).

Studies showed that children's game habits are contributing to risk factors for health, behavior and poor academic performance. It was reported that boys and girls play for an average of about five to thirteen hours. Some children spend more time that what is reported that were negative effects games on children, physical health including obesity, video induce seizures, postural, muscular and skeletal such were documented by the research (Meena Kumari).

The evidence strongly suggests that exposure to violent video games is a causal risk factor for increased aggressive behavior, aggressive cognition and aggressive affect and for decreased empathy and pro social behavior. Andersons earlier research shows that playing violent video games can increases a person aggressive thought, feelings and behavior both in laboratory settings and in daily life (Psychologist Craig A. Anderson).

Westermeyer and Kroll (1978) reported on a study of violence, and the cultural responses to it, in a 'peasant society' in Indo-China. This country, at the time of the study, was without psychiatrist or psychiatric institution. Persons in a Laotian village who became baa and violent were subject to several responses depending upon the extent of baa and the degree of violence shown. This could be loosely translated as an assessment of the person's dangerousness by family members, and whether they were in need of some assistance. The Laotian people had two options available to them when they sought help, depending on their geographical location. If they were close enough to a police station, a police officer would be summoned and would assess the baa person's requirements. The options ranged from restraints by holding, restraints by tying, restraints by chain, handcuffs and stocks, to incarceration in jail or a deep pit in the ground (seclusion). Holding the baa person may involve shifts of relatives and friends taking turns to hold the unfortunate person physically until he was calm; the restraint materials could include rope bamboo pieces, wire, cloth, handcuffs or chains. There were also stocks made of logs of wood with spaces hewn out for placing over the legs of the seated baa person. If there was no police station in the vicinity, then the local monastery would be contacted and similar assessment function would be undertaken by the monks.

The monasteries held the chains for the restraint and would loan them out to the family until the baa person was calm. Sometimes the monastery would take the violent villager into the monastery and keep him locked up until the violence dissipated. This non psychiatrist account of the 'folk' management of violence is the appeal to the law (police station) and morality, which has similarities to our own psychiatric system involving the Mental Health Act (legislation) and the higher morality of treatment (psychiatry) over retribution. This suggests that just as violence

is a universal phenomenon, so too is the appeal to legal and moral frameworks. It appears that the human species is not only concerned with the extent of violence of other members, but also, that the control of such aggression should be correct and proper.

Some longitudinal studies have shown this correlation (e.g. Feshbach and Price 1984) it should be noted that there is high incidences of false positives. It is now well established that early childhood experiences contribute to shaping the personality and, these signs are shown by children, they tend to increase the contact time with adults and siblings and receive an excess of negative reactions in response to them. However, others have argued that parental deviance, marital conflict, indifference from parents, reduced supervision by parents, and parents who are harsh, punitive and erratic, are contributing factors (Cortes and Gatti 1972, Kolvin et.all. 1988, West 1982).

Marra, Konzelman Giles (1987) attempted to assess dangerousness using a combination of an investigative approach followed by a categorical rating. In their method, an evaluation of patients' records is made using the patients' psycho social, medical legal history as a primary data base. This is then compared with known correlates of violence established from previous behavior patents that have resulted in dangerous behaviors to produce a possible future prediction for the patient in question. The patient is then given a low, medium-are high risk marker. Patients may be rated under the categories of; history of dangerous behavior, institutional records, stresses and means to violence, victim and environmental factors, mental disorder, psychological testing, actuarial scales and other moderating factors, to give a graphic representation of the dangerousness. Marra, Konzelman and Giles (1987) states that;

the research is the profile that represents the complex interactions of the ratings and the ability of the clinician to visually assesses consistency.

Castro mde L.cunha ss et.al (2011) conducted a cross sectional study on violence behavior and factors associated among students of central west Brazil. The result shows that violence prevalence was 18.6% varying with age 10.1% in the group aged 10 and 11 years. 20.2% for those aged 12-19 years and 4.5% in the group aged 20-21 years. The factors associated with violent behavior were use of alcohol (95%) use of psychoactive drugs (95%) male gender (95%) and unsatisfactory relationship between parents (95%).

Tonja R Nansel, PhD, et.al (2003) conducted a cross sectional study for the purpose of to determine the extent to which bullying and being bullied, both in and away from school, is associated with involvement in violent behavior. The sample size was 15686 students in grades 6 through 10 in public and private schools. The result shows that involvement in each of the violence related behaviors ranged from 13% to 23% of boys and 4% to 11% of girls. Bullying others and being bullied were consistently related to each violence related behavior for both boys and girls.

Polman H, et.al, (2008) conducted an experimental study of the differential effects of playing versus watching violent video games on children's aggressive behavior. The main aim of the study was investigating the differential effects of actively playing versus passively watching the same violent video game on subsequent aggressive behavior. The sample size was 57 children aged 10-13 played a violent video game, watched the some violent video game, or played a non violent video game. Aggression was measured through peer nominations of real life aggressive incidents during a free play session at school. The result shows that boys

behaved more aggressively than did the boys in the passive game condition. For girls, game condition was not related to aggression. These findings indicate that specifically for boys. Playing a violent video game should lead to more aggression than watching television violence.

Research studies have shown that much violent behavior can be decreased or even prevented risks factors are significantly reduced or eliminated. Most importantly effort should be directed of dramatically decreasing the exposure of children to violence in the home, community and through the media. Clearly violence leads to violence.

Statement of the Problem

"A study to Assess the Effectiveness of Diversional Activities on Violent Behaviors among School Children in Selected Government Schools at kanyakumari District."

Objectives of the Study

- To assess the level of Violent Behaviors among school children before the Diversional Activities.
- To assess the level of Violent Behaviors among school children after Diversional Activities.
- To Assess the Effectiveness of Diversional Activities among school children on Violent Behaviors.
- To find out the association between the level of Violent Behavior among school children and their selected demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, area of living, duration of gaming / day, type of games, duration of watching television/day, type of programme.

Hypotheses

> ➢ H_1-There is significant reduction in the level of Violent Behaviors after Diversional Activities.
>
> ➢ H_2.There is a significant association between the level of Violent Behaviors among school children and their selected demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, Area of living ,duration of gaming/ day, type of game, Duration of watching television /day, Type of programme.

Operational Definition:

Effectiveness:

In this study Effectiveness refers to the desired changes in the behavior among school children after the Diversional Activity and it to be measured by 'Violent Behavior Assessment Rating Scale'.

Diversional activity:

In this study Diversional Activity refers to the list of art activities like drawing, and colouring done by the school children for 1hour/day in 3weeks.

Violent behavior:

In this study violent behavior refers to those children use of physical force or violence to inflict harms to others, hitting, biting, breaking things, cruelty towards the animals etc., due to the effect of watching television and playing violent video games.

School Children:

In this study school children refers to those who are from the age of 6-8years and studying in 1ˢᵗ-3ʳᵈ standard.

Assumptions

➢ School children with Violent Behaviors due to playing violent video games and watching television.
➢ School children are at risk of developing aggressive behavior like stress, anger, hitting, breaking things, cruelty towards the animals...etc.
➢ Diversional Activities help to prevent (or) control Violent Behavior at home, school and community.

Limitations of the Study

➢ The study was limited to selective school children. [6-8 yrs]
➢ Study was limited to Government schools only.
➢ Sample size is limited to 30 school children.

Ethical Considerations

The study was being conducted after getting the approval from the dissertation committee of Sree Mookambika Institute of Medical Sciences and to get the written consent from the director of Sree Mookambika Institute of Medical Sciences, Kulasekharam. Before conducting the study investigator obtained permission from the school authorities for conducting the study in Government Primary Schools at Kanyakumari District.

Conceptual Framework

The conceptual framework used for this study was derived from J.W. Kenny's open system model. All living systems are open system. In which there is a continual exchange of matter, energy and information provides input for the system. The system transforms the input to the process is known as throughput. The energy of information is given off into the environment as output. When output is reformed into the systems as input, the process is known as feedback.

Input

In this study, input consists of information, material or energy that enters the system. Input is diversional activities. (Drawing, and colouring).

Throughput

In this study throughput refers to process after the input absorbed by the system in a way useful to the system. This transformation is called throughput. Throughput was the transformation process which is obtained by delivery of diversional activities.(Drawing and colouring).

OUTPUT

Violent Behavior

...ient Rating Scale.

THROUGH PUT

...ges on Behavior.

INPUT

...ing and coloring.

...retest

, duration of gaming per
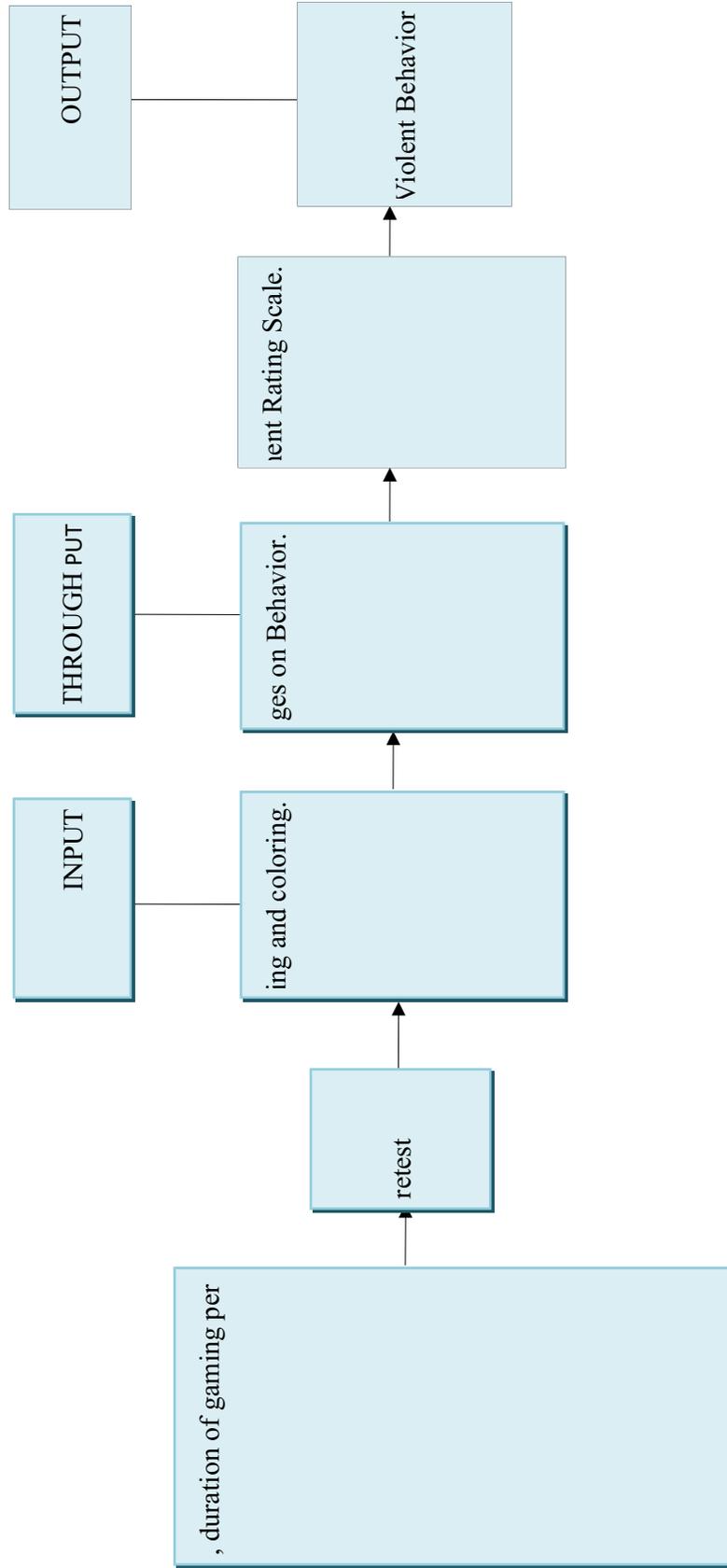
Figure 1 : **Conceptual Frame work on J.W. Kenny's Open system Model**

CHAPTER - II

Review of Literature

The reviews of literature is defined as broad comprehensive in depth systematic critical review of scholarly publication, unpublished scholarly print materials, audio visual materials and personal communication (Basavanthappa, 2002).

A literature review is an evaluative report of information found in the literature related to detected area of study. The review describes, summarizes, evaluates and clarifies this literature. It gives a theoretical base for the research and helps to determine the nature of research (Queensland University, 1999).

The literature is reviewed and presented under the following headings

1. Studies Related to Violent Behaviors
2. Studies Related Prevalence of Violent Behaviors
3. Studies Related to Risk Factors on Violent Behaviors
4. Studies Related to Effect of playing video games on Violent Behaviors
5. Studies Related to Prevention of Violent Behaviors
6. Studies Related to Diversional activities on Violent Behaviors

Studies Related to Violent Behaviors

Singer MI, et.al, (2013) conducted a study on contributors to violent behavior among elementary and middle school children. The main purpose of the study was to examine the relative contributions of exposure to violence, parental monitoring, and television-viewing habits to children's self-reported violent behaviors. The sample size was 2245 student participated in that study. The study was used a survey design with an anonymous self questionnaire administered to students. The result shows that hierarchical multiple regression analysis of the total sample revealed that the

contribution of demographic variables, parental monitoring, television viewing habits, and exposure to violence explained 45% of students self-reported violent behaviors. Violence exposure and parental monitoring were the most influential contributors in explaining children's violent behaviors, accounting for 24% and 5% of the variance in violent behaviors, respectively.

Eleanor Smith-Khuri, et.al,(2004) conducted a cross- national study on violence-related behaviors in adolescents. The purpose of the study was to determine and compare frequencies of adolescent violent –related behaviors in 5 countries and to examine associations between violence related behavior and potential explanatory characteristics. The result shows that fighting frequency among US youth was similar to that of all 5 countries. (Non fighters; US, 60.2%) as were the frequencies of weapon carrying (non carriers; US, 89.6%) and fighting injury (non injured; US, 84.5%) bullying frequency varied widely cross-nationally (non bullies; from 57.0 %, for Israel to 85.2% for Sweden). Fighting was most highly associated with smoking, drinking, feeding irritable or bad tempered, and having been bullied.

Singer MI, et.al, (2000) conducted a study on the relationship between children's threats of violence and violent behaviors. The purpose of the study to examine the relationship between students threats of interpersonal violence and self reported violent behaviors. The sample size was 9487 students. Anonymous self report questionnaires were administered to students. The result shows that multivariate logistic regression analyses revealed that threatening others infrequently or frequently was significantly associated with violent behaviors. Students who infrequently threatened were about 3 to 4 times more likely to report exhibiting each of the violent behaviors that students who did not threaten others, (OR=4.08-5.86). The relationship between frequently threatening others and violent behaviors was

especially strong (OR=7.19-24.30) and highest for the most severe forms of violence, knife attacks (OR=15.39-24.30) and shootings (OR=18.42).

Studies Related to Prevalence of Violent Behaviors:

Bao P. et.al, (2015) conducted a cross sectional study on to investigate the prevalence of adolescent violence behavior and to identify the relationship between specific strategies to regulate cognitive emotion and forms of violent behavior. The total sample size was 3315 students. The self reporting questionnaires were used to examine strategies to regulate cognitive emotion and violence related behaviors in young adolescents. The result shows that the most commonly reported type of violent behavior was verbal attack (48.6%) while 7% of students were involved in fights and 2.4% had been injured in fights, boys were involved in all forms of violent behavior studied and did so significantly more often than girls (P<0.05).

Frolich.J, et.al,(2009**)** conducted a study for the objective of to describe motivational and developmental characteristics attributed to computer games as well as the prevalence of computer playing in children and adolescents to better understand the risks for addictive use. The result shows that children with ADHD are especially vulnerable to addictive use of computer games due to their neuropsychological profile. Moreover excessive violent computer game playing might be a significant risk variable for aggressive behavior in the presence of personality traits with aggressive cognitions and behavior scripts in the consumers.

Tonja R.Nansel, et.al, (2008) conducted a study for the objective of to measure the prevalence of bullying behaviors among US youth and to determine the association of bullying and being bullied with indicators of psycho social adjustment social/emotional adjustment and parenting. The sample size was 15686 students in grades 6 through 10 in public and private schools. The result shows that a total of

29.9% of the sample reported moderate or frequent involvement in bullying as a bully(13.0%) one who was bullied (10.6%) or both (6.3%) males were more likely than females to be both perpetrators and targets of bullying. The frequency of bullying was higher among 6th through 8th grade students than among 9th and 10th grade students. Perpetrating and experiencing bullying were associated with poorer psycho social adjustment (P<.001); however, different patterns of association occurred among bullies, those bullied, and those who both bullied others and were bullied themselves.

Wesley R.Cole, et.al, (2008) conducted a cohort study for the purpose of the prevalence of aggressive behavior after sever Pediatric Traumatic Brain injury and identify predictors of aggressive behaviors one year post injury. The sample size was 97 children aged 4 to 19 years. Aggression was measured with a modified version of the Overt Aggression Scale (OAS). The result shows that aggressive behavior increased from pre injury to post injury. Pre injury factors including aggression, attention problems and anxiety were associated with increased post injury aggressive behavior. Children with greater disability after injury were also at increased risk for aggressive behaviors.

Studies Related to Risk Factors on Violent Behaviors

Ashlee M.Wiedeman, et.al, (2015) conducted a study on factors influencing the impact of aggressive and violence media and children and adolescents. The aim of the study was to examine various factors that may impact the risk of being influenced by the type of media. These factors can include time spent viewing media, conduct of media, viewed gender, age, psychological characteristics, family and peers.

Ferguson C.J, et.al, (2012) conducted a longitudinal study on a longitudinal test of video games violence influences on dating and aggression. The sample size

was 165. The result shows that exposure to video game violence was not related to any of the negative outcomes, depression, anti social personality traits, exposure to family violence and peer influences were the best predictors of aggression related outcomes.

Jennifer A. Manganello, et.al, (2009) conducted a prospective cohort study to examine associations of child television exposure and household television use with aggressive behavior among 3- year old children. The sample size was 3128. Childhood aggression was assessed with the child behavior checklist/2-3. The result shows that children who were spanked in the past month (B-1.24, P<.001) lived in a disorderly neighborhood (B=2.07, P<.001) and had a mother reporting depression (B=0.92, P<.001) and parenting stress (B=0.16, P<.001) were significantly more likely to exhibit aggressive behavior. Direct child television exposure (B=0.16, P<.001) and household television use (B=0.09, P<.001) were also significantly associated with childhood aggression, when controlling for other factors.

Christopher J.Ferguson, et.al, (2009) conducted a study for the purpose of examine the multivariate nature of risk factors for youth violence including delinquent peer associations, exposure to domestic violence in the home, family conflict, neighborhood stress, anti social personality traits, depression level and exposure to television and video games violence. The sample size was 603 predominantly Hispanic children (ages 10 to 14 years) and their parents or guardians responded to multiple behavioral measures. Child Behavior Check List (CBCL) was used. The result shows that delinquent peer influences, anti social personality traits, depression and parents/guardians who use psychological abuse in intimate relationships were consistent risk factors for youth violence and aggression.

Ez-Elarab Hs, et.al, (2007) conducted a cross sectional study on prevalence and risk factors of violence among elementary school children. The aim of the study was to measure the prevalence of violence, risk factors and different forms among elementary school children to identify consequences of violent exposure and children with abnormal behavior score. The total 500 samples were collected from two mixed schools. The result shows that prevalence of different forms of violence was higher among boys living with a single parent (OR=2.3) absence of an attachment figure (OR=13.6), instrumental delivery or Cesarean section (OR=1.9) corporal punishment (OR=3) relations with aggressive peers (OR=3) were risk factors for violence. Teachers' report of SDR revealed abnormal score of students' behavior in (32.4%) and (22%) students of public and private schools respectively.

Songul Yalcin S, et.al, (2002) conducted a cross sectional study to detect the factors that affect television viewing time and to evaluate their parents knowledge, attitudes and practices with regard to television. The result shows that the mean age for becoming a television viewer was 2.7+/-1.6 years, of all 62% of children spent > 2h/day watching television and 8.3% of children spent >4 hours. The television viewing time of child was significantly and positively correlated with that of siblings, mother and father for both groups. Age and sleeping time of the child, age and the education level of mother, presence of television in the child's room and the starting age watching television did not affect the viewing time. One half of parents reported that the television programs watched included violence and one third thought television depicts child abuse, especially emotional abuse.

Studies Related to Effect of playing video games on Violent Behaviors

Tortolero SR, et.al, (2014) conducted a cross sectional study on daily violent video games playing and depression. The main purpose of the study to examined the relationship between playing violent video games and depression especially among pre adolescent youth. The sample size was 5147 fifth grade students. The result shows that students who reported playing high violence video games for > 2 hours per day had significantly more depressive symptoms than those who reported playing low-violence video games for < 2 hours per day (P<0.001). The magnitude of this association was small, (Cohen's d=0.16) but this association was consistent across all racial/ethnic sub groups and among boys (Cohen's d values ranged from 0.12 to 0.25).

Anderson CA, et.al, (2008) conducted a longitudinal study on the effects of violent video games. The sample size was 181 Japanese junior high students ranging in age from 12-15 years. A second Japanese sample consisted of 1050 students ranging in age from 13 to 18 years. The third samples consisted of 364 United States, 3rd, 4th and 5th grades ranging in age from 9-12 years. The result shows that habitual violent video game play early in the school year predicted later aggression even after controlling for gender and previous aggressiveness in each sample. Those who played a lot of violent video games become relatively more physically aggressive.

Douglas A Gentile, et.al, (2004) conducted study on the effects of violent video game habits on adolescent hostility, aggressive behaviors and school performance. The aim of the study was to document the video game habits of adolescents and the level of parental monitoring of adolescent video game use and to examine association among violent video game exposure, hostility, argument with the teachers, school grades and physical fights. The sample size was 607 students. The result shows that adolescents who expose themselves to greater amounts of video

game violence were more hostile, reported getting into arguments with teachers more frequently, were more likely to be involved in physical fights, and performed more poorly in school. Meditational pathways were found such that hostility mediated the relationship between violent video game exposure and outcomes.

Jeanne D. Funk, et.al, (2004) conducted a study on violence exposure in real life video games, television, movies, and internet. The aim of the study was to determine if there is relationship between real life and media violent exposure and desensitization as reflected in related characteristics. The sample size was 154.

Bruce D. Bartholow.et.al, (2002) conducted a study on effects of violent video games on aggressive behavior. The aim of the study was to examine how playing a violent video games affected levels of aggression displayed in a laboratory. The sample size was 43 under graduate students. The result shows that playing the violent game would result in more aggression than would playing non violent game.

Studies Related to Prevention of Violent Behaviors

Maria V. Rodriguez – Frau, et.al, (2005) conducted a study on youth violence prevention curriculum for under graduate nursing and allied health students. The aim of the study was to promoting involvement of undergraduate health profession in child and youth violent prevention efforts. The sample size was 4065. The training curriculum was implemented in the academic year 2003-2004 as an under graduate in the disciplinary 3-credit course for nursing and allied health student at one of the schools of the medical sciences campus, university of Puerto Rico.

Melanie Lutenbacher, et.al (2002) conducted a study on planning youth violence prevention efforts. The aim of the study was to identify practical components

of decision making for youth violence prevention. Programme planning and identify differences in decision making across various provider sectors of the community. The sample size was 82. The result shows that all groups noted the lack of a systematic method of considering potential programme, the importance of youth and parental involvement efforts, lack of scientific base for many programmes concerns about exposure to violence and inappropriate role model in multiple environments.

Pamela Orpinas, et.al (1995) conducted a study on violence prevention in middle schools. The aim of the study was to evaluate the effect of a violence prevention curriculum and trained peer leader and self reported aggressive behaviors. Knowledge about violence and conflict. Resolution skills, self efficacy, and attitudes. The total sample size was 223. The result shows that the intervention reduced self reported aggressive behaviors among boys, but this reduction was significant only in two of the six intervention classes. Both interventions had an overall significant effect on increasing knowledge about violence and skills to reduce violence. After the intervention students also developed more negative attitude towards responding violently when provoked. Attitude changes were stronger among students from the teacher plus peer leader group. No intervention effect of observed on self efficacy or on attitude towards skills to reduce violence.

Studies Related to Diversional activities on Violent Behaviors

Sandra Jo Wilson.et.al,. (2007) conducted a study on school-based intervention for aggressive and disruptive behavior. The aim of the study was the effectiveness of school based psychological prevention programs for reducing aggressive and disruptive behavior was synthesized using meta analysis. 249 experimental and quasi experimental studies of school based programs with outcome

representing aggressive behavior and /or disruptive behavior were obtained. The result shows that positive overall intervention effects were found on aggressive and disruptive behavior and other relevant outcomes. The most common and the most effective approaches were universal programmes and targeted programmes for selected indicated children. The mean effect sizes for these types of programmes represent a decrease in aggressive/disruptive behavior that is likely to be of practical significance to school multi component comprehensive programme did not show significant effects and those for special school or class room were marginal. Different treatment moralities (e.g. behavioral, cognitive, social skills) produced largely similar effects. Effects were larger for better implemented programs and those involving students at higher risk for aggressive behavior.

Robert Hahn.et.al, (2007) conducted a study on effectiveness of universal school based programmes to prevent violent and aggressive behavior. Universal, school based programmes, intended to prevent violent behavior, have been used at all grade levels from pre kinder garten through high school. There programmes may be targeted to school in a high risk area-defined by low socio economic status or high crime rate-and selected grades as well. All children in those grades receive the programmes in their own class rooms, not in special pull –out section. According to the criteria of the systematic review methods developed for the guide to community preventive services, there is strong evidence that universal, school based programmes, degrees, rates of violence among school aged children and youth. The programme effects were consistent at all grade levels.

Marry Ann Limpos et.al, (2007) conducted a study on effectiveness of interventions to prevent youth violence. The aim of the study was to identify

interventions effective in preventing youth violent behavior and commonalities of effective and ineffective interventions. The result shows that overall 49% of interventions were effective. Tertiary level interventions were more likely to report effectiveness that primary or secondary level interventions. Effective interventions evaluated by randomized control trials included responding in peaceful and positive ways, Aban Aya youth project, moving to opportunity, early community based intervention programmme, child haven's therapeutic child care programme, turning point; rethinking violence, and a multi systemic therapy programme, differences among programme and within sub population could not be assessed because of inadequate data.

CHAPTER - III

Methodology

Introduction

Research methodology is the way to systematically solve the problems. Methodology occupies a key position as far as research documentation is concerned. It may be understand as a science of studying how research is done. It involves the systematic procedure by which the researcher starts from the initial identification of the problem to its final conclusion.

Research Approach

The research approach used for the study was quantitative evaluative approach.

Research Design

The researcher plan is to use pre experimental design with one group pretest and post test design. It is represented as

$O_1 \, X \, O_2$

O_1 - Pre test to assess the level of Violent Behaviors.

X - Diversional Activities on Violent Behaviors

O_2 - Post test to assess the Effectiveness of Diversional Activities on Violent Behaviors.

Variables:

Independent variable   - Diversional Activities

Dependent variable   -   Level of Violent Behaviors.

Demographic variable -

1. Age
2. Sex
3. Education of father
4. Education of mother
5. Occupation of father
6. Occupation of mother
7. Family income
8. Area of living
9. Duration of gaming /day
10. Type of game
11. Duration of watching television / day
12. Type of television programme

Setting of the study

The setting of the study was in Government Primary Schools at Unnamalaikadai and Kanjiracode in Kanyakumarai district.

Population:

The total population of this study consists of school children in the age group of 6-8 yrs.

Target Population :

The study was comprised of all school children.

Accessible Population :

School children between the age group of 6 to 8 years studying in Government schools of Unnamalaikadai and Kanjiracode.

Sample Size:

In this study the investigator has selected 30 school children with the age group of 6-8 yrs. studying in government primary schools at Kanyakumari District.

Sampling Technique:

Purposive sampling technique was used to select the samples.

Sample Selection Criteria:

Inclusion criteria:

- Children between the ages of 6-8 yrs.
- Mothers who can read and talk in Tamil.
- Those who are willing to participate.

Exclusion criteria:

- Those children are absent or sick on the day of data collection.
- Child with autism and mentally challenged children.

Data Collection Tool

After extensive review of literature and expert guidance the tool was prepared. The tool consists of two sections.

Section A: Demographic variables

Such as

1. Age
2. Sex
3. Education of father
4. Education of mother
5. Occupation of father
6. Occupation of mother
7. Family income
8. Area of living
9. Duration of gaming/day
10. Type of game
11. Duration of watching television /day
12. Type of television programme

Section B

Violent Behavior Assessment Rating Scale. It consists of 25 statements regarding Violent Behaviors.

Score interpretation:

Each statement scores:

Always-2

Sometimes-1

Never-0

Scoring Interpretation

Mild   =   1- 10

Moderate =   11- 30

Severe   =   31- 50

Testing of Tool

Validity:

Content validity of tool was established from 6 experts. 5 experts from the field of Child Health nursing department and one from Child Health medicine department. The necessary suggestions testing the tool and modifications were incorporated in the final preparation of the tools.

Reliability:

Reliability of the tool was identified in 3 samples by using purposive sampling method and the results from evaluated by using spearman's co-relation formula the findings shows that r=0.91 so the tool is reliable.

Pilot Study:

In order to find the feasibility and practicability of aged a pilot study was conducted in government primary school at Kanjiracode. After getting permission from the school head master the pilot study was conducted for a period of 7days. Violent Behavior Assessment Rating Scale was used for pilot study. The finding revealed that the study was possible and the tool was appropriate for the study.

Data Collection Procedure:

Data collection was conducted within the given period of 1 month. Before conducting the study the investigator obtained written permission from the school authorities. The investigator explained about the purpose of conducting this study and their willingness to participate in the study was obtained and their response was assessed confidentially. The investigator was selected the samples from Government primary school at Unnamalaikadi and Government primary school at Kanjiracode. The total strength of the students in Government Primary school at Unnamalaikadai was 60 students. The investigator selected 45 samples by purposive sampling

technique. The pretest was conducted with the help of Violent Behavior Assessment Rating Scale. 20 samples were selected according to the severity of violent behavior. The total strength of the student in Government Primary school at Kanjiracode was 30 students. The investigator selected 18 samples by purposive sampling technique. The pretest was conducted with the help of Violent Behavior Assessment Rating Scale.10 samples were selected according to the severity of Violent Behavior. Diversional Activities were given selected 30 samples. After 3weeks post test was conducted by using Violent Behavior Assessment Rating Scale.

Plan for Data Analysis:

The data analysis was done by using inferential and descriptive statistics such as percentage, mean, t-test and chi-square test.

DATA ANALYSIS	REMARKS
Descriptive Statistics	
Mean	To describe Demographic Variable
Standard Deviation	To find out positive square root of mean Of squared deviation.
Inferential Statistics	
t-test (Paired)	To find the significant difference between two means
Chi square test	To find out the association between two variables

Post test	r intervention
	la Analysis
Intervention	nal activity.
Pretest	intervention
Tool	graphic data
	GN
Sampling technique	le size is 30.
Population	of 6-10 yrs.
Setting	mari District.
Design	ost test design.
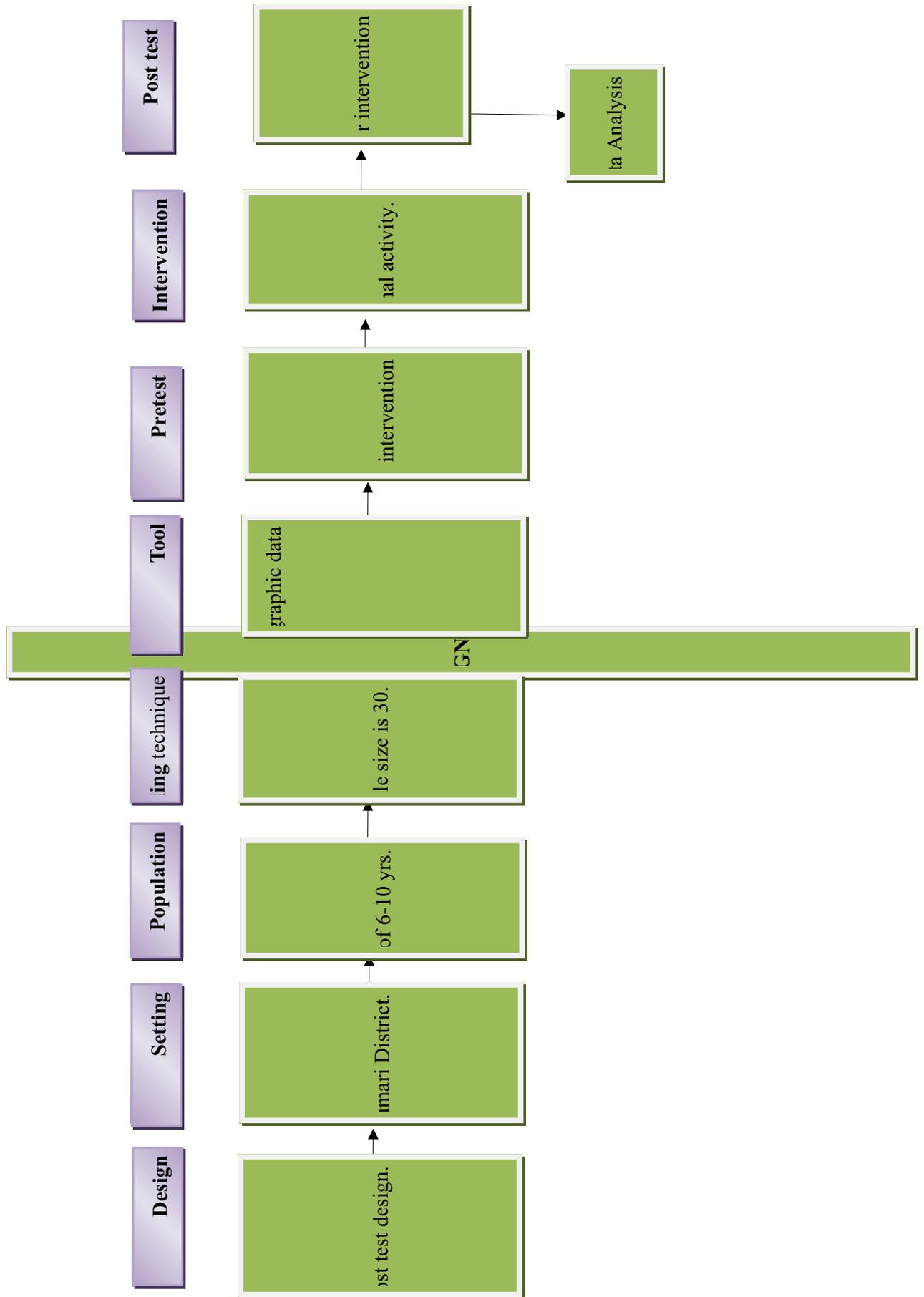
CHAPTER - IV

Data Analysis and Interpretation

Statistical analysis is a method of rendering quantitative information meaningful and intelligible. It is intended to bring to light the findings of the study.

This chapter deals with the analysis and interpretation of data collected in accordance with the objectives stated for the study. The data collected was analyzed by using descriptive and inferential statistics.

The analysis and interpretation of Violent Behavior regarding Diversional Activities, Effectiveness of Diversional Activities was made by descriptive statistics and demographic variables with level of Violent Behaviors were analyzed and interpreted by chi-square test, the level of significance was tested.

Objectives of the Study

1. To assess the level of Violent Behaviors among school children before the Diversional Activities.
2. To assess the level of Violent Behaviors among school children after the Diversional Activities.
3. To assess the Effectiveness of Diversional Activities among school children on Violent Behaviors.
4. To find the association between the level of Violent Behaviors among school children and their selected demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, area of living, duration of gaming/day, type of games, duration of watching Television /day, type of programme.

Section A

Table 1

Distribution of sample according to their demographic variables of study subjects.   N=30

S.NO	Demographic Variables	Children	
		Frequency	Percentage
1	Age:		
	a) 6 < 7 yrs	15	50
	b) > 7-8 yrs	15	50
2	Sex:		
	a) Male	22	73
	b) Female	8	27
3	Education of father:		
	a) Illiterate	0	0
	b) Primary	5	17
	c) High School	14	47
	d) Higher Secondary or above	11	36
4	Education of mother:		
	a) Illiterate	0	0
	b) Primary	7	23
	c) High School	4	14
	d) Higher Secondary or above	19	63
5	Occupation of father		
	a) Unemployment	0	-
	b) Daily Wages	22	73
	c) Private Employee	8	27
	d) Govt. Employee	0	-

Table One continued ……………..

S.NO	Demographic Variables	Children	
		Frequency	Percentage
6	Occupation of mother		
	a) Unemployment	11	50
	b) Daily Wages	11	36
	c) Private Employee	2	7
	d) Govt. Employee	2	7
7	Family Income:		
	a) <5000	1	4
	b) 5000-10,000	17	56
	c) >10,000	12	40
8	Area of Living		
	a) Rural	2	7
	b) Urban	28	93
9	Duration of gaming/day		
	a) <1 hour	9	30
	b) 1-2 hours	20	66
	c) 3-4 hours	1	4
10	Type of game		
	a) Chotta Bheam	12	40
	b) Robo Man	8	27
	c) Car Race	7	23
	d) Spider Man	3	10
11	Duration of Watching Television/day		
	a) < 1 hour	9	30
	b) 1-2 hours	21	70
	c) 3-4 hours	0	0
12	Type of Television Programme:		
	a) Jocky-John	14	47
	b) Dragon Falls	7	23
	c) Tom and Jerry	3	10
	d) Sindhubath	6	20

The above table(1) reveals that 50% were 6-< 7years of age and 50% were >7-8 yrs of age and 73% were males and 27% were females. Regarding educational status of father 16% completed their primary education 47% high school and 37% higher secondary or above. Among education of mother 24 % completed their primary education, 13% high school and 63% higher secondary or above. Regarding occupation of father 74% daily wages, 26% private employees. Among occupation of mother 50% unemployment, 86% daily wages, 7% private employee, 7% Government employee. Regarding family income 4% < Rs.5000, 56% Rs.5000-10,000, 40% > Rs.10,000. Area of living 7% Rural and 93% Urban. Duration of gaming/day 30% < 1 hour, 66% 1-2 hours and 4% 3-4 hours. Type of games 40% Chotta Beam, 26% Robo Man, 24% Car Race, 10% Spiderman. Duration of watching television/day 30% < 1 hour, 70% 1-2 hours. Type of television programme 46% Jocky John, 24% Dragon Falls, 10% Tom and Jerry, 20% Sindhubath.

Figure 3 : **Bar diagram represents distribution of samples according to the age**

Sex
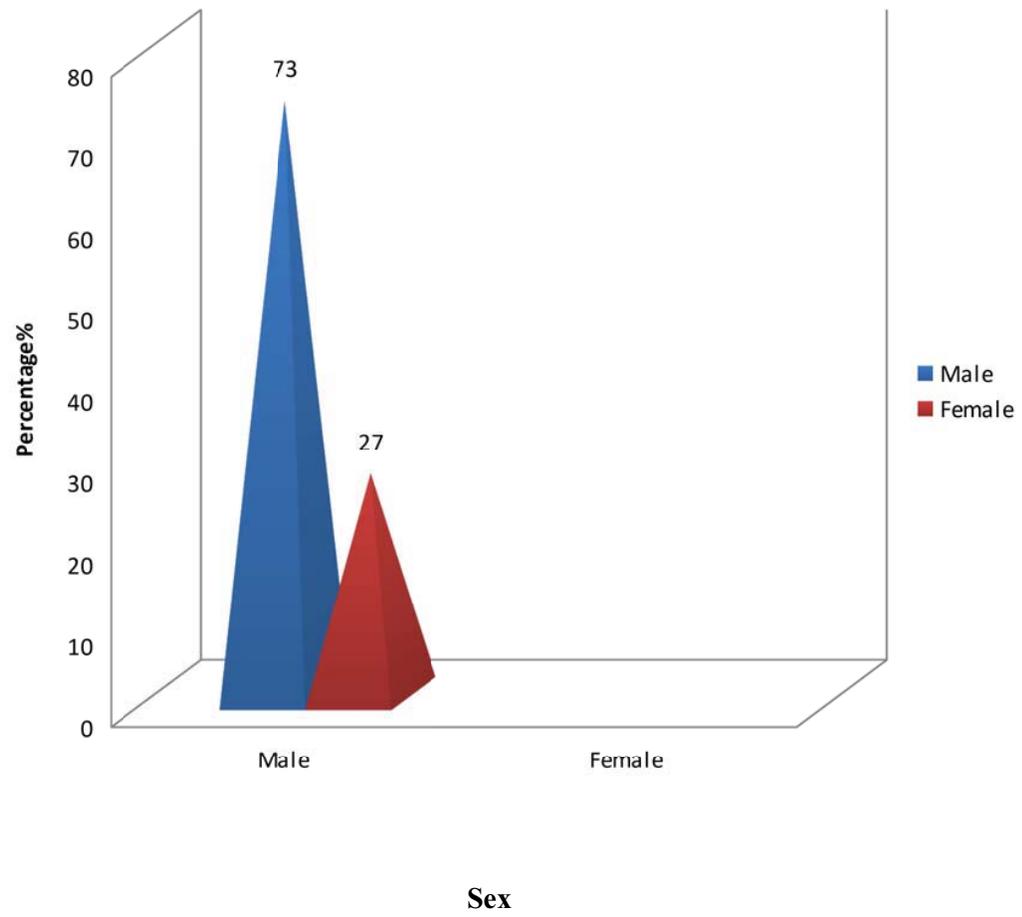
Figure 4 : **Bar diagram represents distribution of samples according to the sex**
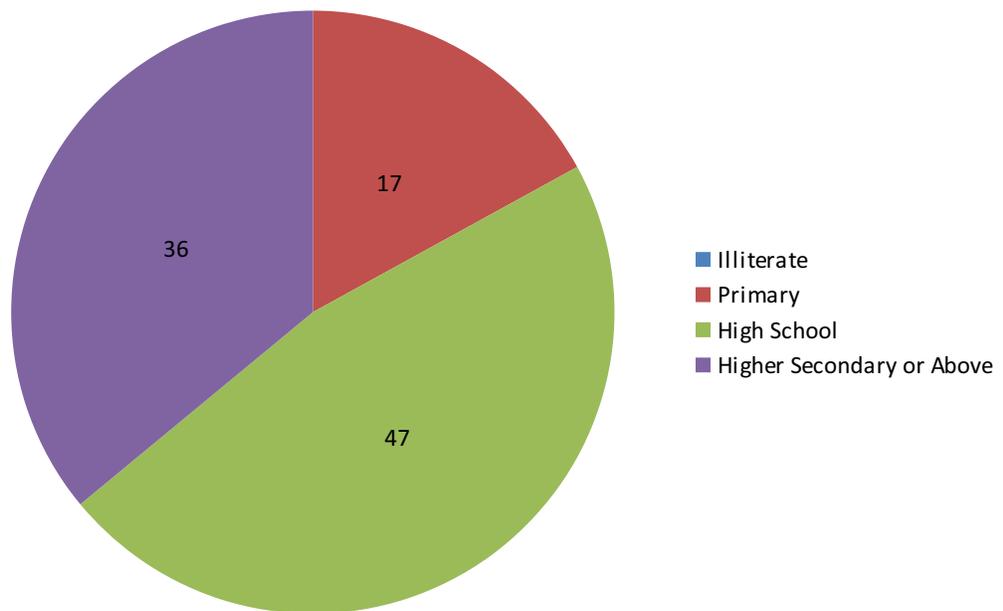
Education of Father

Figure 5 : **Pie Diagram represents distribution of samples according to the**

education of father
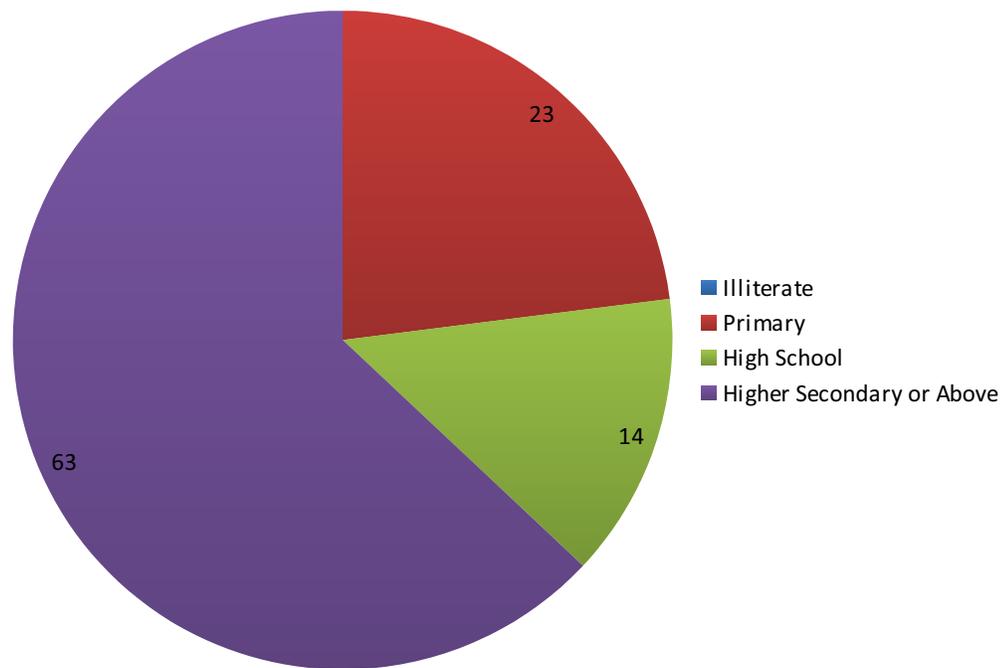
Education of Mother

Figure 6 : **Pie diagram represents distribution of samples according to the education of mother**
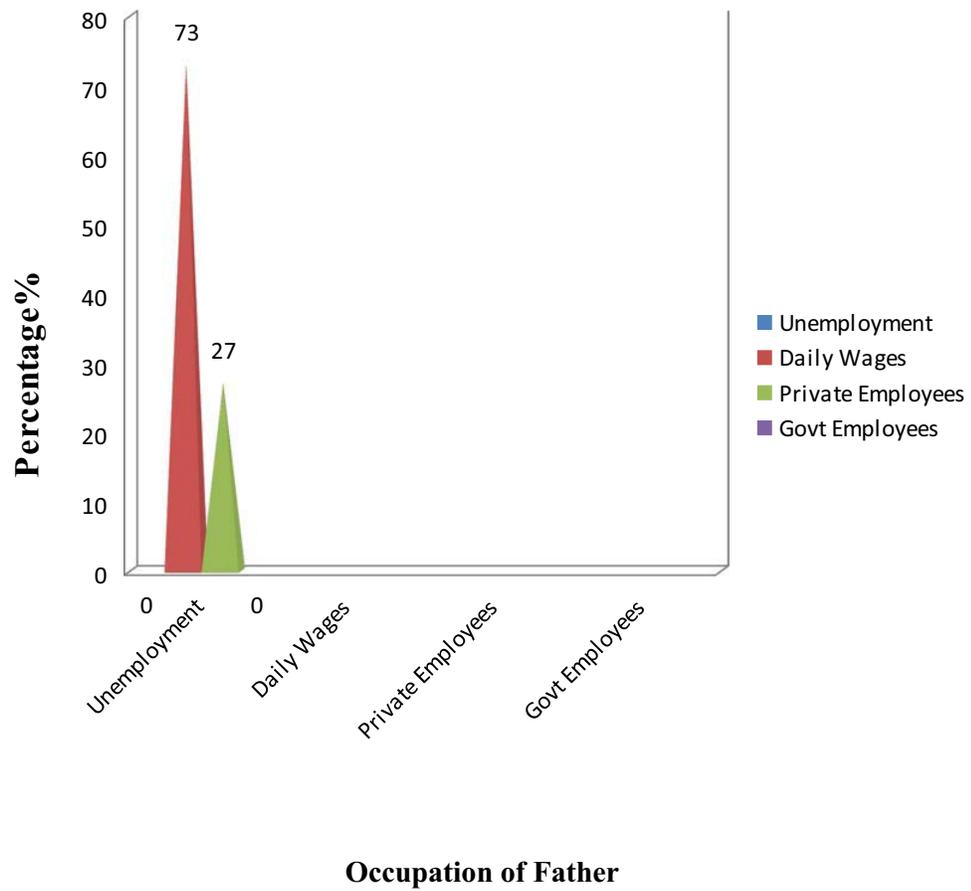
Figure 7: **Bar diagram represents distribution of samples according to the occupation of father**

Occupation of Mother
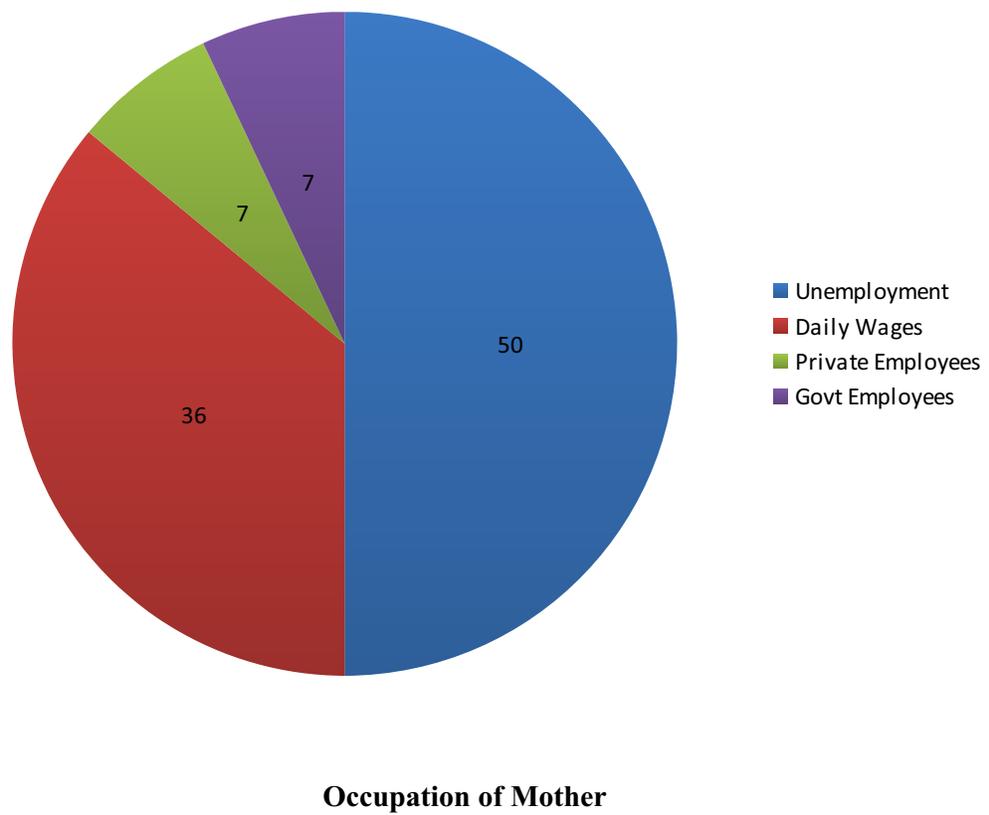
Figure 8 : **Pie diagram represents distribution of samples according to the**

Occupation of Mother
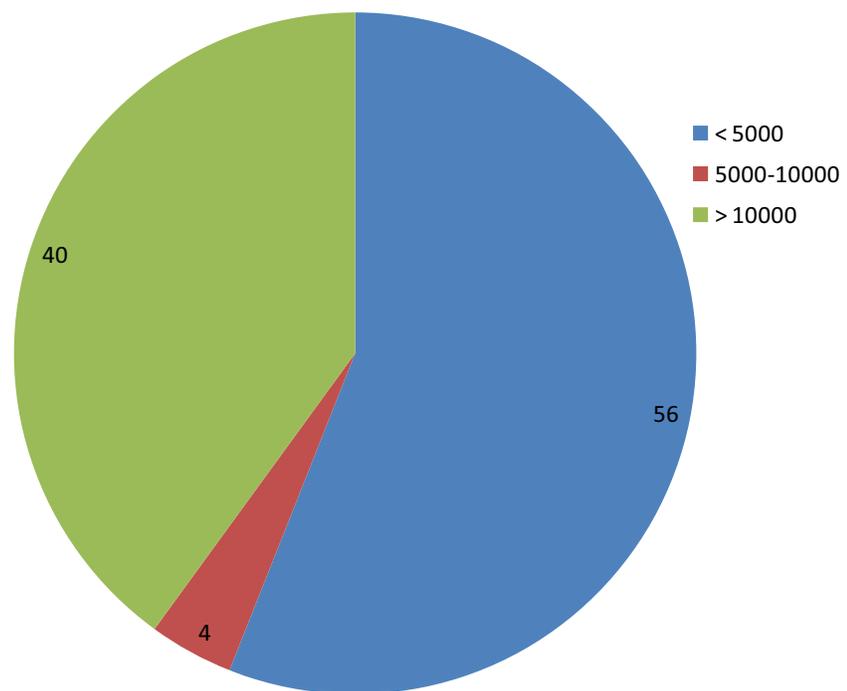
Family Income

Figure 9 : **Pie diagram represents distribution of samples according to**

the Family Income
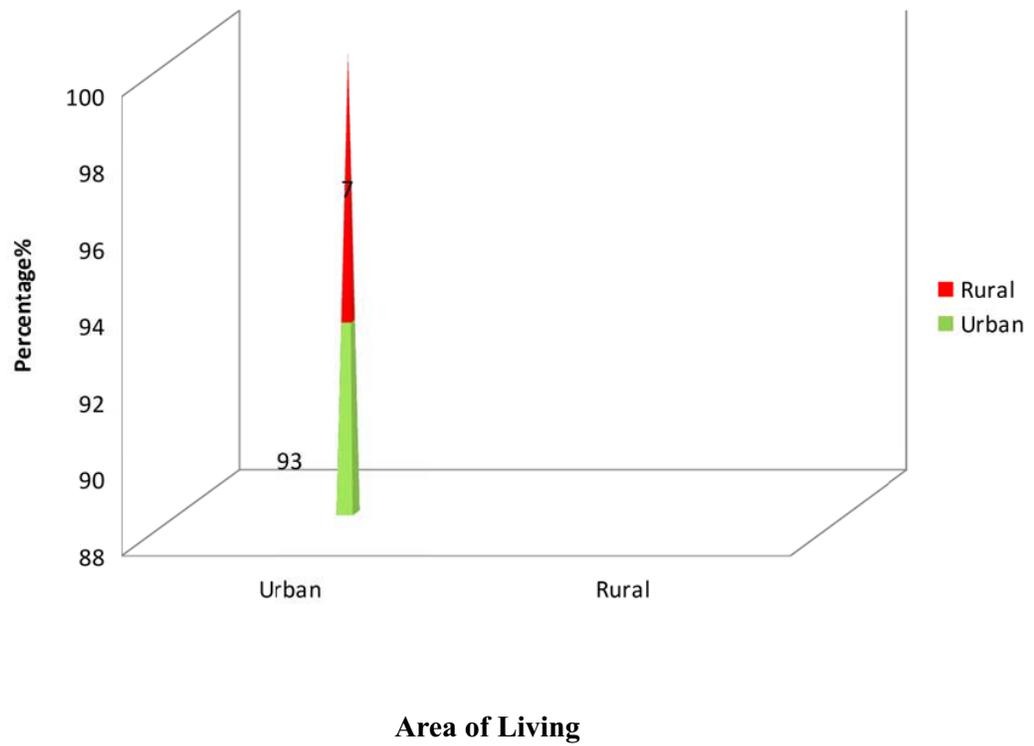
Area of Living

Figure 10 : **Bar diagram represents distribution of samples according to the area**

of living
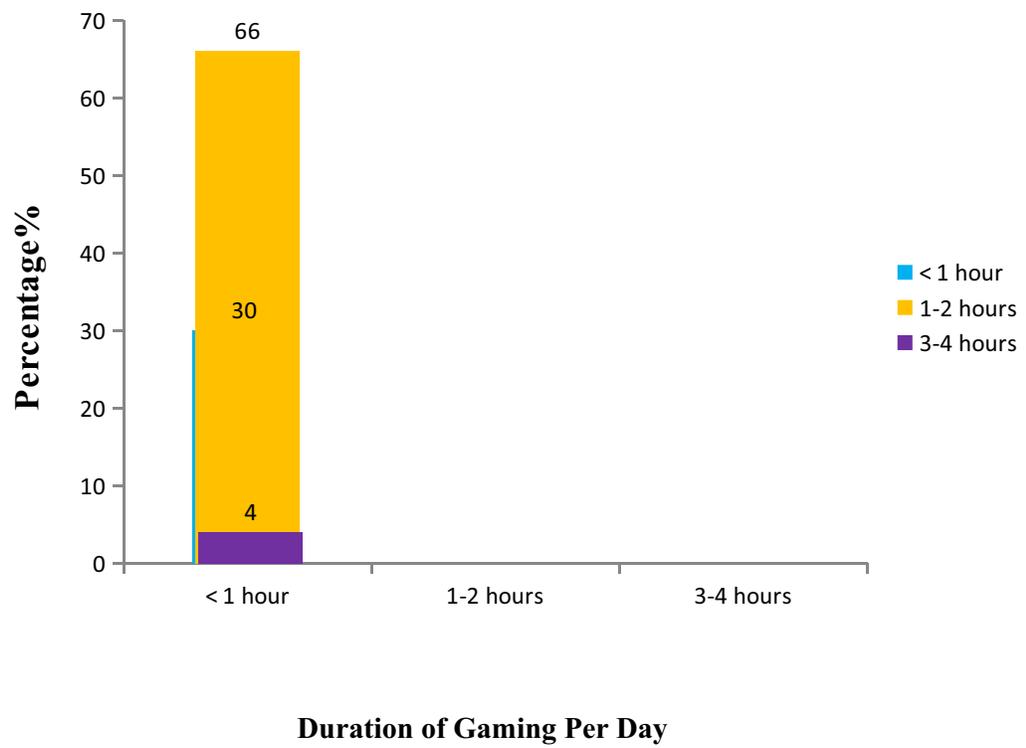
Figure 11 : **Bar diagram represents distribution of samples according to the**

duration of gaming per day
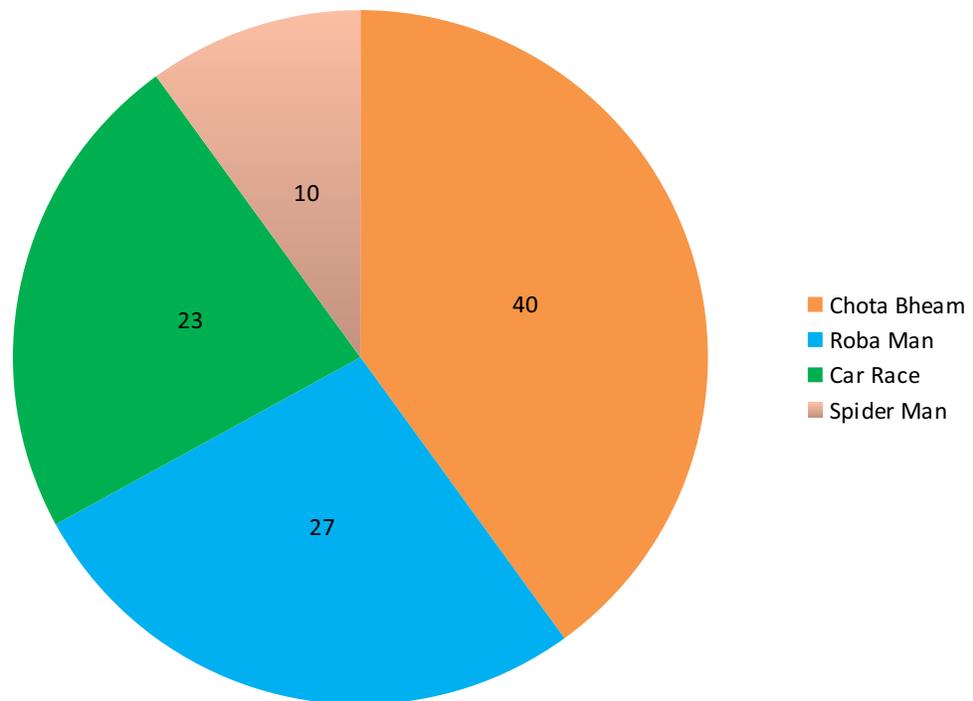
Type of Game

Figure 12 : **Pie diagram represents distribution of samples according to the type**

of game
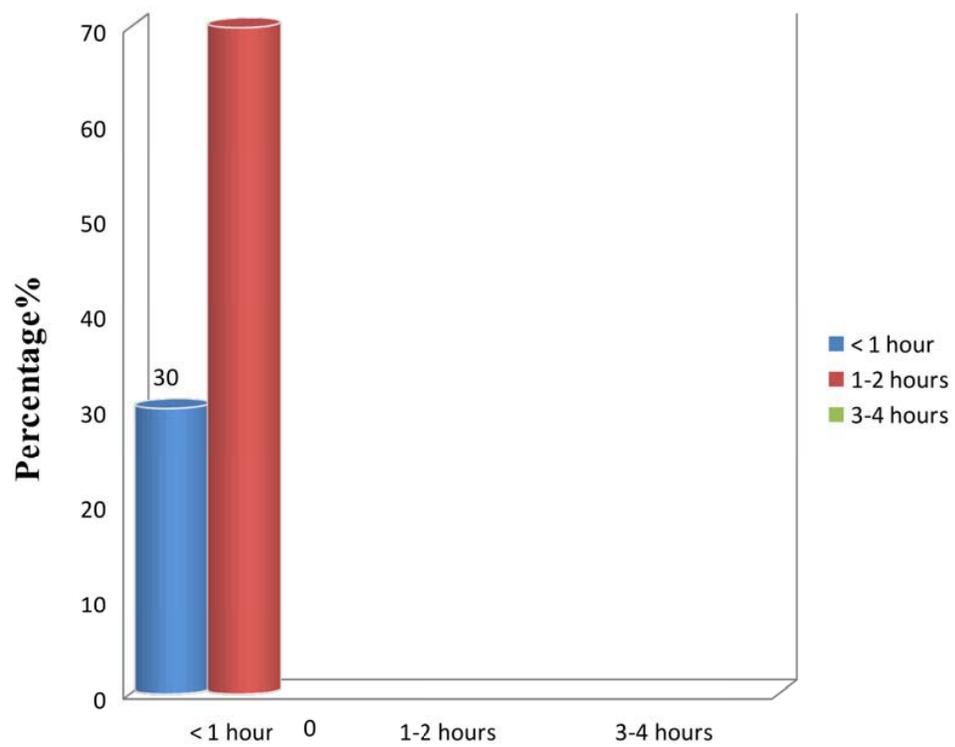
Duration of watching television per day

Figure 13 : **Bar diagram represents distribution of samples according to the**

duration of watching television per day
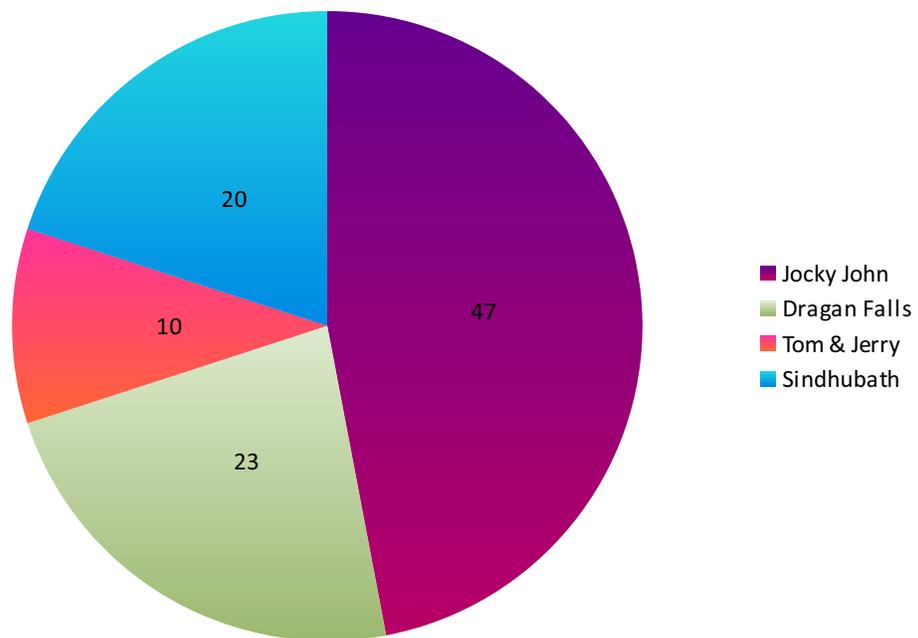
Type of Television Programme

Figure 14 : **Pie diagram represents distribution of samples according to the type**

of television programme

Section B : This section deals with the distribution of mean and standard deviation of effectiveness of Diversional Activities on Violent Behaviors among school children.

Table 2

Frequency and percentage distribution according to level of violent behaviors

N=30

Violent Behavior Score	Pre test		Post test	
	Frequency	Percentage	Frequency	Percentage
Mild(1-10)	0	0	23	77
Moderate(11-30)	25	83	7	23
Severe(31-50)	5	17	0	0

The above table (2) reveals that the frequency and percentage distribution according to level of Violent Behavior.
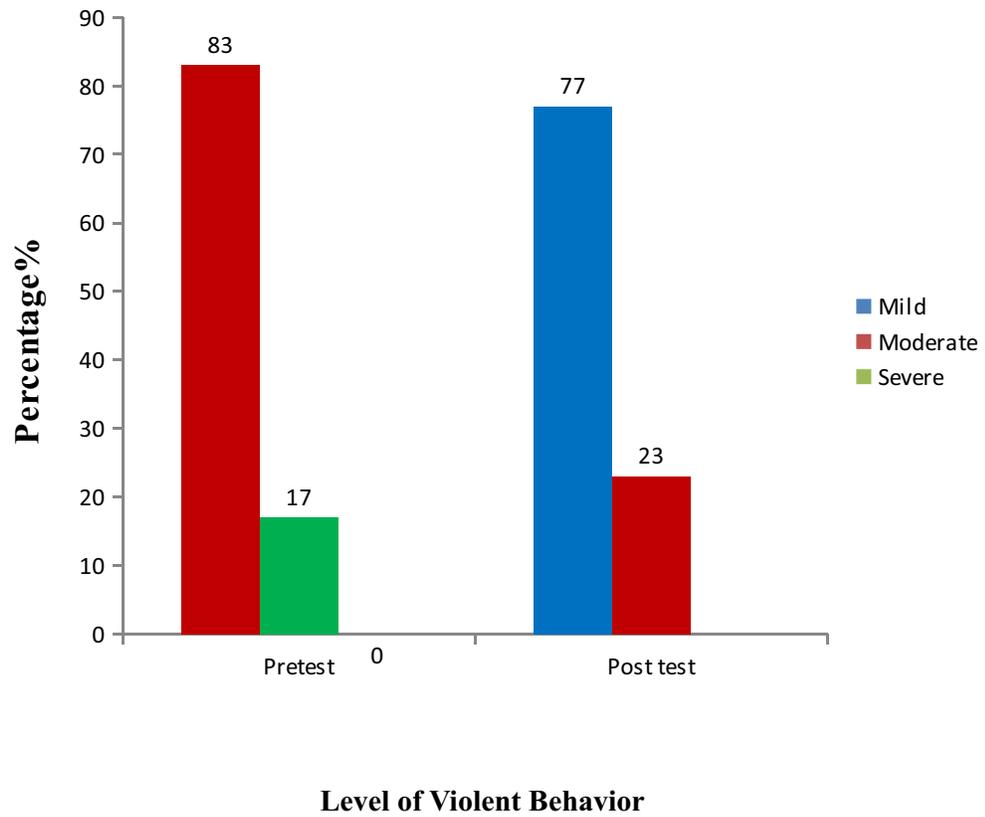
***Figure 15 :* Frequency and percentage distribution of samples according to level of violent behavior**

Section C : This section deals with Effectiveness of Diversional Activities on Violent Behaviors by comparing pretest and post test score among school children.

Table 3

Effectiveness of Diversional Activities on Violent Behaviors among school children **.**   N=30

Category	Pre test		Post test		df	t value	Table value
	Mean	SD	Mean	SD			
Violent behavior level	24.7	4.57	9.2	3.44	29	27	2.04

The above table (3) reveals that the Effectiveness of Diversional Activities on Violent Behaviors among school children. The mean score was decreased after giving Diversional Activities from 24.7 to 9.2 and the standard deviation was 4.57 to 3.44 respectively. t=27, level of significance=0.05. The above table reveals that the calculated value is higher than that of the table value (table value is 2.04) with df 29 and 0.05 level of significance.

There is significant reduction in the level of Violent Behavior after Diversional Activities.

Section D : This section deals with association between the level of Violent Behavior and selected demographic variables such as age, sex, education of father, education of

mother, occupation of father, occupation of mother, family income, area of living, duration of gaming/day, type of game, duration of watching television/day, type of television programme.

Table 4

Association between violent behavior and selected demographic variables

N=30

S.NO	Demographic variables	Frequency	X^2	df	table value
1	Age:				
	a) 6-<7yrs	15	1.2	1	3.841
	b) >7-8 yrs	15			
2	Sex				
	a) Male	22	1.6	1	3.841
	b) Female	8			
3	Education of father:				
	a) Illiterate	0			
	b) Primary	5			
	c) High School	14	0.6	3	7.815
	d) Higher Secondary	11			
	or above				
4	Education of mother:				
	a) Illiterate	0			
	b) Primary	7			
	c) High School	4	0.8	3	7.815
	d) Higher Secondary				
	or above	19			

Table Four Continued ……………

S.NO	Demographic variables	Frequency	X^2	df	table value
6	Occupation of mother	15			
	a) Unemployment	11			
	b) Daily Wages	2	0.08	3	7.815
	c) Private Employee				
	d) Govt. Employee	2			
7	Family Income:				
	a) <5000	1			
	b) 5000-10,000	17			
	c) >10,000		1.8	2	5.99
		12			
8	Area of Living				
	a) Rural	2	2.8	1	3.841
	b) Urban	28			
9	Duration of gaming/day				
	a) <1 hour	9			
	b) 1-2 hours	20	0.7	2	5.99
	c) 3-4 hours	1			
10	Type of games				
	a) Chotta Beam	12			
	b) Robo Man	8			
	c) Car Race	7	0.2	3	7.815
	d) Spider Man	3			
11	Duration of Watching Television/day				
	a) < 1 hour	9			
	b) 1-2 hours	21	0.004	2	5.99
	c) 3-4 hours	0			

Table Four Continued ……………

S.NO	Demographic variables	Frequency	X^2	df	table value
12	Type of Television Programme:	14			
	a) Jocky-John	7			
	b) Dragon Falls	3	0.006	3	7.815
	c) Tom and Jerry				
	d) Sindhubath	6			

There is no significant association between violent behavior and demographic variables such as age, sex, education of father, education of mother, occupation of father ,occupation of mother, family income, area of living, duration of gaming/day, types of games, duration of watching television per day, type of television programme obtained at the 0.05 level of significance.

CHAPTER - V

Result and Discussion

This chapter gives a brief account of the present study including result and discussion compared with some of the relevant studies done in different settings.

The present study was undertaken to assess the effectiveness of Diversional Activities on Violent Behaviors among school children in selected schools at Kanyakumari District. The study was conducted in Government Primary schools at Kanyakumari District. The pre test was conducted using Violent Behavior Assessment Rating Scale. After the Diversional Activities the Violent Behavior level of children was assessed by using same Violent Behavior Assessment Rating Scale. The result and discussion of the study was based on the findings obtained from the statistical analysis. Mean Score was used to assess the pre and post test level of Violent Behavior. t test was used to test the significant difference between the pre test and post test score. Chi-square was used to find out the association between the selected demographic variables with the level of Violent Behavior among children.

Objectives of the Study

1. To assess the level of Violent Behaviors among school children before the Diversional Activities.
2. To assess the level of Violent Behaviors among school children after the Diversional Activities.
3. To assess the Effectiveness of Violent Behaviors among school children on Violent Behaviors.
4. To find the association between the level of Violent Behavior among school children and their selected demographic variables such as age, sex, education of father, education of mother, family income, areas of living, duration of

gaming/day, types of games, duration of watching Television /day, type of programme.

Distribution of the study subjects based on demographic variables:

The distributions of the samples are discussed below.

Table: 1 shows the distribution of subjects according to the demographic variables. 50% children were 6-<7 years of age and 50% were >7-8 yrs of age and 73% were males and 27% were females. Regarding educational status of father 16% completed their primary education 47% high school and 37% higher secondary or above. Among education of mother 24 % completed their primary education, 13% high school and 63% higher secondary or above. Regarding occupation of father 74% daily wages, 26% private employees. Among occupation of mother 50% unemployment, 86% daily wages, 7% private employee, 7% Government employee. Regarding family income 4% < Rs.5000, 56% Rs.5000-10,000, 40% > Rs.10,000. Area of living 7% Rural and 93% Urban. Duration of gaming/day 30% < 1 hour, 66% 1-2 hours and 4% 3-4 hours. Type of games 40% Chotta Beam, 26% Robo Man, 24% Car Race, 10% Spiderman. Duration of watching television/day 30% < 1 hour, 70% 1-2 hours. Type of television programme 46% Jocky John, 24% Dragon Falls, 10% Tom and Jerry, 20% Sindhubath.

Distribution of the samples according to their level of Violent Behavior:

Table:2 shows that the distribution of the samples according to their level of violent behavior. In this study the children had mild (77%), moderate (23%) score. The findings showed that Violent Behavior score was decreased after the Diversional Activities.

To evaluate the Effectiveness of Diversional Activities on Violent Behaviors among school children

Table 3: shows that the Violent behavior for Diversional Activities were reduced from pre test to post test as mean reduction of 9.2%. The reduction was highly significant 0.05%.

To determine the association between the level of Violent Behavior and selected demographic variables such as age, sex, education of father, education of mother, family income, areas of living, duration of gaming/day, types of games, duration of watching Television /day, type of programme.

In this study the investigator found that there was no significant association between levels of Violent Behaviors with demographic variables regarding Violent Behaviors among school children.

Summarizing up of all the Research Findings

1. The research hypothesis (H1) there is significant reduced in the level of Violent Behavior for children after Diversional Activities.

2. The research hypothesis (H0) there is no significant association between pre test Violent Behavior score for children with selected demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, areas of living, duration of gaming/day, types of games, duration of watching Television /day, type of programme.

CHAPTER - VI

Summary and Conclusion

This chapter deals with the summary of the study and conclusion drawn from the study. It also explains the delimitation of the study for different areas like nursing education, nursing practice, nursing administration and nursing research.

Summary

The study was undertaken to assess the Effectiveness of Diversional Activities on Violent Behaviors among schools at Kanyakumari district.

In the present study design was one group pre test and post test design.

Conceptual framework used for the study was J.W.Kenny's Open System Model.

Objectives of the Study

1. To assess the level of Violent Behaviors among school children before the Diversional Activities.
2. To assess the level of Violent Behaviors among school children after Diversional Activities.
3. To assess the Effectiveness of Diversional Activities among school children on Violent Behaviors.
4. To find the association between the level of Violent Behaviors among school children and their selected demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, area of living, duration of gaming / day, type of games, duration of watching television/day, type of programme.

Hypotheses

There is significant reduction in the level of Violent Behavior after Diversional Activities.

There is a significant association between the level of Violent Behaviors among school children and their selected demographic variables such as age, sex, and education of father, education of mother, occupation of father, occupation of mother, family income, area of living, duration of gaming / day, type of games, duration of watching television/day, type of programme.

A pre experimental one group pre test and post test design was found to be suitable for this study. The setting of the study was Government Primary Schools at Kanyakumari district.

The tool for the study was two parts. The section A consists of demographic variables and section B consist of the Violent Behavior Assessment Rating Scale on Violent Behavior. The investigator selected the subjects by purposive sampling technique. The total sample of the study was 30 school children in Government Primary Schools at Kanyakumari district.

The period of the study was one month.

The collected data were analysed based on descriptive and inferential statistics according to the above objectives.

The major findings were noted as follows:

The pretest Violent Behavior score was 24.7 and post test Violent Behavior score was 9.2 Diversional Activities reduced the level of Violent Behavior. The value calculated for the difference of pre test and post test is statistically significant. The 't' value found to be 2.04 at p<0.05 level of significance. That showed that there was a significant reduction in the Violent Behaviors.

Chi-square test was used to analyze the association between the demographic variables with pre test Violent Behavior score. There is no association between Violent Behavior and demographic variables such as age, sex, education of father, education of mother, occupation of father, occupation of mother, family income, area of living, duration of gaming day, type of games, duration of watching television/day, type of programme.

Conclusion

The study revealed that the level of Violent Behavior on Diversional Activities has been reduced after Diversional Activities at 0.05 level of significance. Diversional Activities on Violent Behavior will help the children to control the violent behavior. Based on the findings the study concludes that diversional activities will reduce the level of violent behavior among children.

Nursing Implication

The findings of the study reveal the nursing implication on nursing education, nursing practice, nursing administration and nursing research.

Nursing Education

In service education can be conducted among the nursing personnel by using various other Diversional Activities regarding Violent behaviors in order to capture their attention.

Nursing Practice

1. Teach the Diversional Activities to the child and parents who had Violent Behaviors.
2. Nurses can use various other techniques to capture the attention of children.

Nursing Administration

The nurse administrator can encourage the nurses to provide Diversional Activities to the children which helps to reduce the Violent Behaviors.

Nursing Research

The findings of the study motivate the nurse researcher to conduct many studies related to Violent Behaviors.

Recommendation

1. A similar study can be conducted with large samples
2. Studies can be done for long term basis to increase outcomes.
3. Studies can be conducted to compare the effect of other different interventions on Violent Behaviors.
4. Encourage beginning researchers to conduct longitudinal study regarding Violent Behaviors.

Limitations

The study is limited to

1. School children 6-8 yrs
2. 30 samples
3. Two schools only

Bibliography

Books

1. Basavanthappa.B.7, (1998) *Textbook of Nursing Research.* 2ⁿᵈ Edition. New

   Delhi. Jaypee Brother Medical Publications.
2. George J.B (1995) *Nursing Theories,* 4ᵗʰ Edition, California, Appleton.
3. Jane Ball and Ruth Bindler (1999). *Paediatrics Nursing Caring for Children.*

   2ⁿᵈ Edition, Prentice Hall. Upper Saddle River, New Jersy 17458
4. Kligman, Behrman (2008). *Nelson Text Book of Pediatrics.* Volume 1, 18ᵗʰ

   Edittion, Elsevier Publication.
5. Patricia.A.Potter, Anne Griffin Perry (2008). *Fundamentals of Nursing,* 6ᵗʰ

   Edition. Elsevier Publication.
6. Polit.F.P. (1999). *Nursing Principles and Methods.* 7ᵗʰ Edition. Philadelphia.

   Lippincott Williams and Wilkins Publications.
7. Rao.S.S (2005). *Introduction of Biostatistics* 3ʳᵈ Edition. New Delhi. Prentice

   Hall of India.
8. Suresh K Sharma (2012). *Nursing Research and Statistics.* 1ˢᵗ Edition. New

   Delhi. Elsevier Publication.
9. Sheilal, Videbeck (2008) *Psychiatric Mental Health Nursing,* 4ᵗʰ Edition,

   Lippincott Williams and Wilkins Publications.
10. Tom Mason, Mark Chandley (1999). *Managing Violence and Aggression.* A

    Manual for nurses and health care workers, Churchill Livingstone Publication.

Journals

1. Andra Teten Thart (2012) "Preventive violence against children and youth"

   Volume 43, Issue 4, Journal of safety research.
2. Bruce.D. Bartholow (2002), Volume 38, Issue 3 "Effects of violent video

   games on aggressive behavior". Journal of experimental social psychology.
3. Christopher J.Ferguson (2009) Volume 155, Issue 6 "Multivariate Analysis of

   Youth violence and Aggression. The journal of Paediatrics.

4. Douglas A Gentile (2004), Volume 27. Issue 1 "The effects of violent video games habits on adolescent hostility, aggressive behaviors, and school performance." Journal of adolescents.

5. Meena Kumari, Assistant Professor and HOD, Community Health Nursing Department, Kular College of Nursing, Ludhiana. "Effects of Children Playing video games." Volume XI, Nightingale Nursing Times.

6. Maria V.Rodriguez-Frau (2005) "Youth violence prevention curriculum for under graduate nursing and allied health students." Volume 29, Issue 5. American journal of preventive medicine.

7. Marcellina Mian (2004). World report on violence and health. Volume 145, Issue, The journal of pediatrics.

8. Mary Ann Limbos (2007) "Effectiveness of interventions to prevent youth violence" Volume 33, Issue 1. American journal of preventive medicine.

9. Paul J.C.Adachi (2011), "The effects of violent video games and aggression", Volume 16, Issue 1, Pages 55-62

10. Pamela Orpinas (1995) "Violence prevention in middle schools" Volume 17, Issue 6, Journal of adolescent health.

11. Robert Hahn (2007) "Effectiveness of universal school based programmes to prevent violent and aggressive behavior" Volume 33, Issue 2. American journal of preventive medicine.

12. Sandra Jo Wilson (2007) "School based interventions for aggressive and disruptive behavior" Volume 33, Issue 2, American journal of preventive medicine.

Electronic References

1. https://www.aacap.org/AACP/Families and youth.
2. www.healthline.com
3. www.parenting.co.uk/help controlling aggressive behavior.
4. www.ncbi.n/m.nih.gov/ pmc/ariticles.
5. https://www.google.co.in
6. Arch psyc jamanetwork.com/article.
7. www.ncbi.nlm.nah.gov/pubmed
8. www.ncbi.nlm.nah.gov>ncbi>literature>pubmed central(pmc)

9. www.ncbi.nlim.nah.gov> ncbi> literature>pubmedcentral(pmc)
10. www.pupd/.com/ search/author /Suson +R+Tortolero.
11. www.ncbi.nlm.nah.gov/pubmed/19739057
12. archpedi.jamanetwork.com/article.
13. www.ncbi.nlm.nah.gov/pubmed/18217328
14. www.ncbi.nlm.nah.gov/pubmed.
15. www.ncbi.nlm.nah.gov/pubmed/21953077.
16. archped.jamanetwork.com/collection.

17. archped. jamanetwork.com /article.
18. www.ncbi.nlm.nah.gov/pubmed/10506229
19. www.ncbi.nlm.nah.gov/ pubmed/ 1092922274.
20. www.ncbi.nlm.nah.gov/ pubmed/12421259

APPENDICES : A

SREE MOOKAMBIKA COLLEGE OF NURSING

(Approved by the Government of Tamil Nadu & Recognised by Indian Nursing Council,
New Delhi,Tamil Nadu state Nurses & Midwives Council, Chennai.)
Affiliated to The Tamil Nadu Dr. M.G.R. Medical University, Chennai.

PADANILAM WELFARE TRUST, V.P.M.HOSPITAL COMPLEX, PADANILAM,
KULASEKHARAM, K.K.DIST., TAMIL NADU, PIN : 629 161.
Phone : 04651 - 280743, 280866, 280742, 280745

ETHICAL COMMITTEE CLEARANCE   *Date* : ....**23-12-2014**..............

Lr. No.

To

Mrs. Vijila. S

I YR .M.Sc (N),

Sree Mookambika College of Nursing,

Kulasekharam.

Ref: Research Topic: A Study to assess the effectiveness of Diversional Activities on Violent Behaviours among school children in selected Government schools at Kanyakumari District.

Sub: Approval of the above reference study .

Dear Vijila. S

Ethics committee of Sree Mookambika College of Nursing, Kulasekharam reviewed and discussed the study proposal documents submitted by you related to the conduct of the above referenced study in the meeting held on 23-12-2014.

The following ethical committee Members were present at the meeting held on 23-12-2014.

NAME	PROFESSION	POSITION IN THE COMMITTEE
Prof. Mrs. Santhi Letha	Nursing	Chair Person
Dr. Kani Raj Peter	Medical	Basic Medical Scientist
Dr. T.C. Suguna	Nursing	Clinician
Adv. Mohanan	Legal	Legal Expert
Prof. Mrs.Ajitha Retnam	Nursing	Member secretary
Dr.P. Selva Raj	Management	Philosopher
Mr. Natarajan	Social	Medical Social Worker
Mrs. Latha	Lay Person	Community Person

After due ethical and scientific consideration, the ethics committee has approved the above presentation submitted by you.

Regards,

Mrs. Santhi Letha   PhD (N)

Ethics Committee Chairperson,   Date   : 23-12-2014

Sree Mookambika College of Nursing,   Place   :Kulasekharam

V.P.M. Complex, Padanilam, Kulasekharam.

APPENDICES : B

LETTER SEEKING EXPERT OPINION FOR TOOL VALIDITY

Date :

To

Madam/Sir

Sub : M.Sc Nursing Programme dissertation – Validation of study tool request – reg:

Ms/Mrs. **Vijila. S** a bonafide if II Year M.Sc Nursing student of Sree Mookambika College of Nursing is approaching you to obtain validation of study tool pertaining to her dissertation in practical fulfillment of the requirement for the degree of Master of Science in Nursing. The selected topics is **"A Study to assess the effectiveness of Diversional Activities on Violent Behaviours among school children in selected Government schools at Kanyakumari District"**. In this regard I request you to kindly extent possible technical guidance and support for successful completion of dissertation.

I enclosed here with a check list for your evaluation.

Thanking You

Yours Sincerely

PRINCIPAL
Sree Mookambika College of Nursing
Kulasekharam-629 161

APPENDICES : C

CERTIFICATE SHOWING CONDUCTION OF STUDY

Date : 27-11-15

This is to certify that Mrs. VIJILA II year M.Sc., Nursing student of Sree Mookambika College of Nursing has done her data collection regarding the effect of diversional activities on Violent Behaviors among Primary School Children, Kanjiracode during the month of November 2015.

CERTIFICATE SHOWING CONDUCTION OF STUDY

Date : 27- 11 - 015

This is to certify that Mrs. VIJILA IInd year M.Sc. Nursing student of Sree Mookambika College of Nursing has done her data collection regarding the effect of diversional activities on Violent Behaviors among Primary School Children, Unnamalakadai during the month of November 2015.

Headmaster
Govt Primary School
Unnamalaikadai - 629 179

APPENDICES : D

LIST OF EXPERTS FOR TOOL VALIDATION

1. **Dr. Devikala, M.D., DCH.**
   Professor of Pediatrics Department,
   Sree Mookambika Institute of Medical Science,
   Kulasekharam .

2. **Mrs. Violin Sheeba, M.Sc., (N)**
   Principal,
   Thasiah College of Nursing,
   Marthandam.

3. **Mrs. Josphine Vinitha . S. M.Sc., (N) M.B.A.**
   Vice Principal,
   NIMS, College of Nursing,
   Neyyatinkaraa, Trivandrum.

4. **Mrs. Premalatha, M.Sc., (N)**
   Associate Professor,
   Christian College of Nursing,
   Neyyoor.

5. **Mrs.Malkhijah**
   Reader,
   Christian College of Nursing
   Neyyoor.

6. **Mrs.Leena Joselet**
   Asso.Professor,
   C.S.I.College of Nursing,
   Karakonam.

APPENDICES : E

DATA COLLECTION TOOL

Section A

Demographic Variables Related To Children

1.   Age

    (a)   6-<7 years

    (b)   >7 – 8 years

2.   Sex

    (a)   Male

    (b)   Female

3.   Education of Father

    (a)   Illiterate

    (b)   Primary

    (c)   High school

    (d)   Higher Secondary or above

4.   Education of Mother

    (a)   Illiterate

    (b)   Primary

    (c)   High school

    (d)   Higher Secondary or above

5.   Occupation of the Father

     (a)   Un employment

     (b)   Daily wages

     (c)   private employee

     (d)   Government Employes

6.   Occupation of the Mother

     (a)   Un employment

     (b)   Daily wages

     (c)   private employee

     (d)   Government Employee

7.   Family Income

     (a)   < 5000

     (b)   5000 – 10,000

     (c)   > 10,000

8.   Area of living

     (a)   Rural

     (b)   Urban

9.   Duration of gaming / day

     (a)   Less than 1 hour

     (b)   1-2 hours

     (c)   3-4 hours

10.   Type of Game

    (a)   Chotta bheam

    (b)   Robo man

    (c)   Car race

    (d)   Spider man

11.   Duration of watching TV per day

    (a)   Less than 1 hour

    (b)   1 -2 hour

    (c)   3- 4 hour

12.   Type of Television Programme

    (a)   Jocky – John

    (b)   Dragon Falls

    (c)   Tom & Jerry

    (d)   Sindhu Bath

Section : B

RATING SCALE FOR VIOLENT BEHAVIOR ASSESSMENT

Read the statements and put (✓) mark near the appropriate column

S. No.	Content	2 Always	1 Some times	0 Never
1.	Making loud Noise.			
2.	Always having an irritable mood.			
3.	No concentration in studies.			
4.	Explore temper tantrums.			
5.	Showing facial expressions and other body language.			
6.	Sudden and violent expression of emotion.			
7.	Express with a excessive loud cry.			
8.	Refuse to go to school.			
9.	Drawing angry or aggressive pictures.			
10.	Pull others hair when he/she gets angry.			
11.	Call his friends through mannerisms.			
12.	Spitting over others.			
13.	Broken bottles and destruction of the properties.			
14.	Throwing the objects.			

15.	Verbally imitate the family members and teachers.			
16.	Hit the siblings when they disturb.			
17.	Bite others when he / she gets angry.			
18.	Neglect the friends.			
19.	Teasing the class mates without any specific reason.			
20.	Destroying the other person's valuable things.			
21.	Unnecessarily fighting with others.			
22.	Always disturbing others.			
23.	Threats to hurt others.			
24.	Showing cruelty toward animals.			
25.	Decrease in other activities such as out door games.			

Key :

0 – 10	:	Mild
11 – 30	:	Moderate
31 – 50	:	Severe

TÏ§ : A

R² U²R Ï±l×Ls

1. YVÕ

(A) 6-7-dÏ Ïû\YôL   (B) 7-8

2. Tô]m

(A) Bi   (B) ùTi

3. RkûR«u Lp®jRÏ§

(A) T¥dLôRYo   (B) ùRôPdL¨ûX

(C) SÓ¨ûXd Lp®   (D) úUp¨ûXd Lp®

4. Rô«u Lp®jRÏ§

(A) T¥dLôRYo   (B) ùRôPdL ¨ûXd Lp®

(C) SÓ¨ûXd Lp®   (D) úUp¨ûXd Lp®

5. RkûR«u úYûX

(A) úYûX«pXôRYo   (B) §]dá

(C) ÑV úYûX   (D) AWÑ, R²Vôo

6. Rô«u úYûX

(A) úYûX«pXôRYo   (B) §]dá

(C) ÑV úYûX   (D) AWÑ, R²Vôo

7. ÏÓmT YÚUô]m

    (A) 5000-dÏ Ïû\YôL   (B) 5000 - 10,000 YûW

    (C) 10,000-dÏm A§LUôL

8. Y£dÏm CPm

    (A) ¡WôUm   (B) SLWm

9. ®û[VôÓYRtLôL GjRû] U¦ úSWm ùNX®ÓÅoLs

    (A) 1 U¦ úSWj§tÏm Ïû\YôL

    (B) 1-2 U¦ úSWm YûW

    (C) 3-4 U¦ úSWm YûW

10. GkR YûLVô] ®û[VôhÓLû[®û[VôÓÅoLs

    (A) Lôo TkRVm   (B) úNôhPô Àm

    (C) CVk§W U²Ru   (D) £Xk§ U²Ru

TÏ§ : B

ATÃRUô] ÏQSXuLû[BWônRp

Y¬ûN Gi	ÏQ SXuLs	Gl úTôÕm	£X úSWm	CpûX
1.	A§L A[®p NjRm úTôÓRp			
2.	GlùTôÝÕm úLôTUôL CÚjRp			
3.	T¥l©u LY]m ùNÛjRôûU			
4.	©¥YôRUôL CÚjRp			
5.	ØLTôYû]Ùm EPp TôYû]Ùm LôhÓRp			
6.	§¼ùW] EQof£ YNlTÓRp			
7.	A§L NjRm úTôhÓ AÝRp			
8.	JÝeLôLl Ts°d áPj§tÏf ùNpXôûU			
9.	£]m ùLôiÓ YûWTPeLû[YûWkÕ ¡ßdÏRp			
10.	úLôTm ùLôsÞm úTôÕ AÚ¡p CÚlTYoL°u Ø¥«û]l ©¥jÕ CÝjRp			
11.	ûL ûNûLLs Lôh¥ SiToLû[AûZjRp			
12.	AÚ¡p CÚlTYo ÁÕ Gf£p Õl×Rp			
13.	LiQô¥l ùTôÚhLû[EûPjÕ EûPûULû[f úNRlTÓjõRp			
14.	ùTôÚhLû[Å£ H±Rp			
15.	YônlúTfNôp ÏÓmT Eßl©]oLÞdÏm B£¬VoLÞdÏm U§× ùLôÓdÏUp CÚjRp			
16.	ùRôkRWÜ ùNnTYoLû[d LôXôp EûRjRp			

17.	úLôTlTÓmúTôÕ AÚ¡p CÚlTYoLû[d L¥jRp			
18.	SiToLû[l ×\dL¦jRp			
19.	GkRd LôWQØm CpXôUp NL UôQYoLû[d úL ùNnRp			
20.	AÓjRYÚûPV ®ûX U§l×s[ùTôÚhLû[f úNRlTÓjÕRp			
21.	LôWQªpXôUp AÓjRYoL°Pm NiûP úTôÓRp			
22.	GlùTôÝÕm AÚ¡p CÚlTYoLû[j ùRôkRWÜ ùNnRp			
23.	Ut\YÚûPV U]ûR ×iTÓjÕRp			
24.	®XeÏLû[j Õu×ßjÕRp			
25.	ÅhÓdÏ ùY°úV SiToLÞPu ®û[VôP ùNpXôUp CÚlTÕ			

1 - 10 :   CpûX

11 - 30   :   £X úSWm

31-50 :   GlúTôÕm

APPENDICES : F

EVALUATION TOOL CHECK LIST

Name of the expert   :

Designation   :

College   :

Respected Madam / Sir,

   Kindly go through the demographic variables, and statements, please give your valuable suggestions regarding accuracy, relevancy, and appropriateness of the content. If there is any suggestions or comments, please mention in the remarks column.

PART : I

CHECK LIST FOR VALIDATING THE TOOL

Respected Madam/ Sir,

Kindly go through the socio – demographic variables, statements and give your valuable suggestions regarding appropriateness of the content. If there is any suggestions or comments please mention in the remarks column.

Q.No.	Items		Remarks
Section : A	Accepted	Not Accepted	
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			

PART : II

STATEMENTS

Q. No.	Items		Remarks
	Accepted	**Not Accepted**	
1.			
2.			
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