A STUDY TO ASSESS THE EFFECTIVENESS OF VIDEO ASSISTED TEACHING PROGRAMME ON KNOWLEDGE REGARDING BULLYING SYNDROME AMONG PARENTS AT ELAYAMPALAYAM, NAMAKKAL DISTRICT, TAMILNADU

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Abstract:

Background: Bullying is a form of aggressive behaviour that is carried out intentionally and repeatedly to harm another party who is physically or psychologically less powerful.

Methods: The aim of the study is to assess the knowledge level after administering video assisted teaching regarding bullying syndrome among parents at Elayampalayam Village, Namakkal. A sample of 30 parents were selected based on convenient sampling technique. The objectives of the study were to assess the knowledge level before and after the administration of video assisted teaching on bullying syndrome. The data were collected by using semi structured interview schedule and questionnaires.

Results: The analysis revealed that, out of 30 parents, 18(60%) had inadequate knowledge level, 12(40%) had moderate knowledge level, none of them had adequate knowledge regarding bullying syndrome before administering video assisted teaching programme & 20(67%) had adequate knowledge level, 10(33%) had moderate knowledge level, none of them had inadequate knowledge regarding bullying syndrome after administering video assisted teaching programme. There was significant relationship between level of knowledge score and selected demographic variables of parents such as educational status, place of residence, and source of income. Conclusion: The findings of the study indicate that there is a lack of sufficient knowledge about bullying syndrome, the video assisted teaching programme found to be effective in improving the knowledge regarding bullying syndrome among parents.

Keywords: bullying syndrome, parents, video assisted teaching

INTRODUCTION
Bullying is an ongoing and deliberate misuse of power in relationships through repeated verbal, physical and/or social behaviour that intends to cause physical, social and/or psychological harm. It can involve an individual or a group misusing their power, or perceived power, over one or more persons who feel unable to stop it from happening. Bullying is a Subcategory of aggressive behavior characterized by the following three criteria such as Hostile Intent, Imbalance of power, repetition over a period of time. Bullying is the activity of repeated, aggressive behavior intended to hurt another individual, physically by emotionally. Bullying ranges from one-on-one. A bullying culture can develop in any context in which humans interact with each other. This may include School, family, the workplace, the home and Neighbourhood. The main platform for bullying in contemporary culture is on social media website. Bullying may be defined in many different ways. In the United Kingdom, there is no legal definition of bullying, while some states in the United States, have laws against it. Rationalizations of such behavior sometimes include differences of social class, race, religion, gender, sexual orientation, appearance, behavior, body language, personality, reputation, lineage, strength size or ability. If Bullying is done by a group, then it is called mobbing.

OBJECTIVES:
✓ To assess the level of knowledge on bullying syndrome among parents before the administration of video assisted teaching programme.
✓ To assess the effectiveness of video assisted teaching programme on bullying syndrome among parents after the administration of video assisted teaching programme
✓ To compare the pre-test and post-test knowledge score of bullying syndromes among parents
✓ To find out the association between pre-test knowledge score with their selected demographic variables such as age, sex, religion, marital status, education, occupation, family income, type of family, place of residence and duration of illness.

MATERIALS AND METHODS:

Quasi experimental one group pre-test post-test design was conducted to assess the level of knowledge regarding Bullying Syndrome among parents at Elayampalayam Village, Namakkal. The study was carried out after approval by Chief Medical Officer and informed consent from the parents. The study samples were selected by convenient sampling method.

Selection and Development of Tool:
Semi video assisted interview schedule was used as a research tool in this study to interview the parents and to assess the knowledge regarding Bullying Syndrome among parents.

The steps selected for the preparation of tool was:
- Review of related literature.
- Preparation of blue print.
- Consultation with experts

Since it was considered to be the most appropriate instrument to elicit the response from parents, the pilot study was conducted at Manickampalayam Village, Namakkal by obtaining permission from the concerned authority. Six parents were assessed conveniently. Pre-test was conducted with semi structured interview schedule. Video assisted teaching was conducted on the same day. Post test was conducted on the next day. The mean post test scores were higher than the mean pre test scores. The results of the study revealed that the study is feasible. Data collection Procedure: Informed verbal consent was obtained from each subject following a detailed explanation of the objectives and protocol of the study. The parents were assured that anonymity of each individual would be maintained. After obtaining the consent from parents, Pre-test was conducted with semi structured interview schedule for parents and administered video assisted teaching programme on bullying syndrome on the same day individually for 20 minutes. The post test was conducted after 7 days.

REVIEW OF LITERATURE:

Sadaf Tariq (2011) study investigated on the attitudes of children, parents towards bullying. The sample of the study was comprised of 100 children (50 male; 50 female) 100 parents (59 fathers; 41 mothers). Finding depicted that children were largely sympathetic towards victim; most of the parents were found to be largely sympathetic towards victims, supportive of intervention but less understanding towards bullies. There was little association between parental and children’s attitude, although there was significant association between parents and children’s attitude on victim and bullies.

Maria et.al (2010) conducted the study on systematic review and meta-analysis on the effectiveness of anti-bullying program in school. A total of 622 reports concerned with bullying prevention were found and 89 of these reports (describing 53 different program evaluations) were included in our review. Of the 53 different program evaluations, 44 provided data that permitted the calculations of an effect size for bullying or victimization. The meta-analysis of these 44 evaluations showed that overall school-based anti-bullying programs are effective; on average bullying decreased by 17-20%. The result showed that the bullying program was effective.

RESULTS:

<table>
<thead>
<tr>
<th>LEVEL OF KNOWLEDGE</th>
<th>Pre test</th>
<th>Post test</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Respondents No.</td>
<td>Percentage%</td>
</tr>
<tr>
<td>Inadequate (&lt;50%)</td>
<td>18</td>
<td>60</td>
</tr>
<tr>
<td>Moderate (&lt;50-75%)</td>
<td>12</td>
<td>40</td>
</tr>
<tr>
<td>Adequate (&gt;75%)</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>100</td>
</tr>
</tbody>
</table>
Table 1: Distribution of Pre-Test Knowledge Level on Bullying Syndrome among parents before and after Video assisted Teaching Programme

![Graph showing distribution of knowledge level](image)

**Level of Knowledge**

**Fig 1**: Distribution of Knowledge Level on Bullying Syndrome among parents before and after Video assisted Teaching Programme

Table 1 and Figure 1 shows the knowledge level on Bullying Syndrome among parents before and after Video assisted Teaching Programme. Among them 18(60%) had inadequate level of knowledge, 12 (40%) had moderate level of knowledge and none of them had adequate level of knowledge regarding relaxation therapy before video assisted teaching programme. Among them 20(67%) had inadequate level of knowledge, 10(33%) had moderate level of knowledge and none of them had inadequate level of knowledge regarding Bullying syndrome after video assisted teaching programme.

<table>
<thead>
<tr>
<th>Level of Knowledge</th>
<th>Mean</th>
<th>SD</th>
<th>Paired ‘t’ Test</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre test</td>
<td>46.9</td>
<td>15.77</td>
<td>5.29</td>
</tr>
<tr>
<td>Post test</td>
<td>67.06</td>
<td>13.75</td>
<td></td>
</tr>
</tbody>
</table>

Table 2: Mean Pre-Test and Post-test Knowledge Score Regarding bullying syndrome among parents before and after video assisted teaching programme.

Table 2 illustrates that the pre-test knowledge level on bullying syndrome among parents was found to be mean score 46.9 with SD value of 15.77 and the post-test knowledge level on bullying syndrome among parents was found to be mean score 67.06 with mean score percentage 67.06% with SD value of 13.75.

<table>
<thead>
<tr>
<th>S.NO</th>
<th>DEMOGRAPHIC VARIABLES</th>
<th>CATEGORY</th>
<th>Inadequate</th>
<th>Moderate</th>
<th>X2 value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Age</td>
<td>21-30 years</td>
<td>8</td>
<td>4</td>
<td>1.43</td>
</tr>
<tr>
<td></td>
<td></td>
<td>31-40 years</td>
<td>6</td>
<td>6</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>41-50 years</td>
<td>3</td>
<td>2</td>
<td>0.33</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Above51 years</td>
<td>0</td>
<td>1</td>
<td>NS</td>
</tr>
<tr>
<td>2.</td>
<td>Sex</td>
<td>Male</td>
<td>10</td>
<td>9</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Female</td>
<td>7</td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Religion</td>
<td>Hindu</td>
<td>13</td>
<td>9</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Christian</td>
<td>2</td>
<td>3</td>
<td>NS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Muslim</td>
<td>2</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>
The level of knowledge regarding bullying syndrome among parents was assessed by using of semi structured interview schedule. Out of 30 parents, 18(60%) had inadequate knowledge level, 12(40%) had moderate knowledge level, none of them had adequate knowledge regarding Bullying syndrome before administering video assisted teaching programme & 20(67%) had adequate knowledge level, 10(33%) had moderate knowledge level, none of them had inadequate knowledge regarding bullying syndrome after administering video assisted teaching programme. The sample of the study was pre-education majors in United States 172 participants were involved in this study. A quantitative research design was used. The result showed that the study was showed overall positive impact on participants to knowledge and skill to response to situation involving bullying.

B) To find out the association between the level of knowledge with their selected demographical variables.

There was significant relationship between level of knowledge score and selected demographic variables of parents such as educational status, place of residence, source of income & no significant relationship between level of knowledge score and selected demographic variables of parents such as age, sex, religion, occupation, monthly income, type of family. This study was supported by Konstantiamagklara (2015) who conducted the study was revealed an association in bullying in socioeconomic position and psychiatric morbidity across sectional study in late adolescent at Greece. The aim of the study was to investigate the association between bullying and socioeconomic status 4.1% psychiatric morbidity was associated with types of bullying related behavior. No socioeconomic associations were ported for victimization. A lower student performance and unemployment of the father were significantly more likely among perpetrators, while economic inactivity of the mothers was likely in pupils who were both victims and perpetrators. The result showed that the lower school performance and unemployment of father were highly significant among perpetrators.

**Table 3:** Association of Level of Knowledge Score with their Selected Demographic Variables Regarding Bullying syndrome among parents.

Table 3 presents substantiate summary of chi-square analysis which was used to bring out the association between the pre-test knowledge score and the selected socio-demographic variables. The analysis reveals that there was significant association found with the demographic variables of educational status, place of residence, source of income and was no significant association found with the demographic variables of age, sex, religion, occupation, monthly income, type of family.

**RESULT AND DISCUSSION:**

Findings of the study was presented based on the objectives.

A) To assess the level of knowledge on bullying syndrome among parents before the administration of video assisted teaching programme.
CONCLUSION:
The present study assessed the knowledge regarding Bullying syndrome among parents during pre-test the subjects had inadequate knowledge regarding bullying syndrome. The video assisted teaching programme found to be effective in improving the knowledge level. This result revealed that there was significant relationship between level of knowledge score and selected demographic variables of parents such as educational status, place of residence, source of income & no significant relationship between level of knowledge score and selected demographic variables of parents such as age, sex, religion, occupation, monthly income, type of family.

RECOMMENDATIONS ON THE STUDY:
❖ A comparative study can be conducted in two different villages with the similar set up to identify the differences in knowledge.
❖ A study can be replicated on large population; thereby findings can be generalizable to larger population.
❖ Mass and individual education in regional language to educate the parents.
❖ A true experimental study can be conducted with video assisted teaching programme on knowledge regarding bullying syndrome.

REFERENCES:
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