



A STUDY TO EVALUATE THE PEER GROUP INTERACTION ON PREVENTIVE STRATEGY OF ANXIETY REGARDING PUBERTAL GROWTH AMONG THE ADOLESCENT BOYS (13 TO 19 YEARS) IN SELECTED AREA OF JALNA, MAHARASHTRA.

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ABSTRACT: A study was conducted to evaluate the peer group interaction on preventive strategy of anxiety in boys regarding anxiety. The selected age group sample was between 13 to 19 years of age. The sampling technique used for the study was purposive sampling. This was a primary study so trial of tool was taken through pilot study and the result was much reliable i.e., 0.77. The total sample used in study was 60 in which 30 taken for control group and 30 for experimental group. The questionnaires were prepared to obtain the demographic profile, contributing age, gender, marital status, education, occupation, religion, types of family and habits. Data was collected with the help of demographic profile and was done in Shankar Nagar at Jalna, Maharashtra. On 1st day, the pre-test was done with help of tool. Each consecutive day, visit was done to the samples and peer group interaction were implemented on daily basis. On the 7th day i.e., Monitoring of effectiveness of peer group interaction on preventive strategy of anxiety. The result showed that there is correlation between pre and post-test and also there is significant relationship between performance of pre and post-test outcome.

INTRODUCTION:

The word puberty is defined from a Latin word "pubertal" which means "age of manhood". It refers to physical and behavioral changes which occurs when individual became sexually mature and is capable of producing offspring. During this transition period dramatic physical, cognitive, psychosocial and psychosexual changes take place that are exciting and at the same time frightening.

Adolescents can be a specifically turbulent as well as a dynamic period of one's life, G. Stanley Hall denoted this period as one of "storm and stress". Adolescence is recognized to be a time of rapid change and transition than can be stressful and difficult to drawing an all ones resources.

In most of the boy's initial indication of puberty is 11 to 18 years puberty primarily refers to the maturational, hormonal and growth process which generally begins between 8 to 14 years. The age of onset of adolescent varies according to sex, ethnicity, health status, genetics, nutrition and activity level. It is initiated by hormonal changes triggered by the hypothalamus.

The physical changes mainly occurred in adolescent boys especially are changes in voice, wet dreams and involuntary erections, growth of genitalia, such as growth of penis enlargement of testicles and scrotum, growth of pubic hair and change in

body shape. These physical changes may vary as per the ages of maturation vary per other potential factors of an individual adolescent boy.

Along with physical changes the boys in adolescent phase may develop the secondary sexual characters in which they are observable as physical signs of growth or hormonal changes. In these secondary characters, boys develop the heavier muscular body, wide shoulders and narrow hips, enlargement of voice box led to much deeper voice, maturation of testis and starts to produce sperms, the growth of hairs on the chest, enlargement of Adam's apple.

The adolescent is faced with pressure from peers to confirm, which often involve flaunting adult authority and even series health risks. Early maturing boys and late maturing children are especially sensitive to anxiety of being different from their peers. Slow maturing youngsters need support and reassurance that they are not abnormal and need only be patient until the time comes, they too will develop the characteristics.

To control such anxiety and problems associated with the pubertal growth there should be implication of preventive measures which may have positive or beneficial effect on the subject or sample along with this to prevent such anxiety related to pubertal growth the information provide with scientific basis can may flourish the improvement in knowledge and reduction in level of anxiety.

The variation in pubertal growth is associated with emotional and behavioral problems. It results in peer rejection, emotional immaturity and low self-esteem were commonly viewed as the factors underlying emotional behaviors and health problems. Psychological style in response to anxiety such as ruminative and self-blaming coping styles, may also shift at puberty.

The level of anxiety in adolescent boys is to be assessed by the researcher and prevented by providing composite and beneficial intervention to study the effects on the adolescent boys. While assessing the level of anxiety it must be stressed that adolescent boys or the samples do not volunteer information. Adolescent boys may be too shy or embarrassed or under false impression therefore adolescent boys should be given the option being educated about their own bodies and normal changes that occur in their body.

NEED FOR THE STUDY:

Puberty is the time of change for every adolescent boy. Due to lack of knowledge and information regarding pubertal growth and its changes, the adolescent boys go through the physiological and emotional stresses, anxiety and malpractices. So, for prevention of the anxiety regarding pubertal growth this study is helpful. In Indian society most of the boys do not get adequate knowledge about their own bodies, physiological changes and about its naturality. During adolescent period, dramatic changes take place in boys like growth spurts, reproductive system development and appearance of secondary sexual characteristics.

Adolescence is a period of linkage between childhood and adulthood – a time of rapid physical, cognitive, social, and emotional development because in this the boy prepares for manhood and the girl prepares for womanhood. When pubescent children are not informed of the changes that take place during puberty, it is distressing to undergo these changes and may develop unfavourable attitudes towards these changes. Adolescence is a period of biological, cognitive and social transition of such magnitude and rapidity that it is no surprise to find that it is associated with the onset or exacerbation of a number of health-related problems.

While adolescence is a commonly recognised concept in nearly all cultures, it can be challenging to provide a comprehensive definition for this developmental period that encompasses all of its facets and applies across different societies. Adolescence is often defined the period of human development between childhood and adulthood that incorporates physical, social, and psychological changes, and culminates in the attainment of a stable adult role. However, it does not provide a chronological timeframe for this developmental period, so can lead to inconsistencies in research and wider society as a result of different interpretations of both the start and end points of adolescence.

In addition to puberty's direct influences on physiology and growth, the timing of puberty appears to program changes in lifelong health. In particular, strong evidence indicates that higher BMI accelerates the onset of puberty, but early puberty also programs individuals for greater fat accumulation over the life course.

This rapid development in the body and brain interacts with social changes, including increasing individualization and new peer groups, to facilitate transitions important for individuals to function as productive adults. A range of social determinants of health arise in adolescence, with peers, schools, and eventually the workplace becoming strong determinants of health and well-being as the influence of the family wanes. These social changes are apparent even in traditional or more sociocentric cultures. More than half of the top 10 risk factors identified in the Global Burden of Disease study are largely determined during adolescence. The researcher has observed the adolescents and their pubertal growth-related anxiety. There is need of preventive strategies of anxiety regarding pubertal growth among the adolescent boys. Because, during this period there are some dramatic changes takes place in boys like growth spurts, reproductive system development and appearance of secondary sexual characteristics. Adolescence is a critical period in the life course. There are many changes occurs during the pubertal age among adolescents. In Indian society most of the boys do not get adequate knowledge about their own bodies, physiological changes and about its naturality. Provide accurate knowledge to the adolescent boys it will be helpful for them to prevent anxiety regarding pubertal growth. So, that the researcher is interested to take up this study to evaluate the preventive strategy of anxiety regarding pubertal growth among the adolescent boys.

STATEMENT OF PROBLEM:

A study to evaluate the peer group interaction on preventive strategy of anxiety regarding pubertal growth among the adolescent boys (13 to 19 years) in selected area of Jalna, Maharashtra.

OBJECTIVES:

1. To assess the pre-test level of preventive strategy of anxiety level regarding the pubertal growth in experimental group and control group.
2. To compare the effectiveness of pre-test and post-test level of preventive strategy of anxiety level regarding pubertal growth in experimental group.
3. To compare the effectiveness of pre-test and post-test level of preventive strategy of anxiety level regarding pubertal growth in control group.

4. To assess the post-test level of preventive strategy of anxiety level regarding pubertal growth in experimental group and control group.
5. To appraise the effectiveness of the pre-test and post-test level of preventive strategy of anxiety level regarding pubertal growth in experimental and control group.
6. To associate between the post-test level preventive strategy with selected demographic variables.

HYPOTHESES:

H1: There will be significant effectiveness of Pre-test and post-test level of preventive strategy of anxiety level regarding pubertal growth in experimental group and control group.

H2: There will be significant association between pre-test level of preventive strategy with selected demographic variables.

METHODOLOGY:

The methodology is the blueprint of the study. In other words, it outlines how the study will be conducted. (Polit and Beck, 2018)

Research Approach: The methodology of research indicates the general pattern of organizing the procedure for getting valid and reliable data for the purpose of investigation.

Research Design: Quasi experimental design (non-randomized control group design) was adopted for this study to evaluate the preventive strategies of anxiety level during pubertal growth among adolescent boys aged between 13 to 19 years in selected areas of Jalna.

Group	Pre-test	Intervention	Post-test
Quasi experimental design (non-randomized control group design)	To assess the pre-pubertal anxiety with pubertal anxiety scale (PAS) among adolescent boys under the pubertal growth.	Peer group teaching related to pubertal growth and its anxiety.	To assess the post pubertal anxiety with pubertal anxiety scale (PAS) among adolescent boys under the pubertal growth.
Control group (C)	C ₁	X ₀	C ₂
Experimental group (E)	E ₁	X ₁	E ₂

POPULATION:

The target population of the study includes especially only boys with adolescent age group having age group between 13 to 19 years.

DESCRIPTION OF STUDY:

The study will be conducted in Yogeshwari colony and Shankar Nagar with surrounding premises in Jalna city. It is located 500 m distant from the Vasantrao Naik Institute of Nursing.

SAMPLING:

- **Sample:** Adolescent boys those who are residing in Yogeshwari colony and Shankar Nagar with surrounding premises and who fulfilled the inclusion criteria.
- **Sampling technique and sample size:** The investigator will select 60 adolescent boys aged 13-19 years through purposive sampling technique.
- **Criteria for Sample Selection:** The sample selection was based on following inclusion and exclusion criteria

Inclusion criteria: Adolescent boys those who are

- Willingness to join.
- Able to understand Marathi, Hindi and English.
- Available during the study period.
- Aged between 13 to 19 years i.e. Adolescent age.
- Illiterate adolescent boys.

Exclusion Criteria: Adolescent boys those who are:

- Not willing to join the study.
- Unavailable during the study period.
- Having marital status.

VARIABLES:

Independent Variable: The independent variable in the study is **Peer group teaching.**

Dependent Variable: The dependent variable in the study is **Adolescent boys age between 13 to 19 years, Anxiety related pubertal growth.**

Description Of the Tool: The tool consists of three sections

Section -A: Demographic variables

The demographic variables comprised 10 items such as a age, education, religion, marital status, occupation, monthly income, accommodation types, dietary pattern, geographical location and type of family.

Section -B: clinical variable

The clinical variable comprised. 3 Items Such as height, weight, appearance.

Section -C: application of questionnaire method to assess preventive strategy of anxiety level regarding pubertal growth

It comprised of 30 items had a five response 'strongly agree'; 'agree'; 'neither agree nor disagree'; 'strongly disagree', the scorer was interpreted as 1,2,3,4 and 5 respectively. The minimum and maximum score were 30 and 150 respectively.

Point Likert Rating Scale:

Sr. No	Score range	Percentage	Outcome value
1	1 – 74	49% and below	Low
2	75 -113	50 – 74%	Moderate
3	114 – 150	75% and above	High

TECHNIQUES OF DATA COLLECTION: Data collection is the process of acquiring and collecting the information needed for the study. There is collection of data as controlled population and accessible population. Samples were selected by purposive sampling method for this study.

INTERVENTION: Peer group interaction was practiced for the experimental group. It included following things:

- ❖ Introduction to puberty
- ❖ Informing about normal changes during puberty
- ❖ Activity session including:
 - ✓ Introduction to puberty
 - ✓ Normal anatomical and physiological changes of male reproductive system during puberty.
 - ✓ Normal emotional changes during puberty.
 - ✓ Normal social changes during puberty.
 - ✓ Normal spiritual changes system during puberty.
 - ✓ Clarification of doubts and myths

METHODS OF DATA ANALYSIS:

- **Paired 'T' test:** Analysis of 'T' test is applied to test effectiveness of peer group interaction on anxiety regarding pubertal growth in adolescent boys aged (13 to 19 years) in selected area of Jalna.
- **Chi-square test:** Chi square was used to measure an association between socio demographic variables after post-test and level of anxiety among adolescent boys.

RELIABILITY AND VALIDITY OF TOOL:

- **Reliability:** Reliability has to do with the quality of measurement. In everyday sense, reliability is the "consistency" or "repeatability" of measures. Reliability is the consistency of a set of measurements or measuring instrument's reliability does not imply validity.
- **Validity:** A validity refers to getting results that accurately reflect the concept measured. A valid measure to degree to which instrument measured what it is supposed to be measuring. In practice, validity can also refer to the success of researcher in retrieving "valid" result.

PILOT STUDY: Pilot study was conducted in Shankar Nagar, Jalna. Total 10 samples were selected for pilot study through purposive sampling technique. 5 for control group and 5 for experimental group the pre-test was conducted and the samples were taught about pubertal changes and preventive strategy of anxiety during puberty. Samples were made to interact on topic for about 30 minutes at convenient time in the presence of researchers. The researcher conducted post-test on 7th day of intervention. The data analysis was done with statistical tool was found feasible.

METHOD OF DATA COLLECTION: Questionnaire method was used to collect the data based on the study objectives.

DATA COLLECTION PROCEDURE: The study was conducted at selected area, Jalna. In the beginning survey was done from which samples were selected by purposive sampling technique based on sampling criteria introduction about investigator was given to samples verbal consent was obtained and confidentiality was assured.

Data collection for control group: The data collection in control group was done prior to experimental group. The pre-test was conducted by researcher on selected 30 samples through purposive sampling technique.

The questionnaire method was used to assess the level of anxiety regarding pubertal growth among adolescent boys. The time given by the researcher to complete the tool for each sample was 10-15 minutes. The samples were asked to choose the response from given options.

Data collection for experimental group: The pre-test was conducted. Researcher selected 30 samples through purposive sampling technique. Tool samples were divided into 5 groups for the convenience of implementing peer group interaction.

Questionnaire method was used to assess the level of anxiety regarding pubertal growth among adolescent boys. The time given by the researcher to complete the tool for each sample was 10-15 minutes. The samples were asked to choose the correct response from the given options.

After the pre-test samples in experimental group were taught about pubertal growth and preventive strategy regarding anxiety related to pubertal growth. The duration of the procedure was 30 minutes the samples were asked about their doubts. The post test was done on the 7th day of intervention.

Plan for data analysis: Data were collected, arranged and tabulated. Descriptive statistics like frequency, percentage and mean were used for categorical data. Inferential statistic was used to find out the effectiveness of peer group interaction on preventive strategy of anxiety regarding pubertal growth.

RESULT:

- Most of the 27 (45%) boys were between the age group of 15 to 16 years.
- Almost boys 26 (69.99%) studying in secondary level.
- The majority of samples 48 (80%) were Hindus.
- several of the i.e., 46 (76.66%) boys were students.
- The majority of those were living in private rented house (55%).
- several of the 31 (51.67%) samples were non vegetarian dietary intake.
- Majority of 60 (100%) samples were belonged to semiurban residential area.
- The most of boys 31 (51.67%) belongs to nuclear family.
- The many of 45 (75%) samples were having no any habits and also 15 (25%) has habits of smoking, tobacco chewing and alcohol.
- The use of men wellness products was less than 5 (8.33%).
- The calculated t value of level of anxiety in experimental group is 17.35, in control group 0.26 and control group vs experimental group is 25.97 were less than tabulated value at 0.05 level which shows that there is significance between pre and post-test of level of anxiety among adolescent boys. **Hence the stated Hypothesis H₁ was accepted.**
- The chi square test was used to find out association between effectiveness of peer group interaction and selected demographic variables among adolescent boys.
- The calculated p value was greater than 0.05 which confirmed the fact that there is no significance association between effectiveness of peer group interaction and selected demographic variables among adolescent boys. The variables such as age, education, marital status, occupation, religion, occupation, residence, type of family and type of habits are not associated with pre-test anxiety score.
- The calculated p value was less than 0.05 which confirmed the fact that there is significance association between effectiveness of peer group interaction over pubertal anxiety and selected demographic variable among elderly **Hence the stated Hypothesis H₂ was accepted.**

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TOOLS:**Section A: The Demographic Profile for samples:**

Sr. No.	Variables	Sub-variables	Experimental Group		Control Group	
			Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
1	Age (in years)	13 to 14	9	30.00	14	46.67
		15 to 16	15	50.00	12	40.00
		17 to 19	6	20.00	4	13.33
2	Educational Status	Illiterate	0	0.00	5	16.67
		Primary Education	9	30.00	13	43.33
		Secondary Education	16	53.33	10	33.33
		Higher Secondary Education	5	16.67	2	6.67
3	Religion	Hindu	26	86.67	22	73.33
		Muslim	4	13.33	4	13.33
		Christian	0	0.00	4	13.33
		Any Others	0	0.00	0	0.00
4	Occupation	Employers	0	0.00	5	16.67
		Business	9	30.00	0	0.00
		Studying	21	70.00	25	83.33
		Not Working	0	0.00	0	0.00
5	Accommodation Types	Own House	13	43.33	14	46.67
		Private Rented	17	56.67	16	53.33
		Government rental house	0	0.00	0	0.00

Sr. No.	Variable	Groups	Experimental		Control	
			Frequency (n)	Percentage (%)	Frequency (n)	Percentage (%)
6	Dietary pattern	Vegetarian	13	43.33	16	53.33
		Non-vegetarian	17	56.67	14	46.67
7	Geographical location	Urban	0	0.00	0	0.00
		Semi-urban	30	100.00	30	100.00
		Rural	0	0.00	0	0.00
8	Types of family	Nuclear family	20	66.67	11	36.67
		Extended family	8	26.67	13	43.33
		Joint family	2	6.67	6	20.00
9	Habits	Tobacco chewing	9	30.00	1	3.33
		Smoking	1	3.33	2	6.67
		Alcohol	2	6.67	0	0.00
		None of above	18	60.00	27	90.00
10	Men's wellness product	Oil	0	0.00	3	10.00
		Gel	0	0.00	2	6.67
		Tablets	0	0.00	0	0.00
		Adults products / Sextual toys	0	0.00	0	0.00
		None of above	30	100.00	25	83.33

Section-B: Pubertal knowledge and anxiety assessment scale

Sr. No	Questions	Strongly agree (5)	Agree (4)	Neither agree nor disagree (3)	Strongly disagree (2)	Can't say anything (1)
1.	<u>Physical Aspect</u> Does height increase rapidly during pubertal age?					
2.	Does your skin suddenly become oily at the age of 13-19?					
3.	Does puberty is the time when a person changes from a child into an adult?					
4.	Do you think testosterone is responsible for beards and moustaches?					
5.	Does you think your shoulder width increase your muscle mass also changes in puberty?					
6.	Do you think Adam's apple has thyroid cartilage which is the larynx that appears in men as they age?					
7.	Does body changes that your hip muscle build up during puberty?					
8.	During puberty, hair starts growing under the hands and pubic area of a person in pubertal age					
9.	Does your body change and your shoulders grow with age?					
10.	Do you think that excessive sweating during adolescence causes bad stench?					

Sr. No	Questions	Strongly agree	Agree	Neither agree nor disagree	Strongly disagree	Can't say anything
11.	<u>Psychosocial Aspect</u> Do you think masturbation satisfy you and fulfils your sexual desire?					
12.	Did you feel erection while watching porn?					
13.	Are you worried about your penis size comparing to porn videos?					
14.	Do you have increased interest in privacy?					
15.	Do you feel increased awareness of sexual desire?					
16.	Are you worried about being normal?					
Sr. No	Questions	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Strongly disagree (4)	Can't say anything (5)
17.	Do you feel moustache is sign of manhood?					
18.	Does watching porn is your part of day?					
19.	Did you think using sex toys or alternatives will enhance size of your penis?					
20.	Does you think after ejaculation penis get shrink whether it's abnormal?					

Sr. No	Questions	Strongly agree (5)	Agree (4)	Neither agree nor disagree (3)	Strongly disagree (2)	Can't say anything (1)
21.	<u>Spiritual Aspect</u> Does growth of individual depend on gene not on religion?					
22.	Do you think religion practice has positive effect on adolescent in term of having higher self-esteem?					
Sr. No	Questions	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Strongly disagree (4)	Can't say anything (5)
23.	What do you think religion and faith can help you to prevent weight dream at night?					
24.	Does short height, pimples are the divine fury of god?					
25.	Do you think praying to the God after watching porn video is avoided?					
Sr. No	Questions	Strongly agree (5)	Agree (4)	Neither agree nor disagree (3)	Strongly disagree (2)	Can't say anything (1)
26.	<u>Emotional Aspect</u> Do you feels embarrassed when your voice break or deeper?					
27.	Are you feeling peer pressure regarding your facial hair?					
28.	Are you feel guilty about having wet dreams?					
29.	Are you worried about muscular, shoulder growth?					

30.	Are you feeling uncomfortable and insecure with your physical appearance?					
31.	Do you lose your temper or feel depressed while same peer group is making your fun?					
Sr. No	Questions	Strongly agree (5)	Agree (4)	Neither agree nor disagree (3)	Strongly disagree (2)	Can't say anything (1)
32.	<u>Family wellbeing Aspect</u> Are you talking openly with your family members?					
33.	Are you feeling relaxed after interacting family members?					
34.	Do you interact with your family members about physical changes?					
35.	You are satisfied with the support gets from your family.					
Sr. No	Questions	Strongly agree (1)	Agree (2)	Neither agree nor disagree (3)	Strongly disagree (4)	Can't say anything (5)
36.	Are you feeling insecure while changing clothes in front of your family members?					

Score Interpretation:

Sr. No	Score range	Percentage	Outcome value
1	1 – 74	49% and below	Low
2	75 -113	50 – 74%	Moderate
3	114 – 150	75% and above	High

- ❖ Sr. No.1. Score Range 36-108 shows **High Anxiety**
- ❖ Sr. No.2. Score Range 109-144 shows **Moderate Anxiety.**
- ❖ Sr. No.3. Score Range 145-180 shows **Low Anxiety.**
- ❖ For **Positive Questions** We have given 5, 4, 3, 2, 1 mark respectively as per answer of the question.
- ❖ For **Negative Questions** We have given 1, 2, 3, 4, 5 marks respectively as per answers of the question.
- ❖ And positive and negative question are decided on the basis of the answer of the question.

