



A Descriptive Study to Assess The Knowledge on Ill Effect of Mobile Phone Addiction among Undergraduate Students in Selected Colleges of Ahmedabad City, Gujarat State with A View to Develop Leaflet

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ABSTRACT

The present study aims to assess the knowledge on ill effect of mobile phone addiction among 100 undergraduate students. The research design adopted for this study was Non experimental descriptive research design and non-probability convenient sampling technique was used for data collection. The study was conducted in selected colleges of Ahmedabad city. Data collection tool consisted of semi structured knowledge questionnaire with multiple choice questions. Data was analyzed through descriptive and inferential statistics. The study revealed that 44% of the samples had good knowledge and 56% had average knowledge. Mean score on ill effect of mobile phone addiction was 19.77%. Among demographic variables Age in years, Gender, Type of family, Family monthly income (in rupees), Year of graduation, Stream of undergraduate, Have you attended any awareness programme about ill effect of mobile phone addiction?, it was found that there was association between gender and knowledge of undergraduate students. Chi square value was 5.516, and calculated P value was 0.0188 which was less than 0.05 which indicates that it was significant. After analysis the investigator developed and distributed a leaflet on mobile phone addiction.

KEYWORDS

Knowledge, Ill Effect of Mobile Phone Addiction, Descriptive Study

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INTRODUCTION

“The Internet is so big, so powerful and pointless that for some people it is a complete substitute for life.”

-Andrew Brown

Mobile phone have become an unavoidable part of the youth’s life. Smart phones are attractive and a very handy technological appliance, competent to disperse a lot of information in finger tips and it also includes features like internet access, multimedia and GPS navigation. The key point of difference between ordinary mobiles and newer smart phones is that smart phones offer much easy access to the web and other applications which can also be downloaded and stored in it.

According to WHO Expert Committee – 1964, addiction to any particulate substance or any act is considered as

dependence. It is continuous use of something which is apparently believed to provide oneself a sort of relief, comfort or stimulation resulting in cravings when the same is absent.

Smart phone use is almost universally relied on among college students. Whether smart phone addiction among college students has a negative predictive effect on academic performance is hardly studied. Previous research found an apparent association between smart phone use and academic achievement partly explained by the nature of the task the student is engaged in when using a smart phone

Apart from the various benefits of cell phone, it’s over usage leads to mobile phone addiction. It is one of the biggest non drug addictions in the world. Repetitive mobile phone use leading to abnormal behaviour which causes negative consequences to its users or others in the community in any way such as psychological, physiological, behavioural, sociological or other important functional impairments.

According to economics research unit- statistics department of telecommunications ministry of communications government of India, 1211.80 million telephone subscribers in India (2018) and 31.43 million internet subscribers in Gujarat (2018).

India is world’s second largest market after china based on the mobile subscriber base. The growth rate of telecom industry in India is one of the highest compared to other telecom markets in the world. The mobile sector has growth more than tenfold from 2004 to around 392 million subscribers by mid-2009. India is among top 10 nations using smart phones offering mobile internet



ideal for corporate and business professionals, thus there is increasing usage of cell phone from children to adults.

The measures to prevent or to reduce these hazards are always make sure the phones are kept in not your front pockets of your trousers or pants, away from the heart, especially when using pace makers. Avoid using vibration mode of the mobile phones if possible use hands free or loudspeakers on your phone, avoid over use of mobile phones, use landlines more than if possible, buy mobile phone from reputed companies, faulty mobile phone should be repaired soon. Avoid using mobile phone during pregnancy.

STATEMENT OF THE PROBLEM

“A Descriptive study to assess the knowledge on ill effect of mobile phone addiction among undergraduate students in selected colleges of Ahmedabad city, Gujarat state with view to develop leaflet.”

OBJECTIVES

1. Assess the existing knowledge on ill effect of mobile phone addiction among Undergraduate students in selected colleges of Ahmedabad city.
2. Find out association between knowledge score and selected Demographic variables.
3. Develop and distribute the leaflet about ill effect of mobile addiction among Undergraduate students in selected colleges of Ahmedabad city.

ASSUMPTION

A₁: Undergraduate students may have knowledge about ill effect of mobile phone addiction.

A₂: Leaflet may be a useful source to improve the knowledge regarding ill effect of mobile phone addiction.

RESEARCH APPROACH: The research study approach is quantitative research approach

RESEARCH DESIGN: The research design selected for the study is Non experimental, descriptive survey research design.

RESEARCH SETTING: This study was conducted in the selected colleges of Ahmedabad city.

TARGET POPULATION



Undergraduate students studying in selected colleges of Ahmedabad city.

SAMPLE SIZE AND SAMPLING TECHNIQUE

100 undergraduate students available at selected colleges of Ahmedabad city were selected by non probability convenience sampling technique method. In present study, out of selected 3 colleges the investigator selected 1 college for pilot study and other 2 colleges for main study. In main study, from the each college investigator selected 50 samples by non probability convenience sampling technique.

SELECTION OF TOOLS FOR DATA COLLECTION

1. A Semi Structured Knowledge

Questionnaire

Semi Structured Knowledge Questionnaire was used for assessing knowledge on ill effect of mobile phone addiction among Undergraduate students at selected colleges of Ahmedabad city, Gujarat state.

It is relatively a simple method for collection of data. Semi Structured Knowledge Questionnaire helps to elicit factual information. It offers the possibility of anonymity and group administered. Multiple choice questions are least time consuming. The closed ended questions are efficient and easy to administer. It covers a large group within a short period of time. For above all reason Semi-structured knowledge questionnaire was considering the most appropriate tool for the collection of data for the present study.

DEVELOPMENT OF THE TOOL

The development of tool is a step by step procedure in order to make the tool more practical oriented. The investigators reviewed the literature on ill effect of mobile phone addiction such as books, articles, published and unpublished thesis to develop the tool to assess the knowledge of samples on ill effect of mobile phone addiction.

Development of Semi Structured Knowledge Questionnaire

A Semi Structured Knowledge Questionnaire focus on main 4 areas such as Introduction and Definition of mobile phone addiction, Risk factors of mobile phone addiction, Ill effect of mobile phone addiction and Prevention of mobile phone addiction. Total item were 30 and maximum score was 30. Every Correct answer was given a score of one and wrong answer was given zero score.

DESCRIPTION OF THE TOOL

The investigator prepare tool in two sections,



Section I: Demographic variables of the samples such as Age in year, Gender, Type of family, Family Monthly Income (in rupees), Year of graduation, Stream of undergraduate, Have you attended any awareness programme about ill effect of mobile phone addiction?

Section II: Semi Structured Knowledge Questionnaire consisted of total 30 items each item carry one mark. Maximum score of the questionnaire was 30. Every correct answer was given a score of one and wrong answer was given zero score. The answer key for Semi Structured Knowledge Questionnaire was prepared by investigators.

RELIABILITY

The reliability of semi structured knowledge questionnaire determined by test retest method using Karl Pearson formula. Reliability of semi structured knowledge questionnaire was 0.715.

PROCEDURE FOR DATA COLLECTION

Investigators was obtained formal permission from the concerned authorities, the principals of selected colleges of Ahmedabad city. Investigator collected the data from the two selected colleges of the Ahmedabad city, Gujarat State. Investigators collected data during period of 30th April to 4th May 2019. Investigators had approached the sample individually, discuss the objectives of the study and obtained informed written consent from all the participants.

PLAN OF DATA ANALYSIS

The Investigators had planned to analyze the data in the following manner.

Section I: Demographic variable to be analyzed using frequency, percentage and will be presented in the form of table.

Section II: The data from a Semi Structure Knowledge Questionnaire will be analyzed using frequency and percentage and present in the form of table and bar graph. The data of ill effect of mobile phone addiction on selected variables will be analyzed by using frequency and percentage will be present in the form of table and bar graph. After analysis of data investigators will be developed leaflet on ill effect on mobile phone addiction, as per the lacking areas of Undergraduate students regarding ill effect on mobile phone addiction and get validate with subject experts.

The data was systematically organized and will be analyzed by the use of descriptive and inferential statistics. After analysis of data investigators will developed leaflet on ill effect of mobile phone addiction, that get validate with subject experts, give to the Undergraduate students of selected colleges of Ahmedabad city.



ANALYSIS AND INTERPRETATION OF DEMOGRAPHIC VARIABLES OF THE SAMPLES

Table 1 Frequency and percentage wise distribution of samples based on demographic variables such as Age in year, Gender, Type of Family, Family Monthly Income (in rupees), Year of Graduation, Stream of Undergraduate, Have you attended any awareness programme about ill effect of mobile phone addiction?

[N=100]

Sr. No.	Demographic Variables	Frequency (f)	Percentage (%)
1.	Age in year	41	41%
	a) 17-19	59	59%
	b) 20-22	00	00%
	c) 23-25	00	00%
	d) Above 25		
2.	Gender		
	a) Male	45	45%
	b) Female	55	55%
	a. c) Transgender	00	00%
3.	Type of family		
	a) Nuclear	59	59%
	b) Joint	41	41%
4.	Family Monthly Income (in rupees)		
	a. a) Less than 5000/-	06	06%
	b) 5001 to 10,000/-	03	03%
	b. c) 10,001 to 15000/-	29	29%
	c. d) More than 15,001/-	62	62%
5.	Year of Graduation		
	a. a) First	09	09%
	b. b) Second	33	33%
	c. c) Third	41	41%
	d. d) Fourth	17	17%
6.	Stream of Undergraduate		
	a. a) Arts	00	00%
	b. b) Commerce	00	00%
	c. d) Science	100	100%
7.	Have you attended any awareness programme about ill effect of mobile phone addiction?		
	a. a) Yes		
	b. b) No	00	00%
	If yes specify _____	100	100%

ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO THE KNOWLEDGE OF THE SAMPLES

Table 2 Area wise mean and mean percentage of knowledge score of samples regarding ill effect of mobile phone addiction.

[N=100]

SR. NO.	AREA OF CONTENT	MAX. SCORE	MEAN SCORE	MEAN PERCENTAGE (%)
1.	Introduction and definition of mobile phone addiction	04	2.77	69.25
2.	Risk factors of mobile phone addiction	04	3.1	77.5
3.	Ill effect of mobile phone addiction	15	9.49	63.23



4.	Prevention of mobile phone addiction	07	4.41	63
	Total	30	19.77	-

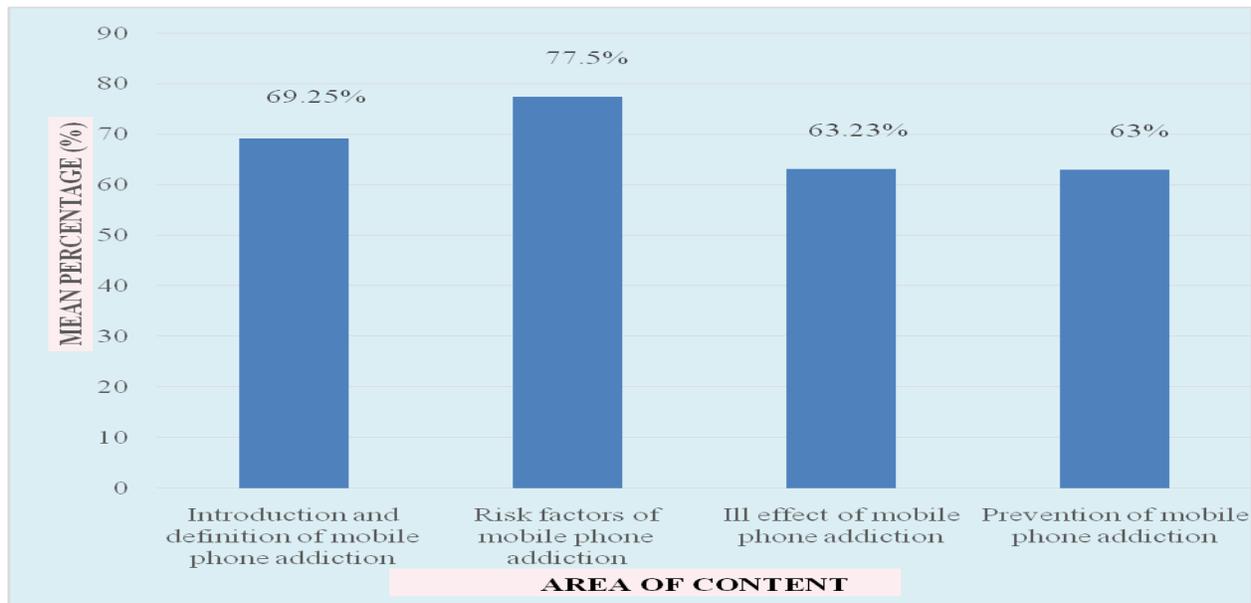


Figure 1 Bar graph showing area wise mean percentage (%) of Samples on ill effect of mobile phone addiction

Table 3 Frequency and percentage distribution of knowledge score of samples regarding ill effect of mobile phone addiction.

[N=100]

Level of knowledge	Score	Frequency (f)	Percentage (%)
Good	21-30	44	44%
Average	11-20	56	56%
Poor	00-10	00	00%
Total		100%	100%

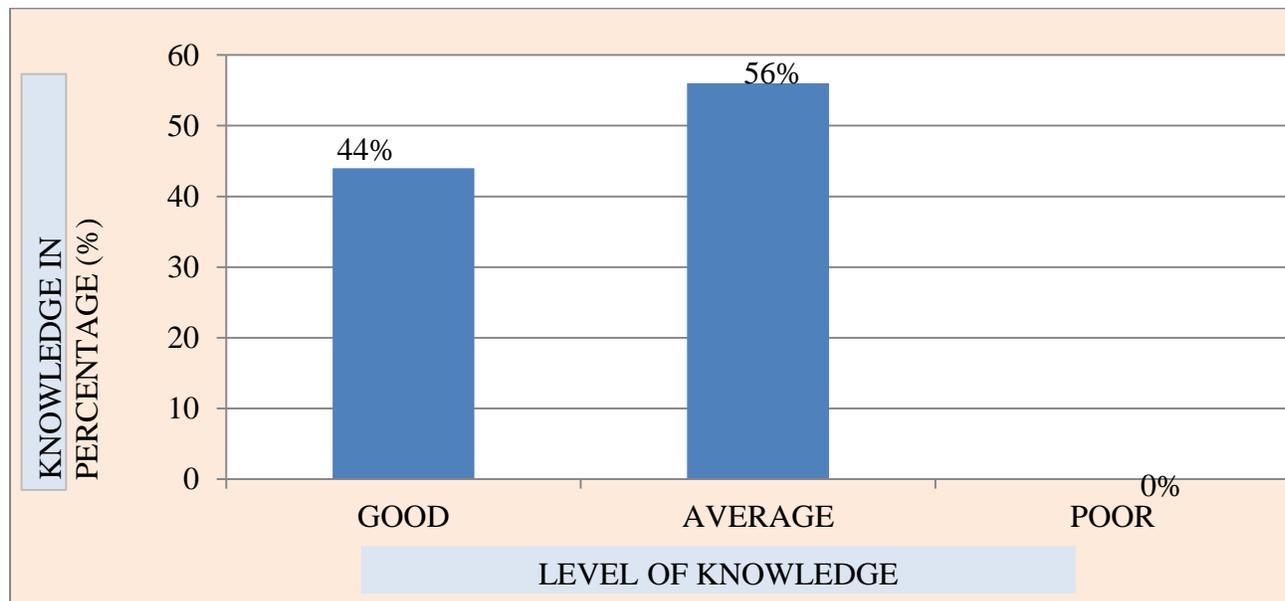


Figure 2 Bar graph showing knowledge percentage (%) of samples on ill effect of mobile phone addiction



ANALYSIS AND INTERPRETATION OF THE DATA RELATED TO THE ASSOCIATION OF KNOWLEDGE SCORES WITH SELECTED DEMOGRAPHIC VARIABLES OF THE SAMPLES

Table 4 Association of knowledge score with selected demographic variables of the samples [N=100]

Sr. No.	Demographic Variable	Frequency (f)	χ^2 Calculated value	df	Association
1	Age in year				
	a) 17-19	41			
	b) 20-22	59			
	c) 23-25	00	0.044	2	Not significant
	d) Above 25	00			
2	Gender				
	a) Male	45			
	b) Female	55	5.516	2	Significant
	c) Transgender	00			
3	Type of family				
	a) Nuclear	59	1.55	2	Not significant
	b) Joint	41			
4	Family Monthly Income (in rupees)				
	d. a) Less than 5000/-				
	e. b) 5001 to 10,000/-	06			
	f. c) 10,001 to 15000/-	03	0.377	6	Not significant
	g. d) More than 15,001/-	29			
		62			
5	Year of Graduation				
	e. a) First	09			
	f. b) Second	33	3.85	6	Not significant
	g. c) Third	41			
	h. d) Fourth	17			
6	Stream of Undergraduate		-		-
	d. a) Arts	00		0	
	e. b) Commerce	00			
	f. d) Science	100			
7	Have you attended any awareness programme about ill effect of mobile phone addiction?		-	0	-
	c. a) Yes				
	d. b) No	00			
	If yes specify_____	100			

*significance at 0.05 level.

MAJOR FINDINGS OF THE STUDY

The data were analysed and interpreted in terms of objectives of the study. Descriptive and inferential statistics methods were used for data analysis. Data were organized and presented in following manner which includes description of the all aspects.

Demographic variables of samples



As regards to age majority of the samples 59 (59%) were 20-22 years old. As regard to gender majority of samples 55 (55%) were female. As regard to type of family majority of the samples 59 (59%) were live in nuclear family. As regard to family monthly income majority of the samples 62 (62%) were more than 15,001/-. As regard to year of graduation majority of samples 41 (41%) were in third year. As regard to stream of undergraduate majority of samples 100 (100%) were in science stream. As regard to attend any awareness programme about ill effect of mobile phone addiction majority of samples 100 (100%) were not attended any awareness programme.

Knowledge of the samples on ill effect of mobile phone addiction

Sample's Knowledge were categorized in three area Poor, Average and Good. 44% samples had good knowledge and 56% samples had average knowledge and 00% had poor knowledge.

Association between knowledge score and selected demographic variables

The findings of the study reveal that there is significant association between knowledge score and selected demographic variable such as gender.

CONCLUSION

From the above finding the conclusion can be drawn that, in present study majority of samples were average knowledge. Significant and demographic variable that include gender. The investigators prepared leaflet on ill effect of mobile phone addiction and distributed to samples of selected colleges in Ahmedabad city, Gujarat state association found between knowledge score



BIBLIOGRAPHY

BOOKS:

1. Baswanthappa B.T. (2007). "NURSING RESEARCH", 2nd edition, Published by Jaypee brothers, New Delhi. Pg no: 110-120.
2. Sharma Suresh K, "NURSING RESEARCH AND STATISTICS", 2nd edition; 2017; published by Elsevier; Pg no: 209, 138, 40, 206, 505, 247, 291, 288.
3. Sharma Suresh K, "RESEARCH METHODOLOGY AND BIOSTATISTICS – A COMPREHENSIVE GUIDE FOR HEALTH CARE PROFESSIONAL", Elsevier -2017; Published by RELX India Pvt. Ltd. Haryana; Pg no: 04

JOURNAL:

1. Hemendra singh, A. Lal, Manoj kumar singh, Indian Journal of Medical Psychiatry. Formerly Psychiatry and Mental Health. January- June 2018; Volume 2(1).

WEB SITES:

1. <https://www.ijcmph.com/index.php/ijcmph/article/viewFile/3731/2418>
2. http://shodhganga.inflibnet.ac.in/bitstream/10603/29744/7/07_chapter1.pdf
3. https://www.researchgate.net/publication/321165231_Smartphone_Addiction_among_University_Students_and_Its_Relationship_with_Academic_Performance
4. <https://www.frontiersin.org/articles/10.3389/fpsy.2016.00175/full>
5. <http://dot.gov.in/sites/default/files/statistical%20Bulletin-2018.pdf>
6. https://www.google.com/search?source=hp&ei=pX5bXfn1NMe0rQG8xZ_YCQ&q=the+mobile+sector+has+growth+more+than+tenfold+from+2004+to+around+392+million+subscribes+by+mind+2009+&oq=the+mobile+sector+has+growth+more+than+tenfold+from+2004+to+around+392+million+subscribes+by+mind+2009+&gs_l=psy-ab.3...1104.68612..77826...1.0..0.339.16687.0j95j6j1.....2....1..gws-wiz.....0i131j0j0i22i30j33i22i29i30j33i21j33i160j33i10.eEY5qDPDZBQ&ved=0ahUKEwi53PnJ1ZDkAhVHWisKHbziB5sQ4dUDCAU&uact=5#
7. <https://phpa.health.maryland.gov/OEHFP/EH/Shared%20Documents/CEHPAC/CEHPAC%20Dec%202013%20Comments%20Part%204.pdf>