

Assessment Of Smart Phone Addiction And Its Risk Factors Among Adolescent In Selected School Of Purba Bardhaman, West Bengal.

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ABSTRACT

Introduction: Smart phone use is escalating among adolescent. There by increasing the risk of its addiction among them. Ultimately, smartphone addiction has negative impacts on students learning and overall academic performance.

Aim: The aim of the study is to identify the factors responsible for smart phone addiction among adolescent students, West Bengal; in an attempt to treat addiction at the earliest.

Methods: A descriptive survey design was adopted with 196 (n=196) adolescent students studying in class VIII to XII at CMS High School, Baburbag, Purba Bardhaman and Harisabha Hindu high school in June-July, 2022. The data were collected by adopting Non-Probability convenience sampling technique. Validated Semi-structured Interview Schedule for collecting socio-demographic information and Structured Questionnaire to assess contributing factors of smart phone addiction

Result: Results showed that 61.74% were girls and 38.26% were boys; 69.90% were 15-16 years age group; 39.28% participant had no siblings, 31.12% had 2 siblings; 86.80% participants lived in urban area; 48.97% were belonged in nuclear family and 41.33% from joint family; 80.10% family members were up to 7; The majority 43.87% participants' monthly income more than Rs. 20,000/- ; 100% participants had a smartphone; 30.61% mothers were passed secondary; There were also 40.30% father's were graduate ; 84.70% mothers are home maker and 48.97% fathers were business man. During the covid outbreak smartphone is the only way to communication with friends is 93.37%; decreased involvement with playmates, tendency of smartphone uses increased 25.51%; lack of social interaction during leisure time increase smartphone addiction is 46.94%; inadequate time of parents increase smartphone addiction is 11.73%.

Conclusion: Android addiction can spoil the future generation so early measures to be taken into account

Keywords: Android Phone, addiction

Date of Submission: 02-01-2024

Date of acceptance: 12-01-2024

I. Introduction:

Smart phone are the new generation of the mobile phone that provides integrated communication and entertainment service. With a rapid rise in its use, a new kind of health disorder called smart phone addiction. It has now emerges as a challenging public health problem among adolescent. Research shows that abnormal use of smartphone in adolescent age group are more at risk of severe psychopathological disorder. They are also suffer from cyber sexual delinquency.

Smart phone use is escalating among adolescent. There by increasing the risk of its addiction among them. The prevalence of smart phone use and its addiction seen among adolescent (10-19) years. Smart phone use found to be 83.9% and the addiction rate 37% in worldwide. In India 39% to 44% adolescent are affected by this disorder.

Students are developing a strong connection with their mobile phones, which is leading to a massive loss in their concentration and time spent in studies. Ultimately, smartphone addiction has negative impacts on students learning and overall academic performance.

Problem Statement:

Assessment of contributing factors for smartphone addiction among adulterant students in selected school of Purba Bardhaman, West Bengal.

Objectives of the study:

1. To identify the contributing factor of smartphone addiction among adolescent student.
2. To find out association between contribution factors of smartphone addiction and selected socio demographic variables of adolescent student.

II. Method:

A descriptive survey was conducted at CMS High School, Baburbag and Harisabha Hindu high school. Purba Bardhaman, West Bengal in 30.06.22 to 28.07.22. Non- probability convenience sampling technique was used to select 196 adolescent students studying in class VIII to XII at CMS High School, Baburbag and Harisabha Hindu high school, Purba Bardhaman. The present study was carried out after getting all permissions from the concerned authority. Informed consent was taken and anonymity was maintained. Considering the objectives of the study, total two tools were used and data were organized in two sections: Section I- Socio-demographic information (Age, Sex, Education, Occupation of parents, Residence, Types of family, Class, No. of siblings , education and occupation of parents), Section II -Contributing factors of Smart Phone Addiction. Content validity of three tools were established by seven experts in the fields of Psychiatric Nursing, Psychiatrist and Psychiatric Social Worker and got 90% to 100% agreement. For administration, all tools were converted into Bengali language and linguistic validation was done by linguistic experts. Both descriptive and inferential statistics were used to analysis the data. Sample characteristics were described through frequency, percentage.

III. Results:

Socio-demographic Profile:

Results showed in Table 1 shows that 61.74% were girls and 38.26% were boys; 69.90% were 15-16 years age group; 39.28% participant had no siblings, 31.12% had 2 siblings; 86.80% participants lived in urban area; 48.97% were belonged in nuclear family and 41.33% from joint family. Table 2 depicts that 80.10% family had members up to 7; The majority 43.87% participants' monthly income more than Rs. 20,000/- ; 100% participants had a smartphone. Data presented in Table 3 depicts that 30.61% mothers were passed secondary and only 1.05% mothers were illiterate. There were also 40.30% father's were graduate and 1.53% fathers were illiterate. 84.70%. Mothers are home maker and 48.97% fathers are business man.

Contributing factors for Smartphone addiction:

Table 4 depicted that in question number 1. During the covid outbreak smartphone is the only way to communication with friends is 93.37% and not used 6.63%. the item number 2 depicted that due to decreased involvement with playmates, tendency of smartphone used increased 25.51% and not increased 74.49%. item number 3 depicted that due to lack of social interaction during leisure time increase smartphone addiction is 46.94% and not increase is 53.06%. item number 4 depicted that due to inadequate time of parents increase smartphone addiction is 11.73% and not increased is 88.27%.

Table 5 depicted that in question No. 9 due to increased tendency to self satisfaction in comparing with peer group increased uses of smartphone is 12.24% and not increased 87.76%. item no 10 depicted that due to increased tendency to make selfi increased smartphone uses is 48.97% and not increased 51.03%. item no. 11 depicted that as a way recreation use of smartphone increased is 66.83% and not increased 33.17%. item No. 12 depicted that smartphone uses increased as bullying victimization of the peer group is 7.65% and not increased 92.35%.

Table 6 depicted that in Item No. 13 smartphone uses increased as a result of imitating parents is 11.22% and not increased 88.78%. Item No. 14 depicted that due to lack of knowledge of parents about the digital device child are instinct to teach them about smartphone is 34.70% and not instinct to teach them 65.30%. Item no 15 depicted that increased curiosity about forbidden world increased smartphone uses is 37.27% and not increased 62.76%. Item No. 16 depicted that due to inducement of deception increased smartphone uses is 1.53% and not increased 98.47%.

Appendices:

Table – 1 : Frequency and percentage distribution of sample characteristics in terms of age, gender, Number of sibling, habitat and types of family.

n = 196

Demographic Characteristics	Frequency	Percentage
Age (in years)		
13-14 yrs.	59	30.10%
15-16 yrs.	137	69.90%
Gender		
Boy	75	38.26%
	121	61.74%

Girl	77	39.28%
Number of Sibling	61	25.50%
0	09	31.12%
1	12	4.10%
2		
3		
Habitat	12	6.55%
Rural	170	86.80%
Urban	13	6.65%
Semi-Urban		
Family Type		
Nuclear	96	48.97%
Joint	81	41.33%
Extend nuclear	19	9.70%

Table – 2 : Frequency and percentage distribution of sample characteristics in terms of number of family members, monthly income and have a smart phone.

n=196

Demographic Characteristics	Frequency	Percentage
Family members		
Up to 7	157	80.10%
Above 7	39	19.90%
Monthly Income	43	21.93%
Up to 10,000/-	67	34.20%
10,001-20,000/-	86	43.87%
> 20,000/-		
Have a Smart Phone	196	100%
Yes	Nil	0%
No		

Table – 3 : Frequency and percentage distribution of sample characteristics in terms of education and occupation of fathers and mothers.

n=196

Demographic Characteristics	Frequency	Percentage
Education		
Mother		
Illiterate	2	1.05%
Primary	28	14.28%
Secondary	60	30.61%
Higher Secondary	57	29.06%
Graduation and above	49	25.00%
Father		
Illiterate	3	1.53%
Primary	27	13.77%
Secondary	40	20.40%
Higher Secondary	47	24.00%
Graduation and above	79	40.30%
Occupation		
Mother		
Govt. Employee	7	3.57%
Business	4	2.04%
Private Service	4	2.04%
Home maker	166	84.70%
Others	15	7.65%
Father		
Govt. Employee		
Business	37	18.37%
Private Service	96	48.97%
others	28	14.28%
	34	18.38%

Table 4 : Item-wise Frequency and percentage distribution of contributing factors of smartphone addiction.

n=196

Item	Response	Frequency	Percentage
1. Smartphone is the only way for communication with friends for covid outbreak	Yes	183	93.37
	No	13	6.63
2. Decreased involvement with playmates	Yes	50	25.51
	No	146	74.49
3. Lack of social interaction during leisure	Yes	92	46.94
	No	104	53.06
4. Inadequate time of parents for children	Yes	23	11.73
	No	173	88.27

Table 5 Frequency and percentage distribution of contributing factors of smartphone addiction.

n=196

Item	Response	Frequency	Percentage
5. Online class	Yes	114	58.16
	No	82	41.84
6. Academic stress of offline class	Yes	56	28.57
	No	140	71.43
7. Increase interest in online games	Yes	64	32.65
	No	132	67.35
8. Availability of high speed network	Yes	90	45.91
	No	106	54.09

Table 6 Frequency and percentage distribution of contributing factors of smartphone addiction.

n=196

Item	Response	Frequency	Percentage
9. Self satisfaction in comparing with peer group	Yes	24	12.24
	No	172	87.76
10. Tendency to make selfie	Yes	96	48.97
	No	100	51.03
11. For recreation smartphone is used	Yes	131	66.83
	No	65	33.17
12. Bullying victimization of the peer group	Yes	15	7.65
	No	181	92.35

Table 7 Frequency and percentage distribution of contributing factors of smartphone addiction.

n=196

Item	Response	Frequency	Percentage
13. Parent uses smartphone	Yes	22	11.22
	No	174	88.78
14. Lack of knowledge of parents about the digital device	Yes	68	34.70
	No	128	65.30
15. Increased curiosity about forbidden world	Yes	73	37.24
	No	123	62.76
16. Inducement due of deception	Yes	3	1.53
	No	193	98.47

IV. Discussion:

The aim of the study was to identify the factors responsible for smart phone addiction among adolescent students, West Bengal. Concurrent study(1,2)revealed that Smartphone is the only way for communication with friends for covid outbreak which is quite similar with the present study findings as major contributing factor for smart phone addiction among adolescents. Bullying victimization is another risk factor for smartphone addiction tendency as identified by studies(3,4) but the present study findings are different from concurrent studies . Inadequate time of parents for children (5,6)is also not identified as a contributing factors for smart phone addiction in the present study.

Limitations:-

This descriptive survey is done with a limited sample (196) in one setting. Convenience sampling was done to collect data hence the sample may not be representative of the entire population of West Bengal.

V. Conclusion:

To suggest preventive measure for addiction to smartphone among adolescents the study provides empirical evidence. Based on the study findings adolescents should be backed up by different recreational activities, group involvement etc.

Acknowledgement:

This study sincerely acknowledges the contribution of Post Basic B.Sc. Nursing students (2020 – 2022) of Govt. College of Nursing, Burdwan, West Bengal in helping collection of data.

Conflict of interest:

There has been no conflict of interest, financially otherwise.

Reference:

- [1]. Chun J, Lee HK, Jeon H, Kim J, Lee S. Impact Of COVID-19 On Adolescents' Smartphone Addiction In South Korea. Soc Work Public Health. 2023 May 19;38(4):268-280. Doi: 10.1080/19371918.2022.2134252. Epub 2022 Oct 13. PMID: 36227775.
- [2]. Kim JH. Factors Associated With Smartphone Addiction Tendency In Korean Adolescents. Int J Environ Res Public Health. 2021 Nov 6;18(21):11668. Doi: 10.3390/ijerph182111668. PMID: 34770182; PMCID: PMC8583015
- [3]. Liu Q.-Q., Yang X.-J., Hu Y.-T., Zhang C.-Y. Peer Victimization, Self-Compassion, Gender And Adolescent Mobile Phone Addiction: Unique And Interactive Effects. Child. Youth Serv. Rev. 2020;118:105397. Doi: 10.1016/J.Childyouth.2020.105397. [Crossref] [Google Scholar] [Ref List]
- [4]. Chen Y., Zhu J., Zhang W. Reciprocal Longitudinal Relations Between Peer Victimization And Mobile Phone Addiction: The Explanatory Mechanism Of Adolescent Depression. J. Adolesc. 2021;89:1–9. Doi: 10.1016/J.Adolescence.2021.03.003. [PubMed] [Crossref] [Google Scholar] [Ref List]
- [5]. Cha S.-S., Seo B.-K. Smartphone Use And Smartphone Addiction In Middle School Students In Korea: Prevalence, Social Networking Service, And Game Use. Health Psychol. Open. 2018;5 Doi: 10.1177/2055102918755046. [PMC Free Article] [PubMed] [Crossref] [Google Scholar] [Ref List]
- [6]. Wang J.-L., Rost D.H., Qiao R.-J., Monk R. Academic Stress And Smartphone Dependence Among Chinese Adolescents: A Moderated Mediation Model. Child. Youth Serv. Rev. 2020;118:105029. Doi: 10.1016/J.Childyouth.2020.105029. [Crossref] [Google Scholar] [Ref List]