



# A Study To Assess The Prevalence And Associated Factors Of Nomophobia Among Undergraduate Students At Narayan Nursing College, Gnsu (Rohtas), Bihar

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Nomophobia, or no mobile phone phobia, is “the fear of being out of mobile phone contact”. It is considered as a modern age phobia resulting from the interactions between people and ICTs and is used to refer to feelings and anxiety and/or discomfort caused by being out of reach of a smartphone. Objectives 1. To assess the prevalence and associated factors of nomophobia among undergraduate students at Narayan Nursing College. 2. To determine association of prevalence and associated factors of nomophobia with selected demographic variables among undergraduate students at Narayan Nursing College. Methodology The present study was a cross-sectional descriptive analytic study, recruit the 230-study participant by the using of convenient sampling technique. The data analysis is based on the objectives and hypothesis. Result: Shows that out of the taken 230 samples, total 229(99.56%) are having nomophobia in which 55(23.913%) are having mild nomophobia, 128(55.652) are having moderate nomophobia, 46(20%) are having severe nomophobia i.e. most of the students are moderately nomophobic. The findings also reveal that there is association of prevalence and associated factors of nomophobia with selected socio demographic variables (Duration of using smartphone per day) with p value 0.000 and the Fisher exact value is 22.169 by using SPSS, the p value for this study is 0.05. Discussion and Conclusion: The findings also reveal that there is association of prevalence and associated factors of nomophobia with selected socio demographic variables (Duration of using smartphone per day) with p value 0.000 and the Fisher exact value is 22.169 by using SPSS, the p value for this study is 0.05.

**Keywords:** Nursing Students, Nomophobia, Associated Factor, Prevalence.

## INTRODUCTION

Mobile phones have infiltrated the lives of teens, with 80% of those aged 15 to 24 using mobile phones on a daily basis in European countries. Because mobile phones have become more sophisticated as their functionalities have increased, they have become much more convenient and user-friendly for users. In every area such as creativity, security, entertainment, lifestyle, health, education, productivity, and usage such as calls and text messaging, mobile phones are more approachable today, especially to college students or youngsters (McGregor, 2009). As a result, college students and young people have become increasingly reliant on their phones to keep up with the latest trends and information. Nomophobic individuals will just endure psychological agitation. Depression, increased interpersonal anxiety, low self-esteem, mental and physical anguish, panic, confusion, and 4 extreme isolations are only a few instances. When nomophobics are forced to disconnect from their phones for an entire day, these symptoms appear. Addiction to mobile phones

is similar to heroin addiction. The intense desires on mobile phones are equivalent to "itching like a crack junkie. "Nomophobia sufferers just cannot live without their phones since it causes emotional distress. Worried, confused, anxious, irritable, insecure, uneasy, restless, crazy, addicted, terrified, jealous, furious, lonely, dependant, depressed, twitchy, and paranoid are just some of the words that come to mind.

"NO-Mobile PHOne phoBIA" is the literal translation. Fear is an emotion that is felt by both animals and people as an instinctual response to potential danger. It is a type of phobia or fear of losing a mobile phone. When people can't find their phones, they feel fearful and uneasy, as if they're in danger.

In recent years, the popularity of smartphones has grown to the point that it is unimaginable for individuals to do anything without using one. Nomophobia is the fear of being cut off from one's mobile phone, and it relates to the discomfort, anxiety, tension, uneasiness, and anguish that comes with it. Since the first decade of the twenty-first century, when this social phobia was coined, a growing number of research have investigated and reported the prevalence of this technology-related condition.

## **METHODS**

### **Research design**

Research design can be defined as a blueprint to conduct a research study, which involves the description of research approach, study setting, sample and sampling size, sampling technique, tools and methods of data collection and analysis to answer specific research question. A descriptive research design is used in this study to assess the prevalence and associated factors of nomophobia among undergraduate nursing students at Narayan Nursing College.

### **Setting**

The research setting can be seen as the physical, social and cultural site in which the researcher conducts the study. The setting of the present study was selected by convenient sampling, and it was undergraduate nursing students.

### **Sampling Technique**

The sample of the research study was 230 undergraduate students studying in Narayan Nursing College Sasaram selected by convenient probability sampling technique. The students who are willing and available at the time of research study were included. Web based questionnaire were used for collecting data for subjects.

### **Description of tool**

Part-1 Socio-demographic variable Performa comprising of age, gender, course, professional year, monthly income of family, type of family, price range of smartphone used, duration of smartphone ownership, frequency of use of smartphone, frequency of checking of smartphone, purpose of use of smartphone, purpose of checking of smartphone, duration of use of smartphone per day, data usage per day.

Part-2 Nomophobia Questionnaire (NMP-Q) The NMP-Q is a 20-item scale developed by Yildirim and Correia (2015) through a thorough procedure including qualitative and quantitative phases. The NMP-Q comprises four factors (Factor 1: not being able to communicate; Factor 2: losing connectedness; Factor 3: not being able to access information; and Factor 4: giving up convenience). A 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree) is applied to each NMP-Q item leading to a summated total score. The higher the score, the greater is the severity of nomophobia. In addition, the interpretation of the NMPQ score into the level 16 of nomophobia (out of a total score between 20 and 140) is 20 corresponding to the absence; 21–59 corresponding to a mild level; 60–99 corresponding to a moderate level; and  $\geq 100$  corresponding to severe level.

### **Ethical considerations**

Ethical consideration was taken from Department research committee followed by Institutional Ethical Clearance. Consent was taken from study subjects. Confidentiality was ensured throughout the research study. None of the participant was forced to take part in the study. They were free to disagree from the research study at any point of time they wanted.

### **Plan for data analysis**

The data analysis is conducted to reduce, organize and to give meaning to the data. Firstly, analysis and interpretation were done by organization of data into master data sheet. Analysis of data would be done with the help of descriptive and inferential statistics. Frequency and percentage would be computed to describe the sample characteristics. Mean and standard deviation on prevalence of nomophobia. Fisher exact test would be computed to analyse the association between prevalence of nomophobia and selected socio-demographic variables.

**RESULTS****Table 1: Frequency and percentage distribution of socio-demographic variables in accordance with level of nomophobia among undergraduate students**

Sociodemographic Variable	Variable	No Nomophobia	Mild Nomophobia	Moderate Nomophobia	Severe Nomophobia
Age(years)	17-19 years	0	12	33	11
	20-22 years	1	37	72	27
	23-25 years	0	6	23	8
Gender	Male	1	13	25	14
	Female	0	42	102	32
	Other	0	0	1	0
Monthly income of family	Below 50,000	0	14	50	18
	50,000-100000	0	19	46	16
	Above 1 Lakh	1	22	32	12
Type of family	Joint	0	19	45	11
	Nuclear	1	36	83	35
Price range of smartphone used	<10,000	0	23	40	10
	>10,000	1	32	88	36
Duration of smartphone ownership	<5 year	1	45	105	38
	>5 year	0	10	23	8
Duration of use of smartphone per day	<3 hour	1	34	41	16
	3 hour-6 hours	0	20	67	20
	>6 hour	0	1	20	10
Data uses per day	<2GB	1	47	94	34
	>2GB	0	8	34	12

Table no. 1 depicts that out of 230 samples 137 students are in the age group of 20–22 years, 176 female and 53 male, 82 students have monthly income of family <50,000, 155 students living in nuclear family, 157 students use smartphone of >10,000 price range, 189 students are using their smartphone from <5 years, 107 students use smartphone for 3 -6 hours, 110 students use smartphone very frequently, 196 students use smartphone for study purpose, 173 students use smartphone for call notification, 176 students use data <2GB per day.

**Table 2: Association between nomophobia and selected sociodemographic variable.**

N=230

Sociodemographic Variable	Variable	Level of Nomophobia				Fisher exact Test	P value
		No Nomophobia	Mild Nomophobia	Moderate Nomophobia	Severe Nomophobia		
Age(years)	17-19 years	0	12	33	11	3.370	0.815
	20-22 years	1	37	72	27		
	23-25 years	0	6	23	8		
Gender	Male	1	13	25	14	9.846	0.246
	Female	0	42	102	32		
	Other	0	0	1	0		
Monthly income of family	Below 50,000	0	14	50	18	7.353	0.238
	50,000-100000	0	19	46	16		
	Above 1 Lakh	1	22	32	12		
Type of family	Joint	0	19	45	11	2.510	0.405
	Nuclear	1	36	83	35		
Price range of smartphone used	<10,000	0	23	40	10	5.100	0.137
	>10,000	1	32	88	36		
Duration of smartphone ownership	<5 year	1	45	105	38	0.533	1.000
	>5 year	0	10	23	8		
Duration of use of smartphone per day	<3 hour	1	34	41	16	22.169	0.000*
	3 hour-6 hours	0	20	67	20		
	>6 hour	0	1	20	10		
Data uses per day	<2GB	1	47	94	34	3.784	0.296
	>2GB	0	8	34	12		

This table revealed that there is a significant association between selected sociodemographic variable such as duration of use of smartphone and nomophobia with a Fischer exact value score of 22.169 by using SPSS at P value 0.000. The more is the duration of use of smart phone, the more will be score of nomophobia.

The purpose of the discussion is to interpret and convey the relevance of the findings in light of what was previously known about the research problem under investigation, as well as to explain any new understanding and insights gained as a result of the investigation. This study was conducted in Narayan Nursing College Sasaram to assess the prevalence and associated factors of nomophobia among undergraduate nursing students at Narayan Nursing College.

## Discussion

In this period of technological growth, technology dependence has been developed, with “nomophobia” being one example. The reliance on mobile phone has grown to the point that they have become an addiction. In present study the prevalence of nomophobia is (99.5%) which is similar with the studies done by Ganesh Shanmugasundaram Anusuya et al., (99%) and by Madhusudan M et al., (99%). Both the studies have used the same questionnaire of Yildirim C and Correia A, as tool in their study. While when compared to a study conducted by Pavithra MB et al., in the year 2015, among medical students in Bangalore it was found that the prevalence of nomophobia was only 39.5%. The explanation for the disparity in nomophobia prevalence can be related to the different nomophobia questionnaire employed. The questionnaire used in their study was a pretested and validated questionnaire which was modified from the original version of the questionnaire developed by Raines ML.

In the present study, among 230 participants, total 229(99.56%) had nomophobia in which 55(23.913%) had mild nomophobia, 128(55.652) had moderate nomophobia, 46(20%) had severe nomophobia while 1(0.43%) had no nomophobia. In a similar study done by Ganesh Shanmugasundaram Anusuya et al., 397(99%) were nomophobic, in which 101(25.3%), 225(56.3%), 70(17.5%) of the study participants had mild, moderate and severe nomophobia, respectively, while 1% participants had no nomophobia. And in the study by Sethia S et al., 32.15%, 61.5% and 6.15% of the study participants had mild, moderate and severe nomophobia, respectively, while 0.2% participants are having no nomophobia [28]. In a similar study done by Janki Bartwal et al. in 2020 among the undergraduate medical students for evaluation of nomophobia, the findings of their study revealed that out of 451 students all of the participants were nomophobic in which 15.5% of the students had mild nomophobia, 67.2 % had moderate nomophobia and 17.3 were suffering from severe nomophobia [29]. In a descriptive correlational study by Mohammed Qutishat et al., in which out of 735 participants 99.33% were nomophobic and most of them were suffering from moderate level of nomophobia [30]. In a study which was conducted by Surekha V. et al., in 2020, on prevalence of nomophobia and its association with stress, anxiety and depression among students. The study findings revealed a high frequency of nomophobia among students. Out of 167 participants, 25%, 59%, 14% had mild, moderate and severe nomophobia respectively. And 2% participants were having no nomophobia.

## Conclusion

The findings of the study illustrated that most of the undergraduate students (55.652%) had moderate level of nomophobia, 23.91% of undergraduate students had mild level of nomophobia, 20% of undergraduate students had severe nomophobia and 0.435% of undergraduate students had no nomophobia. The study also revealed that there is significant association between selected demographic variables (Duration of use of smartphone) and nomophobia among undergraduate nursing students at Narayan Nursing College.

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