A DESCRIPTIVE SURVEY OF SMARTPHONE ADDICTION IN YOUTH

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ABSTRACT

The aim of the present study is to find out Smartphone Addiction in youth. As Smartphone Addiction is one of the biggest non-drug addictions in human history and a common problem among people from children to old age.

Youth of Ahmedabad city, Gujarat, in the age groupof 14 to 24 years were included in the study using random sampling technique. Among a total of 372 respondents of age 15 to 24 years, there were 155 (41.67 %) males and 217 (58.33 %) females. Most of the participants were studying in school and college. The tools used for data collection was Smartphone Addiction Scale SAS-VAM to assess the smartphone addiction in youth.The data was analyzed using descriptive statistics.

The study revealed that 168 participants were having average level of addiction that means 45.16 % of the participants were addicted to smartphone.

KeyWords:#SmartphoneAddiction, #SmartphoneAddictionScaleYouth, #MaheshTKahar #PsychoNeurobics

1. INTRODUCTION

Smartphone Addiction is one of the biggest non-drug addictions in human history and a common problem among worldwide people from children to old age. However, many

people fail to realize that Smartphone addiction is a serious issue that can have a negative effect on the person's thoughts, behavior, tendencies, feelings, and sense of well-being. In addition, it can be a risk factor for depression, loneliness, anxiety and sleep disturbances. As per the **Mental Health Foundation in the United Kingdom**, people with depression, unhappy mood, loss of interest or pleasure, feelings of guilt or low self-worth, disturbed sleep or appetite, low energy, and poor concentration. Depressive and anxiety disorders are two main common disorders that are highly prevalent globally.

2. LITERATURE REVIEW

Numerous tools have been utilized in literature to assess the same phenomenon, but with different terms such as excessive smart phone usage, smartphone addiction, dependency on smart phones, internet addiction, problematic mobile phone usage, and so on. Remarkably, there was a tendency to use a non-pathological terminology, such as "Problematic Smartphone Use," rather than the term smartphone addiction. (Rothman K J, Loughlin J E, Funch D P and Dreyer N A., 1996).

Addiction manifests itself in various forms such as preoccupation, tolerance, lack of control, withdrawal, mood modification, conflict, lies, excessive use and loss of interest (Dreyer N A, Loughlin J E and Rothman K J., 1999).

Several studies have found that women are more likely to develop an addiction to smartphone usage than men (L Hardell et al., 1999).

This was viewed as a positive way for people to stay connected in social relationships. One study clarified that women like to show affection to their families using their smartphones while men use phones for efficiency and practicality (IEGMP Report, UK, 2000; L Hardell et al., 1999).

Smartphone addiction has been found to be correlated with various physical and psychological issues, as indicated in a number of studies that tested this relationship among various age groups. For example, one study found that people with depression, social anxiety and loneliness had different uses for their smartphones compared to others (Hansson M. K et al., Sweden, 1998).

People with social anxiety made fewer outgoing calls, as well as, fewer text messages than those without social anxiety (Hansson M. K et al., Sweden, 1998).

It was reported that high levels of smartphone addiction were correlated with low self-esteem, loneliness, depression and shyness (Johansen C and Olsen J H., 1999).

Hardell, et al., (2002) A new study in Sweden considered about 1600 people with brain tumor of whom had used mobile phones more than 10 years. The Relative Risk was found to be highest for tumors in the temporal area of the brain. it was found that mobile phones double the risk of developing brain cancer on the side of head where phone is held. It is also found that the risk increased to more than three times for mobile users in case of tumors of the auditory verve.

Dr Hocking, (2000) Mobile phones may also cause damage to nerves around ears according to a new study. This study claims to have evidence of altered nerve function in the skin of a mobile phone user, around the ear area. Readings of nerves were taken 1cm in front of and 1cm behind the ear - both showed altered responses in a man complaining of strange feelings in his head after using a mobile phone. Researcher had many other cases but had investigated only one.

Depression is a general reflection of the psychological wellbeing that is thought to be highly correlated with addiction to smartphone usage. The majority of studies on this issue revealed that there is a relationship between these two variables; however, all these studies were conducted in specific populations. In Turkey, females were more likely to develop an addiction to smartphone usage compared to males, (Demirci K, Akgönül M, Akpinar A. 2015), while in Austria chronic stress, low emotional stability, female gender, young age and depression were associated with problematic mobile usage.(Augner C, Hacker G. (2011).

In Taiwan, adolescents with significant depression were more likely to have four or more symptoms of problematic cell phone usage.(Yen C, Tang T, Yen J, Lin H, Huang C, Liu S, et al. (2009).

3. OBJECTIVES OF THE PRESENT STUDY

The following objectives have been selected for the present study.

1. To find out Smartphone addiction in Youth in the form of psychological health issues such as Compulsion, Forgetfulness, Lack of Attention, Depression and Anxiety, Disturbed Hunger/Sleep, Social Withdrawal.

4. METHODOLOGY

The aim of the present study is to find out Smartphone Addiction in youth. The study sample consisted the participants of the age group of 14 to 24 years. Smartphone Addiction Scale SAS-VAM was used to assess smartphone addiction. This scale consisted 23 items divided into Six Dimensions—I. Compulsion, II. Forgetfulness, III. Lack of Attention, IV. Depression and Anxiety, V. Disturbed Hunger/Sleep, VI. Social Withdrawal. This scale was developed by Vijayshri and Masaud Ansari; with internal consistency and concurrent validity. It had good validity and reliability for the assessment of smartphone addiction. It was administered on randomly selected sample of 372 participants (Males=155and Females=217).

The data was collected after obtaining written consent from the participants. Then the data was analyzed using descriptive statistics and the demographic variables were assessed using frequencies and percentage, the smartphone addiction was assessed using percentage and then classified as the level of smartphone addiction.

5. RESULTS

Analysis of Demographic Data of the participants. Analysis of the Smart Phone Addiction Level. Data analysis and interpretation of data were based on the data collected by using structured questionnaire and standardized tool to assess the smartphone addiction level.

The results of the present study are presented in Table 1.

Table 1. Frequency and percentage distribution of participants in terms of demographic data.

Sr. No.	Variable		Frequency (f)	Percentage (%)
1	Gender	Male	155	41.67
		Female	217	58.33
		Total	372	100.00
2	Age (in Years)	14	21	5.65
		15	30	8.06
		16	6	1.61
		17	23	6.18
		18	81	21.77
		19	71	19.09
		20	39	10.48
		21	46	12.37
		22	31	8.33
		23	17	4.57
		24	7	1.88
		Total	372	100.00
3	Educational Qualification	10th Class	55	14.78
		12th Class	11	2.96
		First Year of College	70	18.82
		Second Year of	104	27.96

		College		
		Third Year of College	67	18.01
		Master Degree-Post Graduate Continue	65	17.47
		Total	372	100.00
4	How much time used Smart Phone	Less than 1 hour	29	7.80
		Between 1 - 3 hour	160	43.01
		4 - 6 hour	139	37.37
		7 - 9 hour	30	8.06
		More than 9 hours	14	3.76
		Total	372	100.00

Table-1 shows demographic data of 372 participants in terms of age, gender, educational qualification, how much time used Smart Phone is presented in the form of frequency and percentage distribution of sample subjects.

Figure 1: Pie chart graph of data of Gender

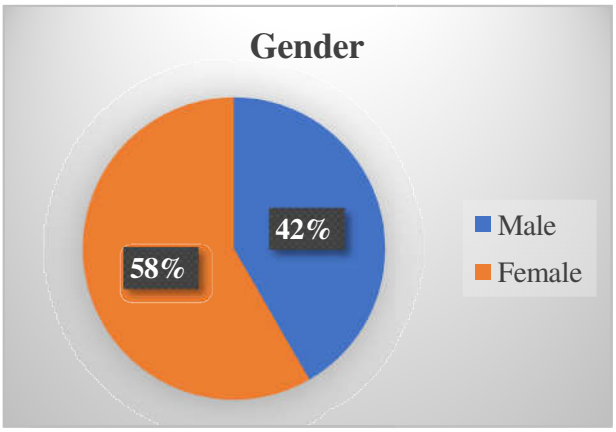

Figure 2: Pie chart graph of data of Age

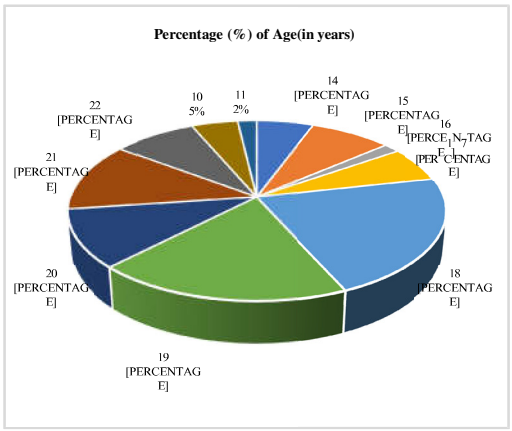

Figure 3: Pie chart graph of data of Educational Qualification

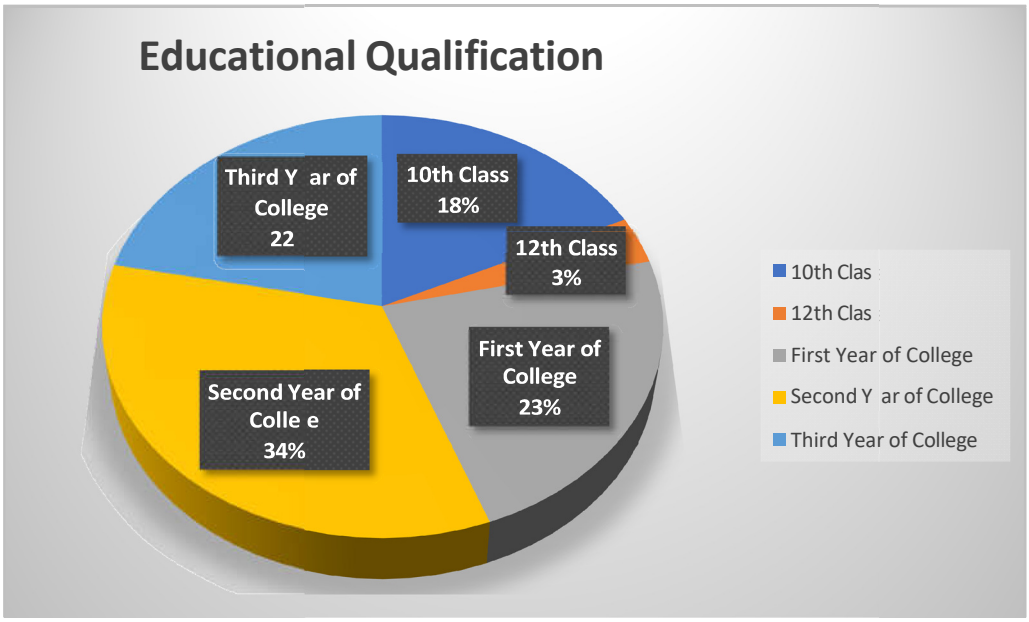

Figure 4: Pie chart graph of data of Hours used Smartphone

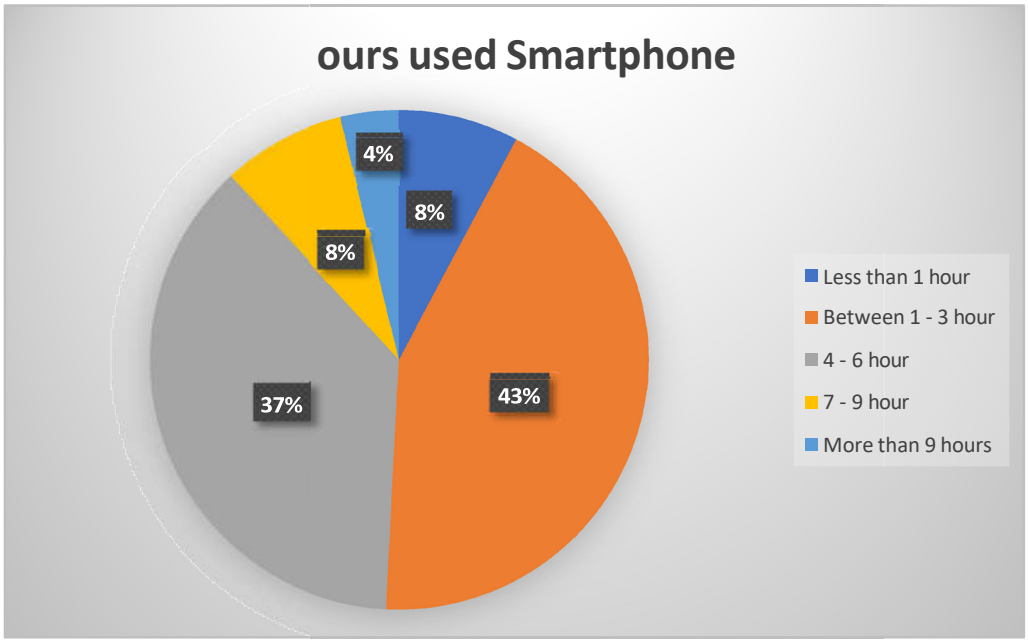

Figure 5: Bar Graph of Hours used Smartphone

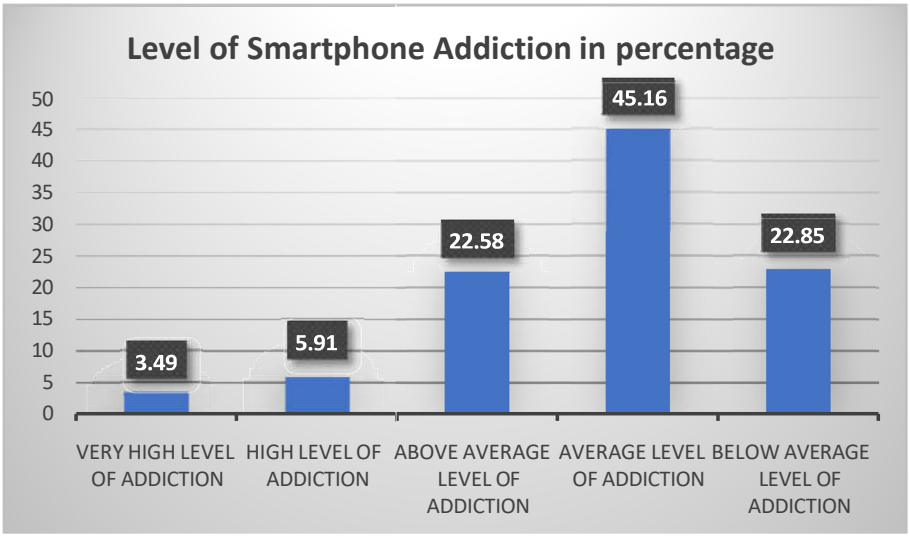

Table 2. Frequency and percentage distribution of participants towards smartphone addiction based on Smartphone Addiction Scale SAS-VAM.

Sr. No.	Level of Smartphone Addiction	Frequency(f)	Percentage(%)
1	Very High Level of Addiction	13	3.49
2	High Level of Addiction	22	5.91
3	Above Average Level of Addiction	84	22.58
4	Average Level of Addiction	168	45.16
5	Below Average Level of Addiction	85	22.85

Table-2 describes those 13 participants (3.49 %) were addicted as Very High Level of Addiction to smartphone, 22 participants (5.91 %) were addicted as High Level of Addiction to smartphone,84 participants (22.58 %) were addicted as Above Average Level of Addiction, 168 participants (45.16 %) were addicted as Average Level of Addiction to smartphone, 85 participants (22.85 %) were addicted as Below Average Level of Addiction to smartphone as assessed by the smartphone addiction scale.

6. DISCUSSION

In the present study, 41.67 % were male and 58.33 % were female participants for the study of smart-phone addiction. As the result that in the present study, smartphone addiction was reflected through the SAS VAM scores of the respondents.

7. CONCLUSION

Scores of Smartphone addiction scale were obtained and described for various social and demographic characteristics. As the respondents belonged to high school and college 'social media' and 'entertainment' were two most common purposes for using smartphone by the youth. Describing the scores on SAS VAM, associations with smartphone addiction were found among age-groups, educational qualification, daily usage. For this frequently excessive use of smartphone, Smartphone addiction protection guidance should be given to parents and students through multiple stakeholders like teachers, mentors, institutes as well as by the government officials.

8. REFERENCES

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