

A STUDY TO ASSESS THE PREVALANCE OF NOMOPHOBIA AMONG TEENEAGERS IN BELAGAVI CITY

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ABSTRACT

Background: Smartphones have become an integral part of modern life, particularly among adolescents and young adults. Although they offer numerous educational and social benefits, excessive smartphone use has led to the emergence of *nomophobia* (no-mobile-phone phobia), a psychological condition characterized by anxiety or discomfort when individuals are unable to access or use their mobile phones. The increasing prevalence of smartphone dependence has raised concerns regarding its impact on the mental well-being and daily functioning of students.

Aim: To assess the prevalence of nomophobia among pre-university students and to determine its association with selected demographic variables.

Methods: A quantitative, cross-sectional descriptive study was conducted among 60 pre-university students aged 17–19 years studying at K.L.E. Society's Raja Lakhamagouda Science Institute, Belagavi, Karnataka. Participants were selected using a convenience sampling technique. Data were collected using a structured demographic questionnaire and a 20-item self-administered nomophobia rating scale. Descriptive statistics (frequency and percentage) were used to summarize demographic characteristics and nomophobia levels, while the Chi-square test was applied to assess the association between nomophobia and selected demographic variables.

Results: Among the 60 participants, 45 (75.0%) exhibited moderate nomophobia, 10 (16.7%) exhibited severe nomophobia, and 5 (8.3%) exhibited mild nomophobia. The majority of participants were male (58.3%), aged 18 years (36.7%), and all reported using smartphones. No statistically significant association was observed between the level of nomophobia and demographic variables, including age, gender, religion, monthly family income, and type of mobile phone used ($p > 0.05$).

Conclusion: The findings indicate that nomophobia is highly prevalent among pre-university students, with most participants demonstrating moderate levels of smartphone dependence. Although demographic characteristics were not significantly associated with nomophobia, the high prevalence highlights the need for educational interventions, awareness programmes, and behavioural strategies to encourage healthy smartphone use and prevent adverse psychological outcomes among adolescents.

Keywords: Nomophobia, smartphone dependence, mobile phone addiction, adolescents, pre-university students, mental health, cross-sectional study.

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INTRODUCTION

“Technology is a queer thing. It brings you great gifts with one hand, and it stabs you in the back with the other”

Snow comedian

Technology, a word which has become the talk of the nation, is dominating people's life today. Technological inventions has been carried out by modern people in easing their life to be

more flexibility and reasonable in order to be able to overcome upcoming challenges and compatible to the globe. Such mobile phones have become such a massive part of our lives. And it has become a distinctively personal item.

Over last 15 years there has been tremendous growth in use of mobile phone because of usefulness in communication and interaction

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and the sphere of work and private life, beside communication mobile phone, have been used for other purpose like playing game and listening song and using internet for social network it helps to reduce the loneliness and making new friends and resultant mobile phone have parcel part of life mobile phone users.

Nomophobia can have adverse effects on a person's health as well as his/her social life. And the fact that it is a phobia makes it bad anyway. With the massive worldwide growth in mobile connections, it has made us dependent on the usage of mobile phones to stay in contact with our near and dear ones 24x7.

According to Cromer Mobile phones simply refer to a mobile electronic device which is the means of digital telecommunication. Mobile phones enable the owners or subscribers today to stay connect with their friends and family with the various functionality and applications provided through the running of an advance operating system. An information and communication technology which here refers to the mobile phones, develop extremely rapidly today has now become the most device in the globe. As far as the concerns, mobile phone today has transformed not only into the means for communication, it has also rested on the intersections of the rapid developing industries which are computers and new media functions, the consumer electric products.

Mobile phone be-cause of the ever-availability and its mobility application has created a dramatic interest for youth in comparison with other communication technologies and has also provided the communication status from everywhere or in every time and people can also be online all the time, responsive and available with (short message system), while chatting needs facilities like computer, inter-net connection and interaction of two persons that one may not be online at the same time. Addiction to inter-net and new communication tools as a health problem has recently been considered as a mental disorder. Gulberg for the first time used "Internet addiction dis-order" term to identify the characteristics of individuals who use the Internet and show some problems of them-selves.

In the last 20 years, worldwide mobile phone subscriptions have grown from 12.4 million to over 5.6 billion, penetrating about 70% of the global population. Its usage has also become an important public health problem as there have been reports of plenty of health hazards, both mental and physical, in people of all age groups, on 31 May 2011 the World Health Organization confirmed that cell phone use indeed represents a health means, and classified mobile phone radiation as a carcinogenic hazard, possibly

carcinogenic to humans.

Nomophobia literally means no mobile phobia that is the fear of being out of mobile phone contact. If a person is in an area of no network, has run out of balance or even worse run out of battery, the persons get anxious, which adversely affects the concentration level of the person. In recent times there seems to have been a transformation of the cell phone from a status symbol to a necessity because of the countless perks that a mobile phone provides like personal diary, email dispatcher, calculator, video game player, camera and music player.

MATERIALS AND METHODS

Study Design

A quantitative, descriptive study was conducted to assess the prevalence of nomophobia among pre-university students and to examine its association with selected demographic variables.

Study Setting

The study was carried out at K.L.E. Society's Raja Lakhamagouda Science Institute, Belagavi, Karnataka, India. The institution was selected based on accessibility and administrative permission to conduct the research.

Study Population

The study population comprised pre-university students aged between 17 and 19 years enrolled at the selected institution during the period of data collection.

Sample Size and Sampling Technique

A total of 60 students who met the eligibility criteria participated in the study. Participants were selected using a convenience sampling technique. Students who were present during the data collection period and willing to participate were included in the study.

Eligibility Criteria

Inclusion Criteria

- Students aged 17–19 years.
- Students enrolled in the selected pre-university college.
- Students who were present during the data collection period.
- Students who voluntarily agreed to participate in the study.

Exclusion Criteria

- Students who declined to participate.
- Students who were absent on the day of data collection.

Data Collection Instruments

Data were collected using a structured questionnaire consisting of two sections.

Section I: Demographic Proforma

The first section included demographic variables such as age, gender, religion, monthly family income, and type of mobile phone used.

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Section II: Nomophobia Assessment Scale

Nomophobia was assessed using a structured 20-item self-administered rating scale. The instrument evaluated participants' dependence on smartphones and their emotional responses to situations involving limited or no access to mobile phones. Each item was scored using a seven-point Likert scale, with higher scores indicating greater levels of nomophobia. The total score was converted into a percentage and categorized as follows:

- **Mild nomophobia:** $\leq 35\%$
- **Moderate nomophobia:** 36–70%
- **Severe nomophobia:** $>70\%$

Data Collection Procedure

Prior to data collection, permission to conduct the study was obtained from the Principal of K.L.E. Society's Raja Lakhmagouda Science Institute. The purpose and objectives of the study were explained to all eligible participants. Students who agreed to participate provided informed consent before enrolment.

Participants first completed the demographic questionnaire, followed by the nomophobia assessment scale. The questionnaires were administered in a classroom setting under the supervision of the investigator to ensure uniform instructions and to address any queries raised by the participants. Completed questionnaires were checked for completeness before data entry.

Statistical Analysis

The collected data were coded, entered into Microsoft Excel, and analysed using descriptive and inferential statistical methods. Descriptive statistics, including frequency, percentage, mean, and standard deviation, were used to summarize demographic characteristics and levels of nomophobia. The Chi-square test was employed to determine the association between nomophobia and selected demographic variables. A p-value of less than 0.05 was considered statistically significant.

Ethical Considerations

Institutional permission was obtained from the Principal of K.L.E. Society's Raja Lakhmagouda Science Institute before commencement of the study. Participation was voluntary, and informed consent was obtained from all participants after explaining the purpose of the research. Confidentiality and anonymity of the participants were maintained throughout the study by ensuring that no personal identifiers were recorded. Participants were informed that they could withdraw from the study at any stage without any academic consequences.

DATA ANALYSIS AND

INTERPRETATION

This chapter deals with the analysis and interpretation of data collection from 60 samples on clients with nomophobia in Raja Lakhmagouda College at Belagavi district. It deals with the description of tools, report of pilot study, validity, reliability, data collection procedure, score interpretation, method of data analysis, results and presentation of findings. This study done with demographic variables, self-structured rating scale.

Data analysis was done by using descriptive and inferential statistical procedure. The items were after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation, paired t-test and chi-square test.

DESCRIPTION OF THE TOOLS

Details of the tools in this study are given below.

PART - I

It consists of demographic variables of adults such as age, gender, religion, type of mobile phone using and income.

PART – II

It consists of self – structured rating scale, it includes anxiety, fear, disturbance, addicted, sleep with mobile phone, carrying charger always, change of sim card frequently.

INFORMED CONSENT

The dissertation committee prior to the study approved the research proposal. Permission was obtained from the principal of Raja Lakhmagouda college at Belagavi district. Oral consent was taken from the study participants to conduct the study. The data collection was done by using self-structure rating scale. Assurance was given that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The data was collected from the students of Raja Lakhmagouda college Belagavi. For 60 sample the investigator introduced him to the teenagers and developed a good rapport and made them to cooperate and except for the study. After getting demographic data from the teenagers. The severity of nomophobia was evaluated among the students.

SCORE INTERPRETATION

The instrument consists of 20 self-structure rating scale regarding the severity of nomophobia, the maximum score was seven and minimum score one based on the scoring percentage of mobile phone depending calculated the using formula.

Obtained Score x 100

Score interpretation = Total Score

Based on information data were classified as follows.

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DESCRIPTION	PERCENTAGE
Mild Nomophobia	0- 35%
Moderate Nomophobia	36 – 70 %
Severe Nomophobia	71 – 100 %

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods were used to find out the percentage, mean, standard deviation, chi square.

DATA ANALYSIS AND INTERPRETATION

Analysis is the categorization of obtained score to research tool. Researcher analyzed and interpreted under the following sections.

SECTION-A

Frequency and percentage distribution of demographic variables of teenagers.

SECTION-B

Frequency and percentage distribution of levels of dependence of mobile phone among teenagers with nomophobia.

SECTION-C

Association between selected demographic variables with assessment and evaluation of mental status of clients with nomophobia.

SECTION-A

TABLE 1.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF TEENAGERS WITH NOMOPHOBIA. (N=60)

SR NO	DEMOGRAPHIC VARIABLE	FREQUENCY	PERCENTAGE
1.	AGE IN YEARS a. 17 YEARS b. 18 YEARS c. 19 YEARS	18 22 20	30% 37% 33%
2.	GENDER a. MALE b. FEMALE	35 25	58% 42%
3.	RELIGION a. HINDU b. CHRISTIAN c. MUSLIM	45 10 5	75% 17% 8%
4.	MONTHLY INCOME a. BELOW 5000 b. 5001-10000 c. 10001-15000 d. ABOVE 15000	5 20 30 5	8% 33% 50% 8%
5.	TYPE OF MOBILE PHONE a. KEYPAD b. SMART	0 60	0% 60%

Table 1.1 implies the distribution of respondents according to certain demographic factors such as age, sex, religion, monthly income and type of mobile phone.

Among 60 clients with nomophobia, the age of the clients, was in 17 – 19 years. 17 years-18 (30%), 18 years-22 (37%), 19 years-20 (33%).

Regarding to the sex, male-35 (58%) and female-25 (42%). Regarding the religion Hindu-45 (75%), Christian-10 (17%), Muslim-5 (8%). Regarding the monthly income, below 5000=5 (8%), 5001-10000=20 (33%), 10001-15000=30 (50%), above 15000= 5 (8%). Regarding the type of mobile phone used by the

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teenagers, keypad-0 (0%), smart-60 (60%)

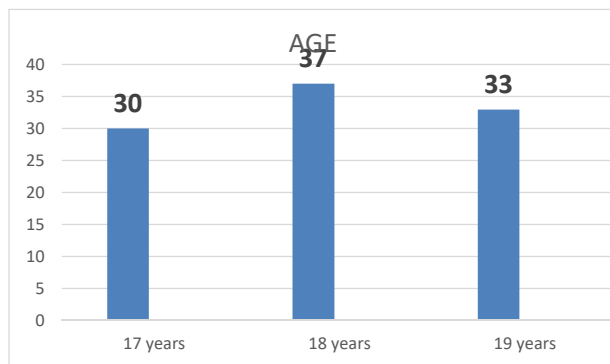


FIG 1.1a: PERCENTAGE DISTRIBUTION OF TEENAGERS BASED ON AGE.

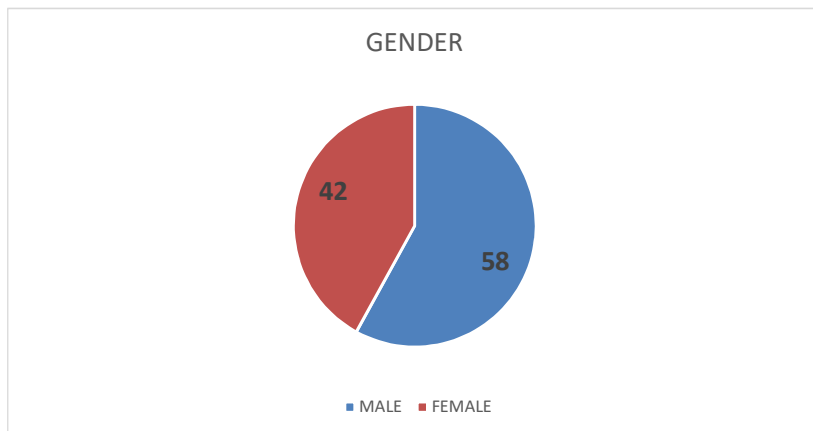


FIG 1.2b: PERCENTAGE DISTRIBUTION OF TEENAGERS BASED ON GENDER.

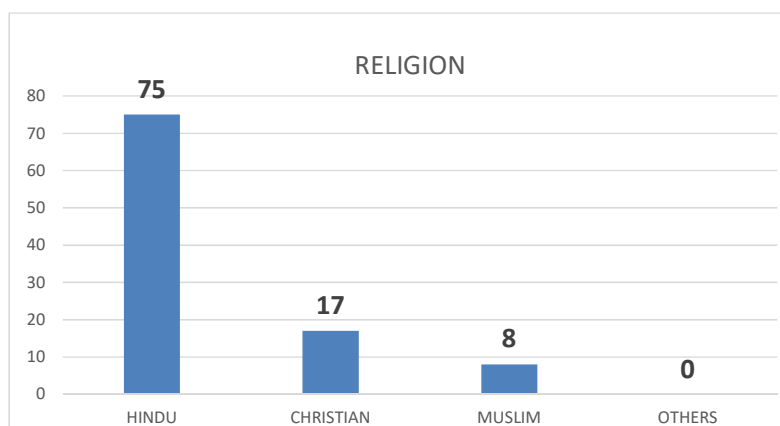
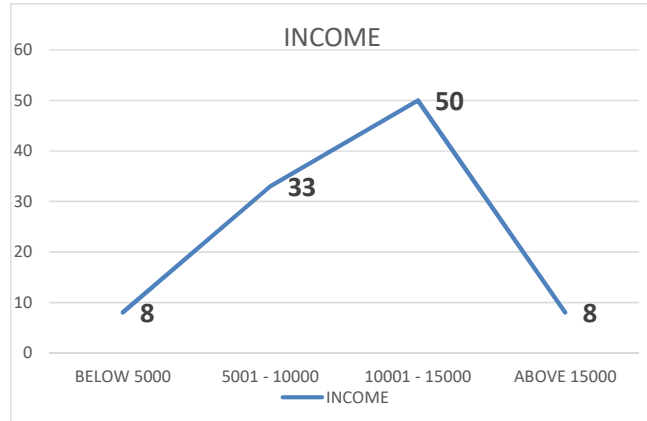


FIG 1.1c: PERCENTAGE DISTRIBUTION OF TEENAGERS BASED ON RELIGION

FIG 1.1d: PERCENTAGE DISTRUBUTION OF TEENAGERS BASED ON MONTHY INCOME.
FIG 1.1e: PERCENTAGE DISTIBUTION OF TEENAGERS BASED ON TYPE OF MOBILE PHONE
USED BY THEM.
SECTION-B

TABLE:1.3 FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVELS OF NOMOPHOBIA AMONG TEENAGERS.

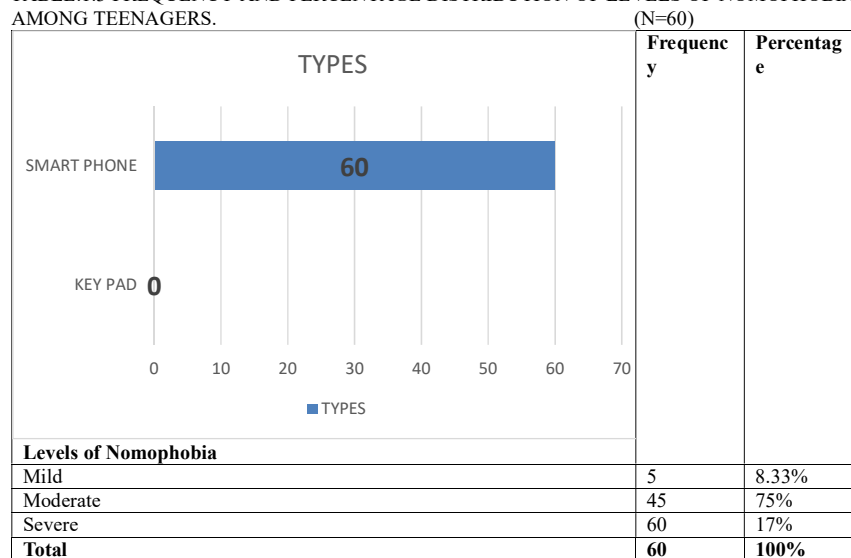
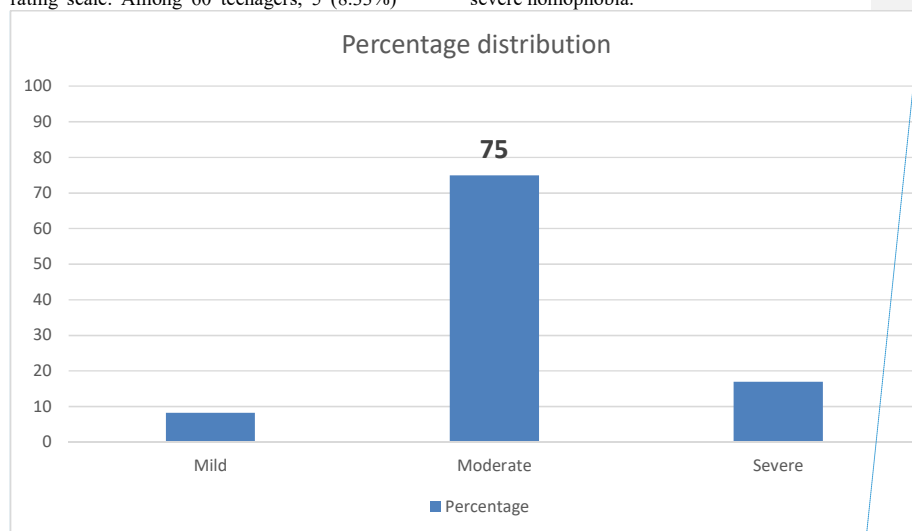


Table 1.2 shows that the frequency and percentage distribution based on self-structure rating scale. Among 60 teenagers, 5 (8.33%)

show severe nomophobia, 45 (75%) show moderate nomophobia and 60 (17%) show severe nomophobia.



Commented [o1]:

Fig: 1.2: PERCENTAGE DISTRIBUTION OF NOMOPHOBIA
SECTION-C

Table 1.4: ASSOCIATION BETWEEN DEGREE OF NOMOPHOBIA AND SELECTED DEMOGRAPHIC VARIABLES. (N=60)

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Sr. no	Demographic variables	Score			chi square		df	Remarks
		Mild	Moderate	Severe	Test value	Table value		
1	Age a. 17 years b. 18 years c. 19 years	11 11 1	14 16 15	11 4 4	3483	7745	1	Not Significant
2	Gender a. Male b. Female c. Others	10 5 0	15 12 0	10 8 0	3517	7745	1	Not Significant.
3	Religion a. Hindu b. Muslim c. Christian	10 1 2	25 3 5	10 1 3	3490	7745	1	Not Significant
4	Monthly income a. Below 5000 b. 5001-10000 c. 10001-15000 d. Above 15000	1 5 7 1	3 10 15 3	1 5 8 1	3482	7745	1	Not Significant
5	Type of mobile a. Keypad b. Smartphone	0 10	0 40	0 10	3560	7745	1	Not Significant.

Table 1.5 indicates that there is no association between the prevalence of nomophobia among 60 teenagers with selected variables of teenagers such as age, gender, religion, income and type of mobile phone used by the teenagers.

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DISCUSSION

The present study assessed the prevalence of nomophobia among pre-university students aged 17–19 years and examined its association with selected demographic variables. The findings revealed that nomophobia is common among students, with the majority exhibiting moderate levels of smartphone dependence. These findings highlight the growing influence of smartphones on the daily lives of adolescents and emphasize the need for interventions promoting responsible smartphone use.

In the present study, 75.0% of participants demonstrated moderate nomophobia, 16.7% exhibited severe nomophobia, and only 8.3% showed mild nomophobia. The predominance of moderate nomophobia indicates that smartphone dependence is widespread among students, although only a smaller proportion experience severe anxiety related to smartphone unavailability. This trend may be explained by the increasing reliance on smartphones for academic activities, communication with family and friends, entertainment, and access to social networking platforms.

The findings are consistent with previous studies conducted among adolescents and university students, which have reported moderate to high levels of nomophobia in educational settings. Several investigators have observed that smartphones have become an integral component of students' daily routines, resulting in increased emotional dependence on mobile devices. Similar studies have also reported that prolonged smartphone use is associated with anxiety, stress, sleep disturbances, reduced concentration, and impaired academic performance. These findings support the growing evidence that problematic smartphone use has become an important behavioural and public health concern among young people.

The demographic profile of the participants showed that all respondents were smartphone users, reflecting the widespread availability and accessibility of smartphones among adolescents. More than half of the participants were male, while the remaining participants were female. The majority belonged to the 18-year age group, representing the typical age of pre-university students. These characteristics are comparable to those reported in several Indian studies involving college-going adolescents, where smartphone ownership approaches universal levels.

The present study found no statistically significant association between the level of nomophobia and demographic variables such as age, gender, religion, monthly family income, and type of mobile phone used. This finding suggests that smartphone dependence may be influenced more by behavioural patterns and psychological factors than by basic demographic characteristics. Similar observations have been reported in previous studies where demographic variables were not consistent predictors of nomophobia. However, some

researchers have identified significant associations with gender or age, indicating that cultural, educational, and social differences may contribute to variations across study populations.

The absence of statistically significant associations in the present study should be interpreted with caution. The relatively small sample size and the use of convenience sampling may have reduced the ability to detect meaningful differences between demographic groups. Therefore, larger studies employing probability sampling techniques are recommended to provide more robust evidence regarding the determinants of nomophobia among adolescents.

The high prevalence of moderate and severe nomophobia observed in this study has important implications for nursing practice and educational institutions. Nurses, educators, and mental health professionals should collaborate to promote digital well-being through awareness programmes, counselling services, and behavioural interventions aimed at encouraging healthy smartphone habits. Educational institutions can incorporate digital wellness education into student health programmes to improve awareness regarding balanced smartphone use and its potential impact on mental health, sleep quality, academic performance, and interpersonal relationships.

Although smartphones provide numerous educational and social benefits, excessive dependence may adversely affect psychological well-being if appropriate self-regulation is not maintained. Early identification of students with problematic smartphone use and implementation of preventive strategies may help reduce the progression of nomophobia and improve overall student well-being.

Overall, the findings of the present study contribute to the growing body of evidence regarding nomophobia among adolescents and highlight the importance of continued research in this area. Future multicentre studies involving larger and more diverse populations are required to better understand behavioural, psychological, and environmental factors influencing nomophobia and to evaluate the effectiveness of interventions designed to reduce smartphone dependence among students.

Conclusion

The present study assessed the prevalence of nomophobia among pre-university students aged 17–19 years in Belagavi, Karnataka. The findings demonstrated that a considerable proportion of students experienced moderate to severe levels of nomophobia, indicating that smartphone dependence is a growing behavioural concern among adolescents. Although no statistically significant association was found between nomophobia and the selected demographic variables, the high prevalence observed in the study underscores the increasing reliance of students on smartphones for communication, education, social interaction, and entertainment.

Excessive smartphone dependence has the potential

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to affect psychological well-being, academic performance, sleep quality, and interpersonal relationships. Therefore, early identification of students at risk and the implementation of preventive strategies are essential. Educational institutions should encourage responsible smartphone use through awareness programmes and counselling services that promote healthy digital behaviours.

The findings of this study contribute to the existing evidence on nomophobia among adolescents and provide baseline information for educators, nurses, mental health professionals, and policymakers. Future research involving larger and more diverse populations is recommended to further explore behavioural and psychological factors associated with nomophobia and to evaluate the effectiveness of interventions designed to promote digital well-being among students.

Nursing Implications

The findings of the present study have important implications for nursing practice, nursing education, nursing administration, and nursing research.

Nursing Practice

Nurses play a vital role in promoting mental health and healthy behavioural practices among adolescents. Routine assessment of smartphone use and early identification of students exhibiting symptoms of excessive mobile phone dependence should be incorporated into health screening programmes. Community health nurses, school health nurses, and psychiatric nurses can provide counselling and health education on responsible smartphone use, stress management, sleep hygiene, and healthy coping strategies. Early intervention may help prevent the progression of problematic smartphone use and improve overall psychological well-being.

Nursing Education

Nursing curricula should include concepts related to digital health, behavioural addictions, and responsible technology use. Nurse educators should create awareness among nursing students regarding the psychological consequences of excessive smartphone use and prepare them to educate adolescents, parents, and communities about healthy digital practices. Educational institutions may also organize workshops, seminars, and awareness campaigns to encourage balanced smartphone use among students.

Nursing Administration

Nursing administrators can support the development and implementation of institutional policies aimed at promoting digital wellness. Collaboration with educational institutions, mental health professionals, and community organizations can facilitate the organization of awareness programmes, counselling services, and behavioural interventions targeting smartphone dependence among adolescents. Continuous professional development programmes should also be conducted to update nursing personnel on emerging behavioural health concerns such as nomophobia.

Nursing Research

The present study provides baseline evidence regarding the prevalence of nomophobia among pre-university students. Future nursing research should include larger multicentre studies using probability sampling techniques to improve the generalizability of findings. Researchers should also investigate psychological, social, academic, and environmental factors associated with nomophobia and evaluate the effectiveness of educational, behavioural, and counselling interventions designed to reduce excessive smartphone dependence. Longitudinal and interventional studies will further strengthen the evidence base for developing effective nursing strategies to promote digital well-being.

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