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Psychological Aspects of Nomophobia among Medical College Students, Dehradun.

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Abstract

Introduction: Nomophobia (or NO Mobile Phone Phobia)- it is used to describe a psychological condition in which people have a fear of being detached from connectivity of mobile phone. Though it's a misnomer, because mostly it seems to be a kind of anxiety disorder.

Material and methods: A cross sectional study will be conducted among the first year MBBS Students of SGRRIM&HS by convenient sampling technique. A Total of 150 students are included in the study by means of total enumeration. The data will be collected in a pretested and pre-designed, self-administered questionnaire, containing questions on nomophobia and ICD-10 criteria for dependence syndrome. All the proceedings will be undertaken after taking clearance from the institutional ethical committee and informed consent from the study participants.

Results: in this study Nomophobia was present in **97.3%** of the study participants and Majority of Females(55.4%) were nomophobic as compared to males (44.5%) and According to severity of nomophobia 26.7% were suffering from mild, 50.6% moderate and 22.6% severe nomophobia.

Keywords: Nomophobia , ICD-10,Smartphone.

Introduction

- Nomophobia (or NO Mobile Phone Phobia)- it is used to describe a psychological condition in which people have a fear of being detached from connectivity of mobile phone. Though it's a misnomer, because mostly it seems to be a kind of anxiety disorder. [1]
- If a person is in no network area, has run out of phone balance or even worse condition i.e. his phone run out of battery, the person gets anxious and in return his concentration is affected.[2]
- In 2018, 2.53 billion smartphones have been in use worldwide, and the number is increasing day by day. [3]

Aims & Objectives

1. To find the Prevalence of Nomophobia among first year MBBS students of SGRRIM&HS, Dehradun.
2. To study the mobile phone use dependence pattern among mobile phone users.

Material and Methods

- A cross sectional study was conducted among the first year MBBS Students of SGRRIM&HS by convenient sampling technique.

- A Total of 150 students were included in the study by means of total enumeration.
- The data was collected in a pretested and pre-designed, self-administered questionnaire.
- The results were obtained by analyzing the data with SPSS software latest version.
- **Tools**

1. A self-administered 20 item tested nomophobia questionnaire (NMP-Q) was used- it consists of twenty items addressing four factors of nomophobia:

- Not being able to communicate
- Losing connectedness
- Not being able to access information
- Giving up convenience.

All items are rated using 7-point Likert scale ranging from 1(strongly disagree) to 7 (strongly agree)

Total score was used to classify the study participants into severe, moderate, mild or no nomophobia.

2. Mobile phone dependence Questionnaire containing 20 questions. Corresponding to ICD-10 research criteria for Substance dependence and CAGE questionnaire.

- Out of the 20 items, 14 items covered the six criterion for ICD-10 dependence syndrome-

- Intense desire-1
- Impaired control-04
- Withdrawal-03
- Tolerance-01
- Decreased alternate pleasure-04
- Harmful use-01

Participants who fulfilled three or more of the above six criteria for dependence (as per ICD-10) were rated as having mobile phone dependence.

Results

Table No. 1 Distribution of study participants according to gender and nomophobia.

Gender	Nomophobia		
	Present (%)	Not present (%)	Total (n=50)
Male	65(44.5)	2(50)	67(44.6)
Female	81(55.4)	2(50)	83(55.3)
Total	146(97.33)	4(2.7)	150

This Table shows that in our study Nomophobia was present in **97.3%** of the study participants and Majority of Females (55.4%) were nomophobic as compared to males (44.5%)

Table no.2 Distribution of study participants according to severity of Nomophobia.

Gender				Total
	Mild	Moderate	Severe	(n=146)
Male	17(43.5)	32(43.2)	16(48.4)	65(44.5)
Female	22(56.4)	42(56.7)	17(51.5)	81(55.4)
Total	39(26.7)	74(50.6)	33(22.6)	146(97.33)

This table shows that majority of females (55.4%) were nomophobic as compared to males (44.5%) and According to severity of nomophobia 26.7% were suffering from mild, 50.6% moderate and 22.6% severe nomophobia.

Table No.3 Distribution of study participants according to duration of mobile phone use and severity of Nomophobia.

Duration in years	Nomophobia				Total
	No (%)	Mild (%)	Moderate (%)	Severe (%)	
2	00	01(2.56)	02(2.7)	03(9.09)	06
3	01(25)	14(35.8)	21(28.3)	02(6.06)	48
4	01(25)	11(28.2)	26(35.1)	12(36.3)	53
5	01(25)	10(25.6)	15(20.2)	15(45.3)	28

6	01(25)	03(7.6)	07(9.45)	01(3.03)	12
7	00	00	03(4.05)	00	03
Total	04(2.7)	39(26.7)	74(50.6)	33(22.6)	150

Table 3 shows that Among the mild nomophobics, majority of respondents(35.8%) were using mobile phone for 3 years and above, Among the moderate nomophobic majority (35.1%) were using phone for 4 years and above and among the severe nomophobics, majority (45.4%) were using for 5 years and above.

Table no.4 -Distribution of Study Participants according to Gender And Dependence Syndrome (ICD-10 Criteria)

Gender	Dependence Syndrome (n=150)	
	Present (%)	Not Present (%)
Male	40(48.7)	27(39.7)
Female	42(51.2)	41(60.2)
Total	82(54.6)	68(45.3)

In the given Table (table 4) Dependence syndrome was present in 54.6% respondents, Out of which 51.2% were females and 48.7% were males.

Table no. 5- Distribution of Study Participants on the basis of CAGE Questionnaire.

Cage questionnaire	Dependency	
	Present	Not present
Cut down	50(33.3%)	21(14%)
Annoyance	41(27.3%)	07(4.6%)
Guilt	39(26%)	23(18.6%)
Eye opener	46(30.6%)	26(17.3%)

Participants were evaluated on the CAGE criteria based on the responses to one question for each construct; about 43.6%had a score of two or more on the CAGE questionnaire (Table no. 5)

Table no. 6-Distribution of study participants on the basis of Dependence syndrome (ICD-10 Criteria)

ICD-10 Criteria for Dependence Syndrome	Number	Percentage %
Intense Desire	43	28.6%
Impaired Control	104	69.3%
Withdrawal	100	66.6%
Tolerance	46	30.6%
Decreased Pleasure	95	63.3%
Harmful use	36	24%

In the given Table (Table no.6) the most commonly met ICD-10 Diagnostic criteria for dependence syndrome were symptoms of Impaired Control (69.3%) followed by Withdrawal(66.6%) and Decreased Alternate Pleasure (63.3%).

Table No. 7 Distribution of study participants according to duration of mobile phone use with dependence syndrome.

Duration in years	Dependence Syndrome Total		
	Yes (%)	No (%)	
Less than 3 years	9(10.9)	39(57.3)	48
More than 3 years	73(89.0)	29(42.6)	102
	82(54.6)	68(45.3)	150
Chi sq= 4.05, df=1,p<0.05			

Table no. 7 – Dependence syndrome was found maximum (54.6%) in the study participants who were using Mobile phone for 3 years and above.

This association was found to be statistically significant.

Discussion

Addiction towards technology is increases day by day in today's developing world. Use of mobile phone is not only habit forming, it is also addictive; possibly the biggest non-drug addiction of 21st century.

Prevalence of Nomophobia in our study was 97.3%respondents. This prevalence was comparable with a study on rising concern of nomophobia among Indian Medical students in Indore by Sharma N et al (2015) where the prevalence of nomophobia was 73%.[4]

In the present study the most commonly met ICD-10 diagnostic criteria for dependence syndrome were symptoms of Impaired control (69.3%) and withdrawal (66.6%). In the study conducted by Chimatapu Sri Nikhita et al in Navi Mumbai, similar results i.e. Impaired Control (43.86%) followed by withdrawal (41.69%) were found. [5]

There are both pros and cons of mobile phone usage during student life. It helps us to connect with our family and friends, but on the other hand, there is clinching evidence of its increasing subjective symptoms due to its overuse amongst nomophobics.

Conclusion

This study highlights the prevalence of Nomophobia amongst medical students and its woeful outcomes.

There should be increased awareness about increasing incidence of Nomophobia not only amongst medical students, but general population also.

We suggest more study in this field specially in larger sample of population to get more accurate results.

There might be a negative impact between NMP and academic performance. However, it should be confirmed by correlation analysis in future studies.

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