"A Descriptive Study To Assess The Prevalence Of Nomophobia Among School Going Children In Selected School Of Ambikapur Chhattisgarh"

Author name – 1.   Mr. Diwakar Shukla   2. Mr. Abhishek yadav   3. Ms.Eshpa Sharma

1. Professor Cum Principal , Institute of Nursing Research Center , Surajpur, C.G.

2. Professor Cum Principal , Mother Teresa Nursing College Sonwahi, C.G.

3. Assistant professor, Mother Teresa Nursing College Sonwahi, C.G.

Abstract

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.

Mobile phone because 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, internet connection and interaction of two persons that one may not be online at the same time. Addiction to internet and new communicational tools as a health problem has recently been considered as h mental disorder.

Keywords: Descriptive study, Nomophobia, school going children

INTRODUCTION

Nomophobia is a fear associated when we are not able to use mobile phone. It is also known has fear of being without a mobile phone. Nomophobia is slowly increasing among the adolescents. Nowadays every assignment and other works of the schools and colleges are given through the mobile . The grip and fever of over use of mobile phone has captured among the school children also. Nomophobia is very common among the adolescents and teenagers. Even a small task of communicating with a family member in one house or even one room is done through the mobile technology. The fear of nomophobia and the anxiety or tension is very high when someone loses their smart phones, or a situation when there are no network panic attacks occurs among children's and adolescents. There is a fear among adolescents when there battery power in the mobile phone is very low. This all situations are very alarming and leads to nomophobic like situation. Adolescents and mobile phone is become part and parcel of their life. It is very difficult to separate a mobile phone with one's personal life .Nomophobic children will usually carry a extra smart phone and a battery backup. Such children will never switch their mobile phone off. Children and adolescents who have come across the signs and symptoms of nomophobia are very poor in their academic progress and they are not able to properly concentrate on their studies.

A descriptive study was conducted to **assess the prevalence of nomophobia among school-going children** from Rajkot and Surendranagar districts of Gujarat, 2025. Result: The present study reveals that 52.58% of the participants had a moderate level of **nomophobia**, 32.58% had a mild level of **nomophobia**, 14.40% had a severe level of **nomophobia**, and only 0.44% had no signs of **nomophobia**. Conclusion: In the present scenario, due to online classes, students are more and more involved with smart phone technologies for online classes.

REVIEW OF LITERATURE

Section –I Review of literature related to prevalence rate of mobile addiction in children

Section –II Review of literature related to prevalence rate of mobile addiction

Section III- Review of literature related to health effect due to mobile phone addiction

Section –IV Review of literature related to knowledge regarding nomophobia

OBJECTIVES OF THE STUDY

1.   to assess the pre test knowledge score regarding the prevalence of Nomophobia among school going children in selected school of Ambikapur Chhattisgarh.

2.   to assess the pre test structured observational checklist on knowledge score regarding the prevalence of Nomophobia among school going children in selected school of Ambikapur Chhattisgarh.

3.   to find out the association between the pre test prevalence of Nomophobia with their selected socio demographic variables .

METHODOLOGY

An extensive review of literature was undertaken. The conceptual frame work adopted this studies based on kings goal attainment theory . A quantative descriptive study research approach was adopted for the study as the present study aim to assess knowledge regarding prevalence of Nomophobia among school going children in selected school of Ambikapur Chhattisgarh. The research approach used will be quantative research approach is considered appropriate for the study . In the present study, **descriptive study research design** was used since it aided in information booklet. The study will be conducted in the selected school going children of Ambikapur C.g . The sample of the present study comprised of 60 school going children . **Non-probability convenient sampling** technique was used. The tool include socio demographic data ,and self structured questionnaire .

The data tool collection is consist of self structured questionnaire.

DEVELOPMENT & DESCRIPTION OF THE TOOL

Data collection tools are the procedures or instruments used by the researcher to observe or measure the key variables in the research problem **(Burns.N,Grove. K,2002).**

After wide reading, the researcher developed the tool as per the following:-

SECTION-A: deal with socio demographic variables .

SECTION B: self structured questionnaire

SECTION C: Structured observational checklist for nomophobia in children

SCORING TECHNIQUE

SECTION A :- The demographic variables consists of 12 items were given coding.

SECTION B :- The knowledge questionnaire comprises of 20 multiple choice questions related to knowledge based . To interpret the level of knowledge, the score was attributed as follows:

There were 20 items pertaining to the knowledge of regarding e prevalence of Nomophobia among school going children in selected school of Ambikapur Chhattisgarh. For each item, a score of one (1) was assigned to a correct response and zero (0) assigned to each wrong answer. Total score to knowledge question was 0 – 20. The level of knowledge was categorized based on the percentage of score obtained.

Maximum score– 20

Minimums core– 0

GRADING	MARKS	PERCENTAGE
POOR	0-6	0%-30%
AVERAGE	7-13	35%-65%
GOOD	14-20	70%-100%

SECTION-C CRITERIA MEASURE FOR STRUCTURED OBSERVATIONAL CHECKLIST SCORES

Minimum score-0

Maximum score-10

GRADING	MARKS	PERCENTAGE
Sometimes	0-3	0%-30%
Always	4-6	40%-60%
Never	7-10	70%-100%

RELIABILITY

Reliability of an instrument is the degree of the consistency with which it measures the attribute it is suppose to be measuring. It refers to the accuracy and consistency of measuring the tool. The reliability of the closed ended knowledge questionnaire was established by using test retest method.

In order to establish the reliability, the tool was administered to 10 samples, which fulfilled the inclusion criteria. These samples were excluded from the main study. The tool was found to be reliable by using split-Half method formula. 'r' value was found r= **0.87** which shows, the instrument is reliable for application.

PILOT STUDY

The pilot study is a smaller version of the proposed study, using similar subjects, settings, treatment, method of data collection and analysis technique as used in main study. Pilot study was done to check the clarity of the items in tool and the feasibility in conducting the study.

Pilot study was conducted on month of 01/7/25 to 6/ 7/2025 in selected school of Ambikapur (C.G). This was conducted after obtaining permission from the individuals. 12 samples that fulfilled the inclusion criteria were selected by Non probability sampling technique was used . At first complete instructions were given to the samples. On 1st day pre test was conducted using the self structured knowledge questionnaire. And structured observational checklist .The completed questionnaire was collected after an average time of 15-20 minutes. The pilot study samples were excluded from the main study.

The objectives of the pilot study were to;

1. Find out the required time for completing the knowledge questionnaire and structured observational checklist .

2. Find out the feasibility of the study.

3. Identify any major flaw in the study design.

PLAN FOR DATA ANALYSIS AND INTERPRETATION

- Data will be analyzed by using descriptive and inferential statistics.

- Organization of data in master sheet.

- Calculate the frequency and percentage to show the distribution of subjects according to the baseline variables

- Calculate mean, standard deviation of the domains of quality of life and independent z- test for comparison between the two groups.

- Value to compare at p value 0.05 level of significant for corresponding degree of freedom

- Data will be expressed in table and figure for better clarification.

RESULT

Maximum of school going children's in the age was under the 6-7 years of age, Mostly of students are girls, Majority of children's live in rural area , Maximum of children'sbelongs to Hindu religion, majority of children's type of family is joint family , Mostly of education of mother studied in high school , and majority of education of father is studied in primary school, mostly of mother and father occupation is labor , maximum of mother family income per month is10,001-15000 RS , majority of school going children's knowledge had No, and maximum of students getting information through the television/ radio .

The table of data shows that the mean score was 7.26 and mean percentage is 7.26 % and SD value is 5.12 and critical value is 12.83.

Depict that analysis of pre-test structured observational checklist on the basis of scoring criteria maximum of school going children's are always 45(75%), 0(0%) are never and minimum of school going children's are sometimes 15(25%).

It depicts that the association between pre test level of knowledge of sschool going children's with their socio demographic characteristics such as Age in years, education of mother, education of father, occupation of mother, occupation of father, previous knowledge and source of information is more than p value at the level of 0.05. And gender , area of residence, Type of Family, types of religion family monthly income in rupees is less than p value at the level of 0.05.

CONCLUSION

Day by day in children in every age group the impact of Nomophobia in children negatively impacts their physical and mental health, leading to sleep disturbances, eye strain, anxiety, stress , depression and poor academic performance.

The extensive uses of smart phone in India for loosing to communicate family, friend or others , low confidence, not to maintain reality world . At this point knowledge of Nomophobia in India and an understanding of its psychological effects is required to self monitor the dependent and addicted behaviour.

RECOMMENDATIONS

1. The study may be replicated with randomization in selection of a large sample.

2. The study conducted the selected village of Ambikapur Chhattisgarh.

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