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A Study on the Impact of Mobile Phone Addiction amongst the Youth in Chandigarh

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***Abstract*: --- The present endeavor was aimed to study the impact of mobile phone addiction amongst the youth in Chandigarh. For this purpose, 110 college students (55 males and 55 females) with an age range of 17-22, were randomly selected from various colleges of Chandigarh. Problematic Mobile Phone Use Questionnaire (Billieux, et. Al. 2008) was administered on the sample. Descriptive statistics comprising of means and standard deviations were applied to assess the impact. Gender differences were also delved into. Results showed the dysfunctional mobile phone usage affecting males and females differently**

***Key Words*:- mobile phone addiction, youth, dysfunctional mobile phone usage.**

I. INTRODUCTION

The world today is a world full of technological marvels. Information and communication technologies (ICT) have become an indispensable part of our lives (Salehan & Negahban, 2013). Every aspect of our lives has been influenced and molded by a plethora of gadgets and applications. There is hardly an aspect of our lives and environment that technology has not touched and transformed. It is there in almost everything that we do in our daily life, the way we work and how we communicate with each other. For many of us it would be incapable to function without the conveniences that technology has brought about into our everyday lives. With the proliferation of inexpensive mobile devices, we are now living in a mobile age in which mobile ICTs are vigorously and quickly adopted (Oulasvirta, Rattenbury, Ma, & Raita, 2012). In this mobile age, smartphones are considered the latest evolution of mobile ICTs (Oulasvirta et al., 2012). The use of mobile phones is now so extensive that in some countries the number of phone subscriptions outnumbers the population.

The youth today utilize many different forms of social media–such as Facebook, Instagram, Snapchat, and Twitter–which allow them to connect with their peers. While these applications provide the user with the ability to connect with others all around the world and access news and information, they also can lead to compulsive and problematic cell phone use, cyber bullying, sexting, and Facebook depression, a term coined by researchers to define the depression associated with excessive social media use.

What is mobile phone addiction? Mobile phone addiction can be defined as problematic, dysfunctional use of the mobile phone, which has the following *characteristics and symptoms*: a strong desire to use the mobile phone, make phone calls or send text messages, expressed as constant preoccupation with those activities, Repeated unsuccessful efforts to cease or reduce the number of phone calls made and text messages sent, Withdrawal symptoms such as restlessness, anxiety and depression associated with attempts to cease or reduce the number and time of phone calls and the number of text messages sent; Financial, career, family and social problems caused by mobile phone use, Lying to family and friends to conceal the costs of and the time devoted to making phone calls and sending text messages, Use of the mobile phone as a way of escaping from real problems or as a mood enhancer (to relieve loneliness, anxiety, depression or guilt).

Psychological effects of mobile phone addiction: People may check their phones out of habit or compulsion, but habitually checking may be how to avoid interacting with individuals. Some youngsters can expertise withdrawal symptoms usually associated with misuse, like depression, restlessness, insomnia, and anxiety, when they are not with their mobile phones. In the view of a recent Columbia University study, "communication, responsibility, and relationships all seem to be negatively influenced by the use of text messaging" in both early and late adolescent groups. (V., 2011) Frequent mobile phone use has been associated with stress, sleep disturbances, and symptoms of depression among youngsters (Thomée1.S, 2011).

Biological effects of mobile phone addiction: In 1996, the World Health Organization (WHO) established the International EMF Project to review the scientific literature concerning biological effects of EMFs, and conducted a formal risk assessment of all studied health outcomes from exposure to RF fields by 2012. The majority of studies examining physical and mental health effects of cell phone radiation have targeted on the potential of cell technologies to cause cancer, nervous system disorders, and adverse procreative effects. The most well-known behavior addiction,

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gambling disorder, has been categorized to "substance related and addictive disorders" in the current version of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) because of the similar symptomatology, biological dysfunction, genetic liability, and treatment approach. Another similar behavior pattern, Internet gaming disorder, has also been listed in the research criteria of DSM-5. Compared with computer use, the high accessibility of smartphone has led to overwhelming smartphone penetration, having attracted increasing attention on the investigation of smartphone addiction.

Various researchers have found remarkable findings. Walsh (2009) conducted a qualitative analysis to explore the behavioral changes and addiction of young mobile users in Australia. He proposed that teenagers are too much connected to their mobile phones resulting which they show up the symptoms of behavioral addiction towards mobile phone. Studies also show gender related differences among young users of mobile phone. Devís et al. (2009) studied the pattern of usage of new technology among school students. They concluded that boys spend more time on using mobile phone than girls do. Also, adolescents consume more time on using mobile phones on weekend than on casual week days. Hyun Young Koo and Hyun Sook Park (2010) study of adolescents, in which 548 students were asked to fill out a questionnaire regarding their cell phone use. This study found that gender, texting, monthly charges, impulsiveness, recreational reasons and cultural reasons were all influential to cell phone addiction. Further and Dr. Phillips, Ph.D., (2005) in their study found that gender was not a predictor for problematic cell phone use.

Sanchez-Carbonell, M. Beranuy, M. Castellana, A. Chamarro and U. Oberst (2008) say that cell phones can be used in a maladaptive way however this should be considered abuse and not addiction. Their study results continue to say that the Internet does pose addiction potential but that cell phones do not because their use does not promote rapid emotional changes.

Aim: The study aimed at exploring the impact of mobile phone addiction amongst the youth in Chandigarh focusing on the gender differences.

II. METHODOLOGY

Hypothesis: Based on the current empirical literature, the following hypotheses were framed:

Hypothesis 1: It is hypothesized that males will be higher than females on the factor of dangerous use.

Hypothesis 2: It is hypothesized that males will be higher mean difference than females on the factor of prohibited use.

Hypothesis 4: It is hypothesized that females are more likely to be dependent on their mobile phone than males.

Hypothesis 4: It is hypothesized that females face more financial issues than males for their mobile phone usage.

Sample: The sample comprised of 110 college students (55 males and 55 females) within the age range of 17-22 from various colleges in Chandigarh.

Instruments:

Problematic Mobile Phone Use Questionnaire (PMPUQ) (Billieux, et al. 2008) : The Problematic Mobile Phone Use Questionnaire (PMPUQ) designed by Billieux, et al. in 2008 is a 30-item questionnaire that measures four distinct facets of problematic mobile phone use. Each item is assessed on a 4- point Likert scale, allowing dimensional answers. The constructs measured by the PMPUQ are the following: (1) dangerous use, defined as the tendency to use the mobile phone while driving; (2) prohibited use, defined as the tendency to use the mobile phone in banned places; (3) dependence symptoms, based on features of addictive behaviors (e.g., loss of control, occurrence of negative effect in situations or contexts in which the use of the mobile phone is not possible or allowed); and (4) financial problems, which reflect the extent to which mobile phone use resulted in tangible financial problems (this latter subscale can be considered a measure of negative outcome in daily life).

Statistical Analysis: Descriptive statistics comprising of means and standard deviations were calculated to explore the extent and significance of gender differences amongst the youth of Chandigarh.

III. RESULTS AND DISCUSSION

Table 1: Significance of the factor dangerous use by using t-test between boys and girls

Gender	Boys (n=55)		Girls (n=55)		t value	df	p value
	Mean	Std. Deviation	Mean	Std. Deviation			
F1	11.49	2.73	11.36	2.61	0.25	108	0.80

Figure 1: Showing the mean comparison of factor dangerous use between boys and girls

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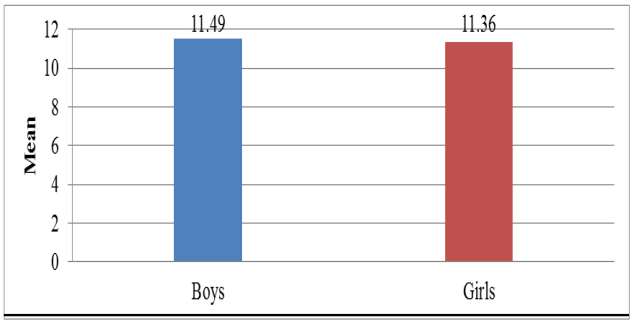


Table 2: Significance of the factor 2 by using t-test between boys and Girls

Gender	Boys (n=55)		Girls (n=55)		t value	df	p value
	Mean	Std. Deviation	Mean	Std. Deviation			
F2	10.53	2.32	11.09	2.26	-1.29	108	0.20

Figure 2: Showing the mean comparison of factor2 between boys and girls

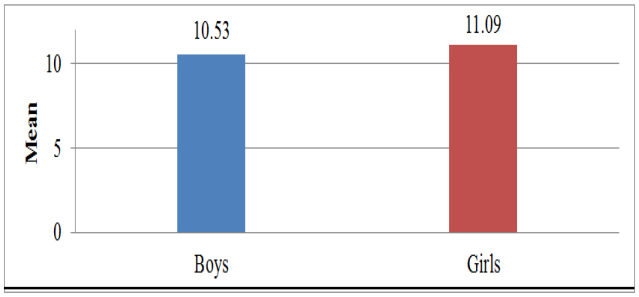


Table 3: Significance of the factor dependence by using t test between boys and girls

Gender	Boys (n=55)		Girls (n=55)		t value	df	p value
	Mean	Std. Deviation	Mean	Std. Deviation			
F1	11.49	2.73	11.36	2.61	0.25	108	0.80

Figure3: Showing the mean comparison of factor dependence between boys and girls

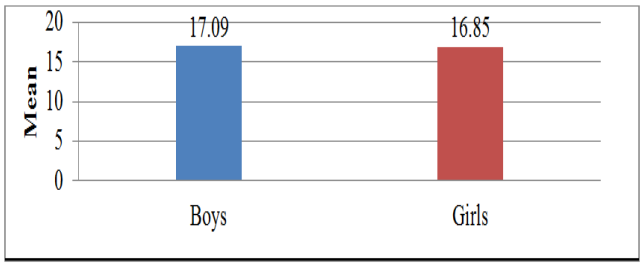
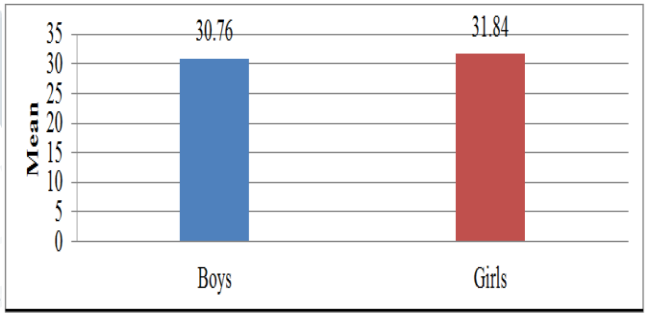


Table 4: Significance of the factor financial problem by using t-test between boys and girls

Gender	Boys (n=55)		Girls (n=55)		t value	df	p value
	Mean	Std. Deviation	Mean	Std. Deviation			
F4	30.76	4.53	31.84	4.09	-1.30	108	0.19

Figure 4: Showing the mean comparison of factor financial problem between boys and girls



The constructs measured by the PMPUQ are the following:

(1) **Factor 1-Dangerous Use** defined as the tendency to use the mobile phone while driving. The Mean comparison of factor dangerous use for males is 11.49 and females is 11.36 as shown Figure 1 depicts that males are on a slightly higher side as compared to females on the dangerous use factor of Problematic mobile phone use, thus the hypothesis get accepted.

(2) **Factor 2- Prohibited Use** defined as the tendency to use the mobile phone in banned places. Mean comparison of factor 2of Prohibited Use between males and females as shown in Figure 2 says the mean difference of males is 10.53 and that of females is 11.09 which shows that females have a higher tendency than males to use their mobile phones in places that have been prohibited for mobile phone use, thus the hypothesis is rejected.

(3) **Factor 3- Dependence Use** based on features of addictive behaviors (e.g., loss of control, occurrence of negative effect in situations or contexts in which the use of the mobile phone is not possible or allowed). Mean comparison of dependence factor between males and females is shown Figure 3. The mean difference of males is 17.09 and that of females is 16.85 resulting in the tendency of males being more dependent on mobile phones than their peer females, thus the hypothesis get rejected.(4)

Factor 4- Financial problems which reflect the extent to which mobile phone use resulted in tangible financial problems. Mean comparison of factor financial problem between males and females is shown Figure 4. The results of this factor reveal that the mean difference of males on this factor is 30.76 while of females is 31.84 which clearly indicates that females face higher financial crunch than males because of their dependency on mobile phones, thus the hypothesis is rejected.

Conclusion: Mobile phone dependence has been found to be an emerging public health problem. There is an urgent need to identify it early so as to generate adequate awareness and plan educational/treatment interventions. Precautionary measures needs to be taken in order to prevent unnecessary excessive exposure to mobile phones. There is also need to identify vulnerable groups, for example children, adolescents and youth, who can be targeted for any interventional campaigns.

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