



RELATIONSHIP BETWEEN WELLNESS AND MOBILE PHONE ADDICTION; STUDY AMONG HIGHER SECONDARY SCHOOL STUDENTS

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ABSTRACT :

Introduction: Mobile phone become not only an essential device for communication and to collect the study materials but also used as an instrument for entertainment . **Objectives:** This article examines the mobile phone addiction as well as wellness, and and its relationship with background characteristics of the higher secondary school students. **Method:** A sample of 50 higher students were selected purposively from an un aided higher secondary school. The study is descriptive in nature. Inorder to collect the necessary information mobile phone addiction scale and perceived wellness scales were used. The scales were subjected to reliability. **Result:** The findings reveal that there is a significant inverse relationship between mobile phone addiction and wellness of the respondents. **Conclusion:** Students with lower wellness tend to own a desire to get self-reassurance; therefore, they are more likely to use their cell phones more.

KEYWORDS : Mobile Phone Addiction, Wellness, Adolescence.

INTRODUCTION

The rapid rate of the growth in technology has given birth to the modern cell phone. Mobile phones are boon of this century. It has become an important and inevitable communication mode for majority of the population. The use of mobile phones is increasing day by day because of its applications in our daily lives. It has been found that about 2.5 billion people around the world use mobile phones and huge majority of them belong to the adolescent age group (Goswami, 2016). The facilities and functions in cell phones due to the advancement in technology like short message service (SMS), calling, Music, playing games, video calling, chatting, using internet, watching TV, shopping, social networking, etc. The ease of use and usefulness has led to cell phones being the most inevitable part of an individual. TRAI (2012) has estimated that 929.37 million people in the country use mobile phones. It was further added that India is the world's second largest cell phone using developing country. As stated earlier, the use of mobile phones is high among youngsters and it is increasing constantly. According to Hakoama and Hakoama (2011) there has been an explosion in the number of young people using cell phones just within a few years.

The attraction towards mobile phones are high among youths as they use them not only for communication but for activities other than communication like watching movies, shopping, banking, education purposes, etc. The mobile phone companies are also continuously engaged in introducing new technological advancements to attract more and more youngsters. On the other hand, though cell phones have become an integral part in our lives, its constant usage and addiction can affect both physical and psychological health of an individual. Effects of overuse



of cell phone devices are many which can lead to even lead to severe health issues. The overuse of cell phones is found mostly among the teenagers (school students), younger generation or college students. Adolescence can be a time of both disorientation and discovery. This transitional period can bring up issues of independence and self-identity. Many adolescents and their peer, face tough choices regarding schoolwork, drugs, alcohol and social life too. Peer groups, romantic interests and appearance tend to naturally increase in importance for some time during a teens journey towards adulthood. Thus, the impact of overuse of mobile phone may have an adverse effect on the overall wellness of the teenagers.

Wellness is defined as the state of being in good health, especially as a pursued goal. Wellness is important to function successfully in one's life. On the other hand, it is possible that the use of mobile phones might be affecting the wellness of school students. This is why the researcher has chosen to carry out the present study.

REVIEW OF LITERATURE

Bianchi and Phillips (2005) argued that the problem of mobile phone use may be a symptom of an impulse control deficit or depression. A study conducted by Park (2005) indicated that respondents got used to the side effects of mobile phones even though they were negatively affecting their financial position (higher bills). Also, when the mobile phone was unavailable for a time, user became highly anxious and irritated. This behavior continued although these were troubling signs of addiction. Ross (2011) highlighted the fact that there were signs of mobile phone addiction: 1) always keeping their mobile phones on 2) using mobile phones despite having a landline. 3) financial and social difficulties due to excessive mobile phone use. James and Drennan (2005) reported that there were several characteristics associated with addictive use, two of which included impulsiveness and withdrawal symptoms. Cagan et al. (2014) found that the number of those who used their mobile phone daily were suffering from a higher level of addiction. Furthermore, the researchers also discovered a negative correlation between mobile phone addiction and success in academics as well as a positive correlation between depression and mobile phone addiction. In another study by Sheopuri (2014) found that too much of mobile phone use negatively affected the daily lives of young people. Walsh et al. (2011) found there was a relationship between gender and mobile phone involvement but no relationship between gender and frequency of mobile phone use. Srivastava and Tiwari (2003) in their study found that those who said that the mobile phones on a limited basis had a better quality of life than those who used it on a continuous basis. Acharya, et al. (2013) reported that regular mobile phone users had physical health issues such as frequent headaches as well as anger issues. Devis et al. (2009) found that boys use mobile phones more frequently than girls and adolescents tended to use it more on weekdays than on weekends. De-Sola Gutiérrez et al. (2016) that there is a relationship between mobile phone use as well as personality traits such as extraversion, neuroticism, self-esteem, impulsivity, self-identity and self-image. Robert has stated that individuals can become addicted to phones the same way they become addicted to drugs (Grush, 2015). Radiological Society of North America (2017) have pointed out the fact the brain chemicals of people addicted to mobile phones is not properly balanced. Douillard (2017) carried out a study in ten countries and found that most of the respondents well uneasy and distressed wife they did not use their mobile phones for 24 hours. McGarry (2016) reported that on an average students spend about ten hours a day on mobile phone and they feel uneasy when they cannot access their phones.

OBJECTIVE

The main objectives of the study are to examine the demographic details of students, to find out their level of mobile phone addiction as well as their level of wellness, and to see if there exists any relationship between mobile phone addiction as well as wellness of the respondents.

HYPOTHESIS

Based on the objectives a hypothesis was formulated as there is no significant relationship between Mobile Phone addiction and wellness.

METHOD

For the purpose of the research the researcher selected purposively selected the unaided higher secondary school student aged between 15 to 18 years in Kerala. A total of 50 students were selected as sample purposively. An interview schedule was used to collect data which consists of demographic questions, mobile phone addiction scale (MPAS) and perceived wellness scale. The mobile addiction scale consists of 35 items with five-point scale rating and perceived wellness scale (PWS) consists of 36 items on a six-point rating scale. The scales were subjected to reliability. The reliability scores were found to be 0.74 for mobile phone addiction and 0.82 for wellness scale. The data were collected from both primary and secondary sources. The data were processed and analyzed using computer software. The statistical tools namely mean standard deviation; t-test and correlation were also used to analyze the data. This study is descriptive in nature.

Results

Table - 1: Distribution of the Respondents based on Age

S. No	Age	Frequency	Percent
1	15	13	13.0
2	16	30	30.0
3	17	34	34.0
4	18	23	23.0
Total		100	100

The above table shows that 23 percent of the respondents belong to the age 18 years, 34 of them are in 17 years, 30 percent of them are in 16 years and 13 percent of them in 15 years of age.

Table - 2: Distribution of the Respondents based on Gender

S. No	Gender	Frequency	Percent
1	Male	66	66.0
2	Female	34	34.0
Total		100	100.0

The gender distribution of the respondents shows that 66 percent of them belong to male and 34 percent of them belong to female.

Table - 3: Distribution of the Respondents based on Hours of Use of Mobile Phone

S. No	Hours of use	Frequency	Percent
1	1	13	13.0
2	2	25	25.0
3	3	31	31.0
4	4	31	31.0
Total		100	100.0

The hours of usage of mobile phone of the respondents shows that 31 percent of them use mobile phones for 4 hours per day, 31 percent use it for 3 hours per day, 25 percent of them use it for 2 hours per day and 13 percent of them use it for 1 hour per day.

Table - 4: Distribution of the Respondents Based on Level of Mobile Phone Addiction

S. No	Addiction	Frequency	Percent
1	Low	19	19.0
2	Moderate	47	47.0
3	High	19	19.0
4	Very High	15	15.0
Total		100	100.0

The level of mobile phone addiction of the respondents reveals that 19 percent of them had low level of addiction, 47 percent of them had moderate level of mobile phone addiction, 19 percent of them had high level of addiction, and 15 percent of them had very high level of addiction.

Table - 5: Distribution of the Respondents based on Wellness

S. No	Wellness	Frequency	Percent
1	Very High	15	15.0
2	High	34	34.0
3	Moderate	32	32.0
4	Low	19	19.0
Total		100	100.0

The level of wellness of the respondents reveals that 34 percent of them had high level of wellness, 32 percent of them had moderate level of wellness, 19 percent of them had low level of wellness and 15 percent of them had very high level of wellness.

Table - 6: Relationship between Personal Variables and Mobile Phone Addiction

S. No	Variables	t/r Value	Result
1	Age	0.421	p<0.05
2	Gender	2.441	p<0.05
3	Hours of Use	0.289	p<0.05

From the above table it is inferred that age significantly influences the mobile phone addiction of the respondents. Higher the age, higher is the addiction and vice versa. The t-test (t) shows that there is a significant difference in mobile phone addiction among male and female respondents. The mean value shows that male respondents had high addiction compared to female. From the correlation test (r) it is clear that hour of use of mobile phone influences the mobile phone addiction of the respondents. Higher the hours of use higher is the addiction and vice versa.

Table - 7: Relationship between Personal Variables and Wellness

S. No	Variables	t/r Value	Result
1	Age	-0.037	p>0.05
2	Gender	2.113	p<0.05
3	House of Use	-0.118	p>0.05

From the above table the correlation value shows that age does not significantly influence the wellness of the respondents. The t-test shows that there is a significant difference in wellness among male and female respondents. The mean value shows that female respondents had high level of wellness

compared to male. From the correlation test it is clear that hour of use of mobile phone does not influence the wellness of the respondents.

Table - 8: Relationship between Mobile Phone Addiction and Wellness

Variables		Wellness	Addiction
Wellness	Pearson Correlation	1	-.392
	Sig.		.043
	N	100	100
Addiction	Pearson Correlation	-.392	1
	Sig	.043	
	N	100	100

The coefficient of correlation value shows that there is a significant inverse relationship exists between mobile phone addiction and wellness of the respondents at 0.05 level of significance. It is inferred that higher the level of addiction lower is the level of wellness and vice versa. Therefore, the null hypothesis is rejected and the research hypothesis is accepted.

Limitations

Though this is an extensive study, it has its own limitations, Due to the time and practical constraints, the researcher was unable to collect more samples, and also various other factors can be considered that may help to eradicate this addiction. Thus, the samples may not be adequate to represent the universe. Thus, the findings of the present study may not be generalized. Further study with larger sample is suggested.

CONCLUSION

Overall youngsters were intense mobile phone users. It was found from this study that people, who had lower levels of wellness, tend to use the mobile phone a lot more than others. Students with lower wellness tend to own a desire to get self-reassurance; therefore, they are more likely to use their cell phones more.

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