# Fear of Being Unplugged: A Study Among Adolescent Students

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Abstract- Objectives: This study was carried out with objectives of assess the effectiveness of video assisted teaching program on knowledge regarding impact of Nomophobia among adolescent students of Swami Atmanand Government School of Excellence Lingiyadih of Bilaspur (C.G.). Based on purposive sampling method, 120 adolescent students selected. Results: The study revealed a significant increase in students' knowledge from pre-test to post-test. Conclusion: The findings indicate that the video-assisted teaching program effectively enhances understanding of Nomophobia among adolescents, highlighting the importance of educational interventions in this area.

Index Terms- nomophobia, effectiveness, adolescent students

## INTRODUCTION

Mobile / hand phones are powerful communication device, first demonstrated by Motorolain 1973, and made commercially available from 1984. In the last few years, hand phones have become an integral part our lives. The number of mobile cellular subscriptions is constantly increasing every year. In 2016, there were more than 7 billion users worldwide.

Over usage of mobile phones may cause psychological illness such as dry eyes computer vision syndrome, weakness of thumb and wrist, neck pain and rigidity, increased frequency of De Querubins' tenosynovitis, tactile hallucination, nomophobia, auditory sleep disturbance, insomnia lower self-confidence and mobile phone addiction disorder.

In animals' chronic exposure to Wi-Fi radiation caused behavioural alteration, liver enzyme impairment, apoptosis in brain cortex. Mobile phone radiation may increase the reactive oxygen species, which places and important role of metabolic and neurodegenerative disease.

The withdrawal from mobile network may increase anger, tension, depression, irritability and restlessness which may alter the physiological behaviour and reduce work efficacy. Hence, the study was planned to study the addiction behaviour of mobile phone usage using an online survey.

Natl J Community Med (2017) found out that Nomophobia is the modern fear of being unable to communicate a mobile phone. It is important to understand how its use affect people well-being, and the consequences of having the device taken from frequent users. The study was designed to study the prevalence of nomophobia, dependence pattern and health effect of mobile phone usage. Most of the subjects were in the age group of 16-20 years. The prevalence of nomophobia the study was 68.92%. A higher proportion of male (82.91%) were dependent on mobile phone compared to female (31.25%). The most common self perceived symptoms due to increase mobile usage was lack of sleep (70.60%) followed by eye strain (42.46%).

## **METHODOLOGY**

## Participants and procedure

In this study Pre-experimental research design was conducted in Swami Atmanand Government School of Excellence, Lingiyadih, Bilaspur, Chhattisgarh and purposive sampling was used. The sample consists of 120 adolescent students fulfilling the inclusion and exclusion criteria. Written form consent was taken from participants after explaining the objectives and procedure of study. Subsequently socio-demographic data sheet, video assisted teaching programme, self-structured questionnaire was administered to all participants.

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## **CRITERION MEASURES**

| LEVEL OF KNOWLEDGE | MARK  | PERCENTAGE   |
|--------------------|-------|--------------|
| POOR KNOWLEGE      | 0-10  | 0-33.33%     |
| AVERAGE KNOWLEDGE  | 11-20 | 36.66-66.66% |
| GOOD KNOWLEDGE     | 21-30 | 70-100%      |

Knowledge levels of adolescent students are assessed regarding impact of nomophobia on the basis of following criteria. There are total 30 questions.

Maximum score was 30.

Score "1" was given for each correct answer and "0" score for each wrong answer.

## **RESULT**

Table 1-Frequency and percentage distribution of subjects in terms of socio- demographic characteristics

| S. No | Socio demographic | Total sample n=120 |       |  |  |  |
|-------|-------------------|--------------------|-------|--|--|--|
| S. NO | Variables         | n                  | %     |  |  |  |
| 1     | Age               |                    |       |  |  |  |
| 1.1   | 15-16 yrs         | 56                 | 46.7  |  |  |  |
| 1.2   | 17-18 yrs.        | 64                 | 53.3  |  |  |  |
| 2     | Sex               |                    |       |  |  |  |
| 2.1   | Male              | 48                 | 40    |  |  |  |
| 2.2   | Female            | 72                 | 60    |  |  |  |
| 3     | Type of family    |                    |       |  |  |  |
| 3.1   | Joint             | 48                 | 40    |  |  |  |
| 3.2   | Nuclear           | 72                 | 60    |  |  |  |
| 4     | Area of residence |                    |       |  |  |  |
| 4.1   | Urban             | 88                 | 73.33 |  |  |  |
| 4.2   | Rural             | 32                 | 26.66 |  |  |  |

Table 1 shows the demographic information of adolescent students of Higher Secondary School, those who participated for the study. Age Distribution: 46.7% of participants were in the 15-16 years age group.53.3% of participants were in the 17-18 years age group. Gender: The sample consisted of 40% male and 60% female participants. Family Type:40% of participants came from joint families.60% of participants were from nuclear families. Area of Residence:73.33% of participants were from urban areas.26.66% of participants resided in rural areas.

Table 2-Level of pre test knowledge among experimental group

N=120

| Level of  |                    | _ |      |   |    |
|-----------|--------------------|---|------|---|----|
| knowledge | Experimental group |   |      |   |    |
|           | Pre test           |   |      |   |    |
|           | n                  | % | mean | % | SD |

| Poor (1-10)<br>3.3-33.3%   | 108 | 90 | 9.44 | 31.4  | 0.992 |
|----------------------------|-----|----|------|-------|-------|
| Average (11-20) 36.6-66.6% | 12  | 10 | 14.3 | 47.67 | 4.576 |
| Good (21-30)<br>70-100%    | -   | 1  | -    | -     | -     |

Table 3-Level of post test knowledge among experimental group

N = 120

| Level of knowledge           | Experimental group  Post test |      |       |      |       |
|------------------------------|-------------------------------|------|-------|------|-------|
|                              | n                             | %    | mean  | %    | SD    |
| Poor(1-10)<br>3.3-33.3%      | 00                            | 00   | 00    | 00   | 00    |
| Average(11-20)<br>36.6-66.6% | 64                            | 53.3 | 18.18 | 60.6 | 1.984 |
| Good(21-30)<br>70-100%       | 56                            | 46.7 | 21.42 | 71.4 | 1.837 |

Table 2 & 3 shows that before the intervention, the majority of participants had poor knowledge, with no participants in the "Good" category. After the test, the percentage of participants with average knowledge increased to 53.3 % and 46.7% reached to "Good" knowledge level.

## CONCLUSION

The findings indicate that the video-assisted teaching program effectively enhances understanding of Nomophobia among adolescents, highlighting the importance of educational interventions in this area. These This highlights the ongoing need for comprehensive educational initiatives to ensure a more thorough understanding of Nomophobia among adolescents.

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