

Prevalence of Nomophobia Amongst Physiotherapy Students in Ahmedabad City

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ABSTRACT

INTRODUCTION: Nomophobia is the fear of being unable to use one's mobile or being unreachable and refers to the feeling of discomfort or anxiety experienced by individuals. This study is aimed to find the prevalence of nomophobia amongst physiotherapy students.

Smartphone addiction is one of the most common issues amongst students as they can have easy access to internet for their daily use which in turn leads to its increasing demands. As the cost of service decreases the dependency of mobile phones to access educational content instead of books has also increased. A 2019 study showed the impact of nomophobia amongst physiotherapy students. This paper briefly describes the research carried out especially regarding the prevalence of nomophobia amongst in physiotherapy students in Ahmedabad city.

METHODOLOGY: A cross-sectional-questionnaire based study was conducted among physiotherapy students. A total of 210 students completed this survey and were included in the analysis. The rate of nomophobia was measured using nomophobia questionnaire (NMP-Q). The study group consisted of 210 students, ages 18-25 years including both males and females. Each participant was asked to complete the survey through a google form by rating in the form of a 7 point Likert scale. Ethical clearance was taken.

RESULT: The data is examined using Microsoft excel 2016 version. The overall distribution of NMP-Q scores was absent for 3%, mild nomophobia for 18%, moderate nomophobia for 47% and severe nomophobia for 32%.

CONCLUSION: Hence from this study we concluded that there is moderate to severe prevalence of nomophobia amongst physiotherapy students.

Keywords: Nomophobia, Physiotherapy students

INTRODUCTION

Nomophobia is the fear of being without using mobile phone and the associated anxiety, discomfort and nervousness (1) In 2018 the number of smartphones that have been used worldwide was 2.53 billion and it has been increasing since then (2) NMP has been affecting mental health of smartphone users and has been diagnosed as a mental disorder. Musculoskeletal problems like text neck syndrome and text thumb have also been associated with it. Sharma et al. concluded that 75% of medical students have NMP and they experience panic attacks

when they are unable (3) Young adults even keep their mobile phones nearby while sleeping. (4) Studies, done on students pursuing professional study courses, have found varying proportions of individuals with nomophobia (5) Nomophobia, if not identified and corrected at the earliest phase possible, can emerge as a significant public health issue in the coming years. Even though some quantitative studies on such behavior are available in India, there is a lack of in-depth understanding of the perception and attitude that lead to nomophobia (6) Anxiety related to the inability to use a

smartphone or constant checking of the phone for notifications is ignored as symptoms of possible addiction. It has been found that majority of smartphone use occurred in sitting. In other words, as daily smartphone usage increased, so was the sitting time. Along with reinforcing sitting behaviour, it is giving rise to sedentarism. (7) This research study consequently examines the prevalence of nomophobia amongst physiotherapy students in Ahmedabad.

MATERIALS & METHODS

A cross-sectional observational study was undertaken among college students. The study recruited those who were willing to participate and between the ages of 18 and 25. A total of 210 students completed the survey and were included in the analysis. All the students were explained about the study and consent was taken for those who were asked to fill the Questionnaire for Nomophobia was a valid and responsive instrument that can serve as a diagnostic tool to determine the level of nomophobia. The nomophobia questionnaire (NMP-Q) consists of 20 items addressing four factors of nomophobia. These are (a) not being able to communicate, (b) losing connectedness, (c) not being able to access information and (d) inconvenience. All items are rated on a 7-point Likert scale. (8) It ranges from 1 being rated as strongly disagree and 7 being rated as strongly agree. The survey took approximately 10 mins to be completed. A reminder message was sent via WhatsApp to all the participants if the form wasn't filled with 2 days by monitoring the number of respondents via google forms. By this we attained the required size within one week. The questionnaire was not sent via e-mail as it was not the first option to reach a large number of students. Online survey via google forms was thus selected as it was easily accessible, less expensive and time saving.

The reliability of NMP-Q was found out to be 0.87. (9) The empathy score for an individual is calculated from the responses to the 20 items. Half of the items are reverse scored (eg. strongly agree=1, strongly disagree=7). Other items are directly scored based on their likert weights (eg., strongly agree=7...strongly disagree=1) The cronbach's alpha for the questionnaire was found out to be 0.87. (9)

INCLUSION CRITERIA:

- Both Male & Females
- Age = 18-25 years
- Willing to participate in study.

EXCLUSION CRITERIA:

- Any student with no mobile phone
- Any incomplete survey forms were eliminated
- Any student with phone usage less than 2 hours per day
- Any student priorly diagnosed with depression or anxiety

RESULT

A statistical analysis was conducted using Microsoft excel 2016. There were 210 subjects in the sample size: 42.38% males and 57.61% females (Figure 1). The mean age was estimated to be 20.95 years.

Since the scale shows that higher the score, higher the levels of nomophobia it has been divided into 4 categories. 3% of the participants scored NMP-Q score of 20 or less and hence were labelled as no nomophobia category. 18% of the participants scored NMP-Q score between 21 to 60 were labelled as mild nomophobia, 47% of the participants scored NMP-Q score between 60 to 100 were labelled as moderate nomophobia category. The rest 32% of the participants scored between 100 to 140 were labelled as severe nomophobic category. (Figure 2)

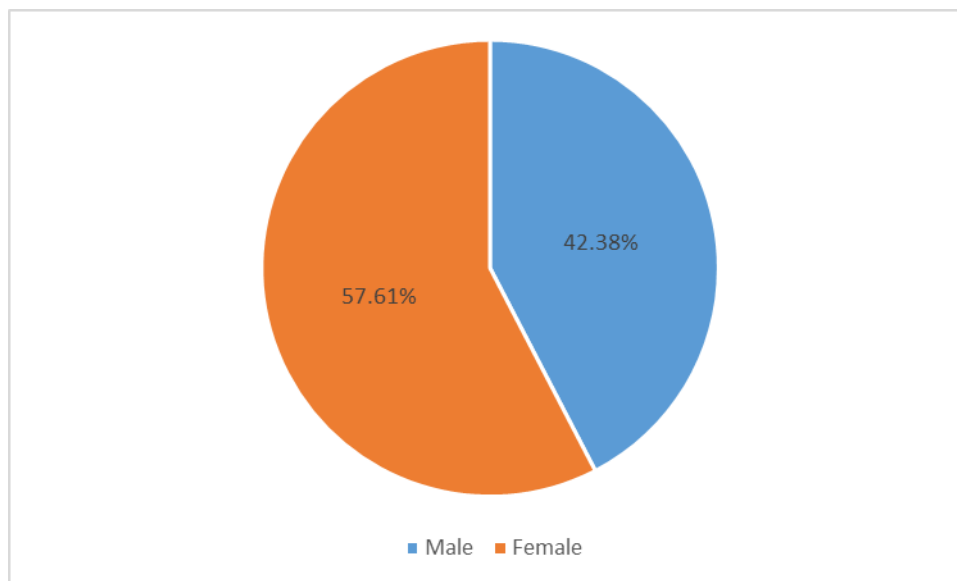


FIGURE 1

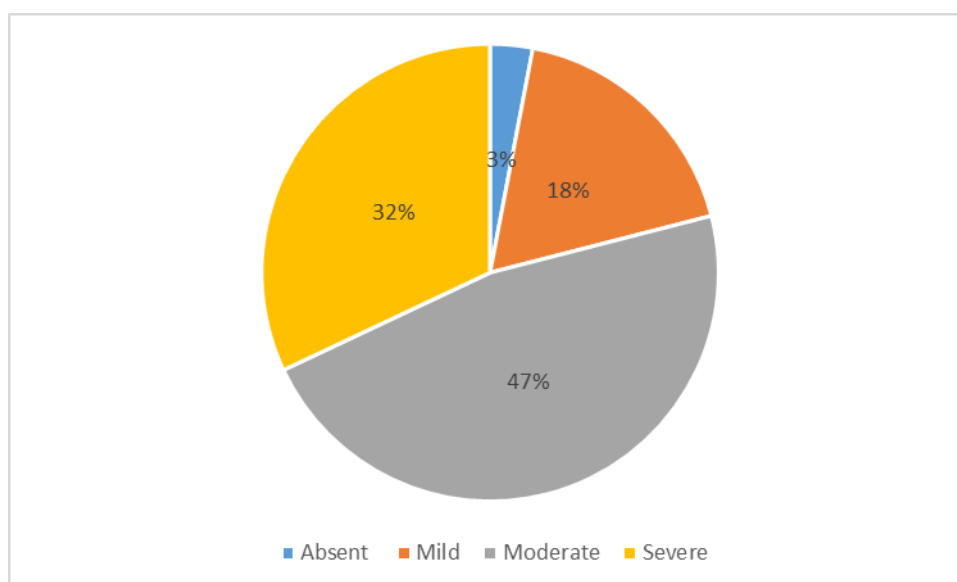


FIGURE 2

DISCUSSION

The purpose of the current study was to determine how common nomophobia is amongst physiotherapy students. The information found that 3% of the population had no nomophobia, 18% had mild nomophobia, 47% had moderate nomophobia and 32% had severe nomophobia. In the year 2018, Priyal shah et al conducted a study amongst physiotherapy students to find the correlation of smartphone use addiction with text neck syndrome and SMS thumb. It concluded a positive correlation and associated the long term musculoskeletal problems with prolonged

smartphone addiction(10) In the year 2019, Sohail Ahmed et al conducted a study called impact of a non drug addiction (nomophobia) amongst physiotherapy students using a cross-sectional survey. It concluded a negative impact with academic performance.(11) In the present study we found that moderate to severe nomophobia has been found amongst physiotherapy students. Students with high level of nomophobia experience greater levels of panic attacks when dissociated with their phones. Longer duration of phone usage also leads to musculoskeletal problems such as SMS thumb and text neck syndrome along

with prolonged back pain. Ergonomic correction is required for the prevention of poor posture and relaxation exercises are a necessity for overcoming the tremors associated with the anxiety attacks.

CONCLUSION

The present study showed that moderate to severe levels of nomophobia are present amongst physiotherapy students. It is widely recognised that high levels of nomophobia are associated with higher levels of panic attacks and musculoskeletal disorders. Prolonged use can also be related to poor posture and muscle soreness. This study has some limitations that the research is done across Ahmedabad city, Further research with larger sample size with different duration of smartphone usage in correlation to the severity of postural problems can be taken. Gender wise association can also be taken. Future research could explore the underlying factors contributing to the high levels of smartphone usage can be taken. Education to students about the side effects of nomophobia and inculcation of physical activities to address any physical discomfort associated with prolonged use must be given

Declaration by Authors

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