

**A STUDY TO ASSESS THE EFFECTIVENESS OF
PSYCHOEDUCATION ON REDUCING THE LEVEL OF
NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM AT
KANCHIPURAM DISTRICT.**

By

Mr. C.MUNIRAJ



**A Dissertation submitted to
THE TAMILNADU Dr.M.G.R MEDICAL UNIVERSITY,
CHENNAI.**

**IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE
DEGREE OF MASTER OF SCIENCE IN NURSING**

SEPTEMBER – 2014

CERTIFICATE

This is to certify that **“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCING THE LEVEL OF NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM AT KANCHIPURAM DISTRICT”** is a bonafide work done by **MR.C.MUNIRAJ M.SC (N) II YEAR STUDENT** adhiparasakthicollege of nursing Melmaruvathur - 603 319 in partial fulfilment of **THE TAMILNADU DR.M.G.R. MEDICAL UNIVERSITY** toward the award of the degree of **MASTER OF SCIENCE IN NURSING BRANCH – V, MENTAL HEALTH NURSING** , under my guidance and supervision during the academic year 2012 – 2014 .

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LIST OF CONTENTS

CHAPTER	CONTENTS	PAGE NO
I	INTRODUCTION	1-16
	Need for the study	3
	Statement of the problem	10
	Objectives	10
	Operational definitions	10
	Assumptions	11
	Delimitations	12
	Projected outcome	12
	Conceptual framework	13
II	REVIEW OF LITERATURE	17-27
III	METHODOLOGY	28-30
	Research design	28
	Settings of the study	28
	Population	28
	Sample size	29
	Sample technique	29
	Criteria for sample selection	29

	Instruments for data collection	29
IV	DATA ANALYSIS AND INTERPRETATION	31-50
V	RESULTS AND DISCUSSION	51-53
VI	SUMMARY AND CONCLUSION	54-57
VII	BIBLIOGRAPHY	58-63
VIII	APPENDICES	i-xliii

LIST OF TABLES

TABLE NUMBER	TITLES	PAGE NUMBER
4.1	Statistical method for data analysis	35
4.2	Frequency and percentage distribution of demographic variables of adults.	37
4.3	Frequency and percentage distribution of level of nomophobia among the adults	43
4.4	Comparison between mean and standard deviation for assessing the level of nomophobia.	44
4.5	Comparison between mean and standard deviation of improvement in the reduction level of nomophobia.	45
4.6	Association of the psychoeducation with that of demographics variables of nomophobia	46

LIST OF FIGURES

S.NO	LIST OF FIGURES	PAGE NUMBER
1.1	Conceptual framework	16
4.1	Percentage distribution of adults based on Age.	42 (a)
4.2	Percentage distribution of adults based on Gender.	42 (b)
4.3	Percentage distribution of adults based on religion	42 (c)
4.4	Percentage distribution of adults based on educational status.	42 (d)
4.5	Percentage distribution of adults based on mobile phone using	42 (e)
4.8	Percentage distribution of adults based on sim card using	42 (f)
4.9	Percentage distribution of adults based on checking mobile	42 (g)
4.10	Comparison between pretest and posttest level of nomophobia on prevention of common health problems among adults	43 (a)

LIST OF APPENDICES

S.N	APPENDICES	PAGE NUMBER
0		
1	Demographic Variables in English	i – iv
2	Self-Structured Rating scale in Tamil	v – viii
3	Demographic Variables in Tamil	ix – xii
4	Self-Structured rating scale in Tamil	xiii – xv
5	Psycho education on Nomophobia in English	xvi- xxviii
6	Psycho education on Nomophobia in Tami	xxix- xlii

CHAPTER I

INTRODUCTION

“Technology is a queer thing. It brings you great gifts with one hand, and it stabs you in the back with the other”

Snow comedian

Technology, a word which has become the talk of the nation, is dominating people's life today. Technological inventions has been carried out by modern people in easing their life to be more flexibility and reasonable in order to be able to overcome upcoming challenges and compatible to the globe. such mobile phones has become such a massive part of our lives. And it has become a distinctively personal item.

Over last 15 years there has been tremendous growth in use of mobile phone because of usefulness in communication and interaction and the sphere of work and private life, beside communication mobile phone, have been used for other purpose like playing game and listening song and using internet for social network its helps to reduce the loneliness and making new friends and resultantly mobile phone have parcel part of life mobile phone users.

. Nomophobia can have adverse effects on a person's health as well as his/her social life. And the fact that it is a phobia makes it bad anyway. With the massive worldwide growth in mobile connections, it has made us dependent

on the usage of mobile phones to stay in contact with our near and dear ones 24x7.

According to Cromer Mobile phones simply refer to a mobile electronic device which is the means of digital telecommunication. Mobile phones enable the owners or subscribers today to stay connect with their friends and family with the various functionality and applications provided through the running of an advance operating system .An information and communication technology which here refers to the mobile phones, develop extremely rapidly today has now become the most device in the globe. As far as the concerns, mobile phone today has transformed not only into the means for communication, it has also rested on the intersections of the rapid developing industries which are computers and new media functions, the consumer electric products.

Mobile phone be-cause 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, inter-net connection and interaction of two persons that one may not be online at the same time. Addiction to inter-net and new communicational tools as a health problem has recently been considered as a mental disorder. Gulberg for the first time used “Internet addiction dis-order”

term to identify the characteristics of individuals who use the Internet and show some problems of them-selves.

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.

Nomophobia literally means no mobile phobia that is the fear of being out of mobile phone contact. If a person is in an area of no network, has run out of balance or even worse run out of battery, the persons gets anxious, which adversely affects the concentration level of the person. In recent times there seems to have been a transformation of the cell phone from a status symbol to a necessity because of the countless perks that a mobile phone provides like personal diary, email dispatcher, calculator, video game player, camera and music player.

NEED FOR THE STUDY:

Young cell phone users have fallen into nomophobia, a type of cell phone addiction, Which is acquiring an unstoppable habit of e-mailing or texting friends, playing games, downloading pictures and music Said by **Miki Tainikawa (International Herald Tribune)**

Poyrazgurson 2014 Nomophobia literally refers to “NO-Mobile phones-PHOBIA”. It is a kind of phobia or fear of losing mobile phone, fear refers to an emotion which is felt by both animals and people as an instinctual response to potential danger. In this context, people simply feel fear and insecure when they could not find their mobile phones is because they feel potential danger is threatening their life.

Parker 2013 highlighted that the number of nomophobia is increasing up to 13% since four years ago due to the increment of mobile technology addiction. In order to prove that Nomophobia exist as a new phenomenon today, a study was conducted in UK in which 53% of mobile phone users are suffering from Nomophobia.

Hought, 2012 Nomophobia usually happens among the younger group of age range 18 to 24. Younger group whom age range 18 to 24 also refers to college students in which they fall into this age categories. Nomophobia is affecting college students as they want to be in contact with their family members and friends on a 24-hour basis. This group of people has strong needs of attachment on socialization which result them in exposing to a wider

possibility of getting Nomophobia. Like researcher, it has concluded that, 77% of people whom aged between 18 to 24 are suffering from Nomophobia.

García-Montes 2012 The use of mobile phones has invaded to the teenagers' life probably college students age 18 to 24 who owns at least a mobile phone, 80 percent of those who aged 15 to 24 used mobile phones regularly in Europe countries. Just because mobile phones had been designed in a sophisticated way through the increment in their functions, it indeed becomes so much convenient and friendly-user to the consumers. Mobile phones today are more approachable especially to the college students or youngsters in every aspect such as creativity, security, entertainment, lifestyle, health, education, productivity and usage like calls and text messaging (McGregor, 2009). Thus, college students and the youngsters have relied so much on their phone in staying contact with the latest trend and their friends and family. Besides, they tend to play games that provided in their mobile phones to kill their boredom.

Smith & Prendergast, 2011, conducted a study in ball state university 99.8 percent of college students cell phones which the cell phones are used to satisfy their computing needs aside from communication purposes. In this mobile-driven era,

According to **legatt 2011** also stated that the Ball State journalism professor and director or the University's Institute for Mobile Media Research, Hanley has found out that the amount of college students on their mobile phone usage has nearly doubled in a year.

Hack 2012 stated that mobile phone today has become part of the college students 'mobile90% of the college students use their mobile phones during their class. Besides, 88% of the college students had texted in the class. 54% of them agree that texting via the mobile phone lead to maintenance of connection with people. 75% of the college students think that the invention or consumption of smart phones has indeed made their life easier.

Dixit et al., 2013 Nomophobia recognized symptoms such as refusal to turn off his or her mobile phones, immediately reply or answer on any phone calls or text messages, obsessively checking on his or her mobile phones for any updates on incoming calls, text messages or emails, feeling anxious when he or she could not find his or her mobile, having a panic attack when his or her mobile is running out of battery or running out of credit, feeling insecure when he or she lost or left his or her mobile phones somewhere else and feeling demotivated when there is poor reception of network of the mobile phones.

Elizabeth Cohen 2012 said that people today tend to still develop their obsessively "phone checking" habits instead of keeping their mobile phones as far as they could for their health purposes.

According to **Campos 2014**. Nomophobia Cell phone mobility is now a huge part of our daily lives, but for many, staying connected is becoming a huge obsession. And many, 66 % of those surveyed, said they do have "nomophobia." That number is an increase from a similar study 4 years ago, which concluded that 53% of people admitted they had fears of losing their cell

phones. Campos argued that any form of communication is better than none at all, and she said the cell phone is a positive way to keep connected to family.

Smith's 2013 study, finding revealed that it has illustrated that fully 96% of the young adults in America which aged in between 18-24 own a mobile phone. Since the college students fall in this age range, it can be concluded 96% of the college students are having a mobile phone.

Pedraza, 2012 said trend of mobile phones into college students' life had made them to depend so heavily on their mobile phone. It leads to a more severe problem, with more and more college students are addicted to their mobile phones. The addictions on mobile phones of college students include behavior such as obsessively checking on their phones if there are missed calls, text messages, emails or updates, feeling anxious when there is poor reception of network, feeling panic when one cannot find his or her mobile phone, feel insecure when there is exhaustion of battery of mobile phones and etc.

Gray 2012 has conducted a research which indicates the seriousness of mobile phones addiction among the college students in which 94% of them send a text message daily, 73% make phone calls through their mobile phones daily and 75% of the college students are never without their mobile phones. The same goes to Stewart's research (2012), he concluded that 36% of college students surveyed confessed that they cannot live without their mobile phones.

Hought, 2013 People who undergo Nomophobia will simply experience psychological agitations too. For examples, depression, higher interpersonal anxiety, low self-esteem, mental and physical distress, panic, confusion and extreme isolation (Sheereen N. Zulkefly & Rozumah Baharudin, 2009) These symptoms occur when the Monophobias are forced to detach from their mobile phone for an entire day. Mobile phones addiction is identical to drugs addiction. The overwhelming cravings on mobile phones are similar to “itching like a crack head (crack cocaine addict)”. Nomophobia simply cannot live without their mobile phones as this will lead to their emotional disturbances such as fretful, confused, anxious, irritable, insecure, nervous, restless, crazy, addicted, panicked, jealous, angry, lonely, dependent, depressed, jittery and paranoid.

Elizabeth Waterman 2012 said that people who suffer from Nomophobia is mainly due to a fear of losing connection to the society. Hence, treatment will be given for these Nomophobia to let them know they are equally important as the others in which people will still remember you although they are not reachable for several days. They can still be updated and live a happy life.

Jay (2012), Nomophobia can be cured through a strict regime. This helps to encourage the Nomophobia’ withdrawal symptoms by not allowing the Nomophobia to access to their mobile phones. Moreover, through this regime, Nomophobia are taught methods that are sketched to aid their anxiety and fear.

While for users who are in the deep-seated worries of becoming one of the victims of Nomophobia, the best way is to switch off their mobile phone. “Try to make a commitment to yourself to switch off your mobile phone for certain duration of time each day. Don’t bring to dinner table, switch it off when you are at the cinema, and don’t bring it to the Gym.”

Berkshire [2013] first identified in 2008, it would appear nomophobia – the fear of being out of mobile phone contact, is sharply increasing in the UK. A recent survey of 1,000 people in employment, conducted using One Poll, discovered two thirds of respondents fear losing or being without their mobile phone. The study conducted a global leader of Tokenless, reveals that 41% of people interviewed, in an effort to stay connected, have two phones or more. When asked if they not be upset if a partner looked at the messages and texts on their phone almost half said that they would.

Sanjay Dixit (2012) Our ongoing research found 45% of the study population nomophobia "This is in the age group of 18 to 30 years, in urban areas, using mobile phones for over three hours a day. Our original study in 2009 medical college students had 20% of the study population being nomophobia."

Indian Journal of Community nine out of every 10 people aged under 30 admit to suffering the new age phenomenon of "nomophobia", the fear of having no mobile phone, a survey says.

In today's century, Nomophobia is attacking the society of India, United Kingdom, United States, China, Japan, Arab and others country more. Indeed, mobile phones have invaded into consumers' life as a part of their soul and a culture for communication which resulted in an overly and excessively dependence of them on their mobile phones.

STATEMENT OF THE PROBLEM

“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCING THE LEVEL OF NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM AT KANCHIPURAM DISTRICT”

Objectives of the study

1. to assess the level of nomophobia among the adults.
2. to assess the effectiveness of psychoeducation on reducing in level of nomophobia
3. to compare pretest and posttest psychoeducation on reducing the level of nomophobia among the adults.
4. to associate the posttest score of psychoeducation on reducing the level of nomophobia among the adults with selected demographic variables

Operational definitions

Assess:

It refer to the level of nomophobia among the adults as mild and moderate and sever nomophobia by using self structure rating scale.

Effectiveness

It refers to the degree of psychoeducation on nomophobia will reduce the symptom of nomophobia among the adults.

Psychoeducation

It refers to the psychoeducation rendered by the researcher regarding the meaning, definition,causes, symptoms, warning signs, treatment and management of nomophobia.

Nomophobia

It refers to a psychological syndrome in which a person is afraid of being out of mobile or cell phone contact, manifested as feelings of anger, tension depression, arguments, social isolation, lack of concentration and fatigue.

The Adults

It refers to Adults between the age groups of 20 to 49 years residing in sothupakkam, village at kanchipuram District.

ASSUMPTIONS

- The adults have more fear of being out of mobile phone.
- The adults have to important role to managing them
nomophobia level
- Psychoeducation helps to adults to reduced level of nomophobia
- Who using mobile phone for longer duration might develop
nomophobia

DELMITATION

The study is delimited to a period of 6 weeks

HYPOTHESIS

H₁ → There is a significant in reducing the nomophobia
After psychoeducation.

H₂ → There is a significant association between the post
test score of psychoeducation among adults with
Selected demographic variables.

CONCEPTUAL FRAMEWORK

The conceptual framework facilitates communications and provides systematic approach to nursing research, education, administration and practice.

The conceptual framework is a inter changes that provide a structure for organizing and describe the phenomenon of interest. Research study based on the theoretical or conceptual frame work facilities visualizing the problem and places the variable in a logical context.

Ernestine wiedenbach purpose a prescriptive theory for nursing, which is described as a conceiving of desired situation and way to attain reduce nomophobia and the conceptual frame of the present study based on wiedenbach's theory.

CENTRAL PURPOSE

In the study the overall goal is to reduce nomophobia among the adults in sothupakkam village at kanchipuram district

IDENTIFICATION

a) General information

In this study the general information consist of demographic variables of the adults such as age, sex, educational status, marital status, monthly income, type

of family, using number of mobile phone, daily using number of simcards, how many using mobile phone, often do you check your mobile, spending money every month recharge phone, per day how long time talking mobile, how many hours mobile phone keeping along with them, family income, how many times upgrade mobile software per year.

Identifying the needs of the adults by assessing demographic variables and by using self structure rating scale.

MINISTRATION

In this study the researcher understand the need for guide to reduce nomophobia among the adults and giving psychoeducation.

Realities

Its consists of agent, goals, means of activities, recipient, framework.

- Agent – In this study the agent was researcher
- Recipient – in this study recipient were the adults in sothupakkam village at kanchipuram district.
- Goals – the goal was to reduce the level of nomophobia.
- Means activities – In this study means of activity was psychoeducation by researcher.
- Framework – in this study the framework was in sothupakkam village at kanchipuram district.

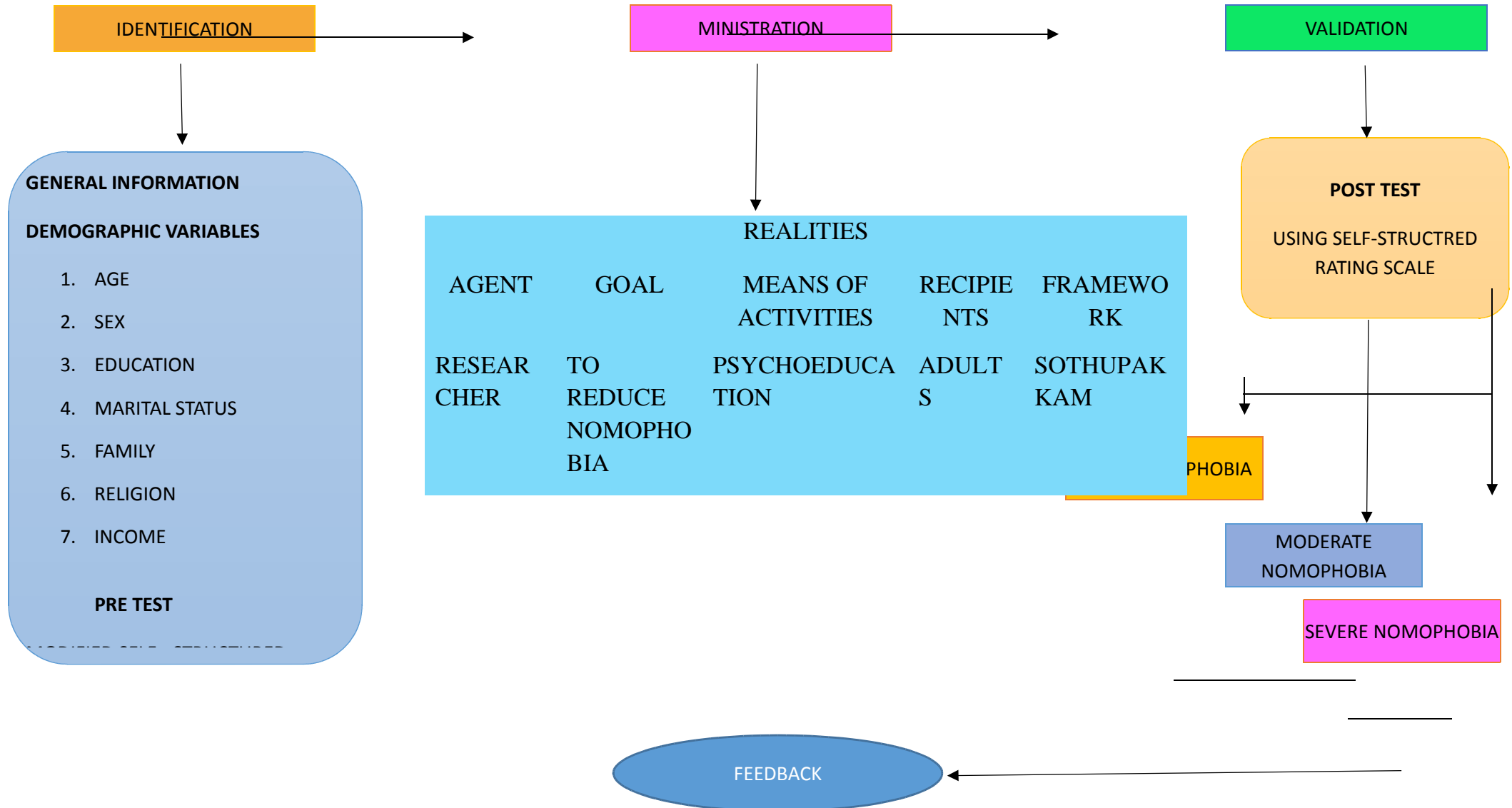
VALIDATION

In this study validation involves assessing the outcome of psychoeducation by post test with self structure rating scale, which classified into effective and ineffective in reducing level of nomophobia.

FEEDBACK

Feedback refers to those whom the nomophobia has not reduced them required read ministration of psychoeducation.

CENTRAL PURPOSE IS TO REDUCE THE LEVEL OF NOMOPHOBIA



CONCEPTUAL FRAMEWORK BASED ON MODIFIED WIENBACH'S THEORY (2014)

CHAPTER II

REVIEW OF LITERATURE

Review of literature is an important step in the development of any research project. It helps the investigator to analyze what is known about the topic and to describe the methods of enquiry used in earlier work including the success and shortcomings. It gives the broad understanding of the problem.

“Researchers almost never conduct a study in an intellectual vacuum their studies are usually undertaken within the context of an existing basic knowledge” **(Polit and Hungler 2005)**

Review of literature is important for broadening the understanding and insight necessary for the development of a conceptual framework, which the problem fits and for the development of the tool.

The review is organized in the following headings:

PART – A: Literature review related to prevalence of Nomophobia

PART – B: Literature review related to mobile addiction

PART – C: Literature review related to management of Nomophobia

PART – A: Literature review related to prevalence of Nomophobia

PEDRERO PEREZ et.al, (2013) reports relieved that the current state of scientific knowledge about cell phone addiction/abuse.A search was carried

out in international databases, using the descriptors "mobile phone", "cellular telephones", "addiction" and "abuse", and focusing on prevalence studies, diagnostic tests, associations with psychological variables and gender differences. The result, of was the estimated prevalence ranges from 0-38%, depending. Surprisingly, self-attribution of cell phone addiction exceeds the prevalence estimated in the studies themselves.

According to **Securenvoy (2013)** The phrase was coined by a U.K, it was found that two-thirds of mobile phone users get anxious when losing their phone, running out of battery power or finding themselves in a location without network coverage. The study finding concluded that younger people between the age group of (20 to 49) are more likely to be nomophobia, and the level of nomophobia has increased from 50 % to 66 % in the last 4 years.

Andrew Moran (2013) Study reveled: Two-thirds suffer from nomophobia, fear of losing a phone recently published study suggests that a new phobia is one the rise across the globe Traveling on public transit, heading out to a restaurant or even walking down the street can give one the impression that people absolutely love and are addicted their handsets; maybe a little too much, though. According to a [new study conducted by Secur Envoy](#), a company that specializes in digital passwords, using OnePoll, found that 66 percent of employed individuals who have a cellphone are developing nomophobia, the fear of losing or being without a cellphone.

Poyrazgurson (2012) Contributing to a more serious phenomenon, the mobile phones addiction eventually leads to Nomophobia. Nomophobia literally refers to “NO-Mobile phones- PHOBIA”. It is a kind of phobia or fear of losing mobile phone, fear refers to an emotion which is felt by both animals and people as an instinctual response to potential danger. In this context, people simply feel fear and insecure when they could not find their mobile phones is because they feel potential danger is threatening their life.

Parker (2012) highlighted that the number of nomophobic is increasing up to 13% since four years ago due to the increment of mobile technology addiction. In order to prove that Nomophobia exist as a new phenomenon today, a study was conducted in UK in which 53% of mobile phone users are suffering from Nomophobia.

PART – B: Literature review related to mobile addiction

KULAK et.al, (2014) reveals that the use of mobile phones has increased worldwide during the last decade especially in adolescents. To examine the role of a mobile phone in the students' life, signs of addiction, and whether there are differences in phone using between the Polish and Belarusian students. The study comprised 160 students from Belarus and 227 from Poland. We used a structured was used the test of mobile phone addiction. Overall, 22.9% of the students and 10.4% of Belarusian students had the symptoms of mobile phone-addiction.

JAYANTI PACHARYA et.al,(2013) conducted a Study on Some of the Common Health Effects of Cell-Phones amongst the College students of both sexes in the age group 17-23 years from urban and rural backgrounds were selected at random (those using cell phones).They were given self-administered, pre-tested questionnaire which included aspects related to few common adverse mental and physical health symptoms attributed to cell phone usage. Expectedly, almost all the subjects (96.1%) possessed cell phones, and used the device for a greater part of the day. Headache was found to be the commonest symptom (51.47%) followed by irritability/anger (50.79%). Other common mental symptoms included lack of concentration and poor academic performance, insomnia, anxiety etc. Among physical symptoms –body aches (32.19%), eye strain (36.51%), digital thumb (13.8%) were found to be frequent. Accidents are caused due to cell phone driving.

Cronbach's 2012A self-report Mobile phone Dependence Questionnaire and a detailed explanation of the study purpose were distributed to 43 male and 155 female nursing college students in Osaka in 2012, with the present analyses focused on the female population. All items on the questionnaires were completed by 132 (85.2%) of the female students, who were chosen as participants. The mean age of the subjects was 24.5 [or] 5.7 years old (range, 18-49 years). The evaluation of mobile phone dependence of the participants based on the responses given to 20 self-rated items related to mobile phone use in the Mobile phone Dependence Questionnaire. Each response was scored using a Likert scale (0, 1, 2, 3) and the Likert scores for

each item were then summed to provide a quantitative overall mobile phone dependence score ranging from 0 to 60, with higher scores indicating greater dependence. The internal consistency and factor validity were confirmed using the method of Toda.et.al. Cronbach's a coefficient for the Mobile phone Dependence Questionnaire in the present study sample was 0.86, indicating that the questionnaire was sufficiently consistent internally to measure mobile phone dependence.

JAHANSHIR TAVAKOLIZADEH et.al,(2013)conducted study determine the prevalence of excessive mobile phone use and its relationship with mental health status and demographic factors on the students of Gonabad University of Medical Sciences. Cross-sectionalstudy, and 700 students in the university were surveyed and completed demographic information form, GHQ-28, mobile phone addiction scale. The data were analyzed in SPSS-18 software and by Chi-square test, student t-test and ANOVA were used at the significant level of $P < 0.05$. The prevalence of excessive mobile phone use was 36.7% on the students. There was a significant relation between the prevalence of excessive mobile phone use and mental health status in general ($P > 0.05$), and also somatization ($P < 0.05$), anxiety and depression specifically ($P < 0.05$).

Szpakow A [2013].The main studied was Evaluation of threat of mobile phone – addition among Belarusian University students. The study comprised 160 students from Belarus. We used a self structure scale used the test of mobile phone addiction. Wasadministered the majority of the students had the mobile phones. Of the students 68.8% were convinced on the harmful effects

of mobile phone. Nearly 1/3 of the respondents declared that mobile phone should switch off in the theatre (30%), and in the church (33.8%). Of the students 28.8% knew a nonophobia definition. Most respondents (71.9%) have never switched off their phones. Only 10.4% of the students had the symptoms of mobile phone addiction.

Michael Carr (2013). A recent survey in the UK, almost two thirds of respondents was afflicted with “nomophobia” or “no mobile-phone phobia”. “Some people get panic attacks when they are without their phones,” an adolescent psychologist. “Others become very concerned and make all endeavors to locate their mobile phone. According to the survey, the younger you are, the more prone you are to nomophobia. The youngest age group (18-24) tops the nomophobic list at 77%, which is 11% more than that of the next group – those aged 25-34. “This is the most tribal generation of young people,” said Carr. “Adolescents want to be with their friends on a 24-hour basis.”

Katharine .B [2012] A cross-sectional study conducted amongst 200 M.B.B.S. students was from M.G.M. Medical College, Indore, using mobile phone for more than one-year duration for at least 1-2 h per day were included for the study. Six hundred students of the college met the above inclusion criteria of which every third student was selected by systematic random sampling. A pre-designed and pre-tested questionnaire designed on the lines of one developed by Dr. Marcus L. Raines was used to study mobile phone dependence among the study subjects. The questionnaire was modified according to the local conditions. The mobile phone dependent students were

then designated as nomophobia. About 56% students kept their mobile phones either in the pocket of shirt or jeans close to their body so that they can have a feel of constant touch with their mobile phone.

Steve parker [2012] it's no secret that adoption of mobile devices continues to grow as smartphone and tablet technology becomes more sophisticated and ingrained in our daily lives. But according to an research study, marketers will increasingly take advantage of this trend, with [mobile advertising](#) spending to reach \$1.8 billion in 2012 – a whopping 47% increase. As consumers continue to adopt mobile devices as a mainstream way to access the web, mobile ad spending projections continue to rise incrementally. When compared to the September 2011 forecast from eMarketer, 2011-2014 projections increased anywhere from 11-33% each year. But this isn't just a U.S. phenomena; markets overseas are experiencing similar momentum.

Lukeprofe (2012) A study conduct survey in U K out of 2,163 people conducted in the UK, 53% of subjects felt anxiety when they were unable to have access to their mobile phones. The study revealed that 58% of male respondents and 48% of female respondents had Nomophobia. As opposed to a phobia in and of itself the reactions of respondents could be more of an anxiety produced from the root fear: being alone. In the study is 55% said that the cause of their anxiety was being disconnected from their family and friends.

Kevin bolsch (2012) Nine out of every 10 people aged under 30 admit to suffering the new age phenomenon of "nomophobia", the fear of having no

mobile phone, a survey says. Telecom giant Cisco, in a survey conducted on 3800 people in Australia, found nine out of 10 in the group aged under 30 were addicted to their smartphones and became anxious when their phone went missing, the 'Courier Mail' reported.

BIVIN.J et.al, (2013) Conducted a cross sectional survey method was used to find out the pattern of mobile use and perceived dependency towards the mobile phones using Nomophobia Severity Index- Self rated version (NSI-SR) among male Under Graduate students of Health sciences (N=547) and they are using selected snow ball sampling method. The dependency status reported by students was similar among different courses. There was a significant positive correlation was established between the pattern of mobile usage with the severity of Nomophobia.

PREETHI MATHEW et.al, (2013) conducted a study on dependence of mobile phones usage, this study was found that about 58% of men and 48% of women suffer from the phobia, and an additional 9% feel stressed when their mobile phones are off. The study sampled 2,163 people. Fifty-five percent of those surveyed cited keeping in touch with friends or family as the main reason that they got anxious when they could not use their mobile phones

TAEHAN KANHO HAKHOE CHI et.al, (2013) conducted the study on Discriminating power of socio-demographic and psychological variables on addictive use of cellular phones among middle school students. The purpose of this study was to examine the degrees of cellular phone usage among middle

school students and to identify discriminating factors of addictive use of cellular phones among socio demographic and psychological variables. From 123 middle schools in Busan, potential participants were identified through stratified random sampling and 747 middle school students participated in the study. Fifty seven percent of the participants were male and 89.7% used cellular phones at school. The participants were grouped into three groups depending on the levels of the cellular phone usage: addicted (n=117), dependent (n=418), non-addicted (n=212). Within the three groups, two functions were produced and only one function was significant, discriminating the addiction group from non-addiction group. Additional discriminant analysis with only two groups produced one function that classified 81.2% of the participants correctly into the two groups. Impulsiveness, anxiety, and stress were significant discriminating factors.

LUKASIEWICZ M et.al, (2012) conducted a study reports this survey was to investigate mobile phone use and dependence in Tunisian high school students. Questionnaires were anonymously distributed to 120 adolescents looking for the modalities of use of mobiles. SMS dependency was assessed with the French version of the Igarashi scale. The two most used means for communication were SMS and missing calls. 83.2% of the sample sent more than 6 missing calls per day. According to the Igarashi scale, adolescents reported perception of excessive use in 31.7% of cases, emotional reaction in 33.4% of cases and exclusive relationship maintenance thanks to mobile in 18% of cases.

WALSH SP et.al, (2012) reports that Over-connected?A qualitative exploration of the relationship between Australian youth and their mobile phones. In Australia, youth are the most prolific users of mobile phones, however, there is little research investigating this phenomenon. This paper reports a qualitative exploration of psychological factors relating to mobile phone use amongst Australian youth. 32 participants, aged between 16 and 24 years, took part in focus group discussions. Thematic data analysis focused on identifying the psychological benefits arising from mobile phone use and whether mobile phone addiction was occurring amongst this group. Mobile phone use was believed to provide numerous benefits to users and is an intrinsic part of most young people's lives. It emerged that some young people are extremely attached to their mobile phone with symptoms of behavioral addiction revealed in participants' descriptions of their mobile phone use. The study provides a solid foundation for further work investigating addictive patterns of mobile phone use amongst youth.

PART – C: Literature review related to management of Nomophobia

KING AL et.al,(2014)This study describes the routine use of mobile phones and investigates the appearance of possible emotional alterations or symptoms related to their use in patients with panic disorder. Compared patients with Panic disorder and agoraphobia being treated at the Panic and Respiration Laboratory of The Institute of Psychiatry, Federal University of

Rio de Janeiro, Brazil, to a control group of healthy volunteers. An MP-use questionnaire was administered to a consecutive sample of 50 patients and 70 controls. People with PD showed significant increases in anxiety, tachycardia, respiratory alterations, trembling, perspiration, panic, fear and depression related to the lack of an MP compared to the control group.

LEE H et.al, (2013) reports that the Cell phones: the psychosocial risks. Cell phones are a relatively novel and evolving technology. While the potential benefits of this technology continue to emerge, so do the potential psychosocial risks. For example, one psychosocial risk is user stress, which appears to be related to feeling compelled to promptly respond to cell-phone activity in order to maintain spontaneity and access with others. Other potential psychosocial risks include disruptions in sleep; the user's risk of exposure to cyberbullying, particularly the unwanted exposure of photographs and/or videos of the victim; and overuse, particularly among adolescents. With regard to the latter phenomenon, the boundaries among overuse, misuse, dependence, and addiction are not scientifically clear. Therefore, while cell phones are a convenient and expedient technology, they are not without their potential psychosocial hazards.

CHAPTER – III

METHODOLOGY

Research Methodology is the most important part of any research study, which enables the researcher to form the blue print for the study, the selection of research design is an important and essential step in research as it is concerned with the overall framework of conducting the study by giving the plan, structure and strategy in investigation. Research methodology deals research design, settings of the study, population, sample size, sample technique, criteria for sample

RESEARCH DESIGN

Quasi experimental One Group Pre-test, Post-test Design was selected for study.

SETTING OF THE STUDY

The study is conducted on community area in 2 km distance college form sothupakkam villages, at Kanchipuram District.

POPULATION

The population of study of selected Adult between the age group from 20 to 49 years, sothupakkam villages, at Kanchipuram District.

SAMPLE SIZE

The sample size includes 60 Adult age group people who fulfilled the inclusion criteria.

SAMPLING TECHNIQUE

In the present study adults were selected by convenient sampling technique by the investigator.

CRITERIA FOR SAMPLE COLLECTION

Inclusion criteria

- ❖ Adult both male and female between the age of 20 to 49 years.
- ❖ The samples who could understand English or Tamil.
- ❖ Adults who are present at time of study.

Exclusion criteria

- ❖ The clients who were not willing to participate in the study.
- ❖ The adults who were not time to participate in the study.

INSTRUMENT AND TOOLS FOR DATA COLLECTION

SECTION I: DEMOGRAPHIC VARIABLES

This section consists of information about demographic variables such as Age, Gender, Religion, Educational Status, Occupational status, Economic Status, Type using mobile phone.

SECTION II: Self structure scale

This section deals with self structure rating scale for assessment of regarding nomophobia. Its consist of 20 structure rating scale related to mobile

phone dependence regarding nomophobia among adults .Each answer will be given score .

SECTION III

The study was conducted in sothupakkam village at kanchipuram district. The data was collected for a period of six weeks by using prepared tools. The tools were developed based on study and through self-structure administrated questionnaire.

SCORING PROCEDURE AND INTERPRETATION:

The score was interpreted as follows:

$$\text{Score interpretation} = \frac{\text{Obtained score}}{\text{Total score}} \times 100$$

SCORE INTERPRETATION:

DEPENEDENCE LEVEL OF NOMOPHOBIA	SCORE
MILD NOMOPHOBIA	BELOW 35 %
MODERATE NOMOPHOBIA	35 TO 70 %
SEVERE NOMOPHOBIA	71 TO 100 %

CHAPTER – IV

DATA ANALYSIS AND INTERPRETATION

Analysis of data is a process of inspecting, cleaning, transforming and modeling data with the goal of highlighting useful information, suggesting conclusions and supporting decision making. Data analysis has multiple fact and approaches encompassing diverse techniques under a variety of names, in different areas of science and social science dimensions.

This chapter deals with the analysis and interpretation of data collection from 60 samples on clients with nomophobia in sothupakkam village at kanchipuram district. It deals with the description of tools, report of pilot study, validity, reliability, data collection procedure, score interpretation, method of data analysis, results and presentation of findings. This study done with demographic variables, self-structured rating scale.

Data analysis was done by using descriptive and inferential statistical procedure. The items were after assessment and evaluation and the results were tabulated. The statistical methods used for analysis were mean, standard deviation, paired t-test and chi-square test.

DESCRIPTION OF THE TOOLS

Details of the tools in this study are given below.

PART - I

It consists of demographic variables of adults such as age, sex, educational level, marital status, family system, religion, no. of mobile phone using, no. of sim card using, how far long using mobile phone, how often checking your mobile phone in day, money spending for recharging phone in a month, speaking hours in a mobile phone, how many hours keeping mobile phone with you, monthly income, upgrading mobile software in year.

PART – II

It consist of self – structured rating scale, it includes anxiety, fear, disturbance, addicted, sleep with mobile phone, carrying charger always, change of sim card frequently.

REPORT OF THE PILOT STUDY

The pilot study was conducted to find out the effectiveness of psychoeducation on reduction in level of nomophobia among the adults in sothupakkam village at kanchipuram district for a period of two weeks. The tools were utilized by the investigator to find out the reliability and validity. The investigator was used convenient sampling technique to select six samples and by using check list and rating scale the data were collected. the dependence

of mobile phone of nomophobia was assessed. The psycho education was provided as per the tools and mobile phone dependency was evaluated and data were analyzed by paired “t” test. Therefore psycho education was effective in reducing level of nomophobia.

VALIDITY

The tool was prepared by the investigator under the guidance of experts and on the basis of objectives. The content validity of the tools was obtained from research experts from the department of Psychiatric Nursing.

RELIABILITY

The reliability was checked by interater method .The reliability was 0.79 (79%). Reliability and practicability of tool was tested through the pilot study.

INFORMED CONSENT

The dissertation committee prior to the pilot study approved the research proposal. Permission was obtained from the president from sothupakkam (village) at kanchipuram (district). Oral consent was taken from the study participants to conduct the study. The data collection was done for six weeks by using self-structure rating scale .assurance was given that confidentiality would be maintained.

DATA COLLECTION PROCEDURE

The data were collected from nomophobia who were in sothupakkam, male and female for the period of six weeks of study period. From 60 sample

the investigator introduced him to the adults and developed a good rapport and made them to cooperate and accept for the study. After getting demographic data from the adults. Pretest was done with the help of the prepared tools. After pretest, psychoeducation to educate selected adult and then given cell phone over use leaflets explained to how you can better manage your cell Phone use and effects of cell phone addiction and social effects and who is at risk by using psychoeducation and leaflet. Seven days after psychoeducation, posttest was done to evaluate the effectiveness of psychoeducation and leaflets by using same evaluation tools Effectiveness was found by the pretest and post test score.

SCORE INTERPRETATION

The instrument consist of 60 self-structure rating scale regarding psychoeducation measures like nomophobia, the maximum score was hundred and minimum score zero based on the scoring percentage of mobile phone depending calculated the using formula.

$$\text{Score interpretation} = \frac{\text{Obtained Score}}{\text{Total Score}} \times 100$$

Based on information data were classified as follows.

DESCRIPTION	PERCENTAGE
Mild Nomophobia	35%
Moderate Nomophobia	35 – 70 %
Severe Nomophobia	71 – 100 %

STATISTICAL METHOD

Descriptive statistical analysis and inferential statistical analysis methods were used to find out the percentage, mean, standard deviation, chi square.

Table: 4.1

(N=60)

S.N	DATA	METHODS	REMARKS
O	ANALYSIS		
1.	DESCRIPTIVE STATISTICS	The total number of score, percentage of score, mean and standard deviation.	To describe the demographic variables with nomophobia of adults

2	INFERENTIAL STATISTICS	Paired “t” test Chi square	Analyzing the effectiveness between pretest and post test. Analyzing the association between selected demographic variables and mobile phone dependence on selected psychoeducation among adults.
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DATA ANALYSIS AND INTERPRETATION

Analysis is the categorization of obtained score to research tool. Researcher analyzed and interpreted under the following sections.

SECTION-A

Frequency and percentage distribution of demographic variables of adult’s psychoeducation.

SECTION-B

Frequency and percentage distribution of levels of dependence of mobile phone among adults with nomophobia.

SECTION-C

Comparison between mean and standard deviation for assessing the reduction levels of nomophobia among the adults with nomophobia.

SECTION-D

Comparison between mean and standard deviation of improvement score on client with nomophobia.

SECTION – E

Association between selected demographic variables with assessment and evaluation of mental status of clients with nomophobia.

SECTION-A

TABLE 4.2 FREQUENCY AND PERCENTAGE DISTRIBUTION OF DEMOGRAPHIC VARIABLES OF ADULTS ABOUT NOMOPHOBIA.

(N=60)

S.NO	DEMOGRAPHIC VARIABLES	FREQUENCY	PERCENTAGE
1.	Age in year		
	a. 20years – 29 years	21	35.00%
	b. 30years – 39 years	22	36.67%
	c. 40years – 49years	17	28.33%
2.	Sex		
	a. Male	42	70.00%
	b. Female	18	30.00%
3.	Educational level		
	a. Illiterate	15	25.00%
	b. Primary education	11	18.33%
	c. Secondary education	14	23.33%
	d. Graduate	07	11.67%
	e. Post graduate	13	21.67%

4.	Marital status		
	a. Single	12	20.00%
	b. Married	18	30.00%
	c. Widows /widower	13	21.67%
	d. Separated / divorced	17	28.33%
5.	Family system		
	a. Nuclear family	48	80.00%
	b. Joint family	12	20.00%
	c. Broken family	00	0.00%
6.	Religion		
	a. Hindu	42	70.00%
	b. Christian	12	20.00%
	c. Muslim	06	10.00%
	d. Others	00	0.00%
7.	How many mobile phone you using?		
	a. 1	54	90.00%
	b. 2	06	10.00%
	c. 3	00	0.00%
	d. 4 and above	00	0.00%
8.	How many sim card do you carry		

daily?

a. 1	36	60.00%
b. 2	24	40.00%
c. 3	00	0.00%
d. Above 4	00	0.00%

9. How far long you have been using it?

a. From 1 year	13	21.67%
b. 2 - 3 year	12	20.00%
c. 4 - 5 year	18	30.00%
d. 6 - 10 year	17	28.33%

10. How often do you check your mobile phone?

a. One a day	00	0.00%
b. 2- 5 time a day	24	40.00%
c. 6 - 10 times a day	30	50.00%
d. 11- 15 times a day	06	10.00%
e. More than 15 times a day	00	0.00%

11. How much money do you spend every month on mobile recharge (in

rupee?)

	a. Rs.100 – 200	18	30.00%
	b. Rs.201 – 300	36	60.00%
	c. Rs.301 – 400	00	0.00%
	d. Rs. 401 – 500	06	10.00%
	e. More then 500	00	0.00%
12.	How long do you speak in mobile per day?		
	a. Less than 30 mints	36	60.00%
	b. 31 mints to 60 mints	18	30.00%
	c. 2- 3 hours	06	10.00%
	d. 4 -5 hours	00	0.00%
	e. More than 6 hours	00	0.00%
13.	How many times do you keep mobile along with you?		
	a. less than 5 hours	48	80.00%
	b. 6 – 10 hours	12	20.00%
	c. 11 – 15 hours	00	0.00%
	d. 16 – 20 hours	00	0.00%
	e. 21 – 24 hours	00	0.00%
14.	Monthly income of the family		
	a. Less than Rs.2000	00	0.00%

b. Rs.2001- Rs.4000	18	30.00%
c. Rs.4001_ Rs.6000	36	60.00%
(a) Rs.6001 and above	06	10.00%
15. How many times do u upgrade software on your mobile in a year?		
a. 1	39	65.00%
b. 2 – 3	21	35.00%
c. 4 – 5	00	0.00%
d. more than 5	00	0.00%

Table 4.2 implies the distribution of respondents according to certain demographic factors such as age, sex, educational status, marital status, monthly income, type of family, using no of mobile phone, daily using no of sim cards, how many using mobile phone, often do you check your mobile, spending money every month recharge phone, per day how long time talking mobile, how many hours mobile phone keeping along with them, family income, how many times upgrade mobile software per year.

Among 60 clients with nomophobia, the age of the clients, was in 20 – 29 years 21 (35.00 %) was in 30 – 39 years 22 (36.67%) was in 40years – 49years17 (28.33%) Regarding to the sex male 42 (70%) female 18(30). regarding the educational illiterate15(25%) primary education11(18.33%) secondary

education 14(23.33) were graduate 7 (12.67%) post graduate, 13(21.67%) regarding the marital status single 20 (12%) were married 30 (18%) were widows/widower 13(21.67%) were divorce 17(28.33%) regarding the family system nuclear family 48(80%) were joint family 12(20%) Regarding religion were Hindu 42(40%) was Christian 12(20%) were Muslim 6 (10%). Regarding using no of mobile phones one 54(90%) were two 06(10%) Regarding using sim card daily one 36(60%) were two 24(40%)

Regarding using how many years one year 13(21.67%) were two to three year 12(20%) were 4 – 5 year 18(30%) were 6 to 10 year 7(28.33%)

Regarding how often checking mobile phone per day were 2 to 5 times per day 24(40%) were 6 to 10 times per day 30(50%) were 11 to 15 times per day 6(10%).

Regarding recharging mobile spending money per month Rs 100 – 200 18(30%) were Rs, 201 – 300 36 (60%) were 301 – 400 0(0%) were 401 – 500 06(10%) were more than 500 0(0%).

Regarding how long speaking mobile phone per day less than 30 minutes 36(60%) were 31 minutes to 1 hour 6(10%).

Regarding how many hours along with mobile more than five hours 48(80%) were 6 – 10 hours 12 (20%).

Regarding monthly family income Rs. 2001- Rs.400 18(30%) were Rs.4001 – 6000 36(60%)

Regarding software upgrade mobiles in year one 39(65%) were 2 to 3
time per year 21(35%)

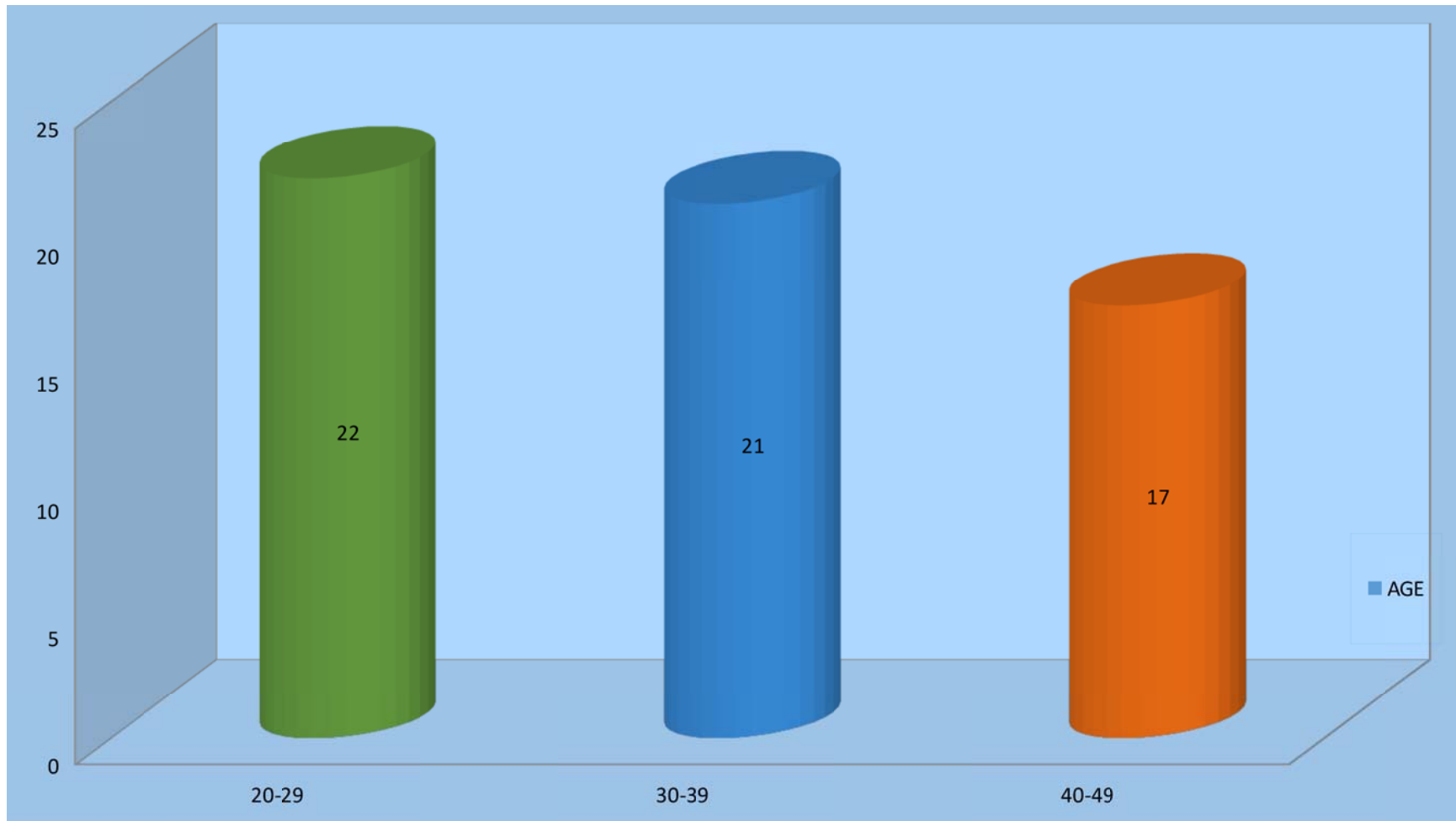


FIG 4.2a: PERCENTAGE DISTRIBUTION OF AGE LEVEL

42a

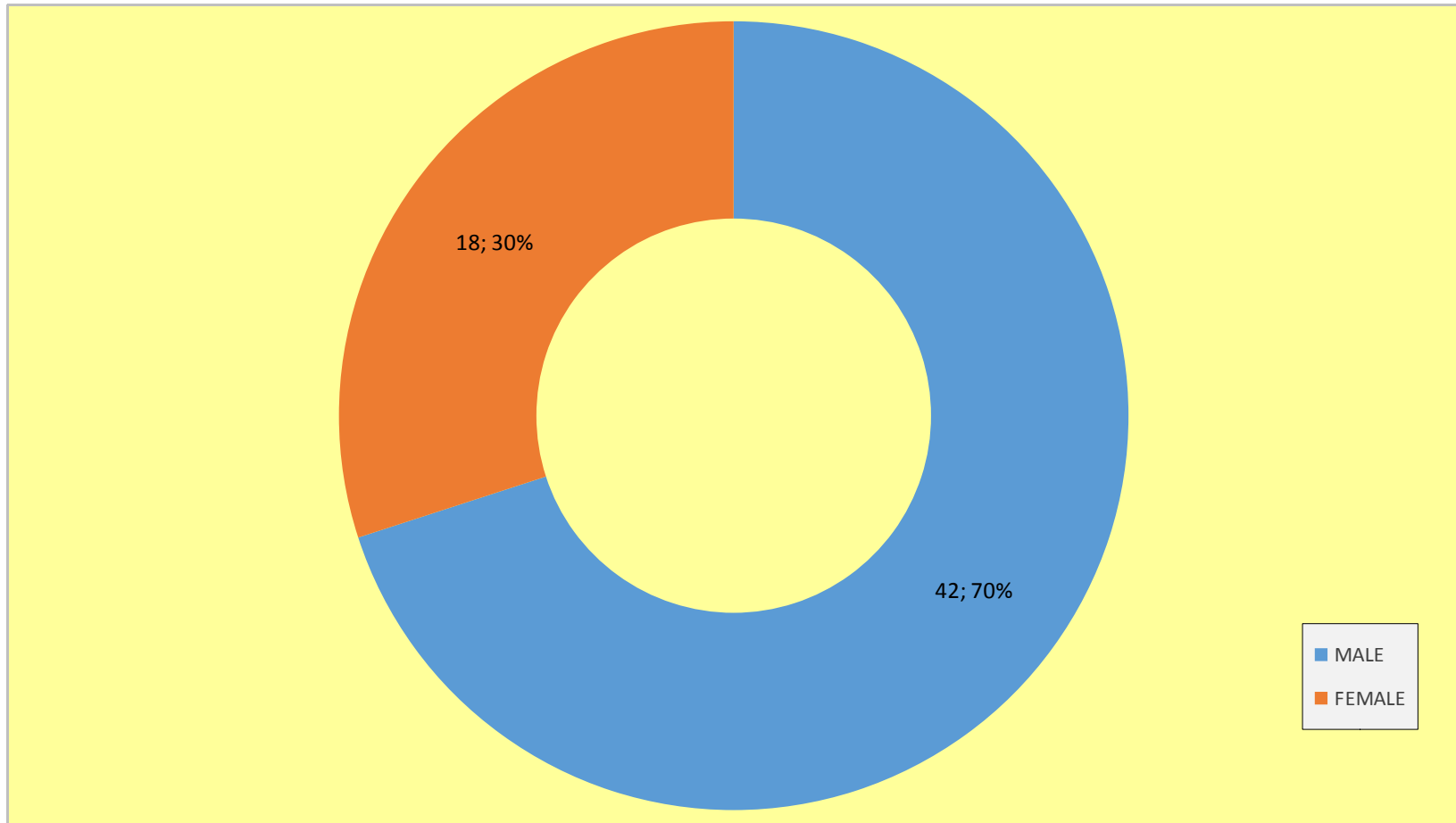


FIG 4.2b: PERCENTAGE DISTRIBUTION OF ADULT BASED ON GENDER LEVEL

42b

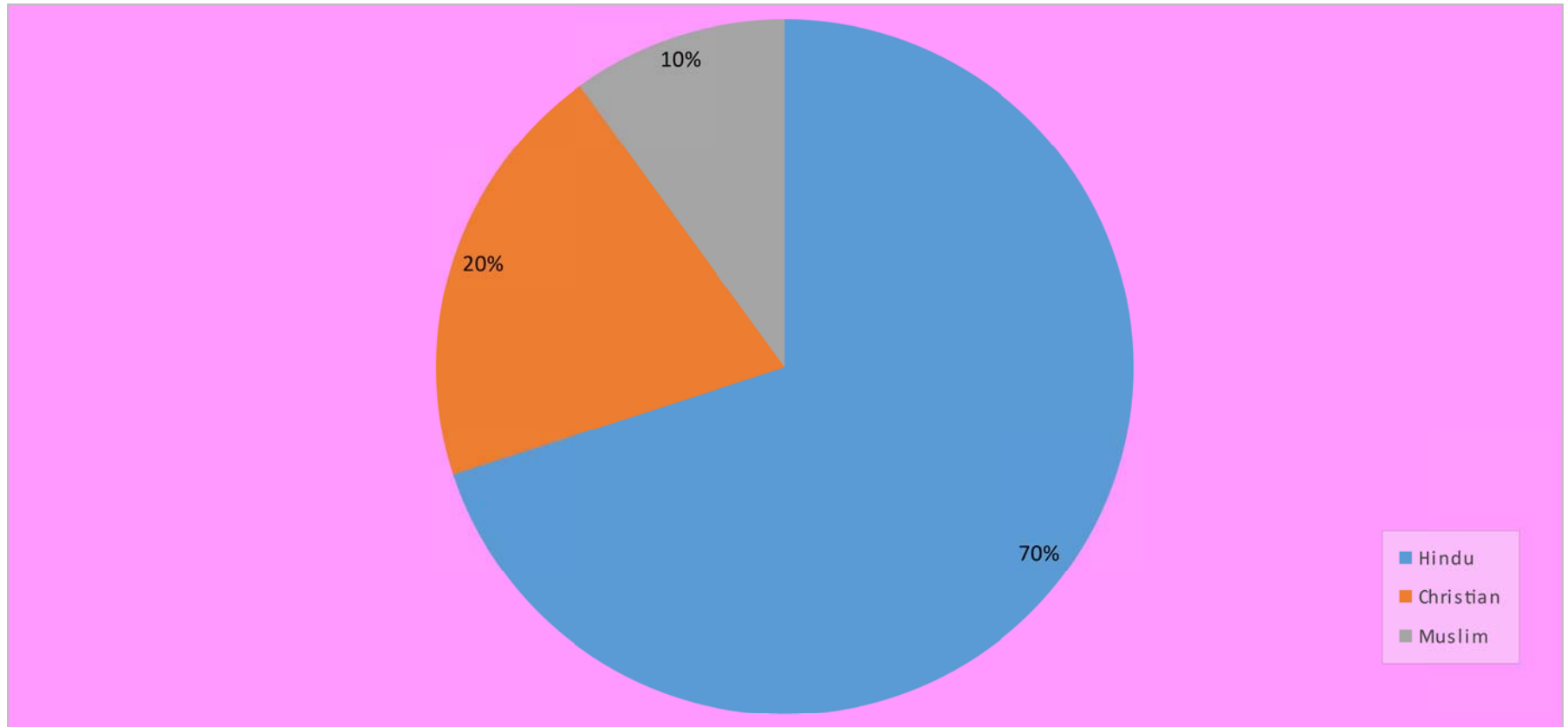


FIG 4.2c: PERCENTAGE DISTRIBUTION BASED ON RELIGION

42c

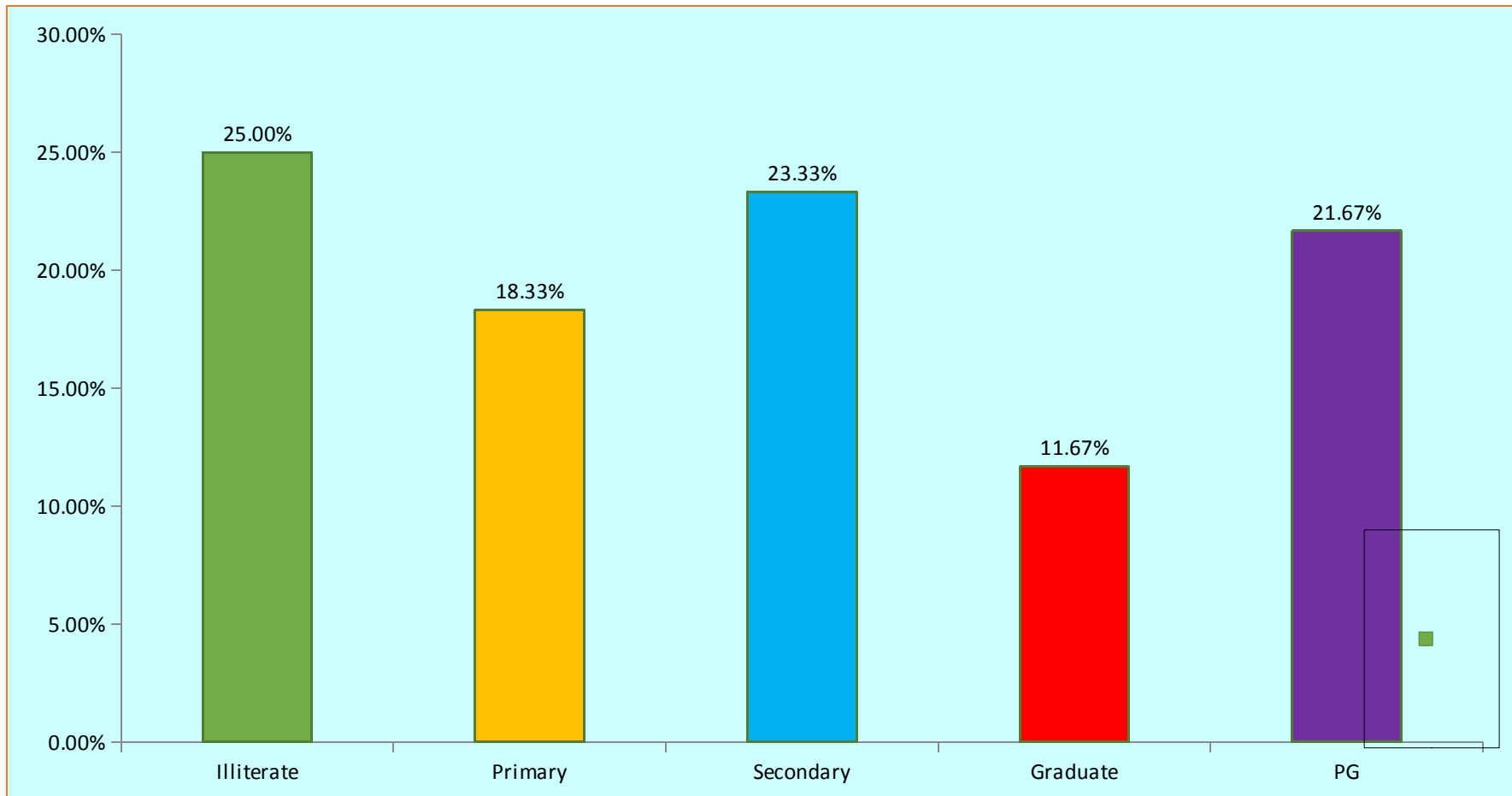


FIG 4.2d: PERCENTAGE DISTRIBUTION BASED ON EDUCATION

42d

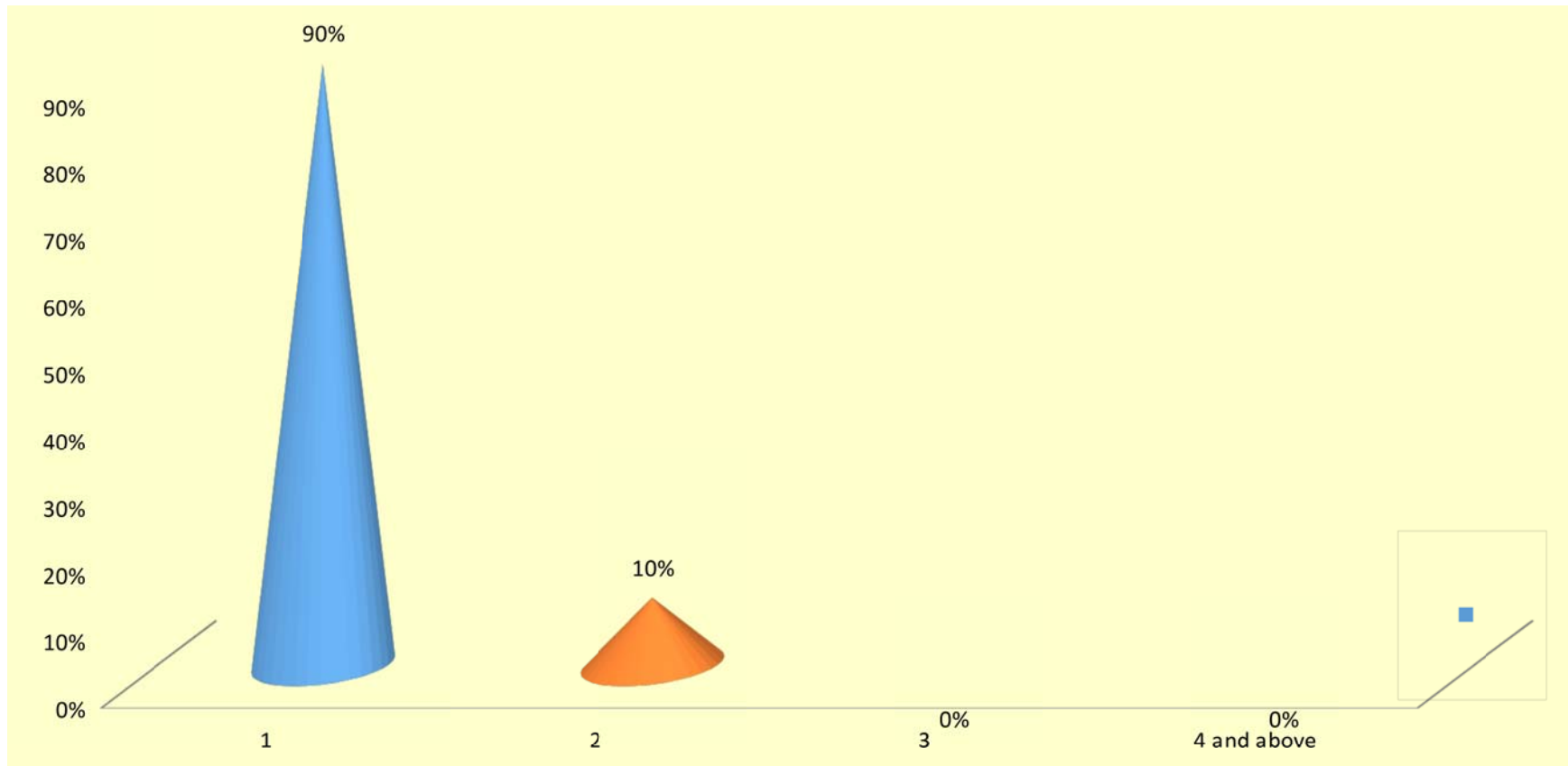


FIG 4.2e: PERCENTAGE DISTRIBUTION BASED ON NUMBER OF MOBILE PHONES USING

42e

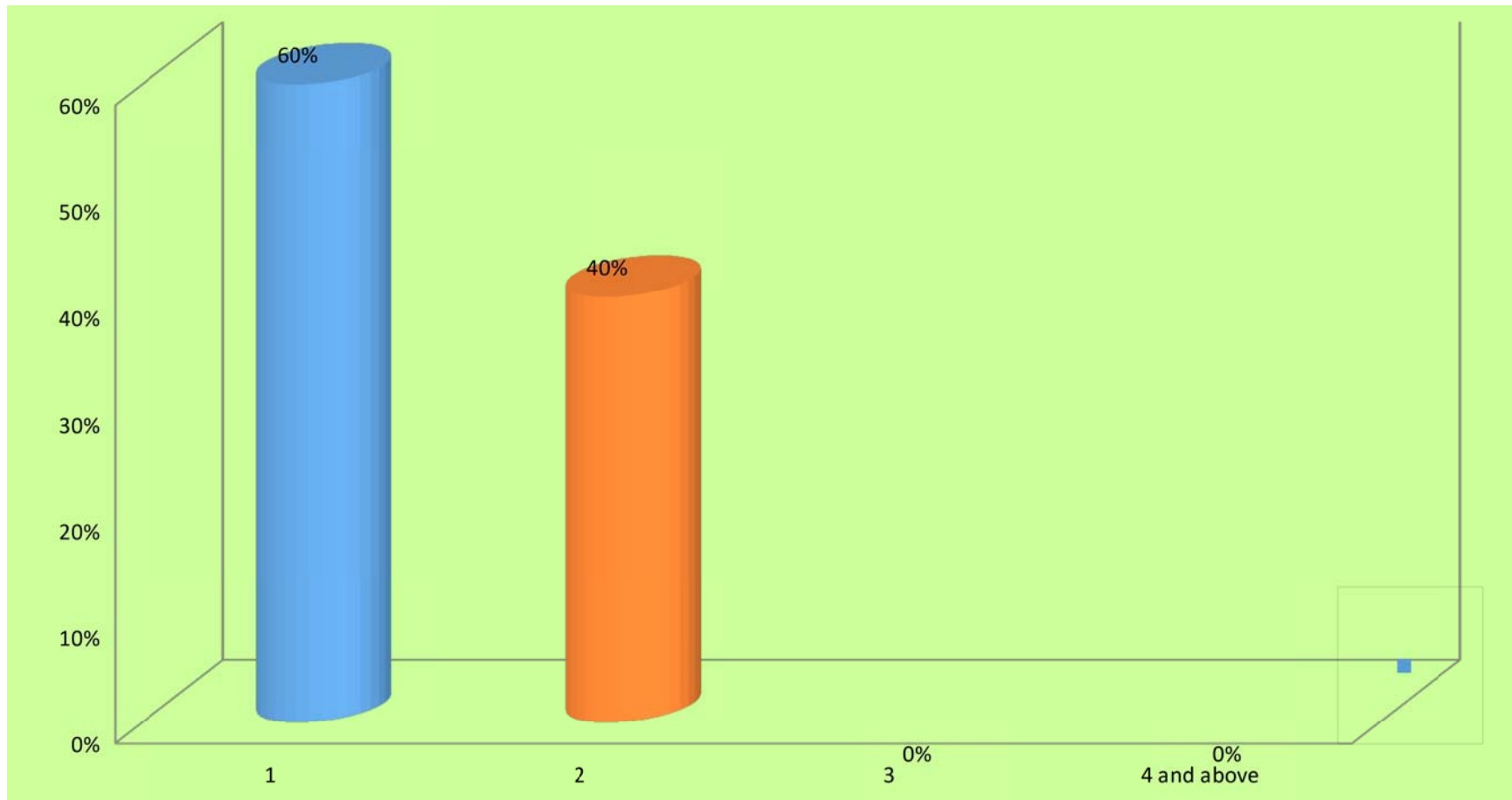


FIG 4.2af: PERCENTAGE BASED ON NUMBER OF SIM CARDS USING

42f

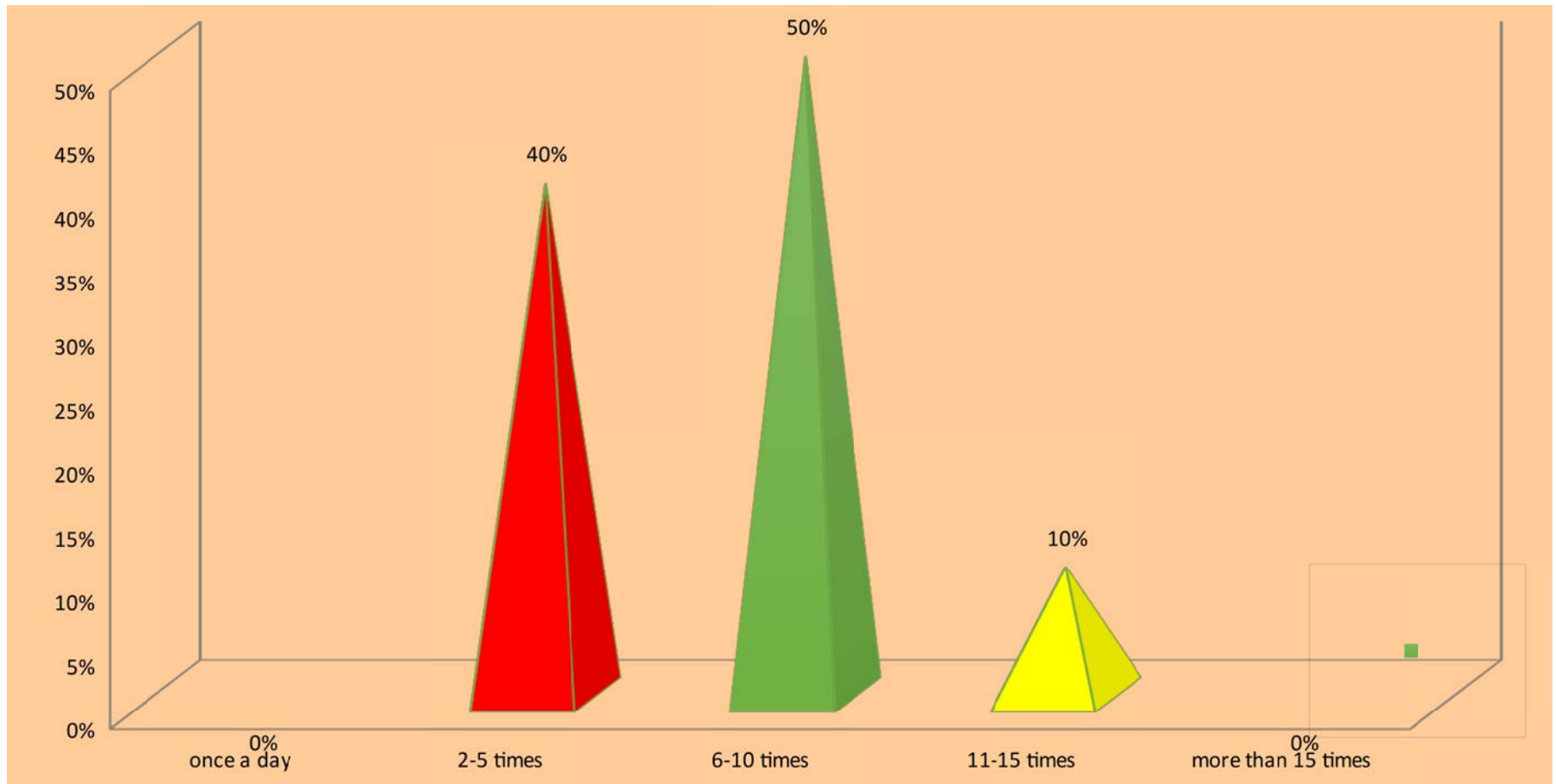


FIG 4.2g: PERCENTAGE DISTRIBUTION BASED ON CHECKING MOBILE

42g

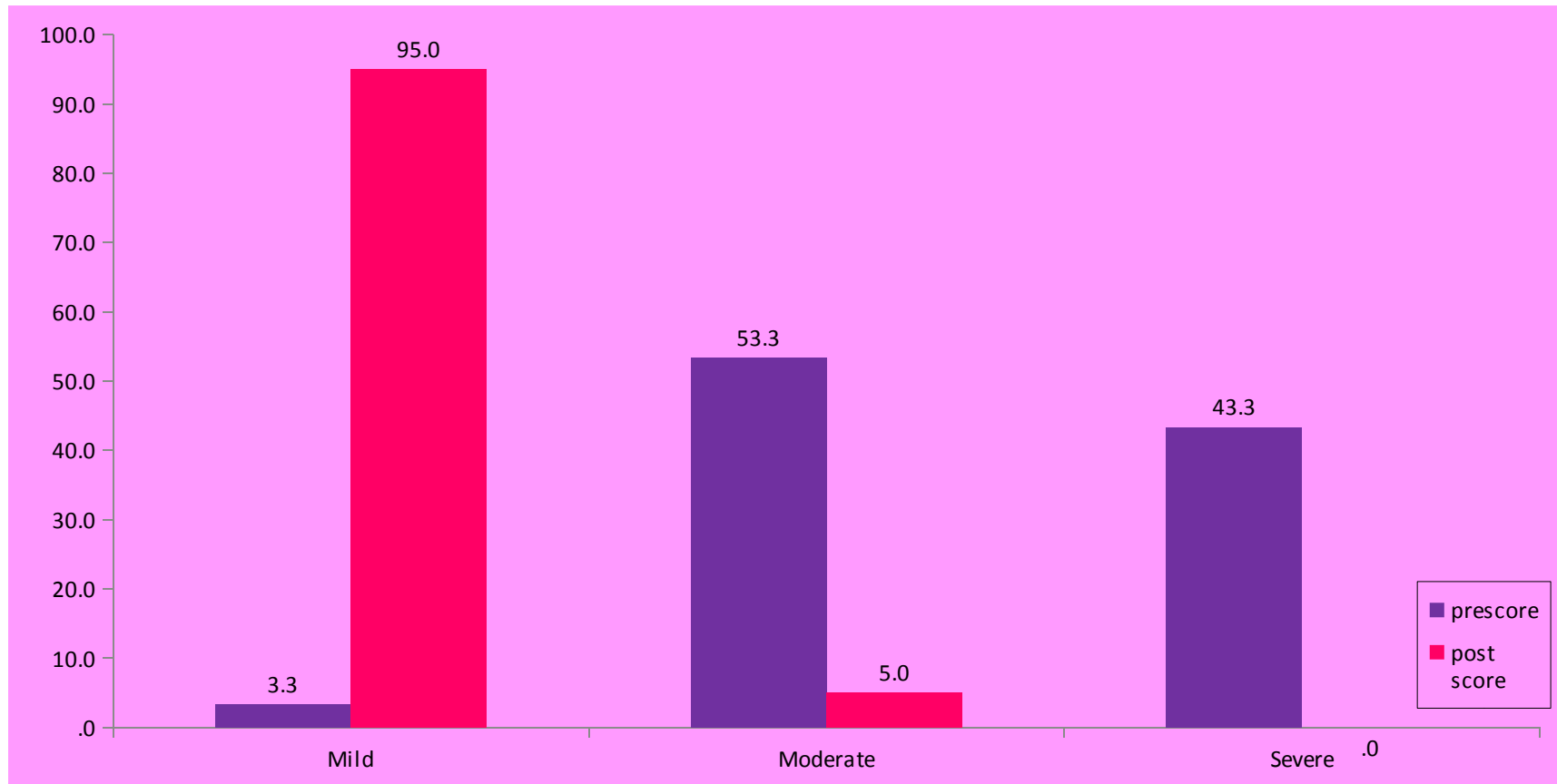
SECTION-B

TABLE: 4.3 FREQUENCY AND PERCENTAGE DISTRIBUTION OF LEVELS OF NOMOPHOBIA AMONG ADULTS WITH NOMOPHOBIA

(N=60)

Pretest score			Post test score	
Levels of nomophobia	Frequency	Percent	Frequency	Percent
Mild	2	3.3	57	95.0
Moderate	32	53.3	3	5.0
Severe	26	43.3	0	0.0
Total	60	100.0	60	100.0

Table 4.3 shows that at the pretest and posttest based on self-structure rating scale. On the pretest among the 60 adults pretest 26 (43.4%) was severe nomophobia, 32(53.3%) was in moderate nomophobia. 2(5.3%) was in the mild level of nomophobia. In the posttest 57(95.0%) was in mild level and 3 (5.0%) moderate level of nomophobia and none of them in severe level of nomophobia



4.3a: PERCENTAGE DISTRIBUTION OB LEVEL OF NOMOPHOBIA

43a

SECTION-C

Table 4.4 COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF PRETEST AND POST TEST REGARDING THE EFFECTIVENESS OF PSYCHOEDUCATION ON SELECTED ADULTS

(N=60)

	Mean	N	Std. Deviation	Std. Error Mean
Pretest	71.41	60	9.36	1.20
Posttest	35.83	60	9.69	1.25

Table 4.4 indicate assessment of pretest mean value 71.41 with standard deviation of 9.36 and standard error mean was 1.20. Over all posttest mobile phone dependence regarding psychoeducation in posttest mean 35.83 and standard deviation 9.69 and standard error mean 1.25.

SECTION-D

Table 4.5 COMPARISON BETWEEN MEAN AND STANDARD DEVIATION OF IMPROVEMENT OF SCORE FOR EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCTION LEVEL OF NOMOPHOBIA SELECTED AMONG ADULTS

(N=60)

Nomophobia status	Paired Differences					T value
	Mean	Std. Deviation	Std. Error Mean	95% Confidence Interval of the Difference		
				Lower	Upper	
Comparison of pretest - posttest	35.58	12.90	1.66	32.24	58.91	21.35*

*significant at $p < 0.05$

Table 4.5 reveals that the mean standard deviation of improvement of score for effectiveness of psychoeducation measures selected among selected 60 adults. The improvement of score of mean value was 35.58 with the standard deviation of 12.90 and standard error mean 1.66 the 't' test values was 21.35. Which was statistically significant and it was concluded that the psychoeducation by the investigator was effective for the adults with nomophobia.

SECTION-E

Table 4.6: ASSOCIATION BETWEEN SELECTED DEMOGRAPHICS VARIABLES AND MOBILE PHONE DEPENDANCE ON SELECTED PSYCHOEDUCATION AMONG THE ADULTS.

(N=60)

s.n o	Demographic variables	Postscore						X ²	P value
		Mild		Moderate		Severe			
		No	%	No	%	No	%		
1	Age a) 20-29	21	35.00%	0	0.00%	0	0.0%	1.908	0.385

	years								
	b) 30-39	20	33.33%	2	3.33%	0	0.0%		
	years								
	c) 40-49	16	26.67%	1	1.67%	0	0.0%		
	years								
2	Gender								
	a) Male	40	66.67%	2	3.33%	0	0.0%	0.17	0.897
	b) Female	17	28.33%	1	1.67%	0	0.0%		
3	Education								
	a) Illiterate	15	25.00%	0	0.00%	0	0.0%		
	b) Primary	9	15.00%	2	3.33%	0	0.0%		
	c) Secondary	14	23.33%	0	0.00%	0	0.0%	7.505	0.111
	d) Graduate	6	10.00%	1	1.67%	0	0.0%		
	e) PG	13	21.67%	0	0.00%	0	0.0%		

	a) 1	51	85.00%	3	5.00%	0	0.0%	0.351	0.554
	b) 2	6	10.00%	0	0.00%	0	0.0%		
	c) 3	0	0.0%	0	0.0%	0	0.0%		
	d) 4 and above	0	0.0%	0	0.0%	0	0.0%		
8	Number of sim								
	a) 1	34	56.67%	2	3.33%	0	0.0%		
	b) 2	23	38.33%	1	1.67%	0	0.0%		
	c) 3	0	0.0%	0	0.0%	0	0.0%	0.058	0.809
	d) 4 and above	0	0.0%	0	0.0%	0	0.0%		
9	Using mobile how long								
	a) < 1 yr	12	20.00%	1	1.67%	0	0.0%	1.386	0.709
	b) 1-3 yr	11	18.33%	1	1.67%	0	0.0%		

	c) 3-5 yr	17	28.33%	1	1.67%	0	0.0%		
	d) 5-10yr	17	28.33%	0	0.00%	0	0.0%		
	e) more than 10yr	0	0.0%	0	0.0%	0	0.0%		
10	Checking mobile								
	a) once a day	0	0.0%	0	0.0%	0	0.0%		
	b) 2-5 times	23	38.33%	1	1.67%	0	0.0%	1.93	0.381
	c) 6-10 times	29	48.33%	1	1.67%	0	0.0%		
	d) 11-15 times	5	8.33%	1	1.67%	0	0.0%		
	e) more than 15 times	0	0.0%	0	0.0%	0	0.0%		
11	Moneyspend								
	a) <Rs 200	17	28.33%	1	1.67%	0	0.0%		
	b) rs 200-300	35	58.33%	1	1.67%	0	0.0%	2.105	0.349

	c) rs301-400	0	0.0%	0	0.0%	0	0.0%		
	d) rs 401-500	5	8.33%	1	1.67%	0	0.0%		
	e) above rs 500	0	0.0%	0	0.0%	0	0.0%		
12	Speak								
	a) <30mins	36	60.00%	0	0.00%	0	0.0%		
	b) 31- 60 mins	16	26.67%	2	3.33%	0	0.0%	5.029	0.081
	c) 2-3hrs	5	8.33%	1	1.67%	0	0.0%		
	d) 4-5hrs	0	0.0%	0	0.0%	0	0.0%		
	e) more than 6	0	0.0%	0	0.0%	0	0.0%		
13	Keep along with								
	a) <5 hrs	46	76.67%	2	3.33%	0	0.0%		
	b) 6-10 hrs	11	18.33%	1	1.67%	0	0.0%	0.351	0.554

	c) 16-20hrs	0	0.0%	0	0.0%	0	0.0%		
	d) 20-24 hrs	0	0.0%	0	0.0%	0	0.0%		
14	Income for month								
	a) <rs 2000	0	0.0%	0	0.0%	0	0.0%		
	b) Rs2001- 4000	17	28.33%	1	1.67%	0	0.0%		
	c) Rs4001- 6000	34	56.67%	2	3.33%	0	0.0%	0.351	0.839
	d) above Rs6000	6	10.00%	0	0.00%	0	0.0%		
15	Upgrade								
	a) 1	36	60.00%	3	5.00%	0	0.0%		
	b) 2-3	21	35.00%	0	0.00%	0	0.0%	1.7	0.192

	c) 4-5	0	0.0%	0	0.0%	0	0.0%		
	d) more than 5	0	0.0%	0	0.0%	0	0.0%		

*significant at $p < 0.05$

Table 4.6 indicates there is no association between the effectiveness of psychoeducation in reducing level of nomophobia among 60 adults with selected demographic variables of adults such as age, sex, educational level, marital status, family system, religion, number of mobile phone using, number of sim card using, how far long using mobile phone, how often checking your mobile phone in day, money spending for recharging phone in a month, speaking hours in a mobile phone, how many hours keeping mobile phone with you, monthly income, upgrading mobile software in year.

CHAPTER – V

RESULT AND DISCUSSION

The aims of education to assess the effectiveness of psychoeducation on selected reducing nomophobia among adults .A total number of 60 adults has been selected adults had been selected for the study. The pretest was conducted using self-structure rating scale. The study was conducted for a period of six weeks by pre experimental research design. Samples have been selected by using convenient sampling technique. After pretest, psychoeducation was given to the adults. After seven days, posttest was conducted by using same tool.

The study was proved that psychoeducation has brought about excellent changes in the reducing level of nomophobia.

The first objective was to assess the level of dependence of mobile phones among the adults.

The assessment of the level of dependence of using the mobile phone among the adults in sothupakkam village at kanchipuram district. Table.no 4.3 shows that at the pretest based on self-structure rating scale. On the pretest among the 60 adults pretest 26 (43.40%) was severe nomophobia, 32(53.3%) was in moderate nomophobia. 2(3.3%) was in the mild level of nomophobia.Table 4.4indicate assessment of pretest mean value 71.41 with standard deviation of 9.36

and standard error mean was 1.20. It reveals that, adults needs psychoeducation to improve their level of reducing the nomophobia.

The second objective was to evaluate the effectiveness of psychoeducation on reduction in level of nomophobia.

Table.no 4.3 shows that, in the posttest based on self-structure rating scale.57 (95.00%) was in mild level of nomophobia and 3 (5.00%) moderate level of nomophobia and none of them in severe level of nomophobia. Table 4.4 shows that Over all posttest mobile phone dependence regarding psychoeducation in posttest mean 35.83 and standard deviation 9.69 and standard error mean 1.25. Table 4.5 reveals that the mean standard deviation of improvement of score for effectiveness of psychoeducation measures selected among selected 60 adults. The improvement of score of mean value was 35.58 with the standard deviation of 12.90 and the 't' test values was 21.35. Which was statistically significant and it was concluded that the psychoeducation by the investigator was effective for the adults with nomophobia.

The third objective was to compare pretest and posttest reduction level of nomophobia.

Table 4.3 shows that at the pretest and posttest based on self-structure rating scale. On the pretest among the 60 adults pretest 26 (43.30%) was severe nomophobia, 32(53.3%) was in moderate nomophobia. 2(3.3%) was in the mild

level of nomophobia. In the posttest 57(95.00%) was in mild level of nomophobia and 3 (5.00%) moderate level of nomophobia and none of them in severe level of nomophobia. The mean standard deviation of improvement of score for effectiveness of psychoeducation measures selected among selected 60 adults. The improvement of score of mean value was 35.58 with the standard deviation of 12.90 and the 't' test values was 21.35. Which was statistically significant. ($P < 0.05$)

The fourth objective to associate the effectiveness of psychoeducation on reduction in level of nomophobia with their selected demographic variables.

Table 4.6 indicates there is no association between the effectiveness of psychoeducation in reducing level of nomophobia among 60 adults with selected demographic variables of adults such as age, sex, educational level, marital status, family system, religion, no. of mobile phone using, no. of sim card using, how far long using mobile phone, how often checking your mobile phone in day, money spending for recharging phone in a month, speaking hours in a mobile phone, how many hours keeping mobile phone with you, monthly income, upgrading mobile software in year.

CHAPTER –VI

SUMMARY & CONCLUSION

SUMMARY

The present study was conducted to assess the effectiveness of psychoeducation on reduction in level of nomophobia among the adults in sothupakkam in kanchipuram district quasi experimental research design was used for this study .60 adults who met inclusion criteria had been selected by using convenient sampling technique. The investigator first introduced him to the adult and developed a rapport with them. The pre test was conducted among the adults with the self structure rating scale regarding nomophobia. Then the psychoeducation was given. Seven days after the post test was conducted by using same evaluation tool. The data collected was grouped and analyzed by using descriptive statistics and inferential statistics.

CONCLUSION

In the pretest out of 60adults, 26 (43.3%) adults had processing sever nomophobia 32(53.3%) had moderately nomophobia. In the post test 57(95%) mild level of nomophobia and 3 (5.0%) and the't' value 21.35 was compared with

tabulated table value at the level of $P < 0.05$ was significant. Thus it was concluded that psychoeducation was statistically effective.

NURSING IMPLICATIONS

The findings of the study have implications in different branches of nursing that is nursing practice, nursing education, nursing administration and nursing research, the effectiveness of psychoeducation on reduction in level of nomophobia among the adults in sothupakkam in kanchipuram district. The investigator received a clear picture regarding the different steps to be taken in different field to improve the same.

IMPLICATION FOR NURSING PRACTICE

- ❖ Psychiatry health nurse and other health professionals should be aware of psycho education on reduction in level of nomophobia among the adults. psychoeducation is an important part for individual. The purpose is to maintain, improve and promote the knowledge regarding nomophobia. The psycho education also includes planning the course content of knowledge update of nomophobia.
- ❖ The teaching given and it showed that there was an increase in the knowledge and attitude of the adult regarding nomophobia. This would facilitate awareness among adult about nomophobia.

IMPLICATION FOR NURSING EDUCATION:

- ❖ The study outlines, the significance of short term courses and in-service education to equip nurses with the current knowledge on nomophobia.
- ❖ Nurse educators when planning and instructing nursing students, should provide opportunities for students to gain the knowledge in teaching students in nomophobia.
- ❖ Nursing personnel should be given in-service education to update their knowledge.
- ❖ Nurse educators when instructing the students, should provide adequate opportunity for each student.

IMPLICATION FOR NURSING ADMINISTRATION:-

- ❖ With technology advanced and ever growing challenges of health care needs. The college and hospital administration, have a responsibility to provide nurses, nurse educators with continuing education opportunities on nomophobia. This will enable the nurses to update their knowledge and to acquire special skills.
- ❖ The study finding will help the administrator to arrange continuing education programme for nurses regarding nomophobia. It helps to prepare adequate learning material for giving health education.
- ❖ The nurse administrator should take active part in the policy making, developing protocol, standing orders related health education.
- ❖ An educational programme on nomophobia need adequate supervision by nursing administrator and motives them to carry out educative roles.

IMPLICATION FOR NURSING RESEARCH:-

- ❖ There is a need for intensive and extensive research in this area. It opens a big avenue for research on innovative methods of creating awareness, development of teaching material and setting up multimedia centers for teaching and for creating awareness among the public regarding nomophobia.
- ❖ These study findings will identify the present knowledge about nomophobia to know extent of necessary information to be given.
- ❖ This study will motivate other investigator to conduct future studies regarding this topic.
- ❖ This study will help the nurse researchers to develop insight into the developing module and set information towards awareness about nomophobia and prevention of complication.

RECOMMENDATIONS:-

Based on the research findings the following recommendations can be made:

- ❖ The same study can be replicated on a larger sample and also at different settings.
- ❖ A comparative study can be done between rural and urban adults.
- ❖ A descriptive study on assessing the knowledge and attitude of adult on nomophobia and its management can be done.
- ❖ The effectiveness of various methods of teaching like interactive video and audio programmed instructions, self-instructional module about nomophobia, in implementing the knowledge and attitude of adult and their practice can be tested and evaluated through the research.

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APPENDIX_1

PART – A DEMOGRAPHIC VARIABLES

Instruction: please read the following questions and place a tick mark against the appropriate response

1. Age in years

- a. 20years – 29 year
- b. 30years – 39 years
- c. 40years – 49years

2 .Gender

- a. Male
- b. Female

3 .Educational level

- a. Illiterate
- b. primary education
- c. secondary education
- d. Graduate
- e. Post graduate

4. Marital status

- a. Single
- b. Married
- c. Widows /widower
- d. Separated / divorced

5. Family system

- a. Nuclear family
- b. Joint family
- c. Broken family

6. Religion

- a. Hindu
- b. Christian
- c. Muslim
- d. Others

7. How many mobile phone you using?

- a. 1
- b. 2

c. 3

d. 4 and above

8. How many sim card do you carry daily?

a. 1

b. 2

c. 3

d. Above 4

9. How far long you have been using mobile phone?

a. From 1 year

b. 2- 3 year

c. 4 - 5 year

d. 6 - 10 year

e. More than 10 year

9. How often do you check your mobile phone?

a. One a day

b. 2- 5 time a day

c. 6 - 10 times a day

- d. 11- 15 times a day
- e. More than 15 times a day

11. How much money do you spend every month on mobile recharge (in rupee?)

- a. Rs.100 – 200
- b. Rs.201 – 300
- c. Rs.301 – 400
- d. Rs.401 – 500
- e. More than 500

12. How long do you speak in mobile per day?

- a. Less than 30 mints
- b. 31 mints to 1 hour
- c. 2- 3 hours
- d. 4 -5 hours
- e. More than 6 hours

13. How many times do you keep mobile along with you?

- a. Less than 5 hours

- b. 6 – 10 hours
- c. 11 – 15 hours
- d. 16 – 20 hours
- e. 21 – 24 hours

14. Monthly income of the family

- a) Less than Rs.2000
- b) Rs.2001- Rs.4000
- c) Rs.4001_ Rs.6000
- d) Rs.6001 and above

15. How many times do you upgrade software on your mobile in a year?

- a) 1
- b) 2 – 3
- c) 4 – 5
- d) more than 5

PART-B

SELF STRUCTURED RATING SCALE ON NOMOPHOBIA

S. NO	QUESTIONNAIRSE	STRONG DISAGREE (1)	DISAGRE E (2)	NEUTRAL (3)	AGRE E (4)	STRONG AGREE (5)
1	Do you feel nervous or anxiety if u don't have my cell phone					
2	Do You have fear of losing your cell phone?					
3	Your Cell phone usage has causes disruption in my goal or professional life					
4	Do you think you are addicted to your cell phone?					
5	Do you feel tensed when your mobile don't have network coverage?					
6	Do you sleep with your mobile phone?					
7	Do you have fear of being out of cell?					
8	Do you Always					

	carrying a mobile phone charger?					
9	Do you change your handset/ SIM card frequently?					
10	Do you reply back to SMS/ missed call immediately on receiving?					
11	As soon as the work is over, do you have the habit of checking your mobile for SMS, missed call?					
12	Do you carry your mobile where ever you go (i.e.,) bathroom, classroom, office, meetings)					
13	Do you have the habit check your mobile every time?					
14	Do you use your mobile during break time?					

15	An inability to ever turn your phone off					
16	Do you worry about the end of your mobile phone booster plan?					
17	Do you have fear about the battery failure in traveling?					
18	Do you fear for radiation while talking your phone?					
19	Do you use mobile phone midnight checking emails and messaging to friends?					
20	Do you fear about running out of credit?					

MILD NOMOPHOBIA - BELOW 35
 MODERATE NOMOPHOBIA - 35 TO 70
 SEVERE NOMOPHOBIA - 71 TO 100

gFjp - m

kf;fs; njhif khwpfs;

Fwpg;G : jaT \$h;c;J fPo; es;s tpdhf;fis gbj;J eq;fspd; gjpiy bf; nra;aTk;.

- 1) taJ
m) 20 - 29 taJ
M) 30 - 39 taJ
,) 40 - 49 taJ
- 2) ghypdk;
m) Mz;
M) ngz;
- 3) fy;tpj;jFjp
m) fy;tpawpT ,y;yhjth;
M) njhlf;f epiy fy;tp gapd;wth;
,) cah;epiy fy;tp gapd;wth;
<) gl;ljhhp
c) KJepiy gl;ljhhp
- 4) jpUkz epiy
m) jpUkzkhfhjth;
M) jpUkzkhdth;
,) tpjit
<) tpthfuj;J Mdth;
- 5) FLk;gj;jpd; tif
m) jdpf; FLk;gk;
M) \$l;Lf; FLk;gk;
,) tpLg;gl;l FLk;gk;
- 6) kjk;
m) ,e;J
M) fpUj;Jth;
,) K];ypk;
<) NtW kjj;jth;
- 7) ePq;fs; vj;jid njhiyNgrpiag; gad;gLj;Jfpd;wPh;?
m) 1
M) 2
,) 3
<) 4 kw;Wk; mjw;Fk; Nky;
- 8) ePq;fs; vj;jid rpk; fhh;Lfis jpdKk; cld; vLj;Jr; nry;YtPh;fs;?
m) 1
M) 2
,) 3
<) 4 kw;Wk; mjw;Fk; Nky;
- 9) ePq;fs; vt;tsT fhykhf njhiyNgrpia gad;gLj;Jfpd;wPh; ?

- m) xU tUlkhf
- M) 2 - 3 tUlkhf
- ,) 4 - 5 tUlkhf
- <) 6 - 10 tUlkhf
- c) 10 tUlj;jpw;Fk; Nkyhf
- 10) ePq;fs; jpdKk; vj;jid Kiw cq;fs; njhiyNgrpia NjLtPh;fs;?
 m) jpdKk; xUKiw
- M) 2 - 5 Kiw
- ,) 6 - 10 Kiw
- <) 11 - 15 Kiw
- c) 15 Kiwf;Fk; Nkyhf
- 11) ePq;fs; xt;nthU khjKk; njhiyNgrpf;F vt;tsT &gha;f;F hpr;rh;[; nra;Dh;f;?
 m) &.100 - &.200
- M)&.201 - &.300
- ,) &.301 - &.400
- <) &.401 - &.500
- c) &. 500 f;Fk; Nky;
- 12) ePq;fs; nghJthf vt;tsT Neuk; cq;fs; njhiyNgrpapy; ciuahLtPh;fs; ?
 m) miukzp Neuj;jpw;Fk; Fiwthf
- M) 30 epkplq;fs; Kjy; xU kzp Neuk;
- ,) 2 - 3 kzp Neuk;
- <) 4 - 5 kzp Neuk;
- c) 6 kzp Neuj;jpw;Fk; Nkyhf
- 13) vt;tsT Neuk; jpdKk; njhiyNgrpia cld; itj;J ,Ug;gPh;fs; ?
 m) Fiwe;jJ 5 kzp Neuk;
- M) 6 - 10 kzp Neuk;
- ,) 11 - 15 kzp Neuk;
- <) 16 - 20 kzp Neuk;
- c) 21 - 24 kzp Neuk;
- 14) cq;fs; FLk;gj;jpd; khj tUkhdk;
 m) &. 2000 f;Fk; FiwT
- M) &. 2001 - &. 4000
- ,) &. 4001 - &. 6000
- <) &. 6001 f;Fk; Nky;
- 15) ePq;fs; Mz;bw;F vj;jid Kiw njhiyNgrpapd; nkd;nghUis khw;Wt
 m) xU Kiw
- M) 2 - 3 Kiw
- ,) 4 - 5 Kiw
- <) 5 Kiwf;Fk; Nky;

tiuaWf:fg:gl;l NehNkhNgh:gpah gw:wpa

Nfs:tpfs:

t. vz:.	Nfs:tpfs:	Kw:wpY k; jtW	jtW	eLepi y	rhp	Kw:wpY k; rhp
1.	ePq;fs; cq;fs; ifNgrp ,y;yhjNghJ ftiy my;yJ kdepiy ghjpf;fg;gLtjhf czh;fpwPh;fsh?					
2.	ePq;fs; cq;fs; ifNgrp njhiye;JtpLk; vd mr;rg;gLfpwPh;fsh?					
3.	ifNgrp gad;gLj;Jtjhy; cq;fs; ,yf;F my;yJ fy;tp my;yJ njhopy; ghjpf;fg;gLfpwjh ?					
4.	cq;fs; ifNgrp; nel;nthh;f; ,y;iynadpy; Nfhgk; miltJ cz;lh?					
5.	ePq;fs; cq;fs; ifNgrp;F mbikahfp tpl;Nlhk; vd epidf;fpwPh;fsh ?					
6.	ePq;fs; J}q;Fk; NghJ ifNgrpia gLf;if miwapy; gad;gLj;JtJ cz;lh?					
7.	ePq;fs; ifNgrp ,y;yhjNghJ gag;gLtJ cz;lh ?					
8.	ePq;fs; vg;nghOJk; xU ifNgrp rhh; [iu cq;fSld; vLj;Jr; nry;tPh;fsh?					
9.	ePq;fs; mbf;fb cq;fs; ifNgrpapy; rpk; ml;il khw;WtJ cz;lh ?					
10.	ePq;fs; ngWk; v];.vk;.v];. my;yJ jtwpa miog;GfSf;F cldbahf gjpy; mosp;gJz;lh ?					
11.	ePq;fs; gzp Kbe;jTld; v];.vk;.v];. kw;Wk; jtwtp;l miog;Gfis Nrhjid nra;Ak; gof;fk; cz;lh?					
12.	ePq;fs; cq;fs; ifNgrpia Fspaiwf;F my;yJ tFg;giwf;F vg;nghOJk; vLj;Jr; nry;tJ cz;lh?					

13.	ePq;fs; cq;fs; ifNgrpia mbf;fb Nrhjid nra;Ak; gof;fk; cs;sjh?					
14.	ePq;fs; cq;fs; ifNgrpia fpilf;Fk; ,ilNtisapy; gad;gLj;JtJ cz;lh?					
15.	ePq;fs; cq;fs; ifNgrpia vg;NghJk; mizg;gjpy;iy?					
16.	ePq;fs; cq;fs; ifNgrp miog;Gf;fhd Fiwe;j fl;lz jpl;lk; KbtIlAk; epiyapy; ftiyg;gLtJ cz;lh?					
17.	ePq;fs; gazj;jpd; NghJ Ngl;lhp FiwtJ gw;wp ftiy cs;sjh ?					
18.	ePq;fs; ifNgrpapy; NgRk;NghJ fjph;tPr;R gw;wpa mr;rk; cs;sjh?					
19.	ePq;fs; es;sputpy; kpd;dQ;ry;fs; Nrhjid kw;Wk; ez;gh;fSld; ciuahLtJ cz;lh?					
20.	ePq;fs; cq;fSila ifNgrpspy; cs;s gzj;ij ,oe;JtpLNthk; vd;w mr;rk; cs;sjh?					

**PSYCHOEDUC
ATION
ON
NOMOPHOBI
A**

STUDENT PROFILE

Course	:	M.sc (N) II year
Subject	:	Psychiatric nursing
Topic	:	Psycho education on nomophobia
Group	:	Adults aged between 20-49 years
Venue	:	Sothupakkam
Duration	:	45 min
Studentteacher	:	C. MUNIRAJ
Methodofteaching	:	Lecturer cum discussion
A.V aids	:	Chart, flash card and handouts

CENTRAL OBJECTIVE ;

Help the adults to acquire adequate knowledge about “ nomophobia meaning and definition, causes, symptoms, manifestation and treatment measures, management of nomophobia .

CONTRIBUTARY OBJECTIVES ;

The adults will able to

- Explain the meaning of nomophobia
- Define the nomophobia
- Describe the causes of nomophobia
- warning signs of nomophobia
- list down symptoms of nomophobia
- explain clinical manifestation of nomophobia
- explain Treatment of nomophobia
- explain management of nomophoa

CONTRIBUTARY OBJECTIVES	TIME	CONTENT	TEACHER'S ACTIVITY
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The student will be able to meaning of nomophobia	2min	<p style="text-align: center;">NOMOPHOBIA</p> <p>Meaning of nomophobia</p> <p>Its refers to (No Mobile PHOBIA) The anxiety some people feel when they cannot get a signal from out of battery or forget to take their phone.</p>	Explaining
The student will be able to define the nomophobia	2min	<p>Nomophobia – what has a phobia to do with it?</p> <p>To meet at least some of the following criteria: The term nomophobia misleads many amateurs to believe it is an actually real disorder. But to be classified as a real disorder, a phobia has</p> <ul style="list-style-type: none"> • A phobia is a marked and persistent fear that is excessive or unreasonable. It is cued by the presence or anticipation of a specific object or situation (e.g., flying, heights, and animals, receiving an injection, seeing blood). • Any exposure to the phobic stimulus almost invariably provokes an immediate anxiety response, which may take the form of a situational bound or predisposed panic attack. • The person recognizes that the fear is excessive or unreasonable. • The phobic situation(s) is avoided or else is endured with intense anxiety or distress. • The avoidance behavior or distress causes a significant impairment in the person’s daily activities. 	Explaining
The causes of	2min	<p>DEFINITION</p> <p>1) Nomophobia is the fear of being out of mobile phone contact. The term, an</p>	Explaining with help of flash card
The causes of	2min	<p>1) Nomophobia is the fear of being out of mobile phone contact. The term, an</p>	Explaining with help of

<p>nomophobia</p> <p>The student will Describe the warning signs of nomophobia</p>	<p>2min</p>	<p>abbreviation for "no-mobile-phonephobia.</p> <p>2) Nomophobia is “no mobile phone phobia,” or in other words, the fear of being without your cell or mobile phones.</p> <p>WHERE DO PEOPLE CHECKING THERE</p> <p>Here’s a few statistics that stand out:</p> <ul style="list-style-type: none"> • 58% of smartphone owners said they don’t go an hour without checking their phone • 30% check their phones during a meal • 94% of people are concerned about losing their phone • When asked to select which feeling they best identified with when they lost their phone, 73% reported feeling “panicked” and 14% reported feeling “desperate” 	<p>flash card</p>
<p>The student will List down symptoms of nomophobia</p> <p>Clinical manifestation of nomophobia</p>	<p>2min</p>	<p>CAUSES</p> <ul style="list-style-type: none"> • insecurity • lack of self control • impatience • boredom • dopamine craving <p>Warning signs of nomophobia</p> <p>Waterman says some of the signs that your nomophobia requires medical</p>	<p>Explaining with help of flash card</p> <p>Explaining with help of flash card</p>

The student will be able to explain the management of nomophobia

- dizziness,
- trembling,
- sweating,
- accelerated heart rate,
- chest pain
- nausea
- fear of his phone's dead battery
- Trembling

PHYSICAL DAMAGES

- Heat head, brain tissue & disrupt brainactivity
- Cause memory loss and mental confusion
- Cause headaches and induce extreme
- fatigue
- Cause blood cells to leak hemoglobin
- Create joint pain, muscle spasms and tremors
- Create burning sensation and rash on the skin
- Induce ringing! in the ears, impair sense of smell
- Precipitate cataracts, retina damage and eye cancer
- Reduce the number of white blood cells
- Stimulate asthma by producing histamine in mast cells
- Cause digestive problems and raise bad cholesterol levels
- Stress the endocrine system, especially pancreas, thyroid, ovaries, testes
- Damage DNA

NEURO-PSYCHIATRIC SEQUELAE;

- Headaches, Dizziness, Nausea
- Memory loss, Mood swings (rage), Sleep disorders

- Fatigue, Loss of concentration, Lack of coordination
- Pain in hands or arms, Skin sensations

TREATMENT

- Become self-aware and monitor the frequency with which you check your phone.
- Commit to putting your phone down and turning it off for a specific amount of time while you focus on other priorities such as your relationships, exercise or meditation.
- If you feel anxious or have an urgent need to check your phone, try using healthy coping skills such as deep breathing, redirecting your attention to the people around you or busying yourself with exercise.
- Ask other people to help you by taking your phone away for specific time periods.

MANAGEMENT OF NOMOPHOBIA

How can you better manage your Cell Phone use?

- Use the cell phone only when necessary
- Keep your talk brief on the phone and don't extend your calls for hours.
- Avoid using your phone while spending valuable time with your family or friends.

- Set and follow certain rules for your family members and yourself such as—No mobile use while eating, praying, and other such important activities.
- Set a budget for cell phone bills, don't cross the limit.
- If you are texting too often, try to avail special packages for SMS.
- Include hobbies and alternative pleasurable activities in your daily schedule.
- If you are not able to control your cell phone use, it might indicate an addiction and a Counselor / Therapist/ Mental health professional may be able to help the client .

NOMOPHOBIA SELF ASSESSMENT TEST

If you say YES for more than 3 of the following questions, you may be at risk for nomophobia.

Control:

1. Do you feel the need to talk or SMS on the phone almost all the Time ?
2. Has there been a steady increase in the frequency of phone re-

charge and amount?

Compulsion:

3. Have you ever been teased or scolded because you had your cell phone ON even in cell phone restricted activities and situations (at meetings, while exercising, at the cinema)

4. Do you have your cell phone close to you always even when you are not expecting an important call/text message?

Craving:

5. Do you invariably feel anxious if you are not able to use your Cell

Phone?(such as in meetings, on a flight, in class or in a place of wor-ship)

6. Do you feel uncomfortable and restless when you are not using your

cell phone or it is unavailable?

Note: These should not be in situations where you may be expecting

		an important call or need to be contacted urgently	
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jpl:lkpl:l Nghjid Kiw

jiyg;G : cstpay; Jiw

FO : ,isQh;fs;

,lk; : Nrhj;Jg;ghf;fk;

fy;tpahsh; : rp. Kdpuh[;

gphpT : kdey nrtpypah; gphpT

Neuk; : 45 epkplk;

gapw;Wtpf;Fk; nkhop : jkpo;

gapw;Wtpf;Fk; Kiw : tphpTiuahw;Wjy;

tpsf;f egfuzq;fs; : ‡g;yh\; fhh;l;

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.	úSôúUôúTô*©V GuTRu ùTôÚs		<p>NehNkhNghḡgpah vd;gjd; nghUs; :</p> <p>NehNkhNghḡgpah vd;why; ifNgrp ,y;yhj nghOJ vd;W nghUs; kw;Wk; ifNgrpapy; nel;nthh;f; ,y;yhjNghJ kw;Wk; ifNgrpapy; rhh; [; ,y;yhjNghJ my;yJ ifNgrp njhiye;JtpLNkh vd;w mr;rk; ,j;jifa mwpFwpfis NehNkhNghḡgpah vd;W miof;fg;gLk;.</p>	tpsf;fk;	ftdpj;jy;

	<p>NehNkhNghḡgpah vd;gjd; tiuaiw</p> <p>úSôúUôúTô*©V</p> <p>Tô§©tLô] LôWQeL°u</p> <p>®[dLm</p>		<p>NehNkhNghḡgpah vd;gjd; tiuaiw ?</p> <p>NehNkhNghḡgpah vd;why; ifNgrp ,y;yhj nghOJ Vw;gLk; mr;rk;.</p> <p>NehNkhNghḡgpah ghjpg;gpw:fhd</p> <p>fhuzq;fspd; tpsf;fk; :</p> <ul style="list-style-type: none"> ➤ ghJfhg;gpd;ik ➤ Ra fl;LghL ,y;yhik ➤ nghWik ,y;yhik ➤ mYg;G ➤ vjph;ghh;j;jy; 		
<p>t.</p> <p>vz.:</p>	<p>Kf;fpakhd</p> <p>Fwpr;Nfhs;</p>	<p>Neuk;</p>	<p>ngHUsf;fk;</p>	<p>fw;gpj;jthpd</p> <p>; nray;</p>	<p>khzth;</p> <p>nray;</p>
	<p>úSôúUôúTô*©V Tt±V</p> <p>GfN-dûL A±Ï±Ls</p>		<p>NehNkhNghḡgpah gw;wpa vr;rhpf;if</p> <p>mwpFwpfs; :</p> <ul style="list-style-type: none"> ➤ cq;fs; ifNgrp ,oe;J tpLNthNkh vd;w ftiy my;yJ njhiye;J tpLNkh vd;w gak;. ➤ ifNgrpia fl;lhakhf Nrhjid nra;jy;. ➤ nghUj;jkw;w ,lq;fspy; ifNgrpia gad;gLj;jy;. ➤ NeUf;F Neh; njhlh;G tha;g;Gfis jtw tpl;lhy;. ➤ ifNgrp miog;Gfis gh;f;fhkNyh my;yJ jtwtpl;lJk; vjph;kiw cly; mwpFwpfs;. ➤ xU mr;rk; Vw;gLjy; tuNtw;G miog;Gfs; ,y;yhjhy; my;yJ xU ,we;j Ngl;lhp xU msTf;F mjpfhpf;Fkh vd;w vjph;ghh;g;G. 	<p>tpsf;fk;</p>	<p>ftdpj;jy;</p>

t. vz.:	Kf:fpakhd Fwpi:Nfhs:	Neuk:	nghUslf:fk:	fw:gpi:jthpd : nray:	khzth: nray:
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5.	<p>úSôúUôúTô*©V Tt±V</p> <p>UÚjÕY ùY°ITôÓLs</p> <p>®[dLm,</p>		<p>NehNkhNgh:gpah gw:wpa kUj:Jt</p> <p>ntspg:ghLfs: tpsf:fk: :</p> <ul style="list-style-type: none"> ➤ gPjp jhf:Fjy; <p>%or;R jpzwy;</p> <ul style="list-style-type: none"> ➤ jiy; Rw;wy; ➤ eLf:fk; ➤ tpah;jjy; ➤ ,ja Jbg;G mjpfhpj;jy; ➤ khh;G typ ➤ Fkl;ly; ➤ ifNgrp Ngl;lhp ,wf;Fk; mr;rk; <p>ely: .og:Gfs: :</p> <ul style="list-style-type: none"> ➤ jiy ntg;gk; mile;J %is jpR ghjppg;ghy; %isapd; nray; ghjpf;fg;gLfpwJ. ➤ kd Fog:gj;jpdhy; epidthw;wy; ,of;fpwJ. ➤ jiytyp kw;Wk; mjpf;gbahd Nrhh;T. ➤ ,uj;j rpf;G mZf;fs; ghjppg;ghy;. 	tpsf;fk;	ftdpj;jy;
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t. vz.:	Kf:fpakhd Fwpi:Nfhs:	Neuk:	nghUslf:fk:	fw:gpi:jthpd : nray:	khzth: nray:
			<ul style="list-style-type: none"> ➤ Njhypy; vhpr;ry; czh;T cz;lhFk; kw;Wk; jbg;Gfs;. ➤ mbf;fb njhiyNgrpia gad;gLj;Jtjhy; fhJfsy; Nfl;Fk; jd;ik FiwfpwJ. ➤ kh];l; nry;fs;];l;likd; cw;gj;jpapd; %yk; M];Jkh cUthfpwJ. 		

			<ul style="list-style-type: none"> ➤ nrhpkhd gpur;ridahy; nfl;l nfhOg;gpd; msT caUk;. ➤ ehykpy;yh Rug;gpfspy; Fwpg;ghf fizak;> ijuha;L> rpidg;ig> tpiufs; mOj;jk; cz;lhFk;. ➤ b.vd;.V ghjpf;fg;gLk;. <p>euk;gpay; estpay; epiyj;Jtk: :</p> <ul style="list-style-type: none"> ➤ jiytyp> jiy Rw;wy;> Fkl;ly;. ➤ epidthw;wy; ,og;G> kdepuy> J}f;fk; NfhshWfs;. 		
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t. vz:.	Kf:fpakhd Fwppf:Nfhs:	Neuk:	nghUslf:fk:	fw:gppj:jthp d: nray:	khzth:fspd: nray:
			<ul style="list-style-type: none"> ➤ fisg;G> nrwpT ,og;G> xUq;fpizg;G ,y;yhjhy; ➤ iffs; my;yJ k[q;f> Njhy; typ czh;T cz;lhFk;. <p>rpfpr:if :</p> <ul style="list-style-type: none"> ➤ Ra tpopg;Gld; ,Uq;fs; cq;fs; ifNgrpia ghh;f;fyhk; miythpiria fz;fhzpf;f. ➤ cq;fs; ifNgrpia itj;J ePq;fs; kw;w Kd;Dhpikfspy; ftdk; nrYj;Jk;NghJ cq;fs; cwTfs;. ➤ jpahdk; Nghd;w Neuq;fspy; njhiyNgrpia mizj;J tpl Ntz;Lk;. ➤ ePq;fs; ifNgrp gw;wpa gpur;rid tUk;nghOJ my;yJ ifNgrp mtru Njit ,y;iynadpy; cq;fs; ftdj;ij jpUg;gp clw;gapw;rp my;yJ Mokhd %r;R MNuhf;fpa gapw;rpia gad;gLj;jp rkhsf;f Kaw;rp;f Ntz;Lk;. ➤ Fwpg;gpl;l Neuk; fhyk; cq;fs; ifNgrpia mth;fs; itj;Jf;nfhs;s cjtp NfSq;fs;. 		
6.	NehNkhNgh:gpah Nkyhz:ik :		<p>NehNkhNgh:gpah Nkyhz:ik :</p> <p>ifNgrpia gad;gLj;Jk; Kiw :</p> <ul style="list-style-type: none"> ➤ Njitahd NghJ kl;Lk; ifNgrpia gad;gLj;j Ntz;Lk;. ➤ ifNgrpapy; cq;fs; Ngr;Rfis RUf;fkhf itj;Jf;nfhs;s Ntz;Lk;. kzp Neuk; miog;Gfis ePl;bf;f Ntz;lhk;. ➤ Kf:fpakhd gzpapd; NghJ ifNgrpia gad;gLj;Jtij jtph;g;gJ ey;yJ. ➤ ePq;fSk; cq;fs; FLk;g cWg;gpdh;fSk; rpy tpjpKiwfis miki;L mid; top nry;yNtz;Lk; 	tpsf;fk;	ftdpj;jy;



SCHOLAR GIVING INTRODUCTION ABOUT NOMOPHOBIA



SCHOLAR CONDUCTING PRETEST ON LEVEL OF NOMOPHOBIA



SCHOLAR GIVING PSYCHOEDUCATION ON NOMOPHOBIA



SCHOLAR CONDUCTING POSTTEST ON LEVEL OF NOMOPHOBIA



Om Sakthi

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Recognized by Tamil Nadu Nurses & Midwives council, Chennai - Ref.No.368/NC/99 Dt. 12.08.1999.

Dr. N. KOKILAVANI, M.Sc.(N), M.A., M.Phil, Ph.D.,

Principal.

To

The president,

Sothupakkam,

Kanchipuram District.

Sub; Requesting permission for Research Project- (MSc Nursing) – Reg.

Sir/ Madam

Greetings from principal, Adhiparasakthi College of Nursing, Melmaruvathur. This is for your kind information that our post graduate Msc Nursing II year student Mr.C.Muniraj is planning to conduct a research project on "A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCTION IN LEVEL OF NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM, KANCHIPURAM DISTRICT" Under the Tamil nadu Dr.M.G.R Medical University, Chennai .So we request you to kindly permit our student to conduct his research in your community area kindly consider and do the needful .

Thanking you,

A. சிவசுந்தர்
தலைவர்
சோத்துப்பாக்கம் ஊராட்சி
சித்தாமூர் ஒன்றியம்



To
The president,
Sothupakkam,
Kanchipuram District.
Sub; Requesting permission for Research Project- (MSc Nursing) – Reg.

Thorough the proper channel

Sir/ Madam

I am c. Muniraj studying II year M.sc nursing in Adhiparasakthi College of Nursing, Melmaruvathur. I Would like to conduct a research project on “A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCTION IN LEVEL OF NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM, KANCHIPURAM DISTRICT” Under the Tamil nadu Dr.M.G.R Medical University, Chennai .So I request you to kindly permit me to conduct my research in your community area .I will abide the rules and regulations of the village. Kindly consider and do the needful.

Thanking you,

Yours faithfully

A. சிஓசி
தலைவர்
சோத்துப்பாக்கம் ஊராட்சி
சித்தாமூர் ஒன்றியம்

CERTIFICATE FOR CONTENT VALIDITY

This is to certify that the tool developed by Mr. C. Muniraj, MSc, (PSYCHIATRIC NURSING) II year student of Adhiparasakthi College of Nursing for her study on **“A STUDY TO ASSESS THE EFFECTIVENESS OF PSYCHOEDUCATION ON REDUCING THE LEVEL OF NOMOPHOBIA AMONG THE ADULTS IN SOTHUPAKKAM AT KANCHIPURAM DISTRICT”** is validated by the undersigned and can proceed with this tool for the main study.

Date: 27/07/2014

Place: Coimbatore

Department



Signature

Assistant Professor

Mental Health Nursing

PSG College of Nursing

Coimbatore