

Health problems of Mobile Phone Addiction for Sample of students and their health awareness at institute technical of kut.

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Abstract:

Background: Mobile phones are one's fashionable with overuse it, the phenomenon has become a type of addiction. Despite many advantages of mobile phones numerous studies have confirmed the disadvantages overuse.

Objective: This study was undertaken to identify the health problems that have been associated with addiction mobile phones among students. As well as, to assess their health awareness about these problems.

Subjects and Method: Cross-sectional survey carried out in the Institute Technical of Kut in Wassit governorate, Iraq. Four hundred and fifty eight students, their ages ranges from 18 and more, randomly selected including (81) males and (148) females during the 2016/2017 school year. Face to face interview and specific questionnaires were distributed for the students to collect information from them.

Results: In this study, A total of 81 males and 148 females were included, their ages from 18 years and more. The results of the study showed that the highest frequency of the health problems suffered by students were vision problems 82.1%. Additionally, the lower frequency of the health problems were sleeping disorder 58.52%. Over 89% of students in both sexes showed good awareness about health problem of mobile phone addiction.

Conclusion: This study found generally mobile phone addiction is more prevalent in females than males. The study also showed that vision problems is the most prevalent health problem among students. The level of awareness of students about health problem of mobile phone addiction is quite satisfactory.

Keywords: Addiction, Mobile phones, Health awareness.

INTRODUCTION:

Globally, the technology especially the mobile phones⁽¹⁾ which the most prominent types of technology⁽²⁾ have become vital part of the people⁽³⁾. The mobile phones are one's fashionable⁽⁴⁾ and responsible for more communication than any other technology⁽⁵⁾. It is currently being used everywhere and every time⁽⁶⁾. In particular, In Iraq, mobile phone use has dramatically progressed after war 2003 and Iraqi population are considered a consumer of abuse this technology⁽⁷⁾, With overuse it, the phenomenon has become a type of addiction called the term mobile addiction⁽⁸⁾. Despite the many advantages of mobile phones, many studies have confirmed the disadvantages overuse it⁽⁹⁾. Youth are the most popular group used for mobile phone⁽¹⁰⁾, and deeply affected by the entry of mobile phones into their lives, especially university students⁽¹¹⁾ which has increased the possibility of addiction. The negative impacts of addiction of mobile phones on students include social, educational, health⁽¹²⁾, and economical consequences⁽¹³⁾. If students have awareness about health problems regarding addiction of mobile phones, they can avoided the negative effects of it and thus, increase their quality of life. So, this study was to identify the health problem that have been associated with addiction mobile phones among students. As well as, to determine their health awareness.

SUBJECTS AND METHOD

Study design: The current study is cross-sectional survey.

Target population: Students in institute technology of kut in wassit governorate.

Study sample: A total of 600 questionnaires were distributed to students and 380 were received with a response rate of 63.33%. Two hundred twenty nine (60.26%) out of 380 questionnaires were found addiction mobile phones among students. Therefore, the further analysis is for the 229 students who addicted to mobile phone.

Study period: From the 1st of April to the 1st of July 2017.

Study setting: Data was conducted in institute technical of kut in wassit governorate, Iraq. Institute technical of kut is one of the formations Central Technical University and is located south of the center of Kut in Wassit governorate, about 15 km towards the Thi-Qar governorate. It was established in 1980. It includes technological, medical and administrative departments.

Ethical Consideration: Prior to the study, permission from institute technical of kut in wassit governorate were attained before starting the study. All the participants gave verbal consent with confidentiality of student's identification.

Study tools: The questionnaire's language was Arabic, which is the official language in Iraq and late was translated to the English language. The aim of the study was explained to the students. a self-administered questionnaires were distributed for the students to collect information from them. The study questionnaire is divided into four parts:

First part: Socio-demographic data this includes questions on basic socioeconomic characteristics. The sociodemographic variables were age (divide into two groups:- These were ≤ 20 years, > 20 years), gender, marital status (divided into single, married, others), place of residence (divided into rural and urban), employment status (divided into unemployed and employed).

Second part: Mobile phone addiction questionnaire prepared by the researchers with the help of experts penal and previous studies. A four-point likert scale was used that consists of 20 items with 1 = never, 2 = rarely, 3 = occasionally, and 4 = always.

Third part: Health problems of Mobile Phone Addiction. The study used health problems questionnaire developed by the researchers after thorough literature review and depending on the opinions of experts penal. This form includes information about the effect of mobile phone addiction on the physical side (ear, eye, muscle, and head) and the effect of addiction on the psychological side (depression, exhaust and trouble sleeping).

Fourth part: Awareness of students concerning the impact of addiction of mobile phones on health (included 9 items).

Students were asked closed ended questions exploring their awareness towards impact of addiction of mobile phones on health. The answer agree was scored three, and the answer disagree was scored one, and don't know answer was scored two. The general awareness scores ranged from 9 to 27. Scores of 1 to 18 indicated poor awareness, scores of 19 to 27 indicated good awareness.

Data analysis: After collecting the data through the questionnaire, the data were sorted and arranged, statistical tables were used to represent the frequency and percentage of the results. Statistical data obtained were analyzed using Minitab (version 16).

Results:

This study included a total number of 229 student addicted to mobile phone. The gender distribution was 35.37% (81) male , 64.63% (148) female as shown in figure 1

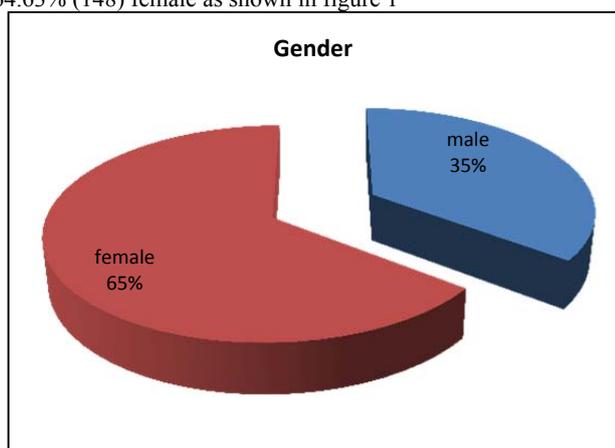


Figure (1) Distribution of the studied sample according to the gender

General characteristics of the studied students are described in table 1. Sixty-five percent (59.26% male , 67.57% female) of the studied students were under than or equal 20 years and thirty- five percent (40.74% male , 32.43% female) of the studied students were more than 20 years. The results revealed that all the students except 6.55% in both sexes were unemployed. The marital status of studied students showed that more than three quarters (79.01% , n =64) of male and (84.56% , n =189) of female were single , and (16.05% , n =13) of male and (10.14% , n =28) of female were married. Those that were others of marital status among

them constituted 4.94% male and 5.41% female . They were predominantly live in urban area 79.48%.

Figure and table 2 displays the frequency and percent of students who reported problems on each item. Among the 229 student addicted to mobile phone, 50(61.73%) of males and 98(66.22%) of females were suffer from headache. For both males and females the highest prevalence of vision problems related to using a mobile phone was (80,25%, 83.11%) respectively. Among males, pain in the ear related to addicted to mobile phone was 72.84% , and among females was 79.73%. Students feel tired when using a mobile phone were more prevalent among female (72.97%) compared to males (64.20%). Pain in fingers when using a mobile phone was more prevalent among females (63.51%) than males (54,32%). Sleeping disorder when using the phone

was observed more among females (76.35%) than males (66.67%). Among both males and females, depressed about using the phone was 74.32 in female and 72.84 in male. In addition, 70.37% of males and 78.38% of female were feel warm or prickly in the ear area when using a mobile phone. Sixty five percent (65.43%) of males and seventy six percent (76.35%) of females feel the rhythm of ringing in the ears when using a mobile phone. More than sixty of males and 56.76% females had pain in the neck muscles because of the use of the mobile phone.

Table-1: Socio-demographic characteristics of the study population

Variable	Male		Female		Total	
	No.	%	No.	%	No.	%
Age						
≤20	48	59.26	100	67.57	148	64.63
>20	33	40.74	48	32.43	81	35.37
Employment status						
Employed	4	4.94	11	7.43	15	6.55
unemployed	77	95.06	137	92.57	214	93.45
Marital status						
single	64	79.01	125	84.56	189	82.53
Married	13	16.05	15	10.14	28	12.23
Others	4	4.94	8	5.41	12	5.24
Place of residence						
Urban	63	77.78	119	80.41	182	79.48
Rural	18	22.22	29	19.59	47	20.52

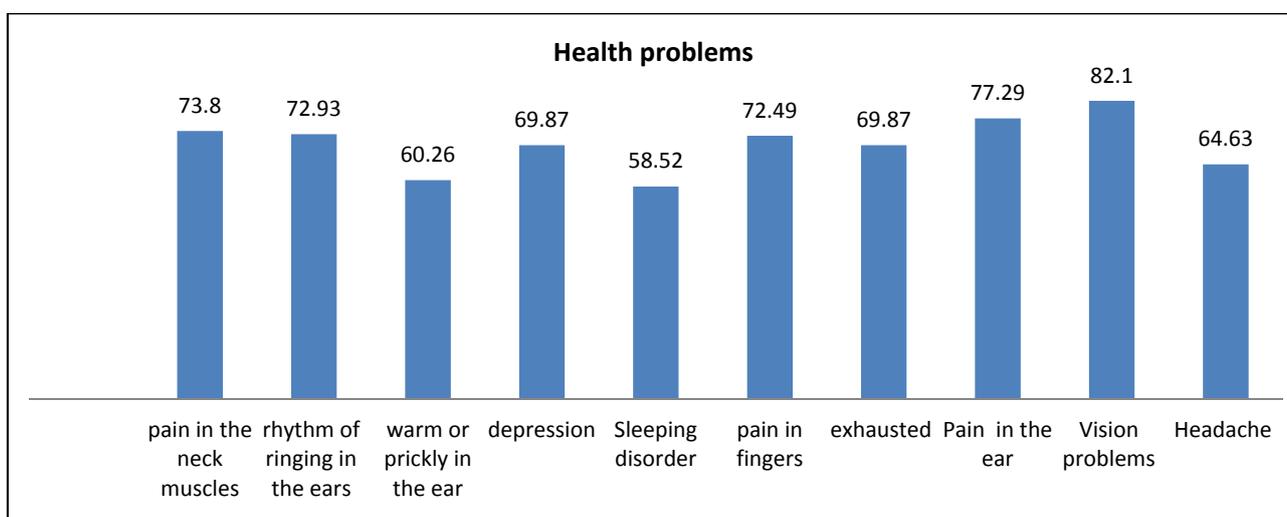


Figure (2) Distribution of the studied sample according to health problems

Table 2 : Distribution of students by health problem

Variables	Groups	Gender		Total
		Male	Female	
Headache	Present	50	98	148
		61.73	66.22	64.63
	Absent	31	50	81
		38.27	33.78	35.37
Vision problems	Present	65	123	188
		80.25	83.11	82.10
	Absent	16	25	41
		19.75	16.89	17.90
Pain in the ear	Present	59	118	177
		72.84	79.73	77.29
	Absent	22	30	52
		27.16	20.27	22.71
Exhaust	Present	52	108	160
		64.20	72.97	69.87
	Absent	29	40	69
		35.80	27.03	30.13
pain in fingers	Present	44	94	138
		54.32	63.51	60.26
	Absent	37	54	91
		45.68	36.49	39.74
Sleep disorder	Present	54	113	167
		66.67	76.35	72.93
	Absent	27	35	62
		33.33	23.65	27.07
Depression	Present	59	110	169
		72.84	74.32	73.80
	Absent	22	38	60
		27.16	25.68	26.20
warm or prickly in the ear status	Present	57	116	173
		70.37	78.38	75.55
	Absent	24	32	56
		29.63	21.62	24.45
rhythm of ringing in the ears	Present	53	113	166
		65.43	76.35	72.49
	Absent	28	35	63
		34.57	23.65	27.51
Pain in the neck muscle	Present	50	84	134
		61.73	56.76	58.52
	Absent	31	64	95
		38.27	43.24	41.48

Students' specific knowledge about negative impact of addiction mobile phone was assessed and the results are presented in Table 3. About 57 (7037%) of the males students were aware that the mobile phone may negatively affect short-term memory while 102(68.92%) of females students were aware that the mobile phone may negatively affect short-term memory.

The majority, (75.31%) of males and (68.24 %) of females knew that the using a mobile phone for a long time could have impact on the brain functions. In fact the Long-term use of the mobile phone may **cause** pain in the neck muscles which was correctly answered by (65.43%) of males and (75.68%) of females.

In addition, 48(59.26%) of males and 84 (56.76%) of female students indicated that using a mobile phone can cause many chronic diseases. In respect to negative impact mobile phone on the head and neck, (66.67%) of males and (65.54%) of females, gave correct answers. Regarding question (using a mobile phone

may lead to inactivity and physical and intellectual laziness) which was answered correctly by (66.67%) of males and (72.30%) of females. The current study showed that the students (43.21% males & 31.76% females) gave correct answers to question (Using a mobile phone for a long time may cause deafness). 38.27% of the males and 46.62% of the female were aware that the mobile phone may cause mental confusion. Finally , 65.43% of the males and 68.24% of the female were aware that the mobile phone may cause cataracts, damage to the retina and the eye.

Table 3 : Distribution of students by knowledge on health problem:

Questions	Answers of students	Gender		Total
		Male	Female	
The mobile phone may negatively affect short-term memory	correct	57	102	159
		70.37	68.92	69.43
	Incorrect	24	46	70
		29.63	31.08	30.57
Using a mobile phone for a long time makes some brain functions inert..	correct	61	101	162
		75.31	68.24	70.74
	Incorrect	20	47	67
		24.69	31.76	29.26
Long-term use of the mobile phone may cause pain in the neck muscles	correct	53	112	165
		65.43	75.68	72.05
	Incorrect	28	36	64
		34.57	24.32	27.95
The mobile phone can cause many chronic diseases	correct	48	84	132
		59.26	56.76	57.64
	Incorrect	33	64	97
		40.74	43.24	42.36
Prolonged use of the mobile phone may result in a curvature in the head and neck	correct	54	97	151
		66.67	65.54	65.94
	Incorrect	27	51	78
		33.33	34.46	34.06
Using a mobile phone may lead to inactivity and physical and intellectual laziness	correct	54	107	161
		66.67	72.30	70.31
	Incorrect	27	41	68
		33.33	27.70	29.69
Using a mobile phone for a long time may cause deafness	correct	35	47	82
		43.21	31.76	35.81
	Incorrect	46	101	147
		56.79	68.24	64.19
The use of the mobile phone may cause mental confusion	correct	31	69	100
		38.27	46.62	43.67
	Incorrect	50	79	129
		61.73	53.38	56.33
The use of the mobile phone may cause cataracts, damage to the retina and the eye	correct	53	101	154
		65.43	68.24	67.25
	Incorrect	28	47	75
		34.57	31.76	32.75

The result of this study showed that the level of general health awareness among students was high (93.01%) as shown in table 4.

Table 4: Total scores of the health awareness

Awareness score	Male		Female		Total	
	No	%	No.	%	No.	%
Poor	7	8.64	9	6.08	16	6.99
Good and acceptable	74	91.36	139	93.92	213	93.01
Total	81	100	148	100	229	100

DISCUSSION:

The results showed that, most of the students (64.63%) were less than or equal 20 years old; approximately 35% were more than 20 years and older. This finding was similar to a study conducted by Nichol Elise Myers, 2013, found that 60% of students between 18-20 years⁽¹⁴⁾. The results revealed that, a difference in the prevalence between both groups regarding the gender distribution (35.37% male , 64.63% female). Sonu H., 2013 found no difference in the prevalence among male and female students⁽¹⁰⁾; this study involved 336 students, 50.9 % were male and female students were (49.1%). But the results are consistent with other studies of mobile phone addiction done by Parul Maurya, 2014⁽¹⁵⁾, Ishfaq Ahmed et al, 2011⁽¹⁶⁾ found that female sex was identified as a indicator in a cross sectional study with 400 students, where 89%, 61.8%% of the students respectively addict mobile phone were females. This study indicates that majority of the students were single (82.53%), married (12.23%), and the lowest of the students with 5.24% were others, findings similar to Jahanshir Tavakolizadeh , 2014, who mentioned that 78.4% of the students were single , 18.9 % were married and 2.7% were divorced⁽¹⁷⁾ . This study identified vision problems as a significant health problem among students in Alkut technical Institutes. 82.1% of the students are found to be vision problems. The results are consistent with other study of mobile phone addiction done by Emad Abu-Shanab, 2015⁽¹⁸⁾. This study have shown all that addict students except one have vision problems. The awareness of health problems toward addiction mobile phone in this study was very good. The present study revealed that 93.1 % of students aware that mobile phone have health problems. Other students (6.99%) weren't aware of the health problems related to addiction mobile phone. This finding was opposite to the study of Nilesh Pendse1, Tukaram Zagade., 2012 in India, who found students not having good awareness toward health problems of addiction mobile phone⁽¹⁹⁾.

Conclusion: This study found generally mobile phone addiction is more prevalent in females than males. The study also showed that vision problems is the most prevalent health problem among students. The level of awareness of students about health problem of mobile phone addiction is quite satisfactory.

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