The Study of Mental Health and Mobile Phone Addiction among Adolescences

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ABSTRACT

Aim: According to the world health organization, health means the person is not only free from any physical and psychological illness but (s)he should be fit socially too as well as no health without mental health. The present study aimed to investigate the level and difference of mental health and mobile phone addiction among adolescences. *Methods:* This study was done on 400 adolescences (200 boy and 200girl students) through random sampling technique. Mithila Mental Health Status Inventory and mobile phone addiction were used to collect data. Data were analyzed by using Mean, S.D, t-test and f-test. *Results:* Result proves it there is interaction affect among gender and level of mobile phone addiction in terms of mental health as well as no significant difference in mental health among adolescence between low mobile phone addiction and average mobile phone addiction level.

Keywords: Mental Health, Mobile Phone Addiction and Adolescences

Being mentally healthy means feeling a sense of control over one's life, feeling able to make decisions, coping with life's challenges and participating in life in meaningful ways because there is balance in the social, physical, spiritual, economic and mental aspects of life. When people of any cultural background are feeling mentally healthy, they can feel good about themselves most of the time. Traditionally, Aboriginal cultural view of mental health and wellbeing is a balance of the body, mind, emotions and spirit which is maintained through good relationships within oneself, with others, within the community and Creation.

Mental Health is level of psychological well-being our absence of a mental disorder. It is Psychological state o someone who is function at satisfactory level of emotional and behavioural adjustment.

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Adolescents are communicating with others via mobile phones, but not in the conventional ways once associated with the telephone using only voice technology .many use mobile phones primarily for text messaging and internet access. Picking up the phone to convey information verbally is not as common as it once was just five years ago. Adolescents may not connect as often to one another or their family on traditional interpersonal levels because of numerous communication options such as text messaging or the internet. Because of the new technology, adolescents have many options that allow them more contact than ever with their parents and peers.

Mobile phones use electromagnetic radiation in the microwave range, which may be believed harmful to human health. On 31st May 2011, WHO confirmed that mobile phone use may represent a long-term health risk, classifying mobile phone radiation as a "carcinogenic hazard" and "possibly carcinogenic to humans" after a team of scientist reviewed peer-review studies on cell phone safety.

The mobile phone is among the most prominent kind of information and communication technology (ICT) and the probably also the one that has shown the most spectacular development during the past few years with regards to technological innovations, social impact and general use by the majority of the population.

The mobile phone is a definite feature of contemporary society. It is a communication device, an aesthetic object and an icon of culture. It has become central to a wide range of activities, transforming family and friendships, work and leisure, the media and communication. The mobile phone is then, arguably , the cultural symbol of the late period, the archetype for an age of accelerated and sweeping social and cultural change, while also a means through which traditional forms of life are assembled and reassembled. while the mobile phone is a global phenomenon, The growth of mobile phones in India and in particular their popularity and use by young people in India has been the object of international and national media attention in the past few years.

Statement of the Problem:
 "The Study of Mental Health and Mobile Phone Addiction among Adolescences."

REVIEW OF PREVIOUS RESEARCHERS

The researchers has been reviewed various literature with mental health and mobile phone addiction of adolescences. Many reports of addictive behaviour on the Mobile phone first appeared in popular press citing anecdotal evidence (Rheingold, 1993; O´Neill, 1995). The phenomenon of addictive behaviour was mentioned in the clinical context for the first time by American clinical psychologist Kimberly Young in 1996 (Young, 1998a). From that time on, many experts, particularly in the U.S. (e.g. Scherer, 1997; Suler, 1999; Beard, 2005) and Asian

countries like Taiwan and South Korea (e.g. Chou et al., 2005; Chen &Hsiao, 2000; Kim et al., 2008), have been focusing their attention on this topic. Until today there remain many unanswered questions regarding this phenomenon- the concept of addictive behaviour on the Mobile phone has not been fully developed, and perhaps is still in its infancy (Yang & Tung, 2007). The open question persists as to whether addictive behaviour on the Mobile phone is a disorder itself or whether it is a manifestation of another mental disorder (Grohol, 2005; Mitchell, 2000; Yang & Tung, 2007).

Mental health represents a critical indicator of human development, serves as a key determinant of well-being, quality of life, and hope, has an impact on a range of development outcomes, and is a basis for social stability. The adoption of the *Convention on the Rights of Persons with Disabilities* in 2006 by the United Nations General Assembly provided momentum to highlight the importance of the nexus between disabilities and mental health in the context of human rights, humanitarian activities and in development work. In addition, *the Ministerial Declaration on Implementing the Internationally Agreed Goals and Commitments in Regard to Global Public Health*, in the high-level segment of the substantive session of the Economic and Social Council in July 2009, highlighted the importance of integrating mental health into the implementation of the MDGs and other internationally agreed development goals and commitments, in order to reduce poverty, promote better health, and achieve other development outcomes.

Objectives:
1. To examine the areas of mental health among adolescence.
2. To search the level of mobile phone addiction among adolescence.
3. To examine the interaction between mental health and mobile phone addiction among adolescence.

Hypotheses:
H1- There is no interaction among gender and levels of mobile phone addiction in relation to their mental health.
H2- Low mobile addiction level would have better mental health than average mobile addiction level.

Variables:
IV- Mobile Phone Addiction and Gender
DV- Mental health

RESEARCH METHODS

Sample and data:
The sample for the present study consisted of 400 adolescence, (200 boy and 200 girl students) selected through random sampling technique from Raigad district in Maharashtra.

Groups		
Independent variables		**N**
Gender	Male	200
	Female	200
Mobile Phone Addiction Level	Low	107
	Average	182
	High	111

Data collection tools:

1. **Mithila Mental Health Status Inventory**:- Standardized by Anand Kumar andGiridhar Thakur.
2. **Mobile Phone Addiction Test**:-Developed by Dr. Velayudh Anand and Dr. Srividya.

Statistical Treatment:

The data collected was analysed by Mean and S.D., t-test and f-test was used for hypotheses testing. Statistics were done using SPSS.

Data Analysis and its Interpretation:

The main purpose of the present study was investigating the level and interaction between the mental health and mobile phone addiction of adolescence. For this purpose investigator formulated two different hypotheses. Results are shown in below given tables.

Table-1 Table shows value of interaction among gender and levels of mobile phone addiction in relation to their mental health.

Tests of Between-Subjects Effects					
Dependent Variable: Mental Health					
Source	**Type III Sum of Squares**	**df**	**Mean Square**	**F**	**Sig.**
Gender	86798.628	1	86798.628	97.495	.000
MPA Level	20078.915	2	10039.458	11.277	.000
Gender * MPA Level	6592.215	2	3296.107	3.702	.026
Error	350772.384	394	890.285		
Total	14153815.000	400			
Corrected Total	491550.938	399			

df (1,394) Significant level 0.05= 3.86, 0.01 = 6.70
df (2,394) Significant level 0.05= 3.02, 0.01 = 4.66

In the above table the researcher has analyzed main and interaction effect. The main effect is the direct effect of independent variable on dependent variable. In the source column the independent variable are listed for determining the main effect one by one.

Independent variable as gender the 'F' value is (1,394) =97.49. The table value of 0.01 is 6.70, which is very smaller than calculated value. Hence, it is concluded that this is significant difference between male and female in terms of their mental health. The main effect of level of mobile phone addiction the 'F' value is (2,394) = 11.27, which is larger than 0.01. Hence, there is significant difference among low, average and high level of mobile addiction about their mental health.

The total interaction effect among gender and level of mobile phone addiction the 'F' value is (2,394) = 3.70, which is significant on 0.05 level. Hence, it is concluded that there is interaction affect among gender and level of mobile phone addiction in terms of mental health and null hypothesis is rejected at 0.01 level of significance as table value is larger than calculated value.

Table-2 Table shows Mean, SD and 't' value of mobile addiction and mental health among adolescence

Area of mental health	Mobile phone addiction level	N	Mean	SD	t
Egocentrism	Low level	107	31.69	4.82	1.46
	Average Level	182	32.52	4.5	
Alienation	Low level	107	32.4	6.96	1.35
	Average level	182	33.56	7.05	
Expression	Low level	107	36.27	8.22	1.34
	Average level	182	37.4	5.98	
Emotional Un stability	Low level	107	36.91	8.92	1.26
	Average level	182	38.24	8.41	
Social Non Conformity	Low level	107	36.62	10.5	1.78
	Average level	182	38.68	8.82	
Total Mental Health	Low level	107	173.9	35	1.65
	Average level	182	180.4	30.4	

df=287,   0.01=2.59,   0.05=1.97   **P < 0.01, *P< 0.05 significant

The table shows difference between the groups of low mobile phone addiction level and average mobile phone addiction level on the various areas of mental health. The obtained 't' value of the ego centrism is 1.46, alienation is 1.35, extraversion is 1.34, emotional un stability is 1.26 and social non conformity is 1.78. In order to be significant at 0.05 level, the minimum required value of 't' is 1.97; since the computed value of 't' is less than what is required to be significant 0.05 level. Therefore, it could be inferred that the difference between the means is not significant. In other words, the difference observed in the means could be attributed to the factor of chance only.

Still in overall mental health there is no significant difference between low mobile phone addiction level and average mobile phone addiction level. The obtained 't' value of these groups is 1.65(t (287) = 1.65, p > 0.05). In order to be significant at 0.05, the minimum required value

of 't' is 1.97. While at 0.01 level it is 2.59. Since the obtained value is smaller than what is required to be significant at 0.05 level.

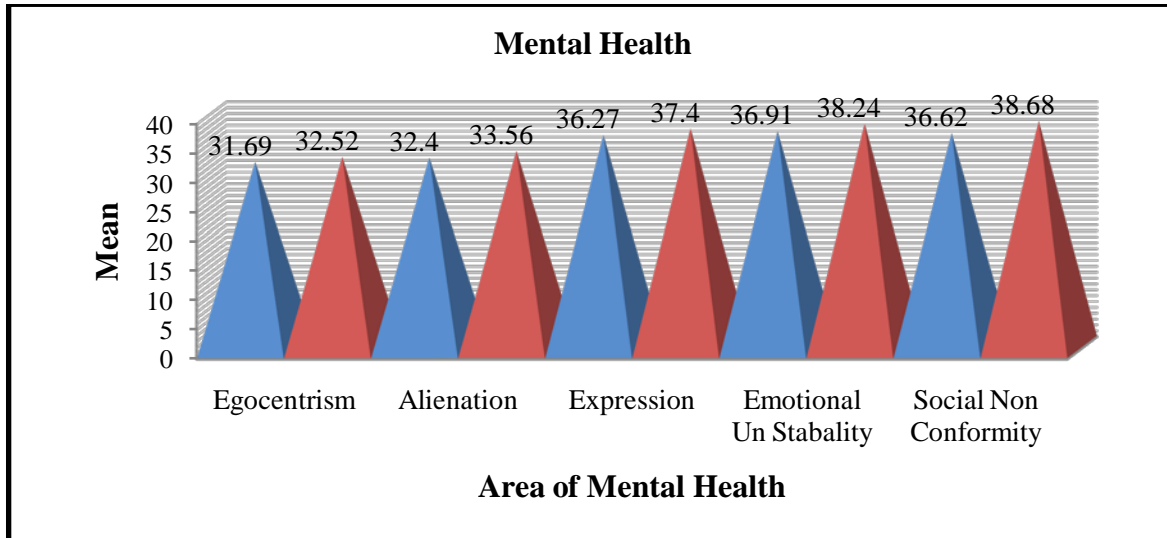**This analysis is showing in the following graph clearly**

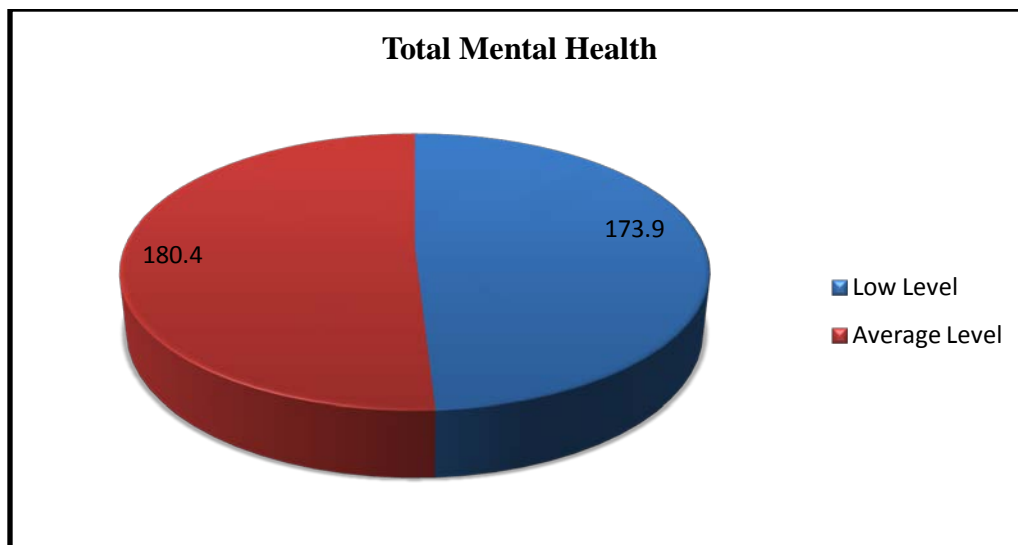*Figure No.1:- Shows mean values for areas of mental health among adolescence*

Figure No.2:- Shows mean value of mental health among adolescence

DISCUSSION

The present study focuses on the mental health and mobile phone addiction among adolescence. According to the world health organization, health means the person is not only free from any physical and psychological illness but (s)he should be fit socially too as well as no health without mental health. In the present investigation, mental health is measured using Mithila Mental Health Status Inventory. Alienation, egocentrism, and social non-conformity scales were

included to assess psychiatric and social problems; expression and emotional instability were put to ascertain personality disturbances.

 The calculated scores of mental health showed in table no-1 shows value of interaction among gender and levels of mobile phone addiction in relation to their mental health. The main effect is the direct effect of independent variable on dependent variable Independent variable as gender the 'F' value is (1,394) =97.49. The table value of 0.01 is 6.70, which is very smaller than calculated value. Hence, it is concluded that this is significant difference between male and female in terms of their mental health. The main effect of level of mobile phone addiction the 'F' value is (2,394) = 11.27, which is larger than 0.01. Hence, there is significant difference among low, average and high level of mobile addiction about their mental health.

The total interaction effect among gender and level of mobile phone addiction the 'F' value is (2,394) = 3.70, which is significant on 0.05 level. Hence, it is concluded that there is interaction affect among gender and level of mobile phone addiction in terms of mental health and null hypothesis is rejected at 0.01 level of significance as table value is larger than calculated value.

The calculated scores of mental health showed in table no-2. The calculated 't' value of Ego-Centrism, Alienation, and Emotional Un stability are no significant difference among Adolescence. But also The obtained 't' value of the ego centrism is 1.46, alienation is 1.35, extraversion is 1.34, emotional un stability is 1.26 and social non conformity is 1.78. In order to be significant at 0.05 level, the minimum required value of 't' is 1.97; since the computed value of 't' is less than what is required to be significant 0.05 level. Therefore, it could be inferred that the difference between the means is not significant. It indicates that mental health is not merely an absence of mental illness, but it is also the ability to cope with problems in life. A good mental health is essential for leading a good life effectively if he/she is suffering from stresses and strains and is struggling with mental health problems such as depression or unsteady feeling due to social or mental pressure; with poor mental health, one loses overall effectiveness. Mental health is the balance between all aspects of life- social, physical and spiritual aspect of a person. It impacts on how we manage our surroundings and make choices in our lives clearly it is an integral part of our overall health.

CONCLUSION

To sum up, we might conclude that, there is interaction affect among gender and level of mobile phone addiction in terms of mental health as well as no significant difference in mental health among adolescence between low mobile phone addiction and average mobile phone addiction level.

Conflict of Interests
The author declared no conflict of interests.

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