

Relationship of Smartphone Addiction with Lifestyle among Elderly

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ABSTRACT

The increasing use of smartphones among the elderly is a notable trend. This study aimed to explore the relationship between smartphone addiction and lifestyle in elderly people. A cross-sectional, interview-based study was conducted on 103 elderly individuals residing in Mysore city, Karnataka. Data was collected using a self-reported questionnaire to obtain information on the socio-demographic variables of the sample, along with the Healthy Lifestyle Questionnaire developed by Bandari et al., (2020). The results revealed that of the total majority (66%) of the participants demonstrated a moderate level of smartphone addiction, higher levels of smartphone addiction were more prevalent among males (26.7%) and retired (21.7%) individuals with no employment, compared to their respective counterparts. A relation was observed between the level of smartphone addiction, the number of hours spent on smartphones daily and participants' lifestyles ($p < 0.05$). From the correlation value, it is clear that there was a significant negative relationship between smartphone addiction and lifestyle among the elderly as, it indicates that as smartphone addiction increases life style quality reduces among elderly people. The study concluded that extensive daily smartphone usage (over 5 hours) contributed to higher levels of smartphone addiction among the elderly.

Keywords: *Elderly, Smartphone addiction, Lifestyle*

Elderly is defined as a person who is over 60 years of age (United Nations). The World Economic Forum (WEF) has recently defined elderly through a new measure called "prospective age" which looks at the average number of years people have left to live. Hence according to WEF, being old does not start at age 65, rather when people have an average of 15 more years left to live.

Ericsson coined the term "smartphone" in 1997. A smartphone is a versatile mobile device that merges traditional phone functions with advanced computing capabilities (Hosch, 2024). Today's smartphones provide touchscreens, web browsing, social media, multimedia playback, built-in cameras, GPS, and various communication methods, offering significant advancements over earlier feature phones (Smith, 2023).

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Smartphones have increasingly become a valuable tool for people of all ages, including the elderly. As technology evolves, elderly are finding smartphones to be beneficial for staying connected, managing health and enhancing their daily lives.

Due to smartphones arrival, the frequency of digital activities was increased in smartphones, which were carried out through laptops and desktop computers (Rosen *et al.*, 2013). The modern-day smartphones provide many applications that are related to self- management, such as they help in instrumental activities of daily living, enhancing social contacts among elderly hence decreasing loneliness and expanding knowledge by giving information. Along with this it enhances autonomy and selfcare. Other features of the smartphone include making phone calls, address book, alarm and reminders (about medical schedules and upcoming appointments, etc..) date and time and panic button for emergency to receive immediate assistance. On the other hand, playing songs or videos, using emails or global positioning systems (Alka *et al.*, 2018).

Although the types of smartphone use vary, they can generally be classified as information seeking, entertainment seeking and communication seeking (Jeong *et al.*,2022). Different terms for smartphone include “smartphone addiction”, “nomophobia”, “smartphone overuse” and “problematic smart- phone use” (Busch and Carthy, 2021). Smartphone addiction has been defined as “the maladaptive dependence or compulsive use of smartphone devices” (Xu *et al.*, 2023). Smartphone addiction is often associated with excessive smartphone use, and overuse or misuse of personal electronic devices can reduce health-related quality of life and impair some abilities, reduced productivity, disrupted relationships and anxiety (Yu and Sussman 2020).

Smartphone used for various needs such as, to make phone calls, send and receive text messages, social networks update, videos and live events, play video games, communicate with medical professionals at anytime, anywhere which in-turn improve autonomy and selfcare and social life. Some of the features like text to speech, GPS and social websites can help elderly to easily remain integrated with society and made them to connected with each friend and family all the time (Jeong *et al.*, 2022).

The aim of the study was to assess the relationship of smartphone addiction with lifestyle among elderly people, with the objectives such as, to assess the smartphone addiction and lifestyle, to know the influence of socio-demographic factors on smartphone addiction and lifestyle, to know the influence of smartphone addiction on lifestyle and to know the relationship of smartphone addiction with lifestyle among elderly people.

LITERATURE REVIEWS

The investigator carried out extensive review of literature for the research topic to gain insight and collect maximum information for laying the foundation to the study. The review of literature based on the following headings.

Concept and definitions

Smartphone addiction

- According to Heron and Shapira, 2004, Smartphone addiction is a phenomenon that pertains to uncontrollability of smartphone use. People with smartphone addiction encounter social, psychological health problems.
- According to Hwang *et al.*, (2011) defined that smartphone addiction level means dependence about smartphone and condition which used obsessively.

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- According to Demirci *et al.*, (2014) smartphone addiction, is “overuse of smartphones to the extent that it disturbs the users’ daily lives”.
- According to Yu and Sussman, 2020, Smartphone addiction has been defined as the maladaptive dependence or compulsive use of smartphone devices.

Life style

- According to Weber (1958), life style is closely linked to the type of occupation pursued, it is acquired through formal education, and it can be expected from everybody 'who wishes to belong to the circle'.
- According to Giddens, 1991, ‘A lifestyle can be defined as a more or less integrated set of practices which an individual embraces, not only because such practices fulfil utilitarian needs, but because they give material form to a particular narrative of self-identity’.
- According to Chaney, 1996, Lifestyles are patterned ways of investing certain aspects of everyday life with social or symbolic value; but this also means that they are ways of playing with identity.
- According to Stebbins, 1997, ‘Psychological perspective defines and analyses lifestyle on the level of thought or the level of action’.
- According to Cockerham (2002,) ‘lifestyle is the sum of health-related factors such as tobacco, alcohol, drugs, fat, sugar, exercise’.

Smartphone addiction among elderly people.

Smartphone addiction among the elderly has become an increasingly recognized issue in today’s digital age. As technology continues to evolve, older adults are more frequently engaging with smartphones for various reasons, including staying connected with family, accessing information and managing health. While these devices offer numerous benefits, there was a growing concern about the potential for excessive use and its associated impacts. This phenomenon, often termed "smartphone addiction," can affect the elderly in several ways, from physical health issues like eye strain and poor posture to psychological effects such as anxiety and social isolation. Understanding the prevalence of smartphone addiction in this demographic is crucial for developing strategies that balance technological benefits with well-being and support healthy usage habits.

Taneapanichskul *et al.*, (2018), administered the cross-sectional study on “Effect of Mobile Phone Use on Quality of Life and Sleep Quality among Elderly in Urban Area” in Bangkok with the aim to know the prevalence among the senior citizens. The sample of the study includes of 1,457 senior citizens aged between 50-70 years. The tool used were standard questionnaire format and a questionnaire developed by their team of researchers (Taneapanichskul *et al.*, 2018). The result showed that majority (44.20%) of the interviewees were using their smartphone for outgoing calls as compare to their counterparts, 64.30% of the respondents did not used their smartphone before going to sleep, 72.50% of the interviewees were not interrupted by the smartphone while sleeping and 85.20% of the respondents did not think that they use their smartphone too much in a day.

Wilaiwan *et al.*, (2018), carried out a cross-sectional descriptive study on “Health Effects of Using Mobile Communication Devices in Thailand”. The aim of the study was to know the usage status of communication devices and applications amongst the elderly population. The sample of the study consisted of 448 elderly people aged 65 years. The tool used was the questionnaire consisting demographic characteristics (Wilaiwan *et al.*,2018). The result

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revealed that 91.5% of the respondents used their smartphones and 86.6% of the participants used social networking application.

Pozveh *et al.*, (2020) administered a cross-sectional study on “Evaluating daily cell use of cell phones and its correlation with some aspects of lifestyle in the elderly, from March 2020 to March 2021 in comprehensive health-care centres in Isfahan. The aim of the study was to evaluate the daily use of smart phones among elderly with the total sample of 310 aged over 60 years. The tool used was Cell-Phone Over-Use Scale (Jenaro *et al.*, 2007). The findings revealed the participants' cell phone usage pattern which showed, most of the participants that is 41% of them were high smartphone users followed by low users (36%) and moderate users (23%).

Caliandro *et al.*, (2021), conducted a study on “Smartphone Overuse in the Old Age: A Qualitative Exploration on Actual Smartphone Use and Perceptions Among Italian Older Heavy Users”. The aim of the study was to investigate the habits and perceptions of a group of Italian smartphone heavy digital users with 30 respondents aged above 65 years. The data was collected by conducting interview from September to December 2019. The result showed that in communication and scheduling about 50% of the category uses what's app followed by ‘Voice Chat’ (22%) (that is phone calls) ‘General Activities’ (21%) (mainly checking the contact list), ‘Email’ (6%) and ‘Calendars’ (1%).

Jeong and Bae (2021) conducted a study on “The Relationship Between Types of Smartphone Use, Digital Literacy, and Smartphone Addiction in the Elderly” in Korea included 3121 sample aged between 60 to 69 years. The tool used was self-reported questionnaire (Jeong and Bae, 2021). The result revealed that the majority of the participants that is 85.4% were in the general user group followed by 14.6% of the participants were observed under smartphone addiction risk group, 12% observed under potential risk group and 2.6% in the risk group of smartphone addiction. Thus, result of the study indicated that the smartphone usage time was positively related to smartphone addiction. Entertainment-seeking and life service types of smartphone use, and digital literacy were positively associated with smartphone addiction. Conversely, smartphone use for information-seeking and communication-seeking was negatively related to smartphone addiction.

Unuvar *et al.*, (2023), conducted a study on “The Relationship Between Nomophobia with Physical Activity and Sleep Quality in Non-Frail Older Adults”. The aim of the study was to investigate the nomophobia among non-frail elderly adults. The study was included 158 non-frail adult volunteers aged 65. The tool utilized for the study was Nomophobia Questionnaire (Yildirim and Correia, 2015). The results showed that among 158 participants, majority of (96.8%) participants were nomophobic whereas 3.2% of the participants were not nomophobic.

Xu *et al.*, (2023) administered a questionnaire survey-based study on “Understanding older adult smartphone addiction in the digital age” in China. They aimed to investigate the effect of subjective cognitive decline and family relationship conflicts on older adults with total 371 subjects, aged over 64 years were taken by using Mobile phone addiction scale (Kwon *et al.*, 2013) and Subjective cognitive decline scale (Gifford *et al.*, 2015). The result showed that subjective cognitive decline and family relationship conflict affect older adult's mobile addiction through sense of alienation, as well as older adults perceived power moderates the relationship between alienation and smartphone addiction. Due to because of family

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relationship conflict leaves the emotional needs of the older adults vacant and unmet, creating sense of alienation and this alienation positively affects smartphone addiction.

Effect of smartphone addiction on lifestyle among elderly people.

Smartphone addiction among the elderly has led to notable changes in daily routines and social interactions. As older adults increasingly use smartphones for communication and entertainment, their lifestyles are shifting, with more screen time and altered social dynamics. These changes can impact physical health, contributing to sedentary behaviour and mental well-being, potentially causing issues like social isolation or anxiety. Understanding these lifestyle shifts highlights the importance of balanced and mindful technology use.

Kurniawan (2008) conducted a study on “Older people and mobile phones.” The aim of the study is to investigate issues related to the use of mobile phones. The sample of the study was 100 participants aged 60 years. The tool used was Online questionnaire (Kurniawan, 2008). The study revealed that the older people were passive users of mobile phones, as they experience fear of consequences of using unfamiliar technology. The females had very good lifestyle when compared to males because the smartphone addiction among females is less compare to the males. Due to the fact that females are more active and engaged themselves in community-oriented lifestyles combined with differing levels of technology adoption and usage patterns.

Wilson (2017) conducted a study on “Exploring the impact of every day digital technology use on the wellbeing of older adults”. The aim of the study was to exploring the relationships that older adults had with everyday digital technologies such as smartphones, e-readers, tablets and laptops; as well as exploring whether the use of technology can impact upon older adults’ feelings of loneliness and wellbeing. The study included 32 participants aged 65 and above years. Emotional attachment towards a technology was recorded using Ball and Tasaki's (1992) measure of attachment scale. The result revealed that as the smartphone addiction increases the emotional attachment also increases which in-turn affects the lifestyle among elderly i.e., excessive smartphone use often means prolonged periods of inactivity, which can contribute to sedentary behaviour, poor posture, and associated health issues like obesity, cardiovascular problems, and musculoskeletal pain.

Taneepanichskul *et al.*, (2018), administered the cross-sectional study on “Effect of Mobile Phone Use on Quality of Life and Sleep Quality among Elderly in Urban Area” in Bangkok with the aim to study the relationship between the use of mobile phones and the quality of life as well as sleep quality among the senior citizens (2.2). Total 1,457 samples aged between 50-70 years old were taken for the study. The tool used was standard questionnaire format developed by the team of researchers (Taneepanichskul *et al.*, 2018). The result revealed the relationship between mobile phone use behaviour and senior citizens’ quality of life. It showed that the number of outgoing and incoming calls has a significantly positive effect on their quality of life ($p < 0.05$) because they believed that the smartphone usage brings them closer to their family. Concerning sleep quality, those who are interrupted by their mobile phones during their sleep had a lower sleep quality than those who are not interrupted ($p < 0.05$).

Grewal and Sahni (2019) administered a cross-sectional study on “Effect of smart phone addiction on reaction time in geriatric population” in Ludhiana. Total of 90 elderly participants aged from 60-70 years were included in the study. The tools utilized were a self-

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reported measure and Mobile phone addiction scale (MPAS) (Kwon et al., 2013). The result showed that the old aged who were addicted to smartphone had better response time than that of old aged who did not used the smartphone. The reason behind the better reaction time seen in smartphone addicted participant due to their brain activity in the somatosensory cortex which was stronger when smartphone users did a lot of typing and swiping and that signal strength depends on how recently such digital activity occurred.

Pozveh *et al.*, (2020) administered a cross-sectional study on “Evaluating daily cell use of cell phones and its correlation with some aspects of lifestyle in the elderly, from March 2020 to March 2021 in comprehensive health-care centres in Isfahan. Total 310 elderly over 60 years were included in the study. The tools used were Cell-Phone Over-Use Scale (Jenaro *et al.*, 2007) and Elderly lifestyle questionnaire (Eshaghi *et al.*, 2010). The result showed that among male elderly participants, smartphone usage was significantly and positively associated with lifestyle in the aspects of substance or opium use ($p>0.05$) and also relationship was found for the smartphone use and use of cigarettes, hookah, and other types of tobacco and substance or opium use was significantly higher in the group with moderate cell phone use.

Tariq *et al.*, (2021) carried out a cross-sectional study on “The effect of smartphones on the self-rated health levels of the elderly”, in Panjab. The major aim of the study was to assess the possible effects of smart phone on the lifestyle of elderly with sample size of 139 elderly people of age 50 and above. The data’s collected using Google Docs questionnaire (Tariq *et al.*, 2022). The result showed that they were not satisfied with their social life. Thus, the study concluded that their excessive use of mobile devices is making them less social and they experience fatigue, loss of concentration and engage in less physical activity.

Bertocchi *et al.*, (2022) carried out a cross-sectional study on “Smartphone use, digital addiction and physical and mental health in community-dwelling older adults” (2.2). The aim of the was to assess mobile technology use, level of digital addiction and the association of these factors with physical, mental and social health and quality of life. The samples of the study were consisted of total 713 participants aged over 60 years. The tool used was Internet Addiction Test (Conti *et al.*, 2012) and Quality of life questionnaire. Results showed that no association was found for quality of life, sleep quality or loneliness with smartphone usage.

Jia *et al.*, (2022) administered a study on “The relationship between real life and internet addiction among the elderly” in China. Total 500 participants aged 55 and above years were included in the study. The tool used was Internet addiction scale (Mak *et al.*, 2014) and loneliness (Hays *et al.*, 1987). Result of the study was showed that real life social support was significantly and negatively related to internet addiction among elderly and also internet addiction leads to neglect of daily activities which includes self-care practices, such as exercise, proper nutrition, and regular medical appointments.

Karas *et al.*, (2023), carried out a study on “Addictive smartphone uses in the elderly: relationship with depression, anxiety and sleep quality” in Japan. The aim of the study was to explore the relationship between addictive smartphone use (ASU) and depressive symptoms, anxiety and sleep quality in elderly adults with sample size 402 smartphone users over the age of 65 years. Research tools utilized were socio demographic profile with brief information about their smart phone use patterns such as the frequency or duration of use, the participants were also assessed with Smartphone Addiction Scale (SAS) (Kwon *et al.*,

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2013) and Geriatric Depression Scale (Yesavage *et al.*, 1983). The result revealed that significant association between addictive smartphone use and sleep quality among elderly adults. The study concluded that there was a bidirectional relationship between poor sleep quality and addictive smartphone usage in elderly.

Tian and Wang (2023), conducted the study on “Mobile phone addiction and sleep quality among older people” in communities of Huai’an City and Nanjing City, Jiangsu Province. They aimed to examine the mediating role of depression and loneliness in the relationship between phone addiction and sleep quality among older adults total 510 participants aged over 60 years. Tool used was Mobile phone addiction scale short version (Kwon *et al.*, 2013). The result showed that sleep quality was directly affected by the mobile phone addiction.

Unuvar *et al.*, (2023), administered study on “The Relationship Between Nomophobia with Physical Activity and Sleep Quality in Community-Dwelling and Non-Frail Older Adults” (2.2). The aim of the study was to investigate the association between nomophobia and physical activity and sleep quality among non-frail elderly adults. The study was conducted with non-frail adult 158 volunteers aged 65 and over using smartphones between June and July 2022. The tool utilized were Nomophobia Questionnaire (Yildirim and Correia, 2015). The result concluded that, nomophobia increased in non-frail adult people, their physical activity levels decreased and their sleep quality was negatively affected.

METHODOLOGY

The aim of the study was to assess the relationship of Smartphone addiction with lifestyle among elderly by using cross sectional interview-based research design. A total 103 samples were included as the respondents through purposive sampling technique from three different locations (University of Mysore, Manasagangothri (Main campus), Javaregouda Park, Saraswathipuram, Basavanagudi Park, Hebbal), in Mysore city. The research tools used were Self structured questionnaire to collect general information and specific information about the samples, Smartphone Addiction Scale by Kwon *et al.*, (2013) and Healthy Lifestyle Questionnaire (HEAL) by Bandari *et al.*, (2020). The elderly who aged around 65 and above, people who used smartphone for various needs were included. People who have mental health issues, non-android mobile phones and below 65 years aged adults were excluded from the study. By using SPSS version 20, frequency and percentages were used to describe the independent variables such as smartphone addiction and dependent variable such as lifestyle. Chi-square test was used to find out the association between the smartphone addiction lifestyle. Correlation analysis was carried out to check the relationship between independent variable/ dependent variables.

RESULT AND DISCUSSION

The study revealed that, majority of the participants were males (72.8%), belonged to 66 to 70 years age group (39.8%), graduated (46.6%), post retired workers (55.3%) and having less than thirty thousand income (54.4%) followed by respective counter parts. With respect of the family details of the respondent’s 66% of them had more than four members in their family, all of them were belonged to nuclear family and most of them (55.3%) were depend on pension for income. According to spouse details, majority of them (72.8%) were females aged 66 and above (27.2%) studied up to PUC (57.3%) and most of them were (59.2%) house wife. As per living conditions of the respondent’s, majority (95.1%) of them were had own house, all of them were have pukka house with proper ventilation, lightening, electricity, drainage and all (100%) of them were using LPG for cooking purpose. With

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respect to mobile phone possession, all of them were had smartphone (100%) most of them (37.9%) were using smartphone from 7-14 years and up to 3 hours per day (41.7%). Most of the respondents were use their smartphone for communication (92.2%), entertainment (81.6%), net banking (50.5%) and majority of the respondents were not using their smartphone for knowledge (80.6%) and shopping (70.9%).

Result of smartphone addiction revealed that 66% of participants were had moderate level of smartphone addiction compared to other level of smartphone addiction. As per the gender, of the total majority of the males (26.7%) were had high smartphone addiction whereas higher percentage of females (71.4%) were had moderate level of smartphone addiction compare to their respective counterpart, it is because of males were have more ownership of smartphone than females. Contrastingly, Karas *et al.*, (2023) were reported that females were have higher SAS score than men. It is due to the fact that most of the females used their smartphone for enhanced communication. According to occupation a greater number of retired non workers (21.7%) (73.9%) were observed under high smartphone addiction and moderate smartphone addiction level, the reason behind it is they have enough free time and Lack of work leads to boredom, to overcome from boredom they use smartphone. In support of the present study findings Karas *et al.*, (2023) revealed that the higher SAS score was observed in non-working and retired respondents which may because those who do not work or who were retired have more free time than who are employed. As per distribution of smartphone addiction with number of hours spent on day, 36.4% of the participant who used their smartphone more than five hours were observed under high addiction level and 72.1% of the participant were observed under moderate level of smartphone addiction. In support with study conducted by Karas *et al.*, (2023) the result revealed that those with daily smartphone use durations in excess of 6 hours were found to have higher smartphone addiction scores (SAS) than those with smartphone use durations of 3–6 hours and 1–3hours ($P < 0.01$). Due to prolonged smartphone use exposes individuals to a greater number of notifications, social media interactions, and app content. This constant exposure can reinforce habitual use and create a stronger dependency on the device, contributing to higher addiction scores. With respect to the distribution of smartphone addiction with lifestyle, 38.1% of the participants who have high addiction observed under very poor lifestyle and 92.9% of the participants who observed under low addiction were have fair level of lifestyle. To support this result the study conducted by Pozveh *et al.*, (2020) the result showed that among male elderly participants, smartphone usage was significantly and positively associated with lifestyle in the aspects of substance or opium use ($p > 0.05$) and also relationship was found for the smartphone use and use of cigarettes, hookah, and other types of tobacco and substance or opium use was significantly higher in the group with moderate cell phone use due to moderate smartphone users might be more active in online communities or social networks where substance use is more prevalent or normalized. Highly Significant association was found between gender, occupation, number of hours spent on per day in smartphone, lifestyle and levels of smartphone addiction ($p < 0.05$). High significant association was found between levels of lifestyle and number of hours spent on per day in smartphone ($p < 0.05$). As per the scores of smartphone addiction and personal factors of the respondent's highly significant positive correlation was found between hours of smartphone usage and smartphone addiction also, negative correlation was found between smartphone addiction and lifestyle. Along with that as per scores of lifestyles and personal factors of the respondent's highly significant negative correlation found between hours of smartphone used by respondents and lifestyle.

CONCLUSION

Smartphone addiction among the elderly has become increasingly common in recent years, influenced by factors like technological advancements, social isolation and the desire to stay connected. It brings both significant benefits and potential drawbacks. In the present study factors such as male gender, occupation (retired non -worker) and number of hours spent on a day (more than 5 hours) were influencing smart phone addiction among elderly. Further lifestyle is affected by smartphone addiction. On the positive side, smartphones offer enhanced connectivity, mental stimulation and convenience, which can improve quality of life and support independence. However, the negative aspects, such as physical strain, mental health risks and challenges related to digital literacy, must be addressed to maximize the benefits while minimizing adverse effects.

The findings underscore the crucial impact of daily smartphone usage on lifestyle. Reducing screen time is recommended to improve productivity. Individuals should prioritize smartphone use based on their needs and be aware of both the benefits and potential adverse effects to maintain a balanced and healthy lifestyle.

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Conflict of Interest

The author(s) declared no conflict of interest.

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