

# A Study to Assess the Effectiveness of Information Booklet on Mobile Phone Addiction, Health Hazards of Mobile Phone Addiction and Prevention of Mobile Phone Addiction among B.Sc. Nursing First Year Students at GSRM Memorial College of Nursing, Sarojini Nagar, Lucknow

Ms. Sunita Singh<sup>1</sup>, Mrs. Lubna<sup>2</sup>, Mr. Mata Deen<sup>3</sup>

<sup>1</sup>Baba Educational Society Institute of Paramedical College of Nursing, Lucknow, Uttar Pradesh, India

<sup>2</sup>GSRM Memorial College of Nursing, Sarojini Nagar, Lucknow, Uttar Pradesh, India

<sup>3</sup>Nishat Hospital & Institute of Paramedical Science & College of Nursing, Barabanki, Uttar Pradesh, India

## ABSTRACT

**Background:** Mobile phone addiction shows a distinct user profile that differentiates it from internet addiction. The problematic use of mobile phone has been associated with personality variables, such as extraversion, neuroticism, self-esteem, impulsivity, self-identity and self-image. Similarly sleep disturbance, anxiety, stress and to a lesser extent depression, which are also associated with problematic mobile phone use which can be triggered by improving basic knowledge about Mobile phone addiction, its health hazards and its prevention.

**Objectives:** The study aimed to evaluate effectiveness of information booklet on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.

**Methods:** Quantitative a research approach was used. The research design adopted was Pre-test & post-test control group design. The questionnaire was developed and used for data collection to assess the knowledge of B.Sc. Nursing 1st year students. The main study was conducted GSRM Memorial College of Nursing Lucknow. The sample of the study consisted of 40 B.Sc. Nursing 1st year students.

**Results** The findings show that the majority 17 (40%) had adequate knowledge and 20 (50%) had moderately adequate knowledge and 4 (10%) had inadequate knowledge. There was a significant association between the post-test knowledge gain score and age, religion, type of family, socio economic condition, education of fathers, education of mothers, and source of knowledge. **Conclusion:** This study concludes that structured teaching program plays a vital role in increasing the knowledge level among B.Sc. Nursing 1st year students on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.

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**KEYWORDS:** Health hazards, Mobile phone

## INTRODUCTION

The technology is the sum of techniques, skills, methods and processes used in the production of services or in the accomplishment of objectives, such as scientific investigation. Technology can be the knowledge of techniques, processes, and the like, or it can be embedded in machines to allow for operation without detailed knowledge of their working. Mobile phone is also a type of invention of technology.

A mobile phone is an electronic telecommunication device, often referred to as a cellular phone or cell phone. Mobile phone connects to a wireless communication network through radio waves or satellite transmission. Most mobile phones provide voice communication, short messages (SMS), multimedia message service (MMS), and newer

phones also provide internet service providing internet services such as web browsing and email.

Mobile phone is one of the wonderful inventions of science. This incredible technology has made our life. We will not find one mobile user who has not received unexpected calls from unknown numbers. The harmful uses of mobile phone are also misleading our teenagers.

Use of mobile phones for every youngster has become an obsession. Our new generation has taken it quite seriously. Mobile phones are ubiquitous. Our youngsters squander their time by surfing the internet, messaging and talking most of the on mobile phone. Sometimes, the mobile users are so grossly engrossed in their talk that they forget the, world much to the annoyance of those who are around them.

The extensive use of mobile phone makes everyone an addict of this small device. Just like every medicine have its side effect, mobile phone also has some drawbacks. Students may disturb other through ring tones and also misuse cell phone to write and send text messages, take and send text messages, takes and send digital photos, and even take and send short digital view clips, in addition to making phone calls. Nearly all of the users can become inappropriate and undesirable in middle and high school classrooms. The student even sends threatening and vulgar messages to teacher. The increase usage of mobile has increased the magnitude of potential health risk among its users.

One type of mobile phone is smart phones. Smart phones are becoming increasingly indispensable in everyday life and offer a substantial variety of mobile application for information, communication, education and entertainment purposes. Smart phones typically have touch screens; mobile internet access via Wireless Fidelity, digital cameras and Global Positioning System- based navigation. Regarding mental health recent studies showed that increased smart phone use might be related to sleep disturbances and depression, furthermore, increasing frequency and time spend on smart phones is closely related to severity of smartphone addiction. Smart phone addiction could be considered a form of technological addiction.

There is some concern at the radiation and other effect on human being with prolonged use of mobile phones, especially by adolescence. Children and teenagers should be advised by parents and teachers to use the mobile sparingly.

A mobile phone addiction is a disorder involving compulsive over use of the mobile devise usually quantified as the number of times users access their

device and the total amount of time, they are online over a specified period. Compulsive mobile phone is just one type of technological addiction.

Adolescence is a period of greatly enhanced awareness. These years are also the time when mental and psychological development takes place; The adolescence are large in number and are the citizens are worker of tomorrow. This is the time of exploration of their own and they are more curious in nature. The swiftly changing global conditions are posing a great strain on the young people, modifying their behaviour and relationship and exacerbating their health problems.

#### **Need For the Study:**

Mobile phone usage in India crossed 58 million users in 2004 according to survey by market in 2015 India is estimated to have occur 800 million phone users in 2019.

The mobile phone addiction magnitude in India ranged from 39% to 44% as per fixed effects calculated.

**Around 206 publisher national international survey report suggest that 50% of the teens and 27% of parents feel that they are addicted to mobile.**

**Currently the addiction to mobile phone among student is 24.8% to 27.8% and is progressively every day.**

There is a considerable debate on addiction and misuse to smart phone among adolescents and its consequent impact on their health not only in global context, but also specifically in Indian population. Considering that mobile phones globally occupy more than 50% of mobile phones market and more precise quantification of the associated problem is important to facilitate understanding in this field.

Back in 1980, the number of cell phones in the world was a near 11.2 million or 2 cell phones/1000 peoples. Over last few years 61% of global population now using mobile phones. That is around the world, there are more than 2.4 billion cell phone users and more than 1000 new customers are added every minute. The telecommunication system of India is the 4<sup>th</sup> largest in the world. At present India have 250 million cell phone users. By the end of 2010, this figure is estimated to rise about 500 million.

According to drug rehabilitation studies, more than 225 million people carrying mobile phone in US up from 34 million in 2005, and nearly two-third (63%) of teens owning their own cell phone. Many parents have noticed obsessive behavior in their teens often so extremely that resemble addiction. Mobile phones

now become an inevitable part of our daily life. The positive fact is that mobile phones helped people to reach out and for maintaining intrapersonal relationship. The negative impact of it is that, the daily usage of mobile phone by the users, have proven dangerous effects to their physical, psychological and social aspects.

Mobile phone addiction among Indian teens can not only damage interpersonal skill but also it can lead to significant negative health risk and harmful psychological effects on Indian adolescent. The age group of 25-34 is found to have the highest smart phone usage rate of 62%. 50% of android smart phones and 43% of Apple i phone users are younger than 34 years 53% of smart phones users are male and 47% are female. Indian teens are currently driving smart phones market in India. The age group of 16 - 18 years using smart phone have shown a rapid rise from 5% in 2012, 25% in early 2014. Recently in 2013, there were around '51 million' smart phone users in urban India and rate of rise from year 2012 was 90%.

Prevention of mobile phone misuse and its consequences among adolescence can be handled by making them aware of its factor, safety use and precautions. The above statistics shows that there is an increased prevalence of problems associated with cell phone use especially in adolescence. From all this information the investigator felt the importance of assessing the knowledge of adolescence on the problem related to mobile phone misuse and the need to educate them regarding the safe and appropriate of it.

A study that was conducted with sample of 500 students on cellphone, in Israel use pointed out that, uses of cellphone for more than 22 hours a month increases a person's risk of developing parotid gland tumors. A cross sectional study was conducted on impact of mobile phone use on various dimensions of student in Bangalore the study showed the student have more negative impact (52.22%) than positive impacts (47.78%).

### PROBLEM STATEMENT:

A study to assess the effectiveness of information booklet on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction among BSc nursing first year students at GSRM Memorial College of Nursing, Lucknow.

### OBJECTIVES:

The objectives of the study were:

1. To develop information booklet.
2. To assess the knowledge of B.Sc. nursing 1<sup>st</sup> year students on mobile phone addiction, health

hazards of mobile phone addiction and prevention of mobile phone addiction before the administration of information booklet.

3. To compare the level of pre-test and post-test knowledge of experimental and control group after administration of information booklet among student of B.Sc. Nursing 1<sup>st</sup> year.
4. To evaluate effectiveness of information booklet on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction by comparing pre-test and post-test knowledge score.
5. To find out the association between pre-test and post- test level knowledge score on prevention of mobile addiction with selected demographical variables among BSc Nursing 1<sup>st</sup> year student in experimental and control group.

### HYPOTHESIS:

H<sub>1</sub>- There will be significant difference between pre-test and post-test knowledge score of experimental and control group regarding prevention of mobile addiction among B.Sc. Nursing 1<sup>st</sup> year student.

H<sub>2</sub>- There will be significant association between pre-test and post-test knowledge score with their selected demographical variable.

### OPERATIONAL DEFINITIONS:

- **Assess:** Organized systematic and continuous process of collecting data from BSc 1<sup>st</sup> year students regarding mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.
- **Effectiveness:** significant improvement in knowledge and practice regarding mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.
- **Information booklet:** A very thin book with a small number of paper cover giving information about mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.
- **Mobile phone:** A mobile phone is a portable telephone that can make and receive calls over a radio frequency link by the user is moving within a telephone service area.
- **Mobile phone addiction:** Fact or condition being addicted to mobile phones.
- **Health hazards:** Physically, psychologically, and mentally harmful effect on health of mobile phone addiction.

- **Prevention:** Act to stop something happening regarding harmful effect of mobile phone addiction.
- **B.Sc. Nursing:** It is bachelor of science in nursing which is 4year programme aimed to prepare students to work effectively as members of health team. This job is job-oriented programme comprises subjects like nursing fundamentals, anatomy and physiology, psychology, sociology, pharmacology and medical surgical nursing.

## MATERIAL AND METHODS:

### Research approach:

Quantitative research approach

### Research design:

Pre-Test Post-test Control, Group Design

### Variables:

**Dependent variable-** Knowledge regarding mobile phone addiction, health hazards of mobile phone addiction and prevention of Mobile Phone addiction.

**Independent variable-** Information Booklet.

**Demographic variable-** Such as Age, religion, mother's education, father's education, family income, source of education, living area.

### Research setting:

- The study was conducted in GSRM Memorial College of Nursing, Lucknow, U.P.

### Population:

- **Target population:** Total students of B.Sc. Nursing First<sup>st</sup> Year.
- **Accessible population:** Those who are present during research study.

### Sample:

B.Sc. Nursing I<sup>st</sup> Year students.

**Sample size:** 40 students.

### Sample techniques:

Random sampling technique.

**Criteria for sample selection:** Sample was selected based on the following inclusion and exclusion criteria:

### Inclusion criteria:

1. Students age between 17-24 years. Students who are willing to participate in the study.
2. Student who are present the time of data collection.

### Exclusion criteria:

1. Students who are absent on the day of data collection.
2. Not willing to participate in this study.

### Tool and method of data collection:

The tool consists of 2 sections

**Section A-** Demographic data.

**Section B-** Structure questionnaire on Mobile phone addiction, health hazards of mobile phone addiction and prevention of Mobile Phone addiction.

**Selection and development of tool:** The tool was developed after extensive review of literature, internet search and expert advice.

**Description of the tool:** The tool comprised of two sections:

**SECTION A: Demographic data-** consisted of 7 items, which comprised of Age, religion, mother's education, father's education, family income, source of education, living area.

**SECTION B: Structure questionnaire on Mobile phone addiction**

**Reliability of tool:** Reliability of tool was evaluated by using **spearman's co-relation co-efficient formula**, the finding shows that the value  $r = 0.80$ , hence tool is reliable.

### Data collection procedure:-

- The final study was conducted in GSRM Memorial College of Nursing. Before starting the study, we obtained permission from college authorities for conducting research study.
- Data collection period was 7 days. This study was conducted with 40 samples. Random sampling technique was used.
- Pre-test was conducted for the selected students by Information Booklet was used to access the knowledge on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.
- After pre-test information booklet was given to the students. At the end of the week post test was conducted.

### Ethical consideration:

- Formal permission was obtained from the directors of the hospitals.
- Confidentiality was ensured. An informed consent was obtained from the individual students.
- The individual had rights to refuse to participate in the study.

### Plan for data analysis:

The plan for data analysis includes-

- The data was organised, tabulated, summarized and analysed by using descriptive and inferential statistical analysis.

- Descriptive statistical methods like frequency, arithmetic mean, standard derivation was used to access the knowledge among students.
- Inferential statistical methods like paired 't' test was used to access the effort of information booklet to associated the selected variables.

**RESULTS:****Table-1: Description of demographic variables of the experimental and control group of BSc 1<sup>st</sup> year students****n = 40**

S. No	Demographical Variables		Experimental Group		Control Group		Total	
			Frequency	%	Frequency	%	Frequency	%
1.	Age	17-18	7	35	3	15	10	25
		19-20	9	45	12	60	21	52.5
		21-22	4	20	4	20	8	20
		23-24	0	0	1	5	1	2.5
2.	Religion	Hindu	15	75	11	55	26	65
		Muslim	1	20	5	25	9	22.5
		Sikh	4	5	2	10	3	7.5
		Christian	0	0	2	10	2	5
3.	Mother Education	Illiterate	6	30	2	10	8	20
		10-12	8	40	8	40	16	40
		Graduate	5	25	7	35	12	30
		Post Graduate	1	5	3	15	4	10
4.	Father Education	Illiterate	1	5	0	0	1	2.5
		10-12	1	5	1	15	2	5
		Graduate	13	65	11	55	24	60
		Post Graduate	5	25	9	45	14	35
5.	Monthly income of family	5000-10000	1	5	1	5	2	5
		10000-15000	9	45	11	55	20	50
		15000-20000	10	50	8	40	18	45
6.	Socioeconomic status	High class	0	0	4	20	4	10
		Middle class	18	90	12	60	30	75
		Low class	2	10	3	15	5	12.5
		Other	0	0	1	5	1	2.5
7.	Sources of education	Personal experience	1	5	1	5	2	5
		Clinical posting	5	25	6	30	11	27.5
		Other	14	70	13	65	17	67.5
8.	Living area	Village	2	10	0	0	2	5
		City	13	65	13	65	36	90
		Hilly	1	5	1	5	2	5
		Town	4	20	6	30	10	25

**Table 1** The above table shows the distribution of the students according to their age, religion, mother education, father education, family income, socioeconomic status, source of education and living area. Experimental group include 7(35%) students in the age group of 17-18 years, 9(45%) students in the age group of 19-20 years, 4(20%) students in the age group of 21-22 years and 0 (0%) students in the age group of 23-34 years, where as in control group 3(15%) students in the age group of 17-18 years, 12(60%) students in the age group of 19-20 years, 4(20%) students in the age group of 21-22 years and 1 (5%) student in the age group of 23-34 years. In experimental group, majority of students are Hindu 15(75%), Muslims 4(20%), Sikh 1(5%), and Christian 0(0%) where in control group also majority of students are Hindu 11(55%), Muslims 5(25%), Sikh 2(10%), and Christian 2(10%). In experimental group 6(30%) of the student's mother education were illiterate, 8(40%) were studied up to 10-12<sup>th</sup>, 5(23%) graduated and 1(5%) were post graduate. In control group 2(10%) of the student's mother education were illiterate, 8(40%) were studied up to 10-12<sup>th</sup>, 7(35%) graduated and 9(45%) were post graduate. The student's family monthly income in the experimental group is 1(5%) having income in between 5000-10000, 9(45%) having income in between 10000-15000, 10(50%) having income in between 15000-20000

whereas in control group student's family monthly income is 1(5%) having income in between 5000-10000, 11(55%) having income in between 10000-15000, 8(40%) having income in between 15000-20000. In experimental group Majority of students 18(90%) belong from middle class and 2(10%) belongs from low class whereas in control group 4(20%) students belongs from high class, 12(60%) students belong from middle class, 3(15%) from low class and 1(5%) from other class. In experimental group the number of students get information regarding mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction from personal experience is 1(5%), from clinical posting is 5(25%), and from other areas is 14(70%) whereas in control group the number of students get information regarding mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction from personal experience is 1(5%), from clinical posting is 6(30%), and from other areas is 13(65%). In experimental group the students lived in village are 2(10%), cities 13(65%), hilly 1(5%), and in town 4(20%) whereas in control group 13(65%) students live in cities, 1(5%) student live in hilly area and 6(30%) students live in town.

**Table 2- Mean, median, standard deviation of pre-test and post-test knowledge score of experimental and control groups:**

Knowledge Score	Experimental Group n=20			Control Group n=20		
	Mean	Median	Standard deviation	Mean	Median	Standard deviation
Pre test	10.5	11	1.11	11.5	11	0.92
Post test	20.7	21	1.10	15.4	15	1.01

**Table 2:** The data presented in the table 3 shows the comparison between pre-test and post-test knowledge score of B.Sc. nursing first year students both of experimental and control group. The mean post-test knowledge score was 20.7 for experimental group which is higher than the mean post knowledge scores i.e., 15.4 of control group as well as from the pre-test knowledge scores was 10.5 for experimental group 11.5 for control group.

**Table: 3 Mean, mean difference, standard error of mean difference and 't' value of pre-test and post-test knowledge score of experimental and control group:**

Group	Pre-test				't' value
	Mean	Mean difference	Standard error of mean difference		
Experimental group	10.5	1	0.33	4.36*	
Control group	11.5				

\*Significant at 0.05 level of significance (df=19) ('t'=2.09)

Table 3 shows that the mean pre-test knowledge score of experimental groups (10.5) was slightly lower than mean pre-test knowledge score of control group (11.5) with the mean differences of (1) which found to be statistically significant as evident from 't' value of (4.36) at (0.05) level of significance. This indicate that the control group had slightly higher knowledge then the experimental group.

**Table 4: Mean, mean differences, standard error of mean difference and 't' value of post-test knowledge scores of experimental and control groups:**

Group	Post test				't' value
	Mean	Mean difference	Standard error of mean difference		
Experimental group	20.7	5.3	0.33	22.36*	
Control group	15.4				

\*Significant at 0.05 level of significance (df=19) ('t'=2.09)

Table 4 shows that the mean post-test knowledge score of experimental groups (20.7) was higher than mean post-test knowledge score of control group (15.4), with the mean differences of (5.3).

The obtained mean differences were found to be higher significant as evident from the obtained 't' value of (22.36) which is greater than tabulated value to (2.09) at (0.05) level of significance.

This shows that the obtained mean difference between post-test knowledge scores of control group and experimental group is true differences and not by chance.

This suggests that Information booklet was positively significant and effective in increasing of knowledge of B.Sc. nursing first year students.

**Table 5: Effectiveness of information booklet**

Groups	Pre-test % of knowledge	Post-test % of knowledge	% of gain knowledge
Experimental group	42%	83%	41%
Control group	46%	62%	16%

Table 5 shows the in experimental group, the pre-test knowledge score of students was (42%) and after implementation of information booklet they scored (83%). The differences (41%). This (41%) difference knowledge is the effectiveness of information booklet. Student gained (41%) of more knowledge due to information booklet. In control group they scored (46%) in pre-test and (62%) in post-test. The difference between pre-test and post-test only (16%). This reveals that information booklet was positively significant and effective in increasing the knowledge of BSc first year students.

**Table 6: Association between level of knowledge and demographical variable in experimental group:**

S. No	Demographical Variables		Inadequate		Moderate		Adequate		Degree of freedom	Chi Square
			F	%	F	%	F	%		
1.	Age	17-18	0	0	0	0	7	35	3	1.96#
		19-20	0	0	0	0	9	45		
		21-22	0	0	0	0	4	20		
		23-24	0	0	0	0	0	0		
2.	Religion	Hindu	0	0	0	0	15	75	3	10.58*
		Muslim	0	0	0	0	4	20		
		Sikh	0	0	0	0	1	5		
		Christian	0	0	0	0	0	0		
3.	Mother Education	Illiterate	0	0	0	0	6	30	3	1.68#
		10-12	0	0	0	0	8	40		
		Graduate	0	0	0	0	5	25		
		Post Graduate	0	0	0	0	1	5		
4.	Father Education	Illiterate	0	0	0	0	1	5	3	3.95#
		10-12	0	0	0	0	1	5		
		Graduate	0	0	0	0	13	65		
		Post Graduate	0	0	0	0	5	25		
5.	Monthly income of family	5000-10000	0	0	0	0	1	5	2	1.81#
		10000-15000	0	0	0	0	9	45		
		15000-20000	0	0	0	0	10	50		
6.	Socioeconomic status	High class	0	0	0	0	0	0	3	2.27#
		Middle class	0	0	0	0	18	90		
		Low class	0	0	0	0	2	10		
		Other	0	0	0	0	0	0		
7.	Sources of education	Personal experience	0	0	0	0	1	5	2	3.77#
		Clinical posting	0	0	0	0	5	25		
		Other	0	0	0	0	14	70		
8.	Living area	Village	0	0	0	0	1	5	3	2.29#
		City	0	0	0	0	13	65		
		Hilly	0	0	0	0	1	5		
		Town	0	0	0	0	5	25		

There is significant association between the level of knowledge on prevention of mobile phone addiction and religion of B.Sc. Nursing 1<sup>st</sup> year students ( $\chi^2 = 10.58^*$ ) in experimental group.

There is no significant association between the level of knowledge on mobile phone addiction, health hazard of mobile phone addiction and prevention of mobile phone addiction and other demographic variables of B.Sc. Nursing 1<sup>st</sup> year students in experimental group.

There is no significant association between the level of knowledge on mobile phone addiction, health hazard of mobile phone addiction and prevention of mobile phone addiction with their demographic variables in B.Sc. Nursing 1<sup>st</sup> year students in control group.

## DISCUSSION:

### Findings related to assessment of knowledge regarding prevention of mobile phone addiction among B.Sc. Nursing 1<sup>st</sup> year students.

Pre-test knowledge of control group is 11.5 and post-test knowledge of control group is 15.4 and the pre-test knowledge score of experimental groups is 10.5 and post-test knowledge score of experimental groups is 20.7 indicating the information booklet improve the knowledge of students.

### Findings related to assess the knowledge regarding prevention of mobile phone addiction among B.Sc. Nursing 1<sup>st</sup> year students with their selected demographic variables.

There is significant association between the level of knowledge on prevention of mobile phone addiction and religion of B.Sc. Nursing 1<sup>st</sup> year students ( $\chi^2=10.58^*$ ) in experimental group.

There is no significant association between the level of knowledge on mobile phone addiction, health hazard of mobile phone addiction and prevention of mobile phone addiction and other demographic variables of B.Sc. Nursing 1<sup>st</sup> year students in experimental group.

There is no significant association between the level of knowledge on mobile phone addiction, health hazard of mobile phone addiction and prevention of mobile phone addiction with their demographic variables in B.Sc. Nursing 1<sup>st</sup> year students in control group.

### Conclusion:

Knowledge of students regarding mobile phone addiction was increase after the administration of information booklet on prevention of mobile phone addiction. Planned information booklet was effective

in increasing the knowledge of students towards prevention of mobile phone addiction.

### Recommendations:

- This study can be replicated on a large sample to validate the findings to make the generalization.
- A follow up study can be conducted to evaluate the effectiveness of information booklet on mobile phone addiction, health hazards of mobile phone addiction and prevention of mobile phone addiction.
- The information booklet can be update time to time.
- The similar study could be conducted in different settings.

**Conflict of interest:** No

**Financial support:** Self

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