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“A STUDY TO ASSESS THE LEVEL OF NOMOPHOBIA AMONG ADOLESCENTS IN SELECTED AREAS OF BELAGAVI WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET”.

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Abstract

This Refer sought the determine how common nomophobia was among adolescents in selected areas of Kakati and develop an information booklet to address this issue. The background highlighted the increasing prevalence of nomophobia, particularly among adolescents, and the need to understand its levels and correlates in the Government high school Kakati . A sample of 200 The NMP-Questionnaire was used to evaluate adolescents in the Government high school Kakati , with an emphasis on usage intentions and degrees of nomophobia, along with correlations like ages, sex, and occupation. The find of this research seen that numerous demographic variables among them mother's education, type of family, knowledge, source of knowledge, age, father's education, and monthly income, were associated with varying levels of nomophobia among adolescents. These findings have implications for developing targeted level of nomophobia, such as the information booklet, to address nomophobia among adolescents in government high school Kakati

Key words- Nomophobia questionnaire (NMP-Q); Adolescents.

Introduction

It means "NO Mobile Phone" or "nomophobia" When someone has a fear of losing their connection to their cell phone, it's referred to as a phobia. The definitions that complement the term "phobia" have led to its categorization as a fear of a certain object or situation .When someone uses their phone too much, there are a number of psychological issues at play, among them low self-esteem with a social nature. The weight of this issue is currently growing on a global scale. Symptoms of other mental illnesses such as panic disorder, social anxiety, or social phobia may also arise. It is very difficult to identify if a patient develops fears as a result of an addiction to cell phones or if their anxiety provides already cause them to exhibit signs

of terror. Instances of discomfort are characterized by signs and symptoms such as anxiety, trembling, sweating, agitation, disorientation, and tachycardia. Moreover, fear may serve as a stand-in for other medical conditions. As such, we must exercise extreme caution while diagnosing it. Anxiety can also be triggered by some mental illnesses, and vice versa. Because fear shares many clinical symptoms with other diseases, the intricacy of this condition presents significant challenges for both the physicians and the family members of the patients. This is why exclusion should be used for recognizing anxiety. We need to spend more time in the physical world than the virtual one. We need to rebuild in-person relationships and person to person contacts. We cannot resist the force of technological creativity, so rather than outlawing them, we should restrict how much we use our phones. When someone overuses their phone, a range of psychological issues come into play, such as low self-esteem and an outgoing personality. Phobia symptoms may also be brought on by other mental illnesses such as panic disorder, social anxiety, or social phobia. It may be very difficult to determine if a patient has fear as a result of an addiction to their phone or if anxiety symptoms are a symptom of an underlying anxiety illness.¹

II. Material Methods

Research Methodology :is the specific procedure or techniques used to identify, select, process ,and analyze information about topic .In research paper ,the methodology section allows the reader to critical evaluate a study s overall validity and reliability

RESEARCH APPROACH: As study's main objectives was to assess the level of Nomophobia among adolescents, a descriptive evaluative approach was used for the study

RESEARCH DESIGN: The most appropriate design found suitable for the present study was descriptive research design. This design was adopted to assess level of nomophobia among the adolescents

RESEARCH SETTING :The present study was conducted in government high school Kakati

POPULATION: It is the set of people or entities to which results of a research are to be generalized. In the present study, we selected a population which comprise adolescents

TARGET POPULATION: It is the aggregate of all the cases with a certain phenomenon about which the researcher would like to make a generalization. In the present study, target population were all adolescent's government high school Kakati

ACCESSIBLE POPULATION: It is the aggregate of cases that conform to designated criteria and are also accessible as subjects for a study. In the present study the accessible population were adolescents studying in 8th to 9th standard

SAMPLE TECHNIQUE: Sampling is the process of selecting a portion of the population to represent the entire population. The selection of 200 Adolescents students government high school Kakati students was done by using simple random sampling technique.

SAMPLE: Sample consists of a subset of the population. In the present study samples were 200Adolescents of Government high school Kakati, who met the sampling criteria

SAMPLE SIZE: It the present study ,the sample size is 200

INCLUSION CRITERIA: 1Adolescents 2 Age between 10 to 19years 3Studying in 8 to 10 standard of the selected schools 4 Able to read and write English or Kannada 5Willing to participate in the study

EXCLUSION CRITRIA: 1 Adolescents 2 Who were not available during the period of data collection. 3 Who were studying in class other than 8th to10th. 4 Who are sick during the time of study

III .TOOL: Treece and Treece (1986) stated that the instrument selected in a research should as far as possible be the vehicle that would best help to obtain data for drawing conclusions pertinent to the study and add to the body of knowledge in a discipline 200. In the present study after a through literature search, consultation with experts, interactions with adolescents and discussions on their views and concerns. Blue print of the tool were made, pretested twice in two different settings and retested, translated and retranslated. Description of tool

Description of the Tool has 19 questions; each question is scored on a 1- point Likert scale. The total score on the NMP-Q is 19 at its lowest ($19 * 1$) or 76 ($19*4$) at its highest

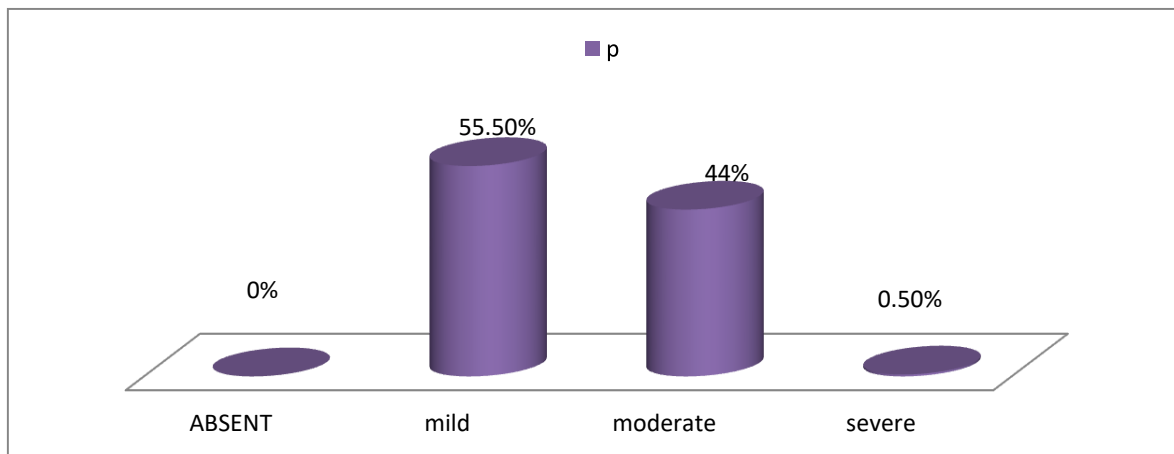
Score	Nomophobia Level
NMNMP-Q Score = 20	Lack
$21 \leq \text{NMP-Q Score} < 60$	Mild
$60 \leq \text{NMP-Q Score} < 100$	Moderate
$100 \leq \text{NMP-Q Score} \leq 140$	Severe

IV.DATA ANALYSIS AND INTERPRETATION: Data analysis is the process of reviewing, editing, and modelling data to identify pertinent information, make recommendations, and support decision-making. Numerous facts and techniques exist for data analysis, encompassing a broad spectrum of approaches under different headings in a variety of social science and scientific fields. This chapter covers the analysis and interpretation of data gathered from 200 samples of nomophobia adolescents in Government high school Kakati It includes information on tool descriptions, reports from pilot studies, validity and reliability, methodologies forcollecting data, scoring interpretation, data analytic methods, conclusions, and how to present them. In this study, a

self-structured rating scale and demographic data were employed. To analyze the data, both inferential and descriptive statistical techniques were applied.

Table-3: Assess The level of nomophobia among the adolescents.

SL.NU	Level Of Nomophobia	Frequency	Percentage
1	Absent	0	0%
2	Mild	111	55.50%
3	Moderate	88	44%
4	Sever	1	0.50%



CONCLUSION

This research was carried out in the Government high school Kakati . The results showed that, out of 200 adolescents, 26 (43.3%) had severe nomophobia and 32 (53.3%) had moderate nomophobia. Compared to 48 tabulated table values at the P

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