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# A DESCRIPTIVE STUDY TO ASSESS THE AWARENESS REGARDING HARMFUL EFFECT OF MOBILE GAMING AND THEIR SELECTED COPING MECHANISM AMONG THE MOTHERS OF ADOLESCENTS AT SELECTED URBAN COMMUNITY, AJMER, RAJASTHAN.

**Author's Name** Dr Jogendra Kumar Sharma[1], Dr. Samta Soni[2], Mrs. Anju Badola[3]

**Affiliation**:

1. Principal, Govt College of Nursing, Jaipur, Rajasthan, India.
2. Faculty, Govt College of Nursing, Jaipur, Rajasthan, India.
3. M.Sc. (N), Govt College of Nursing, Jaipur, Rajasthan, India.

**Corresponding Author Name and Email ID**: Dr Jogendra Kumar Sharma, jogendra.sharma06@gmail.com

## ABSTRACT

*Awareness regarding harmful effect of mobile gaming and their selected coping mechanism is necessary for the adolescent's mother's due today's technology-dependent global population is constantly adopting to an unhealthy, sedentary lifestyle, putting them at risk for developing severe diseases and mental disorders. The study aimed to assess the awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers. A quantitative research approach and descriptive research design was used to conduct this study. The sample consisted of 60 mothers of adolescents and convenient sampling technique was used to select the samples. A structured awareness questionnaire was used to collect data from samples after getting consent and analyzed using descriptive and inferential statistics. The findings of the study showed that the majority of the participants (56.67%) had average awareness regarding mobile gaming and their selected coping mechanism, whereas 28.33% are having good awareness and 15% mothers have low awareness. The mean score of awareness was 14.46, mean % was 57.84% and SD was 5.04. The result of association between the level of awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers of adolescents with their selected socio demographic variables such as Age ($\chi 2$= 3.2213), Educational status ($\chi 2$= 8.1276-father) ($\chi 2$= 7.625-mother), No. of children in the family ($\chi 2$=4.1101), No. of children's ranges age group ($\chi 2$=2.4753), Type of family ($\chi 2$= 1.07), Occupation (working/job status-mother) ($\chi 2$= 8.0341) at 0.05 level of significance.*

**Keywords: Awareness, assess, mobile game, coping mechanism, harmful effect, adolescents and mother.**



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## INTRODUCTION

The mobile phone industry has been one of the fastest growing industries in modern history. Today, India has 287 million mobile phone users. The rural sector accounts for more than 25% of all wireless phone users and this proportion is bound to grow as the access and affordability of mobile phones continues to increase.

Today's technology-dependent global population is constantly adopting an unhealthy, sedentary lifestyle, putting them at risk for developing severe diseases and mental disorders. In regards to the situation in Asia, a previous study conducted on six Asian countries concluded that the adolescent cohort aged 12 to 18 years held 62% ownership of smartphones over at present, the global adolescent population (10-19 years old) is more than 1.2 billion.

Mobile phones, by various biophysical mechanisms, may be responsible for a wide variety of health hazards.

This study shows to present the mobile addiction (mobile gaming) and health hazards among the adolescents. We also present some preventive measures that can reduce the risk of these hazards.

## NEED OF THE STUDY

Use of mobile gaming has rapidly been increasing among adolescents, which may result in health issues and technology addiction. This study focuses on the awareness of usage technological gadgets and health-related complications among adolescent The following health consequences of video gaming have been Vision issues, Musculoskeletal problems ‘Obesity and overweight’ Seizures (Epileptic.) Based on a review of the literature, it is recommended gamers become more aware of their time engaging in this popular activity. A greater awareness of signs and symptoms of gaming on daily activities, physical and mental health, and social relationships is encouraged. If persistent gamers experience depression or anxiety, it is recommended that they seek medical or behavioral health professionals.

According to the WHO definition, a person with gaming disorder will demonstrate the following characteristics for at least 12 months; problems controlling control their gaming habits, seeing gaming as more important over other necessities and daily activities or work, continuing to engage in gaming even after its negative health and social problems has been identified or are evident. Further research shows that gaming disorders can also be linked with anxiety, depression, obesity, sleeping disorders, and stress. People who remain physically inactive for long periods because of gaming may also be at higher risk of obesity, sleep disorders, and other health-related


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issues, according to WHO.

The mobile phone industry has been one of the fastest growing industries in modern history. Today, India has 287 million mobile phone users. The rural sector accounts for more than 25% of all wireless phone users and this proportion is bound to grow as the access and affordability of mobile phones continues to increase. In the years ahead, an ever-increasing number of people will be exposed for long periods of time to radiation from mobile phones. Mobile phones, by various biophysical mechanisms, may be responsible for a wide variety of health hazards.

**OBJECTIVES OF THE STUDY**

- To assess the awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers of adolescents at selected urban community, Ajmer, Rajasthan.
- To find out the association between awareness regarding harmful effect of mobile gaming with their selected demographic variable among the mothers of adolescent at selected urban community, Ajmer, Rajasthan.

**HYPOTHESIS**

1. $H_1$ - There will be a significant association between awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers of adolescents at selected urban community, Ajmer, Rajasthan with their selected demographic variables at 0.05 level of significance.

2. $H_0$- There will be no significant association between awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers of adolescents at selected urban community, Ajmer, Rajasthan with their selected demographic variables at 0.05 level of significance.

**METHODOLOGY**

In this study, a quantitative approach was found to be suitable to assess the awareness of adolescent's mothers. The descriptive design was used for this study. Research variable is awareness of mothers of adolescents regarding harmful effect of mobile gaming and their selected coping mechanism. The tool was developed and used foe data collection was socio-demographic data (7 variables) and Structured awareness Questionnaire (25 questions).

The pilot study was conducted on 10 samples. The tool was found to be reliable and feasible. The reliability of the tool was established by using Kuder-Richardson Formula. The reliability of the tool was found to be ` r' = 0.7735.


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The data was collected after obtaining the formal permission from competent authority and informed consent was taken from the participants before administered the questionnaire. The collected data was analyzed using descriptive and inferential statistics.

**RESULTS:**

**TABLE NO.-1 Table No. 1 Description of socio demographic characteristics (N=60)**

| S.No. | Socio-demographic variables | | Frequency(f) | Percentage (%) |
|---|---|---|---|---|
| **1.** | **Age (in years)** | 30-33 | **8** | **13.33** |
| | | 34-37 | 14 | 23.33 |
| | | 38-41 | **24** | **40** |
| | | Above 41 | 14 | 23.33 |
| | **Education level of father** | Primary education | 3 | 5 |
| | | Secondary education | **2** | **3.33** |
| | | UG | 22 | 36.67 |
| | | PG | **33** | **55** |
| **3.** | **Education level of mother** | Primary education | **3** | **5** |
| | | Secondary education | 6 | 10 |
| | | UG | 16 | 26.67 |
| | | PG | **35** | **58.33** |
| **4.** | **No. of children in the family** | 1 | 12 | 20 |
| | | 2 | **41** | **68.33** |
| | | 3 | 6 | 10 |
| | | Above 3 | **1** | **1.67** |


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| S. No. | Socio-demographic variables | | Frequency (f) | Percentage (%) |
|---|---|---|---|---|
| 5. | No. of children's ranges age group (12-19 years) | 1 | **41** | **68.33** |
| | | 2 | **19** | **31.67** |
| | | 3 | 0 | 0 |
| | | More than 3 | 0 | 0 |
| 6. | Type of family | Joint family | **26** | **43.33** |
| | | Nuclear Family | **34** | **56.67** |
| 7. | Occupation; (Working status/Job - mother) | House wife | **38** | **64** |
| | | Self- employed | **6** | **10** |
| | | Govt. Job | 8 | 13 |
| | | Private Job | 8 | 13 |

**Table no.2 Level of awareness** regarding of mother regarding harmful effect of mobile gaming& selected coping mechanism. N=60

| S.N. | Level of Awareness | Score | Frequency {f} | Percentage {%} |
|---|---|---|---|---|
| 1 | Low | 1-8 | 9 | 15 |
| 2 | Average | 9-17 | 34 | 56.67 |
| 3 | Good | 18-25 | 17 | 28.33 |

Table no. 2 represented that the majority of the mothers 56.67% were average awareness, whereas 28.33%% were having good awareness and 15% mothers were low awareness.


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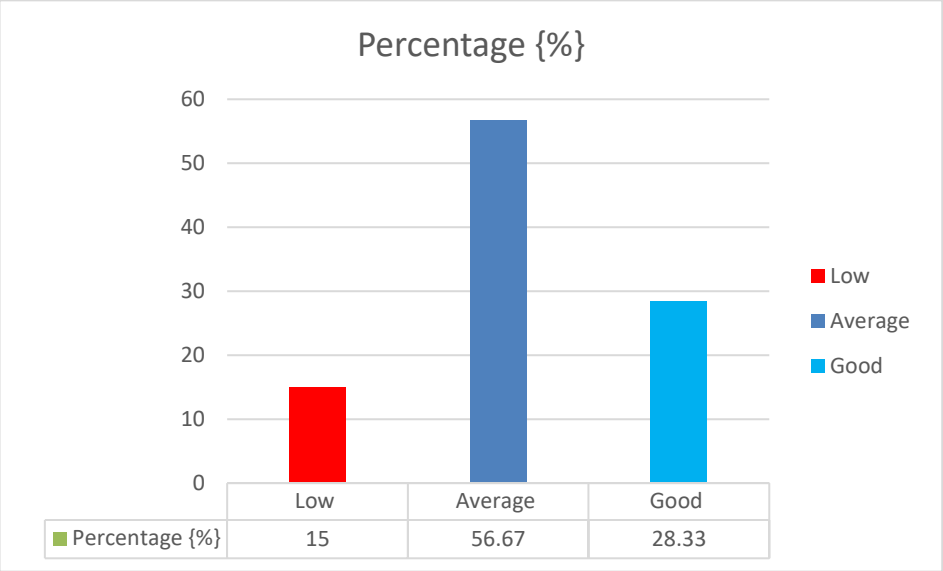


**Figure 1: distribution of level of awareness regarding harmful effect of mobile gaming& selected coping mechanism**

**Table No. 3: Overall awareness regarding of mother regarding harmful effect of mobile gaming& selected coping mechanism.**

| S.NO. | Maximum score | Mean | Mean Percentage (%) | Standard Deviation |
|---|---|---|---|---|
| (1.) | 25 | 14.46 | 57.84% | 5.04 |



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**Table no. 4: Association of awareness score with selected demographic variables N=60**

| S. NO. | Socio-demographic variable | Category | Frequency | Awareness score | | | Calculated value | Degree of freedom | Tabulated value | L.O.S. @ 0.05 |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Low | Average | Good | | | | |
| 1. | Age (in years) | 30-33 | 8 | 1 | 4 | 3 | **3.2213** | 6 | 12.59 | **NS** |
| | | 34-37 | 14 | 3 | 9 | 2 | | | | |
| | | 38-41 | 24 | 3 | 12 | 9 | | | | |
| | | Above 41 | 14 | 2 | 9 | 3 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |
| 2. | Education Level of father | Primary education | 3 | 0 | 3 | 0 | **8.1276** | 6 | 12.59 | **NS** |
| | | Secondary education | 2 | 0 | 1 | 1 | | | | |
| | | PG | 22 | 5 | 8 | 9 | | | | |
| | | UG | 33 | 4 | 22 | 7 | | | | |
| | | Total | 60 | 9 | 33 | 17 | | | | |
| 3. | Education Level of mother | Primary education | 3 | 0 | 3 | 0 | **7.625** | 6 | 12.59 | **NS** |
| | | Secondary education | 6 | 0 | 3 | 3 | | | | |
| | | PG | 16 | 2 | 7 | 7 | | | | |
| | | UG | 35 | 7 | 21 | 7 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |
| 4. | No. of children in the family | 1 | 12 | 2 | 5 | 5 | **4.1101** | 6 | 12.59 | **NS** |
| | | 2 | 41 | 7 | 23 | 11 | | | | |
| | | 3 | 6 | 0 | 5 | 1 | | | | |
| | | Above 3 | 1 | 0 | 1 | 0 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |
| 5. | No. of children's Ranges age group (12-19 years) | 1 | 41 | 8 | 21 | 12 | **2.4753** | 6 | 12.59 | **NS** |
| | | 2 | 19 | 1 | 13 | 5 | | | | |
| | | 3 | 0 | 0 | 0 | 0 | | | | |
| | | More than 3 | 0 | 0 | 0 | 0 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |
| 6. | Type of family | Joint family | 26 | 3 | 14 | 9 | **1.07** | 2 | 5.991 | **NS** |
| | | Nuclear family | 34 | 6 | 20 | 8 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |
| 7. | Occupation; (Working status/Job-Mother) | House wife | 38 | 6 | 21 | 11 | **8.0341** | 6 | 12.59 | **NS** |
| | | Self employed | 6 | 0 | 5 | 1 | | | | |
| | | Govt. Job | 8 | 3 | 2 | 3 | | | | |
| | | Private Job | 8 | 0 | 6 | 2 | | | | |
| | | Total | 60 | 9 | 34 | 17 | | | | |

**NS= non-significant**

Table no 4 revealed that there was an association between awareness and selected socio-demographic variables. The calculated value for age in years, education level of father and mother no. of children in the family, no. of children's ranges age group, type of family and occupation of mother were lesser than tabulated value (chi-square value) at 0.05 level of significance so it was proved that there was not any – significant association between age in years, education level of father and mother, no. of children in the family, no. of children's



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ranges age group, type of family and occupation of mothers. Therefore, researcher failed to reject null hypothesis and to accept research hypothesis as socio demographic variables.

## DISCUSSION:

Findings revealed that mean score of total 60 adolescent's mother is 14.46, is the average of awareness score means the mothers have average awareness (56.67%), whereas 28.33% are having good awareness and 15% mothers have low awareness. Mean percentage of awareness score of adolescent's mothers is 57.84 % which shows that highest frequent, mother's knowledge level in average category and standard deviation of 5.04 is shows that it is deviation of score from their centre point. Association between the level of awareness regarding harmful effect of mobile gaming and their selected coping mechanism among the mothers of adolescents with their selected socio demographic variables such as Age ($\chi 2$= 3.2213), Educational status ($\chi 2$= 8.1276-father) ($\chi 2$= 7.625-mother), No. of children in the family ($\chi 2$=4.1101), No. of children's ranges age group ($\chi 2$=2.4753), Type of family ($\chi 2$= 1.07), Occupation (working/job status-mother) ($\chi 2$= 8.0341) at 0.05 level of significance.

## CONCLUSION:

So, it can be concluded that there is average awareness of mothers regarding harmful effect of mobile gaming and their selected coping mechanism. Chi-square was tested at 0.05 level of significance to find out the association of awareness and selected demographic variables, in which researcher found that there was no significant.

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