

CORRESPONDENCE

Mobile Phone Involvement and Dependence among College Students

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Sir,
India has emerged as the second largest market for mobile phones after China. There's no doubt that mobile phones are attractive and efficient tools for communication and interpersonal interaction, but there have been many reports in the recent past regarding the adverse effects of mobile phones in our daily lives; which many of us choose to ignore so easily. Face-to-face conversations have been replaced by online chats, reading books is now almost out of 'fashion' after the advent of e-books and so on. People have become so involved and dependent on mobile phones that it seems that they have become prisoners to their own phones. No wonder these gadgets are called 'CELL PHONES'!

Nowadays, the term 'Overuse' is being used by many to refer to the 'Dependence Syndrome'; which is the term used by the World Health Organization to replace *addiction* or *habituation*. Some mobile phone 'over-users' exhibit problematic behaviours similar to the behaviour shown by people suffering from substance use disorders; such as preoccupation with mobile communication, excessive money or time spent on mobile phones, increased time on mobile communication, and anxiety if separated from a mobile phone. Though addiction-like behaviour to mobile phones is not recognized as a diagnostic category at this time in DSM-IV but it has been seen that addictive people tend to feel depressed, lost, and isolated without mobile phone.

Various scales have been in use to assess problematic use of mobile phones. Out of those, Mobile Phone Dependence Questionnaire (MPDQ) and Mobile Phone Involvement Questionnaire

(MPIQ) are used most commonly.^{1,2} MPIQ assesses participants' cognitive and behavioural association with their mobile phone consists of a 7 point Likert scale. Participants who scored 5 or higher out of a possible seven on the MPIQ were classified as being highly involved with their mobile phone, whilst participants who scored less than 3 were not. There are 8 domains in MPIQ scale like Domain 1 (Cognitive Salience) signifies how much the activity dominates the person's thinking, Domain 2 (Behavioural Salience) signifies how much the activity dominates the person's life, Domain 3 (Interpersonal Conflict) signifies how much of the performance of the activity leads to conflicts with other people, Domain 4 (Conflict with other activities) signifies how much of the performance of the activity leads to conflicts with other aspects of a person's life, Domain 5 (Euphoria) signifies whether positive emotions arise from engaging in the activity, Domain 6 (Loss of control) signifies whether the person loses on the extent of performing the activity as the behaviour needs to be engaged in at a greater extent to experience euphoria, Domain 7 (Withdrawal) signifies whether unpleasant emotions are experienced when the person is unable to perform the activity, and Domain 8 (Relapse and reinstatement) signifies whether the activity is resumed at the same level following attempts to reduce it. MPDQ is used to assess dependence consisting of 20 items. Likert scores are calculated for each item to provide a quantitative overall mobile phone dependence score. Subjects exceeding the mean + 1 SD were put in the high-dependence category.

Mobile phone dependence has become an emerging public health problem. Different studies have found out relationship between mobile phone dependence and involvement with gender, duration of mobile phone use, recharge amount, per capita monthly income, high ended gadgets etc. Nomophobia, ringxiety, behavioural problems, headache are also found to be associated with high mobile phone dependence and involvement by different researchers.^{1,2,3} Thus to identify the students having high

involvement and dependence, so as to generate adequate awareness and plan educational or treatment interventions is the need of the hour.