ISSN(O):2582-693X

Original Article

A Study to Assess the Effects of Digital Addiction on Psychosocial Behaviour of Teenager at Selected School at Jhalawar Rajasthan

Manoj Goswami[1], Vipin Nigam[2], Deepak Nagar[3], Ashish Kumar Shukla

[1]Principal, Jhalawar Nursing College, Jhalawar
[2]Professor, Jhalawar Nursing College, Jhalawar
[3]Asst. Professor, Jhalawar Nursing College, Jhalawar
[4]Master of Science in Nursing, (Mental Health Nursing) Jhalawar Nursing College, Jhalawar

Corresponding Author: Mr. Ashish Kumar Shukla, Master of Science in Nursing, (Mental Health Nursing) Jhalawar Nursing College, Jhalawar

E-mail: shuklaashish8890@gmail.com

How to cite this article: : Goswami M, Nigam V, Nagar D, Shukla AK. A Study to Assess the Effects of Digital Addiction on Psychosocial Behaviour of Teenager at Selected School at Jhalawar Rajasthan. GFNPSS-IJMR 2026; 7:2: 3299-3304
Submitted: 15 February 2026: **Accepted:** 27 February 2026: **Published:** 28 February 2026

Abstract

Introduction: As indicated by a review distributed by the American Society for Addiction Medicine, addiction is a drawn out reparable ailment that includes an intricate connection between a person's psychological equipment, acquired attributes, circumstances, and instructive encounters.

Materials and Methods: A descriptive research design was adopted for the existing pilot study. The pilot research included 100 adolescents from Rajasthan schools who matched the inclusion criteria. A convenient sampling approach was used to assign samples. The amount of digital addiction was assessed using a digital addiction scale, and psychosocial behaviour was assessed using validated instruments. Ethical permission was granted by the institution's ethical committee. Data was collected on August 2025.

Results: Most adolescents were aged 15–16 years, predominantly male, and from nuclear families, with moderate daily digital use. Psychosocial problems like depression, anxiety, stress, loneliness, and poor sleep were observed. A positive correlation existed between digital addiction and psychosocial behaviour. Significant associations were found with selected demographic variables, especially age, education, and screen time.

Conclusions: According to the findings of the study, the majority of adolescents with digital addiction experienced psychosocial problems, with depression being the most common, followed by stress, anxiety, loneliness, and poor sleep quality. The researcher concluded that if students are considered aware of the dangers of digital addiction and how to cope with them, they can avoid psychosocial difficulties and improve their coping skills.

Keywords: Assess; Effects; Digital Addiction; Psychosocial Behaviour; Teenager

Introduction

One of the first counting implements was the human finger, which gives rise to the term "digital," which originates from the Latin digitus. For instance, data may be recorded or stored as a string of ones and zeroes to indicate the presence or absence of a signal.[1] (Cambridge dictionary, n.d.). The word "digital" is used to characterise the realm of electronicsthat creates, stores, and analyses datain just twopossible states:onand off. In numerical notation, a value of 1 indicates a positive value, whereas a value of 0 indicates a negative value. Therefore, a string of zeroes and ones represents data when it is sent or stored using digital technology. The term "bit" is used to describe each of these state "digits" (and a string of bits thata computer can address individually as a group is abyte).[2]

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304

Digital technologies create, store, or process data electronically. Social media, online gaming, multimedia, and smartphones are examples.[3] (Victoria State Government Education and Training, 2019). Digital learning leverages technology. It affects all curricular subjects. Technology can make the world fairer and safer. Digital innovations can help and expedite each of the 17 Sustainable Development Goals, from eradicating extreme poverty to lowering maternal and infant mortality to reaching universal literacy. Technology may harm privacy, undermine security, and drive inequity.[4]

Technology has become a hallmark of contemporary culture. It is argued that the ability to successfully navigate complicated digital environments is a necessary condition forfull participation in contemporary economic, social, and cultural life. The Covid-19 epidemic served as a further reminder of the importance of technology in our everyday lives, particularlywith regards to education and training.[5]

Years, the term "digital technology in the classroom" (DTC) has come to refer to digital processing systems that facilitate remote communication and data sharing between teachers and/or students indifferent physical class room locations, while also encouraging active learning, knowledge construction, inquiry, and exploration on the part of the learners. In light of their evolution from simple information distribution systems, and in light of the need to distinguish their function in the classroom from that of other schools and learning centres, this broader conception of technology helps clarify their place in the former.[6]

Addiction is a chronic, medical illness that involves the interplay of several factors, including brain circuitry, genetics, upbringing, and environmental influences. Addicts often ignore the negative effects of their drug or behaviour usage because of theobsessive nature of their addiction. Addiction prevention and treatment strategies have similar success rates to those of other chronic disorders.[7] (Asam, 2011) Addiction is characterised by continued drug or behaviour use despite adverse mental and physical health consequences.[7]

The term "digital addict" is used to describe someone who has an unhealthy dependence on digital technology that would express itself in some other type of addiction if theywere deprived of it. It's a slang term for someone whose relationship with technology is becoming unhealthy and perhaps detrimental to their well-being. The fundamental assumption is that regular and rewarding usage of digital technologies leads to the emergenceofdigitaladdiction. Over time, this rewardmaylead to astimulationtolerance or the need to increase stimulation to get a "high" and avoid withdrawal. This is because the reward region in the brain produces more dopamine, opiates, and Neuro-chemicals.[8]

Manifests itself in the obsessive search for relief and compensation through drug misuse and other behaviour "use cases like online gaming and practise comparisons as examples of models. An advanced level of compulsion is characterised by increased feelings of depression, uneasiness, and hopelessness (sometimes called as "phoneliness"). The expression "digital junkie" is often used to characterise the widespread reliance on electronic gadgets in today's society. The term "techno-dependent" is used to draw attention to the risk of being too reliant on digital technologies in an era when their potential applications in daily life are expanding rapidly.[9]

Addiction is characterised by an insatiable need to use a substance, in this case, digital gadgets, to the point that it causes problems in daily functioning and prevents theafflicted person from fulfilling essential responsibilities. Phone addiction, internet addiction, and social media addiction are the three main forms of digital dependency. An addiction to smartphones is a clinical condition of dependency in which regular usage of the devices has a detrimental effect on the individual's life. Adolescents may have a problem if they spend excessive amounts of time on social media sites like Facebook, Twitter, Instagram, and Snapchat, to the point where they share every detail of their lives on one or more of these sites. Pathological internet usage, or internet addiction, is an impulse control disease in which the sufferer has trouble distinguishing between the online and offline worlds.[10]

Objectives

1. To assess the level of digital addiction among teenagers.
2. To assess the selected psycho social behaviour problems among teenager with digital addiction.
3. To determine the correlation between digital addiction and selected psychosocial behaviour problems.
4. To find out the association between digital addiction and selected socio demographic variables.
5. To find out the association between selected psychosocial behaviour problems and selected socio demographic variables

Materials and Methods

The methodology is the backbone of every research project since it specifies how the investigation will be carried out.

Research Approach: This study used a quantitative non-experimental survey research approach**.**

Research design: Non-experimental descriptive research design was used in this study.

Research setting: The present study was conducted in Govt. Senior Secondary School, Jhalawar, Rajasthan.

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304

Sample size: The sample size was determined as100 teenagers enrolled in certain Rajasthan schools.

Sampling technique: In the selected schools, 100 adolescents were selected according to inclusion criteria by using purposive sampling of non-probability sampling technique.

Tools and techniques:

Socio-demographic variables: It comprised of 12 items such as Age in years, gender, educational status, religion, father's occupational status, mothers occupational status, family monthly income in rupees, type of family, birth order, recreational activity, type of school and hours spent on digital devices.

Selection and development of tool: After careful and detailed review of literature the researcher used Digital addiction test,—DAS (Depression anxiety Stress) Scale, UCLA (University of California, Los Angeles) Loneliness scale and Modified PSQI (Pittsburgh Sleep Quality Index) Scale as tool for the present study after consulting with various experts.

Plan of data analysis: The topic information was gathered and analyzed using descriptive and inferential statistics. The data analysis was conducted in accordance with the goals. The acquired data from the individuals were analyzed using descriptive and inferential statistics tables and graphs to illustrate the results.

Ethical approval: Ethical approval was obtained from the institutional ethics committee and permission from selected schools in Rajasthan. Informed consent was taken from adolescents after explaining the study purpose. Participation was voluntary, with the right to withdraw at any time. Confidentiality of all information was strictly maintained.

Results: The researcher is able to minimize, summarize, arrange, analyse, and disseminate numerical information via data analysis.

Section-1 : Frequency and Percentage Distribution of Socio Demographic Variables

Table-1: Frequency and percentage distribution of demographic variable

Demographic Variables	Options	(f)	(%)
Age	13-14 Years	27	27%
	15-16 Years	45	45%
	17-18 Years	28	28%
Gender	Male	54	54%
	Female	46	46%
Educational status	7^{th}-8^{th} Standard	24	24%
	9^{th}-10^{th} Standard	48	48%
	11^{th}-12^{th} Standard	28	28%
Religion	Sikh	44	44%
	Hindu	25	25%
	Muslim	16	16%
	Christian	15	16%
Father's occupational status	Unemployed	9	9%
	Labour	9	9%
	Farmer	47	47%
	Private Job	20	20%
	Govt. Job	15	15%
Mother's occupational status	Homemaker	11	11%
	Labour	13	13%
	Self-employee	45	45%
	Private Job	19	19%
	Govt. Job	12	12%

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304

Family monthly income in rupees	...	5	5%
	5001–10,000	10	10%
	10,001–15000	26	26%
	15,001andabove	59	59%
Type of family	Nuclear	54	54%
	Join	34	34%
	Extended	12	12%
Birth order	1stChild	46	46%
	2ndChild	35	35%
	3rdChild	13	13%
	4thChildandabove	6	6%
Recreationalactivity	Listening to music	48	48%
	Watching TV	23	23%
	Reading books	11	11%
	Other activity	18	18%
Type of school	Government	54	54%
	Private	46	46%
Hours spent on digital devices	≤ 1Hour	15	15%
	2-3Hours	49	49%
	4-5Hours	20	20%
	Morethan5hours	16	16%

Section-2: Levels of digital addiction among teenagers

Table-2: "Frequency and percentage distribution of adolescents with level of digital addiction." N=100

Levels of digital addiction	Frequency	Percentage
Severe Digital Addiction	8	8%
Moderate Digital Addiction	55	55%
Mild Digital Addiction	37	37%
Normal range	0	0

Section-3: Find out psycho social behaviour problems with digital addiction Among Teenagers

Table -3:"Frequency and percentage of depression, anxiety, stress, loneness and sleep quality among teenagers"N=100

Chi SquareTest		Digital Addiction Scale Score						Association with Digital Addiction			
		Mild Digital		Moderate Digit		Sevee					
Variables	Options	f	%	f	%	F	%	χ^2	P Value	df	TableValue
Depression Level	Normal	0	0	0	0	0	0	316.41*	0.000	4	9.488
	Mild	0	0	0	0	0	0				
	Moderate	16	16	18	18	0	0				
	Severe	17	17	27	27	3	3				
	Extremely Severe	4	4	9	9	6	6				

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304

Anxiety Level	Normal	0	0.0	7	7	0	0	98.42*	0.000	8	15.507
	Mild	4	4	1	1	0	0				
	Moderate	13	13	18	18	0	0				
	Severe	6	6	10	10	0	0				
	Extremely Severe	16	16	24	24	8	8				
Stres s Leve l	Normal	3	3	7	7	0	0.0	258.41*	0.000	8	15.507
	Mild	3	3	3	3	0	0				
	Moderate	4	4	8	8	0	0				
	Severe	19	19	26	26	0	0				
	Extremely Severe	8	8	9	9	8	8				
UCLA Loneliness Scale Level	Average loneliness	12	12	16	16	4	4	199.33*	0.000	4	9.488
	Frequent loneliness	19	19	30	30	1	1				
	Severe loneliness	5	5	8	8	6	6				
Pittsburgh Sleep Quality Index Scale Level	High Quality Of Sleep	0	0	0	0	0	0	3.47NS	0.176	2	5.991
	Moderate Quality Of Sleep	21	21	31	31	4	4				
	Low Quality Of Sleep	15	15	23	23	4	4				
	Very Low Quality Of Sleep	0	0	0	0	0	0				

Section-4: Correlation between Digital Addiction and Selected Psychosocial Behaviour Problems among Adolescents With Digital Addiction

Table -4: "Correlation between the level of digital addiction and the level of depression among adolescents" N =100

Variable	Mean	S.D	R value
Digital Addiction	58.62	12.80	0.356*
Depression	23.10	4.62	

Table-5:"Correlation between the level of digital addiction and the level of anxiety among teenagers." N=100

Variable	Mean	S.D	R value
Digital Addiction	58.62	12.80	0.169*
Anxiety	19.11	6.50	

Table -6: "Correlation between the level of digital addiction and the level of stress among teenagers." N=100

Variable	Mean	S.D	R value
Digital Addiction	58.62	12.80	0.18*
Stress	27.64	9.23	

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304

It was concluded that no significant association existed between the level of loneliness and selected demographic variables, including age, gender, educational status, religion, parents' occupation, family income, type of family, birth order, type of school, and time spent on digital devices.

Discussion

- The study found that most adolescents had moderate digital addiction, with findings consistent with previous studies.
- Psychosocial problems such as depression and poor sleep were significantly associated with higher levels of digital addiction.
- A positive correlation was observed between digital addiction and factors like depression, anxiety, stress, loneliness, and sleep quality.
- Significant associations were seen with age and education, while most other demographic variables showed no significant relationship.

Conclusion

The outcomes of the research revealed that the majority of adolescents with digital addiction had psychosocial effects; with the majority suffering from poor sleep quality, followed by feelings of isolation, stress, despair, and anxiety. The study stated that psychosocial behaviour caused by digital addiction may be avoided and coping can be improved if awareness is raised and the problem is discovered at an earlier stage.

Recommendations

- A prospective longitudinal study can be conducted
- An interventional study, such as an awareness programme, different psychosocial treatments, and counseling sessions, may be done to lessen the effect of psychosocial behaviour issues, such as depression, anxiety, stress, and loneliness, and to improve coping.
- Using counseling as a therapy and counseling for psychosocial behaviour issues, a comparable research may be conducted, and the degree of sadness, anxiety, stress, loneliness, and sleep quality can be measured.

Financial support and sponsorship: Nil

Conflicts of interests: There is no conflict of interest

References

1. American Psychiatric Association.(2014).New Research Press Briefing: Internet Addiction: Review of Neuro imaging Studies | psychiatry.org. The American Psychiatric Association (APA) Website, 29–31. https://www.psychiatry.org
2. Buabbas, A. J., Hasan, H., & Buabbas, M. A.(2021). The associations between smart device use and psychological distress among secondary and high school students in Kuwait. PLoS ONE, 16(6 June).https://doi.org/10.1371/ journal.pone. 0251479
3. Dahanga, S. (2016). a Study To Assess the Psychological Problems Among Adolescents With Internet Addiction At Selected School , a Study To Assess the Psychological Problems Among Adolescents With Internet Addiction At Selected School,.http://repository-tnmgrmu.ac.in/ 3240/1/3005278301431852Shubha Dahanga.pdf
4. Internetusers.(2013).168–169.https://doi.org/ 10.1787/sti_scoreboard-2013-37-en
5. Khan,H.S.(n.d.).DigitalAddiction's9Pillars.
6. Kikutani, T. (2007). What is the Definition of addi - ction ? Sen'I Gakkaishi, 63(5). https://doi. org/10.2115/fiber.63.P_119
7. Maheshwari,S.,&Preksha,S.(2018).Internet Addiction:AGrowingConcernInIndia.Indian Journal of Psychiatric Nursing, 15(1), 61. https://doi.org/10.4103/2231-1505.262510
8. Owens, J. (2021).Essay on technology addiction. An Elementary Christian Metaphysics, 191–210. https://doi.org/ 10.2307/j.ctv19m649q.19
9. Pallana, M. V. J. (2017). Self-traits and psychosocial risks influencing digital addiction. December. https://www.academia.edu/36053903 /Self- traits_and_Psychosocial_Risks_ Influencing_Digital_Addiction
10. UNICEF. (2021).Empowering adolescent girls and boys in India. 1–8. http://4dj7dt2ychlw 3310xlowzop2.wpengine.netdnacdn.com/wpcont ent/uploads/2016/09/Adolescents_in_India.pdf

https://doi.org/10.46376/ijmr/07.02.2026:3299-3304