THE IMPACT OF MOBILE PHONE ON TEENAGER’S HEALTH IN LUCKNOW CITY.

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KeyWords  
Mobile Phones, teenager, radiation

ABSTRACT

Background  
This study was conducted on the impact of mobile phone on health in Lucknow city. To determine use of mobile phone by teenagers. To study the effect mobile phone on teenager health

Methods  
was conducted in the year 2012-13. Sample size: To conduct sampling 120 teenagers of in school and degree college 60 boys and 60 girls. The study was carried out in zone 1 and zone 4. Sampling techniques: purposive random sampling a descriptive research design technique used to select the sample from the selected area. and tool are self made questioners .and method of data collection descriptive method interview method.

Results  
Regular users of mobile phones were statistically significant difference between age of respondents health effect of mobile phone (12-14=11.00% 15-17=26.88% 18-19=24.33%). And not significant difference between sex of respondents about health impact of mobile phone (boy-24.83% girl- 24.83%) increased risk of health effect was observed for significant difference between age and not significant difference between sex.

Conclusion  
This study concluded that according to age there is significance differences between effect on health age, Whereas there is no significant difference with sex.
Introduction

The invention of the fixed telephone in the late 19th century in the United States changed the way that people interacted and communicated. This has been paralleled in the early 21st century by the advent of the mobile phone. The mobile phone was originally created for adults for business use (Aoki & Downes, 2003). This is extremely similar to the fixed telephone in the early 20th century, where telephone engineers explained that the telephone was made for the business world and not for social conversation (Flinchy, 1997). The growth of mobile phone technology is demonstrated by the fact that in the year 2002 the number of mobile phone users worldwide surpassed those of fixed-phone users (Srivastava P., 2005). It has been predicted that by the end of 2005, the number of mobile phone subscribers worldwide will reach 2 billion (Deloitte Research, 2005).

The effect of mobile phone radiation on human health is the subject of recent interest and study, as a result of the enormous increase in mobile phone usage throughout the world (as of November 2011, there were more than 5.981 billion subscriptions worldwide). Mobile phones use electromagnetic radiation used in the microwave range. Other digital wireless systems, such as data communication networks produce similar radiation.

The radio frequency radiation emitted by mobile phone handsets has insufficient energy to directly damage DNA. It is nonionizing and it’s only known effect is heating. Hence, genotoxic effects such as DNA mutations or strand breaks cannot be directly linked to exposure to mobile phone radiation. The lack of genotoxicity of mobile phone radiation has been confirmed by experimental animal and laboratory studies.

The increase in mobile phone use has raised concerns about possible adverse health effects. Brain tumor has been a main concern because when the handset is held to the head, the brain absorbs most of the radio frequency energy emitted by mobile phones. Mobile phone energy is absorbed in the peripheral brain tissues of teenagers.

An increased risk of brain cancer is not established from the data from Interphone. However, observations at the highest level of cumulative call time and the changing patterns of mobile phone use since the period studied by Interphone, particularly in young teenagers, mean that further investigation of mobile phone use and brain cancer risk is merited.

Until now there have been concerns that mobile phones were causing increases in brain cancer. Interphone is both large and rigorous enough to address this claim, and it has not provided any convincing scientific evidence of an association between mobile phone use and the development of glioma or meningioma. While the study demonstrates some weak evidence of an association with the highest tenth of cumulative call time (but only in those who started mobile phone use most recently) It now seems clear that if there was an effect of mobile phone use on brain cancer risks in teenagers.

Subjects and Methods

Study time- study was conducted in the year 2012-2013

Study Area – Gomti Nagar and Laal Baagh in Lucknow City.

Study Sample- To conduct sampling 120 Respondent 60 Girls And 60 Boys ,Age Group 13 To 19 Year
Sampling techniques – Purposive Random Sampling A Descriptive Research Design was be adopted for the percent study.

Tool for the study – The impact of mobile phone on teenager’s health. Following Technique was used in the study. Pre design and pre tested. Interview Schedule.

Statistical Analysis – T- Test, (Anova)

Result & discussion

Table 1: Analysis of variance between age of respondents health effect of mobile phone.

<table>
<thead>
<tr>
<th>AGE</th>
<th>f</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>12-14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>11.00</td>
<td>.000</td>
</tr>
<tr>
<td>SD</td>
<td>4.673</td>
<td>1.45</td>
</tr>
<tr>
<td>15-17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>26.88</td>
<td>1.45</td>
</tr>
<tr>
<td>SD</td>
<td>5.671</td>
<td>4.11</td>
</tr>
<tr>
<td>18-19</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>24.33</td>
<td>4.11</td>
</tr>
<tr>
<td>SD</td>
<td>111.71</td>
<td>0.00</td>
</tr>
</tbody>
</table>

P<0.05, = Significant at 0.00

The above (table 1) The results revealed that f-test was found significant between age of respondent and health effect of mobile phone means null hypothesis was rejected which means that health effect of mobile phone was dependent or influence by age.

Table 2: T test for sex of respondents about health impact of mobile phone

<table>
<thead>
<tr>
<th></th>
<th>t</th>
<th>Sig</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>24.83</td>
<td>4.673</td>
</tr>
<tr>
<td>SD</td>
<td>24.83</td>
<td>5.671</td>
</tr>
<tr>
<td>Girl</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M</td>
<td>41.16</td>
<td>0.040</td>
</tr>
<tr>
<td>SD</td>
<td>10.16</td>
<td>1.16</td>
</tr>
</tbody>
</table>

P<0.01, = Not Significant

The data in (table 2) revealed that t-value (41.16) was not significant. It means that no significance difference between sex of respondents about health impact of mobile. Phone this means that null hypothesis was accepted which means that health impact of mobile phone was not dependent or influenced by sex. Not differences was seen in the mean values.

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Conclusion

This study area there are the impact of mobile phone on teenager health in Lucknow city concluded that according to age there is a significance difference between effects on health. Whereas there is no significant difference with sex.

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