



THE INFLUENCE OF INTERNET ADDICTION ON GENERAL HEALTH AND COPING STRESS AMONG YOUNG ADULTS

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ABSTRACT

Aim: Internet addiction is referred to as a form of technology addiction (such as computer addiction) and sub category of behavioural addictions (such as obsessive gambling addiction). (Griffiths, 1999). Stress is defined as “the non-specific response of the body to any demand for change”. (Hans Selye, 1936). Coping with stress is the process by which a person consciously attempts to master, minimize, or tolerate stressors and problems in life. Health is defined as a condition of complete bodily, mental, and social health, not only the absence of disease or disability. (WHO, 1948). The study aimed to investigate the influence of internet addiction on general health and coping stress among young adults. **Methods:** The study was conducted on 120 participants between the ages of 18 to 25, out of which 60 were females and 60 were males, through purposive sampling techniques. A social demographic questionnaire, Internet Addiction Test (IAT) (Young, 1998), Brief Cope Scale (Carver, 1982) and General Health Questionnaire (Goldberg, 1972) were used to gather information. Data were analyzed by using one way ANOVA, mean, standard deviation and Pearson product moment correlation. **Result:** The results shows that there is a significant difference in the level of internet addiction and coping stress among young adults across their gender. there is no significant difference in the level of general health among young adults across their gender. There is no significant relationship between internet addiction and coping stress. There is no significant relationship between internet addiction and general health. And there is no significant relationship between general health and coping stress

Keywords: Internet addiction, Coping stress, General health

INTRODUCTION

Internet addiction is a type of behavioural addiction in which an individual becomes reliant on the Internet or other online devices usage as a maladaptive coping mechanism for dealing with the pressures of everyday life. There is no such thing as internet addiction classified as a mental illness. While diagnostic criteria for Internet addiction have been established, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) does not include it (APA, 2018). Three varieties of Internet addiction have been identified: video game addiction, cybersex or online sex addiction, and online gambling addiction. Addiction to mobile devices, such as cell phones and smart phones, as well as addiction to social networking sites, such as Face book, is becoming more widely studied. There may be some similarities between these subtypes. Because Internet addiction is not officially recognised as an addictive disorder, getting a diagnosis might be challenging. Several experts in the field of behavioural addiction, on the other hand, have contributed to our new understanding of Internet addiction symptoms. Despite the fact that everybody agrees that excessive Internet usage is a symptom, no one seems to be able to determine how much screen time is excessive.

Health is a condition of general well-being, not just the lack of illness. The World Health Organization (WHO) coined a term that is still used today to describe health. “Health is more than just the lack of illness or infirmity; it is a state of full physical, emotional, and social well-being (WHO, 1948). Participation in a wide range of activities, including school and employment, is contingent on good health. Article 25 of the United Nations Convention on the Rights of Persons with Disabilities (CRPD) affirms that people with disabilities have the right to receive the best possible health care without discrimination. (CRPD, 2006). The foundation of the health system is general health, which comprises of overarching societal activities and acts that are primarily centred on the prevention method. (WHO, 2010). Income and socioeconomic status, health care services, physical settings, social environments, education and literacy, gender, personal health practises, coping skills, and healthy child development are all important considerations. (WHO, 2006).



Stress is commonly described as a negative emotional experience followed by predictable biochemical, physiological, cognitive, and behavioural changes aimed at either changing or accepting the stressful event (Taylor, 2009). One of the founders of stress science, Hans Selye, borrowed the word stress from the field of physics. Stress is a term used in physics to describe the force that causes a physical body to strain. Stress coping entails a more in-depth cognitive assessment to decide if a person feels he or she has the tools to effectively react to a stressor or shift. (Folk man and Lazarus, 1988).

A young adult is a person in their late teens or early twenties who is in their thirties (about ages 18-30s), while definitions and viewpoints, such as Erik Erikson's phases of human development, differ. Young adulthood comes before middle adulthood in human development. (Martin Briner, 2006). Following the teenage focus on identity creation, Erik Erikson claims that "the young adult, emerging from the quest for and insistence on identification, is eager and willing to fuse their identity with that of others." He [or she] is prepared for intimacy, which entails the ability to commit to definite affiliations and partnerships.' (Erikson, Erik H., 1975).

OPERATIONAL DEFINITIONS

Internet addiction is referred to as a form of technology addiction (such as computer addiction) and sub category of behavioural addictions (such as obsessive gambling addiction) (Griffiths, 1999).

Stress is defined as "the non-specific response of the body to any demand for change" (Hans Selye, 1936).

Demands that are assessed as surpassing or draining the subject's resources are referred to as coping with stress as an adaptive reaction. (Monat and Lazarus 1991)

Health is defined as a condition of complete bodily, mental, and social health, not only the absence of disease or disability (WHO, 1948).

SIGNIFICANCE OF THE STUDY

The study's goal was to investigate, analyse, and report on the relationship between internet addiction and general health and coping behaviour. Addiction to the internet is becoming more generally understood and accepted, and it is impacting a significant number of people. This research would benefit society by highlighting the impact of internet addiction on general health and coping stress in young adults. This study will help researchers with more information on the influence of internet on young adults. This study is significant in the sense that it will help to identify those areas, and to what extent the impact of internet addiction on general health and coping stress among young adults.

REVIEW OF LITERATURE

Green, D.L, Choi, J.J and Kane, M.N (2010) this study examined the relationship between coping strategies and level of distress, social support and subjective well-being among victims of crime. The results indicate a complex relationship between and among variables. A positive relationship was found between emotion focused coping and well-being.

Gibbons .C,(2010) made a systematic study to explore the relationship between source of stress and psychological burn out and to consider the moderating and mediating role played sources of stress and different copings resources . The findings suggest that initiatives to improve support and self-efficacy will have the greatest immediate impact on improving student well-being.

Dorarinsdottir, H.et al, J. Med Internet Res (2017) conduct a study to assess the use of smart phones to measure self-assessed stress in healthy adults, the validity of smart phone based self-assessed stress compared to validated stress scale, and the relationship between smart phone based self-assessed stress and generated objective data, the researchers concluded that smart phone generated objective data can be used to monitor predict and reduce stress levels.

METHODS

Problem

Is there any significance difference in the general health, coping stress and internet addiction among young adults across gender and how the internet addiction associated with general health and coping stress in young adults?

Aim

To understand the internet addiction, coping stress and general health among young adults across gender and to assess the relationship between variables.

Objectives

1. To study the internet addiction, general health and coping stress among young adults across their gender.
2. To study the relationship between general health and coping stress among young adults.
3. To study the relationship between internet addiction and general health among young adults.

4. To study the relationship between internet addiction and coping stress among young adults.

Variables**Independent Variable:** Gender**Dependent Variables:** General health, Coping stress and Internet addiction.**Hypothesis**

1. There will be no significant difference in the level of internet addiction among young adults across gender.
2. There will be no significant difference in the level of coping stress among young adults across gender.
3. There will be no significant difference in the level of general health among young adults across gender.
4. There will be no significant relationship between internet addiction and coping stress among young adults.
5. There will be no significant relationship between internet addiction and general health among young adults.
6. There will be no significant relationship between coping stress and general health among young adults.

Research design

The research was quantitative in nature and the research adopted a correlational research design to find out the relationship between the variables. The study also adopted a between-group research design to find out the differences in variables across the gender.

Research sample

Purposive sampling method was used for the study. The study sample included 120 participants between the ages of 18 to 25 from various parts of Kerala, 60 of whom were females and 60 of whom were males. The sample is diverse in terms of gender, religious, family type, area of residence.

Sampling criteria**Inclusion criteria**

1. Participants from Kerala were only included.
2. Age limit 18 to 24 years.
3. Those who have given consent for the participation

Exclusion criteria

1. Participants outside Kerala were excluded.
2. Age group other than 18 to 24 years.
3. Excluded those who have psychological problems.
4. Those who have not given consent

Tools

The following tools were administered individually to collect required data.

1. **Social Demographic Data Sheet:** It includes name, age, gender, socio-economic status, place of residence, family type and religion.
2. **Internet Addiction Test (IAT):** The IAT was developed by Kimberly Young (1998). It is a 20-item survey that assesses the presence and severity of Internet addiction in individuals. Questions also assess problems related to addictive use in personal, occupational, and social functioning. Each item is graded on a scale of 0 to 5 on a 5-point scale. The maximum point total is 100. Primary examination into the validity of the IAT has shown strong internal consistency 0.90 to 0.93 and good test-retest reliability 0.85 values 7 to 12.
3. **The General Health Questionnaire (GHQ-12):** The GHQ-12 was developed by Goldberg in 1972. It comprises of 12 items, each of which uses a 4-point scale to assess the severity of a mental condition over the last few weeks (from 0 to 3). The result was a total score that ranged from 0 to 36, with higher numbers indicating poorer conditions. It has a Cronbach's reliability 0.87 with validity 7.6.
4. **Brief Cope Scale:** The Brief Cope Scale was devised by Carver in 1989. It consists of 28 items. This was applied in order to investigate the type of coping strategies that individuals use to deal with stressors in their lives. Each item is graded on a scale of 1 to 4 on a likert scale. There is no total score for this scale. The scale has reliability co-efficient ranging from 0.62 to 0.85 and validity. The participant's responses reveal how much a person uses a certain coping strategies.

Procedure

The participants' willingness to take part in the study was determined after the intention of the study was explained to them. The study was conducted through online. The research was administered on the sample by giving them

instructions for all the questionnaires. The sample was given the socio demographic data sheet, Internet Addiction Test (IAT), General Health Questionnaire (GHQ-12), and Brief Cope Scale online with proper instructions one after the other. They were asked to fill the questionnaires as honestly as possible. Confidentiality of the study was emphasized. They were informed that the data will be used for research purpose only. The participants' responses were gathered. Responses were collected from the participants. The scoring for the three assessments was done and interpreted according to the manual. The scores of all the scales were entered and analyzed using Statistical Package of Social Sciences (SPSS) software.

Analysis of data

The collected data were analyzed using following statistical tests. The statistical analysis was carried out using Statistical Package for Social Science (SPSS) version 20 was used for analysis.

1. Mean, Standard Deviation.
2. One way ANOVA
3. Pearson Product-Moment Correlation

Ethical issues

1. Data collected has been only for research purpose.
2. Informed consent of each and every participant was acquired.
3. Confidentiality and of the obtained information have maintained throughout the study.

RESULT

The main purpose of the study was to investigate the internet addiction, general health and coping stress among young adults. For this purpose, investigator formulated 6 hypotheses. Results are shown below the given table.

Table 1: Mean and standard deviation on coping stress, general health and internet addiction among young adults across gender.

N		MEAN		S.D	
Internet addiction	Male	60	39.6833	17.59477	
	Female	60	32.0667	16.45319	
	Total	120	35.8750	17.38760	
Coping stress	Male	60	58.1667	13.94197	
	Female	60	68.4667	14.88085	
	Total	120	63.3167	15.26130	
General health	Male	60	16.4500	6.75083	
	Female	60	17.0000	3.78221	
	Total	120	16.7250	5.45565	

Table 1 shows the mean and standard deviation of males and females in internet addiction, coping stress and general health. The mean score obtained by the males and females in internet addiction are 39.6833 and 32.0667 respectively. The result shows that males have higher level of internet addiction compared to females. The mean score obtained by the males and females in coping stress are 58.1667 and 68.4667 respectively. The result shows that females have higher level of coping stress compared to males. The mean score obtained by the males and females in general health are 16.45 and 17 respectively. The result shows that females have higher level of general health compared to males.

Figure 1 shows mean value of internet addiction among young adults across gender.

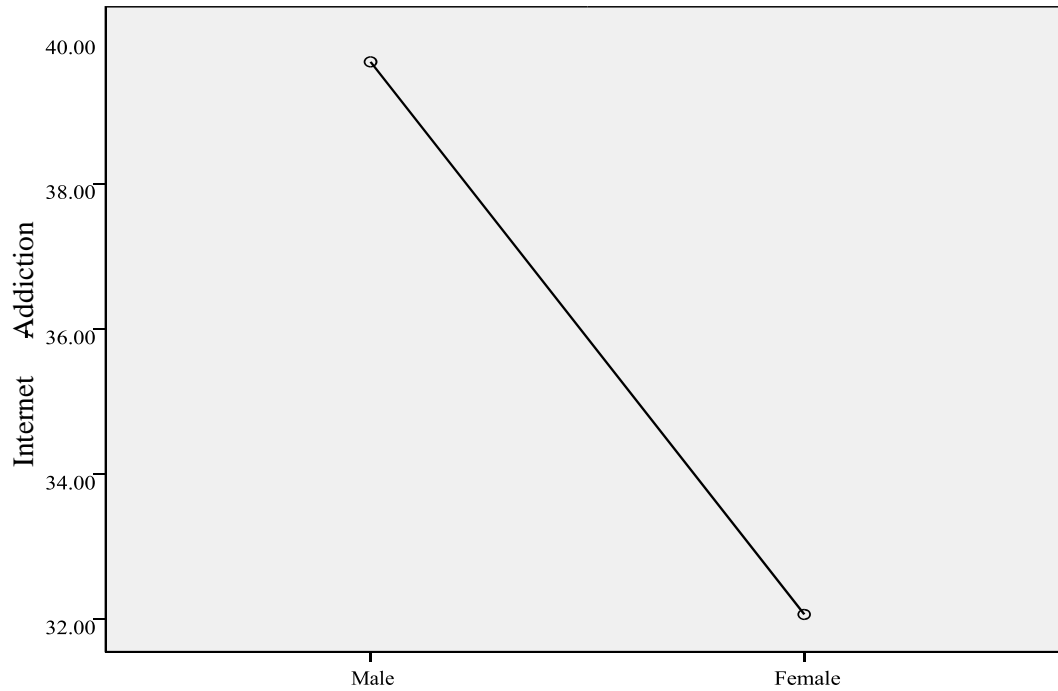


Figure 2 shows mean value of coping stress among young adults across gender

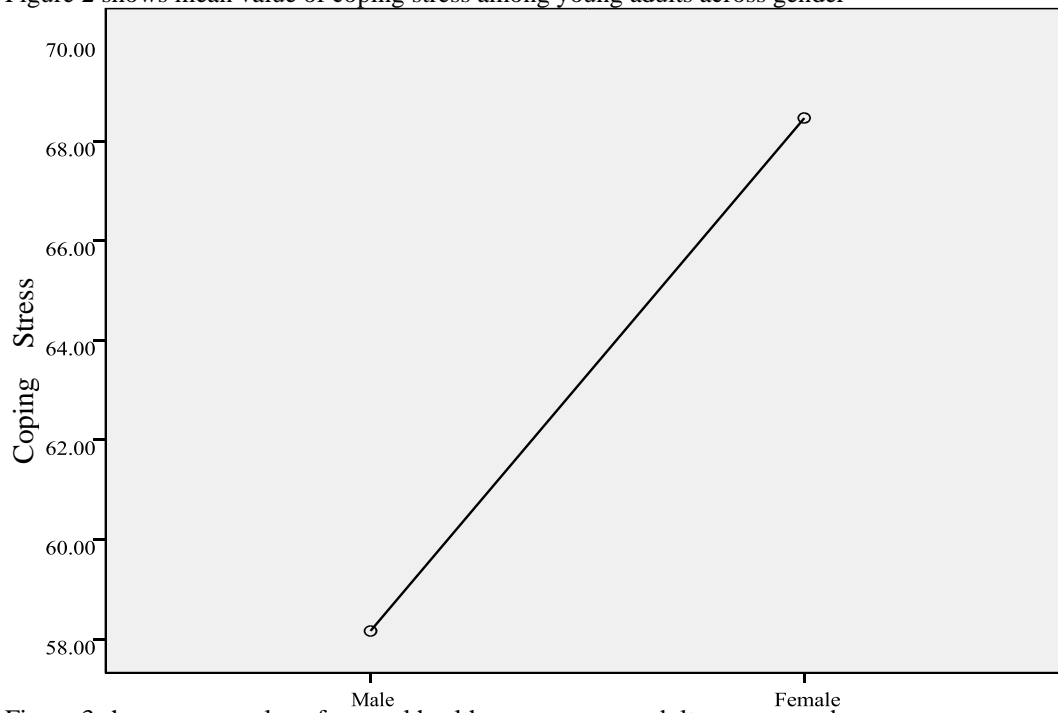


Figure 3 shows mean value of general health among young adults across gender.

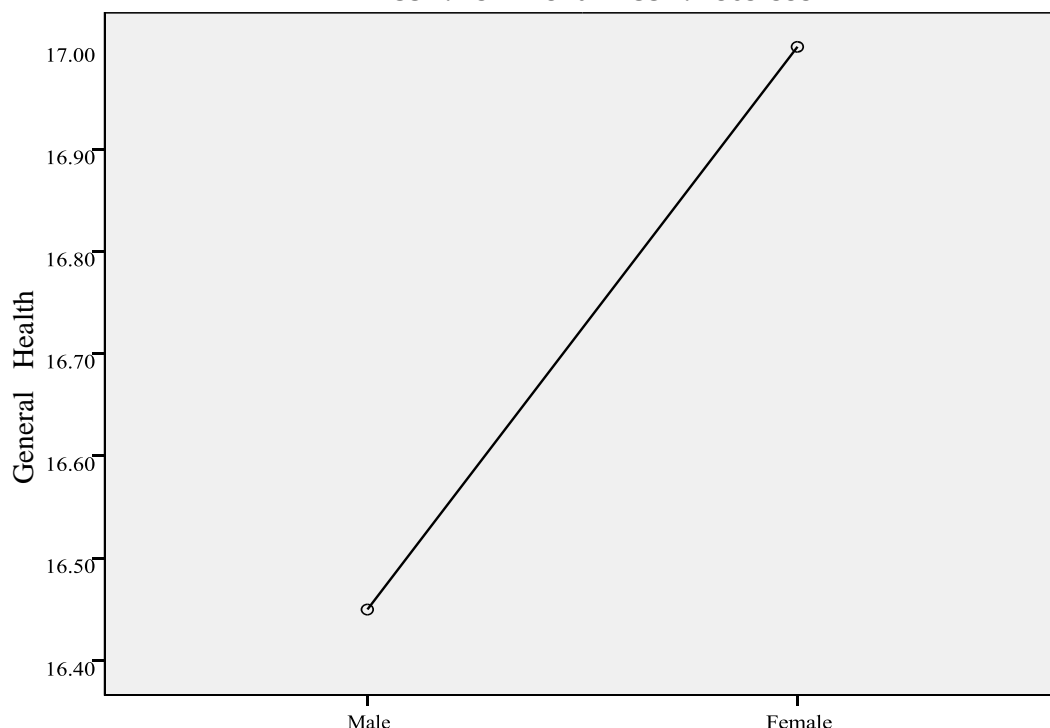


Table 2: The one way ANOVA on internet addiction, coping stress and general health among young adults.

Category		SS	df	MS	F	Sig.
Internet addiction	Between groups	1740.408	1	1740.408	5.998	.016
	Within groups	34236.717	118	290.142		
	Total	35977.125	119			
Coping stress	Between groups	3182.700	1	3182.700	15.308	.000
	Within groups	24533.267	118	207.909		
	Total	27715.967	119			
General health	Between groups	9.075	1	9.075	.303	.583
	Within groups	3532.850	118	29.939		
	Total	3541.925	119			

These hypotheses were tested by using one way ANOVA. The significant value on internet addiction among young adults across gender is 0.16 which is significant at 0.05 level of significance. Thus, the first null hypothesis is rejected. So, there is a significant difference in the level of internet addiction among young adults across their gender. The significant value on coping stress among young adults across their gender is .000 which is significant at 0.05 level of significance. Thus, the second null hypothesis is rejected. So, there is a significant difference in the level of coping stress among young adults across their gender. The significant value on general health among young adults across their gender is 0.583 which is not significant at 0.05 level of significance. Thus, the third null hypothesis is accepted. So, there is no significant difference in the level of general health among young adults across their gender.

Table 3: The correlation Between variables

		Internet addiction	Coping stress	General health
Internet addiction	Pearson Correlation	1	-.064	-.026
	Sig.(2-tailed)		.489	.782
	N	120	120	120
Coping stress	Pearson Correlation	-.064	1	-.032
	Sig.(2-tailed)	.489		.727
	N	120	120	120
General health	Pearson Correlation	-.026	-.032	1
	Sig.(2-tailed)	.782	.727	
	N	120	120	120

The hypothesis 4,5 and 6 were tested by Pearson product-moment correlation co-efficient. The result shows that the correlation co-efficient between internet addiction and coping stress is -.064 and the corresponding significant value is .489 which is not significant at 0.05 level of significance. Thus, the hypothesis 4 is accepted. There is no significant relationship between internet addiction and coping stress among young adults. The result shows that the correlation co-efficient between internet addiction and general health is -.026 and the corresponding significant



value is .782 which is not significant at 0.05 level of significance. Thus, the hypothesis 5 is accepted. There is no significant relationship between internet addiction and general health among young adults. The result shows that the correlation co-efficient between general health and coping stress is -.032 and the corresponding significant value is .727 which is not significant at 0.05 level of significance. Thus, the hypothesis 6 is accepted. There is no significant relationship between general health and coping stress among young adults.

MAJOR FINDINGS

1. There is a significant difference in the level of internet addiction among young adults across gender.
2. There is a significant difference in the level of coping stress among young adults across gender.
3. There is no significant difference in the level of general health among young adults across gender.
4. There is no significant relationship between internet addiction and coping stress among young adults.
5. There is no significant relationship between internet addiction and general health among young adults.
6. There is no significant relationship between coping stress and general health among young adults.
7. Males have higher level of internet addiction compared to females.
8. Females have higher level of coping stress compared to males.
9. Females have higher level of general health compared to males.

LIMITATIONS

1. Sample size was small.
2. Samples were only taken from Kerala.

SCOPE FOR THE STUDY

Further research can be done on larger population across different variables and different socio-demographic details.

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