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A Cross Sectional Study to assess the pattern of mobile phone usage and effects of problematic mobile phone usage on health among students of urban area of Western Maharashtra

Lt Col Janki Bhatt

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Abstract

Introduction: The world has become "Global Digital Suite". Technological revolutions and inventions have provided the world with various inventions for various purposes. Excessive day by day increase in mobile phone usage throughout the world raises widespread concerns over its possible harmful effects on human health. This study was conducted with the aim of to assess the pattern of mobile phone usage and effects of problematic mobile phone usage on health among students of a selected college of an urban area of Western Maharastra.

Methods & Materials: The present study adopted a cross sectional descriptive design. A total of 210 students were selected for the study. A questionnaire was developed to assess the pattern of mobile phone usage. PUMP scale was used to assess the problematic mobile phone usage and a self perceived questionnaire was used to assess the health effects of mobile phone usage.

Results: Findings revealed, majority of the students 174 (82.9%) were female and only 36 (17.1%) students were male, 91 (43.3%) students were using mobile phone for entertainment purpose, maximum students 139 (66.2%) were checking mobile phone more than 8 times in an hour, majority 82 (39%) of the students were spending more than Rs 750 on mobile phone per month, 135 (64.3%) students reported that they use mobile phone irrespective of time, 20 (9.52%) were having severe health effects of problematic mobile phone use, majority of the students 175 (83.3%) experienced tinnitus, 172 (81.9%) experienced depression, 168 (80%) of them experienced earache, 164 (78.1%) felt nomophobia, 160 (76.2%) textphrenia, 151 (71.9%) ringxiety, 149 (71%) suffered pain in the finger, 145 (69%) had disturbed sleep, 99 (47.1%) suffered headache because of problematic mobile phone usage. Chi-square value showed statistically significant association between mobile phone usage pattern with education of parents, monthly income, pocket money per month with 3df at 5% level of significance (p value <0.05).

Discussion: There was statistical significance association between mobile phone usage and effects of Problematic mobile phone usage on college students in India, as it is appearing as an emerging health

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problem in college students.

Conclusion: It can be concluded that the need emerges for more extensive research in the concerned field to validate the findings and felt need to formulate policies, which should consider the problem of mobile phone addiction and educate the users regarding the same.

Keywords: Pattern of mobile phone usage; Problematic mobile phone usage; PUMP scale' nomophobia; Textphrenia; Ringxiety.

INTRODUCTION

A smart phone is an e-toy designed for the lonely inner child hidden in each and every one of us. *Shaurabh sharma*

Technological development and new inventions have provided the world with various inventions for various purposes. Communication channels keeps on improving day by day and have upgraded communication, talking to a person with thousands of miles apart is simply a game of second's now.[2] Excessive day by day increase in mobile phone usage all over the world raises widespread concerns over its increasing harmful effects on human health Mobile internet usage has worked its way into the daily life of Smartphone and tablet users, enabling students to access and share information anytime and everywhere.

Today mobile phones have become the most essential item which we carry with us everywhere. It facilitates our relationships by making us able to contact with those whom we would not otherwise will be able to do conversations immediately as and when required. At the same time however such technology can be harmful and can lead to a lack of contact of one persons with another or the development of dependency. So it is a matter of thinking do mobile phones really improves our relationships, or do they damage them?

Aim: To assess the pattern of mobile phone usage and effects of problematic mobile phone usage on health among students of a selected college of an urban area of Western Maharashtra.

Primary objectives

a. To assess the pattern of mobile phone usages among the students of a selected college.

b. To assess the problematic mobile phone usage using PUMP scale.

c. To assess the self-perceived effects of problematic usage of mobile phone on health

Secondary Objectives

a. Associate the pattern of mobile phone usage among students of selected college with socio demographic variables.

REVIEW OF LITERATURE

The available literature on mobile phone highlights that there is a relationship between Mobile phone addiction and adolescent's mental and physical health problem. There are negative effects of mobile phone addiction among students. There is a gender differences in Mobile phone usage.

A significantly larger proportion of ringxiety sufferers also complained of hampered studies. The pattern of mobile phone use among the medical students appeared to be problematic, as a fairly large proportion suffered from ringxiety, they reported getting upset and they used their phones at restricted times and places. This problem needs to be recognized, all stakeholders must be made aware of the symptoms and measures must be taken to reduce.

Manisha B, Sekha K C, Priyanka E P, Kumar U V, Mohan C R, Chandrasekhar V (2017) conducted a cross sectional study with the title a Study on Usage of Mobile Phones and its Effects on Sleep Disturbances of Students of Professional College at Eluru, A.P. The results of the study shows 144 (78.2%) students were sleeping less than 8 hrs per day. There was statistically significant association was found between inadequate sleep (sleep disturbance) and age, sex and number of calls attending per day. Based on the above study results, it was seen that tremendous mobile usage among the college students and it also affected their regular sleep, concentration of class and time bound completion of their regular academics but high percentage of passing and getting high marks in the university also noticed among these students.[11]

Hindustan times on Monday (19 November, 2018) according to a report on "Smartphone

addiction is more dangerous than you thought, it causes depression, anxiety". Which was based on the research study from South Korea revealed that the extent to which internet and smart phone use affects daily routines, social life, productivity, sleeping patterns and feelings. Prolonged use of smart phones may significantly increase the risk of depression, anxiety and insomnia among teenagers. Researchers from the Korea University in South Korea have found an imbalance in the brain chemistry of young people addicted to smart phones and the internet hey used magnetic resonance spectroscopy (MRS) to gain unique insight into the brains of smart phone and internet addicted teenagers.[3]

Wien Klin Wochensch (2018) conducted a study on a total of 150 students, from 2 universities from Timisoara. The study revealed a relative high number of students with a predisposition to smart phone use disorder, with significant correlations between indicators of smart phone addiction and stress scores. They found that Smartphone addiction is one of the most common non-drug addictions, accompanied by negative effects, such as depression, anxiety, self-disclosure, impaired academic performance, family life and human relationships.[12]

Matar B J, Jaalouk D (2017) conducted a cross sectional study to assess prevalence of smart phone addiction symptoms, and to ascertain whether depression or anxiety, independently, contributes to smart phone addiction level. Results showed prevalence rates of smart phone-related compulsive behavior, functional impairment, tolerance and withdrawal symptoms were substantial. 35.9% felt tired during daytime due to late-night smart phone use, 38.1% acknowledged decreased sleep quality and 35.8% slept less than four hours due to smart phone use more than once.[13]

Subramani P, Aaseer T S, Steohanie W KY, Bobby L C, Lee Yu Ren, (2017) conducted a study on smart phone usage and increased risk of mobile phone addiction. This study suggested that Many of the study participants agreed that mobile phone usage causes fatigue (12% agreed; 67.5% strongly agreed), sleep disturbance (16.9% agreed; 57.7% strongly agreed), and psychological disturbance (10.8% agreed; 54.8% strongly agree.[14]

Nikita M B, George K and Anna M (2018) conducted a cross sectional study on "The Effect of Electromagnetic Radiation due to Mobile Phone Use on Thyroid Function in Medical Students Studying in a Medical College in South India." The study was done to explore the association between radiation exposure and thyroid dysfunction among mobile phone users. In this study, they found a significant correlation between the total radiation and the TSH values among both individuals with or without family study of thyroid dysfunction study of the students.[15]

Subramanian S S, M. S Rajesh (2017) conducted a cross sectional analytical study on 115 college students of Chennai using Smartphone to analyze the merits and demerits of smart phone usage among college students mainly its impact on health, the finding revealed 74% of the participants were female, more than 3 years 45% were using smart phones, 77% of the subjects were using more than 5 years daily, 66% had habit of checking the smart phone while sleeping, 72% of the participants have used for the academic purpose, 79% had headache, 54% with eyepain, 43% had neck and arm pain. With due knowledge of health hazards involved with smart phone, users should restrain from excessive usage and apply due precautions to get rid of negative effects on users health was the main outcome of this study.[16]

Salman Amin et al (2014) conducted a study on effect of using habits of cell phone on the this study was to assess some of the self-perceived effects of increasing cell phone usage on the well-being of college going students by knowing the opinion of parents and students. The empirical findings of the study depict that (26%) respondents think that students have very much lost focus on their study due to the use of cell phone, (34%) respondents which think that students have much lost focus on their study (21%) teachers and parents think students have somewhat lost focus on their study.[17]

Mahakud and Bhola (2014) conducted a qualitative Indian study on the nature of prevalence and dynamics of excessive social networking among the Indian youth. Results of the study indicate that most youngsters begin social networking at 14.6 years, being influenced by gender and nature of family. The average time spent was 3.6 hours daily, which was effected by degree of parental regulation. Most of the participants were found to carry social networking at night, interact with the opposite sex, have interest in electronic gadgets, ignore daily activities, hide their online tasks from others, use SNS secretly and feel frustrated in its absence. More male participant's usage social networking especially through mobile than to their female counterparts.[18]

Majeed-Ariss R, Baildam E (2015) conducted a study to assess Apps and Adolescents: A Systematic Review of Adolescents' Use of Mobile Phone and

Tablet Apps That Support Personal Management of Their Chronic or Long-Term Physical Conditions. A key finding of the review was the paucity of evidence based apps that exist, in contrast to the thousands of apps available on the app market that were not evidence based or user or professional informed. This review provides valuable findings and paves the way for future rigorous development and evaluation of health apps for adolescents with chronic or long-term conditions.[19]

MATERIAL AND METHODS

A cross sectional study method was used to assess the pattern of mobile phone usage among selected college. The study students were undergraduate Students of selected college willing to participate in the study who are attending college at least for last 6 months and students who are in the age group of 16-25 years. Students of foreign nationality studying in selected college were not included in this study.

Research design: A Cross sectional descriptive study design was used.

Setting: Undergraduate college of Western Maharastra. Sampling technique: Stratified Random Sampling.

Population: Students studying in undergraduate classes.

Data collection methods: The study sample was assured of confidentiality of their response. Data was collected by giving the questionnaire related to socio-demography, mobile phone usage pattern, PUMP scale and effects of mobile phone on health. The respondents were co-operative and the data was thus collected and compiled for data analysis.

DATA ANALYSIS & INTERPRETATION

The data collected was organized, analyzed and interpreted using descriptive and inferential statistics. The scheme of statistical analysis was as follows: **Section I:** Demographic profile. **Section II:** Mobile phone usage patterns. **Section III:** Assessment of Problematic mobile phone usage by using PUMP scale. **Section IV:** Assessment of self-perceived effects of problematic mobile phone usage on health. Chi square test was used to find association among socio-demographic variable and pattern of mobile phone usage pattern.

RESULTS

Section I: Demographic profile

The Socio demographic characteristics of the students revealed that majority of the students i.e. 98 (46.7%) were of age group of 18-20 years wher eas only 04, (1.9%) subjects were of more than 24 year of age. Most of the students 174 (82.9%) were female only 36 (17.1%) students were male. In the present study majority of the students 189 (89.5%) were staying in urban locality whereas only 22 (10.5%) were staying in rural areas at the time of the study. As per the findings of the present study majority of the students 142 (67.6%) were staying without family, only 68 (32.4%) were staying with family. As per the findings of present study mobile were used by students from all income group but 79 (37.1%) families were earning more than Rs 60,000 per month, 52 (24.8%) families were in the middle income group of Rs 40,001 - Rs 60,000 per month, rest of families were earning less than Rs 40,000 per month.

Section II: Mobile phone usage patterns

- ***Main purpose of Mobile phone usage by the Students***- It was observed in the present study that maximum 91 (43.3%) students were using mobile phone for entertainment purpose, 52 (24.8%) were using for academics, 45 (21.4%) were using for calls and only 22 (10.5%) were using for social networking.
- ***Duration of Mobile phone usage by the Student-***It was observed in the present study that maximum 114 (54.3%) of the students were using mobile phone more than 2 year, more than 56 (26.7%) were using mobile phone since more than 3 year, only 6 (2.9%) were using mobile phone since one year.
- ***Age of getting an independent phone***-Findings of present study revealed that 101 (48.1%) students got their independent mobile phone at the age of less than 10 years; only 22 (10.5%) student got their mobile phone after 18 years of age.
- ***Average time of mobile phone usage in a day by students***-It was observed in the present study that 60 (28.6%) students were using mobile phone heavily for more than 2 hours. 29 (13.8%) were using mobile phone for one to two hours daily only 44 (21%) were using for 30 to 60 min in a day. There were only 77 (36.7%) students who were using mobile phone for less than 30 min in a day. Frequency of checking mobile phone in an hour-According to present study maximum

Table 1: Description of mobile phone usage pattern of students

n=210

Parameters		No of Students (f)	Percentage (%)
Main Purpose of Mobile Phone use most of the time	Call	45	21.4
	Academics	52	24.8
	Social networking	22	10.5
	Entertainment	91	43.3
Time duration of Mobile Phone usage	1 Year	6	2.9
	2 Year	114	54.3
	3 Year	34	16.2
	>3 Year	56	26.7
Age of getting an independent phone	<10 Yrs	101	48.1
	10 – 15 Yrs	61	29
	16 – 18 Yrs	26	12.4
	>18 Yrs	22	10.5
Mobile Phone use on an average in a day	>2 Hrs	60	28.6
	1 – 2 hrs	29	13.8
	30 min – 1 hr	44	21
	<30 min	77	36.7
Frequency of checking mobile phone in an hour	>8 times	139	66.2
	6 – 7 times	43	20.5
	4 – 5 times	19	9
	2 – 3 times	9	4.3
Monthly expenditure on mobile (in Rs)	<250	16	7.6
	251 – 500	33	15.7
	501 – 750	79	37.6
	>750	82	39
Reaction when mobile not in working	Feel lonely and depressed	11	5.2
	Feel agitated and angry	100	47.6
	Check back again and again for network	60	28.6
	Get engaged in other task	39	18.6
Part of the day of maximum mobile phone usage	Day Time (College hrs)	17	8.1
	Night (before sleep)	24	11.4
	Only during free time	34	16.2
	Day and night both	135	64.3
Frequency of indulging in watching or doing something ethically or morally wrong on mobile	Often	30	14.3
	Sometime	64	30.5
	Rarely	70	33.3
	Never	46	21.9
Eat or drink junk food (cake, pastry, wafers, popcorn, cold drink) while using mobile	Often	73	34.8
	Sometime	21	10
	Rarely	68	32.4
	Never	48	22.9

students 139 (66.2%) were checking mobile phone more than 8 times in an hour followed by 6-7 times by 43 (20.5%), 4-5 times by 19 (9%) and 2-3 times by 9 (4.3%) students in an hour.

- ***Monthly expenditure on Mobile phone by Students-***It was observed in the present study that the majority 82 (39%) of the students were spending more than Rs 750 on mobile phone, 79 (37.6%) were spending Rs 501 – Rs 750 on mobile phones, 33 (15.7%) were spending Rs 251 - Rs 500 on, only 16 (7.6%) were spending less than Rs 250 monthly expenditure on mobile phone.
- ***Reaction of Students when Mobile phone is not working*** -It was observed in the present study that maximum 100 (47.6%) students felt agitated and angry followed by 60 (28.6%) continued checking back repeatedly for network, 39 (18.6%) got engaged in other work and 11 (5.2%) felt lonely and angry when the mobile was not working.
- ***Part of the day of maximum Mobile usage by Students-***In the present study 135 (64.3%) students reported that they use mobile phone irrespective of time, 34 (16.2%) students were using mobile mainly during free time, 24 (11.4%) were using mobile phone before going to sleep, only 17 (8.1%) students used mobile during their college hours.
- ***Frequency of indulging in watching or doing something ethically or morally wrong-***As per the findings of the present study only 46 (21.9%) students never got indulged in watching or doing something ethically or morally wrong, 30 (14.3%) students often, 64 (30.5%) sometimes, 70 (33.3%) students rarely got indulged in watching or doing something ethically or morally wrong on mobile phones.
- ***Eating or drinking junk food while using Mobile phone-***It was observed in the present study that about 73 (34.8%) students were often, 68 (32.4%) rarely, 21 (10%) sometimes, only 48 (22.9%) were never got involved in eating or drinking junk food while using mobile phone.

Section III: Assessment of Problematic Mobile phone usage by using PUMP scale.

- The Problematic Mobile Phone Usage using PUMP scale in students revealed that only 13 (6.2%) students were using mobile phone normally, 124 (59%) students were found to have Mild problematic use, 70 (33.2%) students were having Moderate problematic use, 3 (1.4%) students were found to have severe problematic use of mobile phone as interpreted by PUMP scale.
- Present study shows Self-perceived effects of problematic mobile phone usage on health of students were quite common, only 30 (14.29%) students had no health effects, 20 (9.52%) students were having severe health effects of problematic mobile phone use, 74 (35.24) students had moderate health effects, majority of students 86 (40.95%) had mild health effects. Present study suggested that almost 84% of students were having some kind of health effects of problematic mobile phone usage.

Table 2: Self-perceived effects of problematic mobile phone usage on health

n=210

Effect on health	No of students	Percentage
	(f)	(%)
Tinnitus	175	83.3
Depression	172	81.9
Earache	168	80
Nomophobia	164	78.1
Textphrenia	160	76.2
Ringxiety	151	71.9
Pain in fingers	149	71
Restlessness	145	69
Neck pain	127	60.5
Textiety	122	58.1
Sleep disturbances	105	50
Headache	99	47.1

Section IV: Assessment of self-perceived effects of problematic mobile phone usage on health

RECOMMENDATIONS

Internet regulatory strategies are required for college students in India, to prevent health effects of problematic mobile phone usage. The findings could prove beneficial to mobile phone developers, universities, parents, and researchers exploring mobile phone adoption and usage pattern. The finding of the study can be utilized for

implementation of "e-Kranti", under the National Digital Literacy Mission (NDLM) and Skill India initiative of the Government. Planning of teaching programme regarding ill effects of excessive mobile phone usage. Pamphlets, posters and other communication mediums should be used by the government to prevent the new growing problem of mobile addiction among future generations of our country before it engulfs the youth of our country.

CONCLUSION

This study assessed the pattern of mobile phone usage among the college students of Western Maharastra. A total of 210 students were assessed by cross sectional descriptive design. The results of the study revealed that the pattern of mobile phone usage was problematic among the students, and there was a significant association between mobile phone usage pattern socio-demographic variables. The investigator felt the study has shown strong need for further extensive researches in the field. Researcher also felt that health professional, and government while making policies should consider the problem of mobile phone addiction and educate the students regarding the same.

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Astudy to assess the Effect of Laughter Therapy on Anxiety

Yashpreet Kaur

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Abstract

Life is running fast; everyone is on toes to win the race. No one have free time to stop and care for themselves. Though today's world is overloaded with hi-tech facilities, yet people are not happy. They are attaching more value to personal achievement and trying to seek material pleasure in life, most of which are temporary and do not make anyone happy. Laughter therapy is a breakthrough technique allowing laughter to actually be prescribed as part of a daily routine in order to realize all of the health benefits. It enables everyone to laugh, even those who are serious, introverted and uncomfortable being funny.

Objective: To assess effectiveness of laughter therapy on anxiety among people.

Aim of Study: The present study aimed to add some more humor in life of people to reduce anxiety.

Methodology: Quasi-experiment non-equivalent control group pre-test post-test design was used to study the effectiveness of laughter therapy. Study was conducted at Shiva ji Park, Rani Ka Bagh (experimental group) and Jallianwala Bagh, (control group) Amritsar, Punjab. 30 participants for experiment group and other 30 for control group with the help of convenient sampling technique. The Hamilton Anxiety Rating Scale (HAM-A) developed by Max Hamilton administered to study participantsto assess anxiety before and after laughter therapy.

Results: Paired t-test applied on mean values of experimental group in pre-test ($\overline{X}$ = 14.01, SD = 1.64) and post-test ($\overline{X}$ = 15.24, SD = 1.67) and found statistically significant difference (t = 2.88*, df = 29) at 0.05 level of significance. Hence, study results revealed that laughter therapy was significantly effective to lower the anxiety among people.

Conclusion: After statistical analysis this study leads the conclusion that a considerable part of adult population survives with mild or moderate anxiety. The present study findings also revealed that laughter therapy does have a significant effect on anxiety. Thus, it is clear that simulation laughter i.e., laughter therapy helps to lower anxiety.

Keywords: Laughter Therapy; Anxiety; people.

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INTRODUCTION

Laughter, in its basic form defined as a psycho-physiological response to a stimulus that leads to the production of muscle contractions, facial expressions, and other neuro-physiological processes. Physiological benefits include improved respiration, general muscle relaxation, and enhanced mental functioning. Typically, laughter has been investigated in terms of its ability to reduce negative emotions like anxiety, stress and depression. This property was used to propose a stress-buffering hypothesis, following their revelation that individuals who reported more frequent laughter experienced less negative affect during stress. In addition to reducing negative emotions, unsurprisingly, laughing also increases positive emotions more than simply smiling.

In India laughter therapy was developed by Dr Madan Kataria in 1999, and is predicated upon the proposition that simulated laughter can elicit the same physiological and psychological benefits as authentic laughter. People who cannot achieve genuine laughter may benefit by minimizing the overt behaviour of laughter. He stated that laughter therapy is a form of therapy which encourages one to use the natural physiological process of laughter to release the painful emotions of anger, fear and boredom. Laughter Yoga combines unconditional Laughter with Yogic Breathing (Pranayama). Anyone can laugh for No Reason, without relying on humor, jokes or comedy. Laughter is simulated as a body exercise in a group; with eye contact and childlike playfulness, it soon turns into real and contagious laughter. The concept of Laughter Yoga is based on a scientific fact that the body cannot differentiate between fake and real laughter. One gets the same physiological and psychological benefits. As scientist states, laughing produces happy chemicals in the body called endorphins which work in the brain to give an overall feeling of well being. Laughing, however, does not have to be genuine. Fake laughter will also cause the body to respond as if the laughter is real.[1]

Problem Statement: A quasi-experimental study to assess the effect of laughter therapy on anxiety among people residing in Amritsar, Punjab, India.

OBJECTIVE

To assess effectiveness of laughter therapy on anxiety among people.

Aim of Study: The present study aimed to add somemore humor in life of people to reduce anxiety.

NEED OF STUDY

In this high pressure, high tension, modern world, laughter is fast disappearing. They are attaching more value to personal achievement and trying to seek material pleasure in life, most of which are temporary and do not make happy. Another reason people are not laughing enough because they are constantly being bombarded with negativity. Faced with such circumstances, people find it hard to express their feelings, pain and emotions which make them more anxious, stressed. Laugh defuses painful emotions like fear, anger and resentment; instead cultivates positive emotions like unconditional love, generosity, openness, compression and willingness to help and serve others.

Medical treatment is becoming expensive and people are spending huge amount of their hard earned money on it. Scientific studies show that laughter therapy strengthens the immune system and one does not fall sick easily. Studies also revealed that regular laughter therapy lessens the frequency of common cold and cough and respiratory tract infections.

Due to sedentary lifestyle, we do not utilize the full capacity of lungs. In anxious state breathing becomes faster, shallow and irregular. Anxious people breathe from the chest and do not use their diaphragm. As a result, part of lung cells does not participate in exchange which leads to an accumulation of carbon dioxide in the blood. The diaphragm is connected to a special branch of the autonomic nervous system called the parasympathetic nervous system which is responsible for relaxation.

An open and loud laugh stimulates the movement of the diaphragm and the abdominal muscles and make people learn to laugh from belly. In this way laughter therapy stimulates the parasympathetic nervous system, the calming branch of autonomic nervous system. This scientific phenomenon coupled with laughter therapy helps to loosen stress and relieve anxiety.

Investigator interacted with people at time of evening walk in local park and felt everyone suffers from free floating anxiety. Investigator noticed everyone is alone even at public place like park. They walk and talk in very formal way, they do not laugh just smiled even on things where one can break a nice laugh. Being certificate holder in short term course of laughter therapy, investigator realized need to do something for society. After an intensive review investigator decided to give

laughter therapy to people to add humor in life of people to reduce anxiety.

HYPOTHESIS

Hr There will be significant effect of laughter therapy on anxiety levels as assessed by Hemilton's anxiety rating scale among peoplein experimental group at P < 0.05 as compared to control group.

Operational Definitions

1. ***Laughter Therapy:*** A type of therapy that therapeutically uses humor to relieve pain and stress to improve a person's sense of well being. In the present study voluntary laughter was practiced by subjects for 20-30 minutes daily at evening for a month.
2. ***Anxiety:*** It isa feeling of worry, nervousness, fear or unease about something with an uncertain outcome. In the present study both psychic and somatic anxiety was examined with help of Hamilton Anxiety Scale (HAM-A) before and after the intervention.
3. ***People:*** In present study all working and non -working peoplewere included in age group 20-60, who were willing to participate as study subject.

REVIEW OF LITERATURE

A study was conducted to determine the effect of laughter on self-reported stress and natural killer cell activity and found that stress decreased for subjects in the humor group, compared with those in the distraction group (U32=215.5; p=.004). Amount of mirthful laughter correlated with post intervention stress measures forpersons in the humor group (r16=-.655; p=.004). Subjects who scored greater than 25 on the humor response scale had increased immune function post intervention (t16=2.52 p=.037) and compared with the remaining participants (t32=32.1; p=.04). Humor response scale scores correlated with changes in natural killer cell activity (r16=.744;p =.001). Laughter may reduce stress and improve natural killer cell activity. As low natural killer cell activity is linked to decreased disease resistance and increased morbidity in persons with cancer and HIV disease, laughter may be a useful cognitive behavioral intervention.[2]

A study was conducted on laughter therapy program with community dwelling elderly people in South Korea. The initial laughter therapy session followed a sequence of relaxation, laughing, clapping, and laughter meditation, and subsequent sessions included dancing and singing to encourage laughter, as well as other laughter exercises. Mean depression scores were reduced for the laughter therapy group following the intervention, whereas no change was evident for the control group. Though the change in depression scores for the laughter therapy group achieved statistical significance, the reduction was just a single point on a 15-point scale. It should also be noted that the depression scores of both groups were elevated at baseline and so the effect of laughter therapy may only apply to those already experiencing low mood levels. Together, these findings provide evidence that forced laughter may be effective at improving positive mood, particularly for those who maybe experiencing a reduction in such mood initially.[3]

A quasi-experimental study was conducted in Mumbai city with an objectiveto evaluate the effect of laughter therapy on the happiness and life satisfaction among elderly. There was total 80 participants (40 from laughter therapy group and 40 from non-laughter therapy group) from age group of 60-75 years. Participants of the laughter therapy group were chosen on the criteria of completing at least six months of active participation in laughter therapy sessions. Results showed that mean score ofthe participants from the Laughter therapy group on the subjective happiness scale was 16.425 and SD of 3.92. The mean score of the participants from the non-Laughter therapy group on the subjective happiness scale (SHS) was 14.475 and SD of 2.73. The correlation of the tests was found to be significant at 0.01 levels. Hence the present study shows a positive effect of laughter therapy on happiness and life satisfaction among elderly, and a positive correlation between happiness and life satisfaction was also found.[4]

METHODOLOGY

Research Approach

Quantitative research approach

Research Design

Quasi-experiment non-equivalent control group pre-test post-test design was used to study the effectiveness of laughter therapy.

Research Setting

Study was conducted at Shiva ji Park, Rani Ka Bagh (experimental group) and Jallianwala Bagh, (control group) Amritsar, Punjab.

Target Population

People from age group 20-60.

Sample

All adult who daily come to selected parks to spend at least 1 hour or more for evening walk or for other leisure activities were included as study sample.

Sample Size

30 participants for experiment group and other 30 for control group.

Sampling Technique

Convenient sampling technique

RESEARCH TOOL

a) For patients with opioid with drawal

1. ***Part A:*** Socio-demographic profile.
2. ***Part B:*** The hamilton anxiety rating scale (HAM-A) developed by max hamilton

VARIABLES UNDER STUDY

Independent variables – Laughter Therapy

Dependent variables – Anxiety

Socio-demographic Variables - Age, Gender, Qualification, Occupation, Religious faith, Marital status, Children.

Inclusion Criteria

People who were willing to participate.

Exclusion Criteria

1. Who had history of chronic medical condition, muscular disorder or diagnosed with any cardiovascular disorder in which exercises will be contraindicated.

Content Validity

The content of tool was validated by language experts after translation in Punjabi and Hindi.

Reliability

Reliability of tool was checked by split half method after translation.

ETHICAL CONSIDERATION

Written permission was taken from local authority of municipal corporation to organize daily evening class of laughter therapy for visitors in park.Written consents were taken from each study subject.

RESULT

Analysis and Interpretation

Comparison of pre-test and post-test anxiety among people in both control and experimental group.

Table 1: Comparison of pre-test and post-test anxiety among people in both control and experimental group.

N=60

Group		Pre-test Anxiety		Post-test Anxiety		
		Mean	SD	Mean	df	t
Control	13.78	1.55	13.92	1.47	29	0.35NS
Experimental	14.01	1.64	15.24	1.67	29	2.88*
	df	t	df	t	–	–
	58	0.558^{NS}	58	2.2*	–	–

NS = Non-significant

**Significant at p<0.05*

Table depict non-significant mean difference between control and experimental group values in pre-test anxiety, whereas paired 't' value shows significant (t = 2.2*, df = 58, p<0.05) difference between control and experimental group values in post-test anxiety. Paired t-test findings alsoreveal a significant difference (t = 2.88*, df = 29, p<0.05) between pre-test anxiety and post-test anxiety among people participated in experimental group, and non-significant difference in pre and post test

anxiety among people of control group.

Hence, analysis of data revealed that laughter therapy has significant effect on anxiety. Therefore, it can be concluded that simulation laugh i.e., laughter therapy can be advised to people to get relief from anxiety.

DISCUSSIONS

A study was conducted to investigate the effect of laughter therapy on physiological and psychological function in elders. In this study laughter therapy intervention resulted in a significant reduction in systolic blood pressure and heart rate, accompanied by a significant increase in plasma concentration of serotonin and a significant decrease in salivary concentration of chromogranin A. According to researcher laughter therapy could be expected to become a practical treatment to improve quality of life of older people in an elderly day care centre. The results of present study where laughter therapy caused a reduction of anxiety among people of experimental group are congruence.[5]

A study was conducted to find out whether Yoga Intervention has any effecton State and Trait Anxiety and also on the Subjective well-being. Fifty, first yearstudents were selected from Naturopathy and Yogic Sciences Course; on whom; Spielberger's State Trait Anxiety Inventory and Nagpal and Sell's Subjective well-being Inventory were administered in the beginning of the academic year and secondtime after a gap of one year. Results revealed a significant decrease in both State and Trait Anxiety levels and positive change in the Subjective Wellbeing of the students. These findings are consistent with the findings of the present study.[6]

CONCLUSION

After statistical analysis this study leads the conclusion that a considerable part of adult population survives with mild or moderate anxiety. The present study findings also revealed that laughter therapy does have a significant effect on anxiety. Paired 't' test result of post score was significantly higher at 0.05 level than that of pre-test score. Difference of anxiety levels among people of both control and experimental group showed a significant association between age and anxiety. Thus, it is clear that simulation laughter i.e., laughter therapy helps to lower anxiety.

RECOMMENDATIONS

- Similar study can be undertaken on a large sample for making more valid generalization and in different settings.
- A study can be conducted to find the effects of laughter therapy on depression.
- A study can be conducted on the therapeutic use of humor for psychiatric disturbances in hospital settings.

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Effectiveness of T'ai Chi Therapy on Depression

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Abstract

Depression spikes all over the worlds, its acceptable shocking this depression is common among elderly especially in those who were in old age home. This present study aimed to conduct evaluate the effectiveness of T'ai Chitherapyin the level of depression among senior citizens. This quantitative research study was conducted at Mahatma Gandhi old age home in Puducherry. After pre-test from 54 inmates, 30 senior citizens were selected for T'ai Chi therapy by convenient sampling technique. Following the assessment 15 days of T'ai Chi therapy was administered to samples than post-test level of depression was assessed on 4th week. In pretest Most of the senior citizen (60%) had moderate level of depression and 40% of senior citizens had mild level of depression. The post-test majorities (66.6%) of the sample had no depression and 33.3% of the sample had only mild level of depression. The obtained 't' value 13.07 was statistically highly significant at <0.05 level. The tai chi was found effective in reduction of depression among elderly.

Keywords: Tai chi; Depression; Elderly.

INTRODUCTION

Ageing is natural, universal, phenomenon which takes place even with the best nutrition and health care. Depression is a common problem among older adults, Depression is nothing but that disturb the lives of the elders both mentally and physically.

According to World Health Organization 2013, Depression affects more than 350 million people of all ages, in all communities, and is a significant contributor to the global burden of disease. More than 2 million people aged 65 and older suffer from depression which includes 50% of those living in nursing homes.[1] Studies on residents in homes for the elderly found that 5-15% suffer from depression. It is also known that much depression among the elderly is not diagnosed by psychiatric services said by daily Science 2011.[2]

Dr. Helen Lavretsky, University of California said Unfortunately, the anti-depressant drugs most doctors prescribe to treat depression can have

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serious side-effects in older people.[3] Adding up a mind-body exercise like T'ai Chi that is widely available in the community can improve the outcomes of treating depression in older adults. In an article of American Journal of Geriatric Psychiatry 2011 T'ai Chi may be an effective treatment for depression in older people and it has other compelling health benefits as well.[4]

This present study aimed to assess the effectiveness of T'ai Chitherapyin the level of depression among senior citizens residing in a selected old age home at Puducherry.

METHODOLOGY

The present study was adopted quantitative research approach, one group pre test and post test design. The study was conducted at Mahatma Gandhi old age home in Puducherry. The data were collected by self-structured questionnaire which has two parts. Part 1 consist of demographic characteristics of the samples whereas part 2 consisted Yessavage J.A Brink et al Geriatric Depression Scale" is a self-rated scale which includes 30 items. In the first week pre-test level of depression was assessed from 54 in mates, 30 senior citizens who fulfilled the inclusion criteria were selected for T'ai Chi therapy by convenient sampling technique. Following the assessment 15 days of T'ai Chi therapy was administered to samples. Post-test level of depression was assessed on fourth week. The data analyzed by using inferential and descriptive statistics.

RESULTS AND DISCUSSION

Regarding demographic characteristics of the sample's majority of the samples having depression (i.e. 63.3%) were from the age group of 60-69 years, 53.3% of the samples were males, 90%of the samples were Hindu, 70% of the samples had Primary school education, 63.3% of samples were unemployed, 63.3% of samples were widow, 13.3% of the samples getting economical support from family, 50% of the samples were not getting support from any sources.

Most of the senior citizen (60%) had moderate level of depression and 40% of senior citizens had mild level of depression. This pre test findings were similar to the study Barua A, Ghosh MK et al (2011) conducted a study in patients with depressive disorders among 4,87,275 world elderly of aged 60 & above. The result shows that median prevalence rate of depressive disorders in the world for the elderly population was about 10.3% and among the elderly Indian population was about 21.9%. It concluded that there was a significantly higher rate of depression among Indians in recent years than the rest of the world.[5]

The post-test majorities (66.6%) of the sample had no depression and 33.3% of the sample had only mild level of depression. The overall mean of senior citizens was 17.06 with standard deviation of 3.8 on the assessment day and the mean was 9.0 with standard deviation of 2.7 on the evaluation day. The obtained 't'value 13.07 was statistically highly significant at <0.05 level. These findings supported to Bannuru R et al (2010) conducted a systematic review and meta-analysis of Tai Chi effects on Depression and Mood disturbances in eastern and western populations. The result revealed that Tai Chi significantly reduced the Depression level (ES, 0.56; 95% CI, 0.31 to 0.80). It was concluded the Tai Chi appeared to be associated with improvements in psychological well-being. This results clearly state that tai chai was effective in control of depression among elderly.[6]

There was no statistically significant association between the pre-test level of depression and the selected demographic variables such as age, gender, education, pre-retirement employment status, marital status, religion, support group, and source of income of the senior citizens.

CONCLUSION

Most of the people residing in the old age home suffered from either mild or moderate depression. T'ai Chi therapy was effective in reducing level of depression among the senior citizens in the old age homes. Since there was no association between the pretest level of depression and demographic variables, it indicates that T'ai Chi therapy can be administered to all the groups of senior citizens in reducing the level of depression.

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