## Original Research

# DOES SMARTPHONE ADDICTION AFFECT SOCIAL INTERACTION AMONG FAMILIES IN BAGHDAD CITY?

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**ABSTRACT**

**Introduction:** Technology has completely transformed communication and the way people interact with each other. The development of smartphones may provide some insight into this. Despite being user-friendly, smartphones can be harmful to a user's health if they are used compulsively. Family members who have easy access to smartphones may develop smartphone addiction (SA), which could harm their social interactions. The objective is to Identify the effects of using smartphones on social interaction among families. And find out the association between smartphone addiction and family interaction. **Methods:** The study was ascertained the impact of smartphone addiction on social interaction between families in Baghdad. Using a quantitative approach, the study's pertinent data were collected, a non-probability (purposive) sample of 484 smartphone-using family members, whose ages vary from 11 to 55. A questionnaire met the objectives of the study. Information about demographics is covered in Part I. For Part II: Adopted Scale addresses smartphone addiction Part III serves as a gauge for Mattick and Clarke's family members' social interaction anxiety. **Results**: show that 47.7% of the study sample have a moderate smartphone addiction, and 61% of them have anxiety about social interaction. Then, there is a relationship between smartphone addiction and anxiety about social interaction in (0.00 p-value). **Conclusion**: most of the family members experienced moderate smartphone addiction and anxiety about social interactions. To avoid potential problems, it is crucial to keep an eye on the social interaction of family members.

**Keywords**: Smart Phone Addiction, Social Interaction, Families Interaction, Family members

**Introduction:**

To address the demands of most mobile customers, mobile technology leaders, such as device makers and app/service developers, are competing for their attention. Anyone can make calls and send emails (Alijomaa et al., 2016) (Taneja, 2014). According to the findings, cell phones, especially those used by adolescents, encourage behavioral problems and diseases (Elsobeihi & Abu Naser, 2017). This fact has become increasingly clear in the communications media, giving rise to new pathologies like "Nomophobia" (No-Mobile-Phobia), "FOMO" (Fear of Missing Out) — the fear of being without a cell phone, disconnected from the Internet, "Text aphrenia" and "Ringxiety" — the false sense of having received a text message or call that causes constant checking of the device, and "Textiety" — the anxiety (Venkatesh, 2017), (Chesley, 2005).

Harm, persistent disruptions to one's physical, mental, social, occupational, or familial life, and a preference for using a cell phone over face-to-face communication, brief consultations regularly for insomnia and sleep difficulties (Sansone & Sansone, 2013). Excessive use, neediness, abstinence, tolerance, dependency, difficulties in control, yearning, and increased use to relieve stress or offset a depressive state are all signs of addiction (Hooper & Zhou, 2007), they want to stay connected, anger or a sense of being lost while away from a phone, or anxiety when sending and viewing messages when unable to use one (Choliz, 2012), (Procentese et al., 2019).

It is evident that the technology used in the home influences how families interact. Families frequently use technology; for instance, the average american family has five Internet-connected devices (Lin et al, 2014), (Demirci et al., 2015). Although using technology together to watch television or play video games could bring families closer (Hooper & Zhou, 2007). Devices may potentially interfere with or interrupt parent-child interactions. Studies have found that 73% of parents used their phones while spending time with their kids in a restaurant (Padilla-Walker et al., 2012), while taking their child to the park, 35% of caregivers spent one out of every five minutes (or more) on their phone (Radesky et al., 2014). During playtime with their young child, 66% of mothers indicated that technology interfered with their parent-child connections. Some people worry that the rise in child injuries may be related to parent smartphone use (Hiniker et al, 2014), (Elsobeihi & Abu Naser, 2017).

Overuse of smartphones can also cause social anxiety, which is the fear of being around other people in social circumstances. According to research by (Elsobeihi & Abu Naser, 2017), (Venkatesh, 2017), excessive smartphone use can hurt relationships, academic performance, and real-world social contact. University students constitute an excellent representative study sample because it is obvious that addictive behaviours and substance misuse typically begin during young adulthood and youth (Jeong & Lee, 2015). In a study of 189 dentistry students in Saudi Arabia, it was discovered that those with SA had higher body mass indices (BMI), lower levels of physical exercise, and higher levels of stress. In the practice of dentistry, effective doctor-patient communication is essential for developing a therapeutic doctor-patient relationship and for providing high-quality medical treatment (Mattick & Clarke, 1997), (Long et al, 2016).

We conducted this study among Iraqi society, specifically in Baghdad. To get rid of the problems associated with smartphone addiction to the bodies, minds, feelings of society. In this study, we targeted families to learn about social media and its relation to social interaction.

Research Objectives were to Identify the effects of using smartphones on social interaction among families. To find the relationship between smartphone addiction and families interaction and to Measure the effect of smartphone addiction among family members.

**Methods:**

A cross sectional design was used the period from January (2021) to July (2021). A purposive (non-probability) sample of (484) of family members in Baghdad. The included participant family members (fathers, mothers, brothers or sisters), could read and write to fill the study instrument. The excluded participants were the people who could not read and write. The dependent variable is the family's social interaction, while the independent variables are (smartphone addiction, age, gender, academic achievement, and work). Data are analyzed by using SPSS (Statistical Package for Social Sciences) version (20) application and Excel. The researcher use: (frequency and percentage, mean and chi-Square) to analyze the data. Based on an anticipated effect size of 0.15, a designed statistical power of 0.95, predictors, and a probability level of 0.05, the minimum required sample size would be 227. By considering an attrition rate of 20%, it would be 45. So, the recommended sample size would be 272. The final sample size is 484.

To achieve the research objectives, a questionnaire was composed of four parts, the first part includes demographic data (age, gender, academic achievement, work). The second part is the part related to the axis of using social networking sites, as it includes several points, including if he uses social media sites daily, usually, or at all. And the number of hours we use each day. And the feeling when not using social networking sites. The third part is deals with smartphone use, as it includes several paragraphs specialized in -Smartphone Addiction and from (Kim et al., 2016) the total score of the scale is 72 and it divided to three categories (mild=0-24, moderate=25-48 and sever49-72). The fourth part is about social interaction anxiety conducted from (Mattick, and Clarke, 1998), this part specializes in social issues among members of society, the total score of the scale is 60 and it divided to three categories (mild=0-20, moderate=21-40 and sever41-60).

The study approved by Al-Bayan University for completing the research by the number (CON-HE-004).

**Results:**

**Table 1. Distribution of sample demographic variables**

| | Characteristics | N | % |
|---|---|---|---|
| **Study sample** | Father | 99 | 20.5 |
| | Mother | 55 | 11.4 |
| | Son | 200 | 41.3 |
| | Daughter | 130 | 26.9 |
| **Age** | 16-30 years old | 378 | 78.1 |
| | 31-46 years old | 75 | 15.5 |
| | 47-60 years old | 31 | 6.4 |
| **Educational level** | Primary | 19 | 3.9 |
| | Secondary | 247 | 51.0 |
| | Bachelors degree | 195 | 40.3 |
| | Higher Education | 23 | 4.8 |
| **Work** | Not work | 42 | 8.7 |
| | Student | 190 | 39.3 |
| | Employer | 133 | 27.5 |
| | Earner | 93 | 19.2 |
| | Retired | 5 | 1.0 |
| | Housewife | 21 | 4.3 |
| | Total | 484 | 100.0 |

This table shows that most of the sample was between the ages of (16-30) and, also showed the educational level was a secondary school (51%) and Bachelor (40%). The highest age category (16-30 year) 78.1% and most of study samples either students 39.3% or employer 27.5%.

**Table 2: Distribution of sample according to mobile phone use variables**

| | Characteristics | N | % |
|---|---|---|---|
| **Daily use** | Always | 297 | 61.4 |
| | Sometimes | 153 | 31.6 |
| | Never | 34 | 7.0 |
| | Total | 484 | 100.0 |
| **Hours of use** | Less than 1 hour | 51 | 10.5 |
| | 1-3 hours | 157 | 32.4 |
| | 4-6 hours | 117 | 24.5 |
| | More than 6 hours | 159 | 32.9 |
| | Total | 484 | 100.0 |
| | No feelings | 167 | 34.5 |

| | | | |
|---|---|---|---|
| **Feelings without using mobile phone** | Stress | 20 | 4.1 |
| | Sad | 10 | 2.1 |
| | Calm | 54 | 11.2 |
| | Boring | 233 | 48.1 |
| | Total | 484 | 100.0 |

Table (2) shows that most of people use their smartphones every day 61.4% for more than 6 hours 32.4% because they are bored 48.1%.

**Table 3: Distribution of smart phone addiction among study sample**

| | **Characteristics** | **N** | **%** |
|---|---|---|---|
| **Smartphone addiction** | **Mild** | 134 | 27.7 |
| | **Moderate** | 231 | 47.7 |
| | **Sever** | 119 | 24.6 |
| | **Total** | 484 | 100.0 |

This table shows that most of sample have smartphone addiction symptoms to a moderate degree.

**Table 4: Distribution of social interaction anxiety among families**

| | **Characteristics** | **N** | **%** |
|---|---|---|---|
| **Social interaction** | **Low** | 139 | 28.7 |
| | **Moderate** | 295 | 61.0 |
| | **High** | 50 | 10.3 |
| | **Total** | 484 | 100.0 |

This table shows that most of sample have social interaction anxiety to a moderate degree.

**Table 5: Relationship between Smartphone Addiction and Social Interaction Anxiety scale:**

| **Smartphone addiction** / **Social interaction anxiety** | | **Mild** | **Moderate** | **Sever** | **Value** | **df** | **Significance (p≥0.05)** |
|---|---|---|---|---|---|---|---|
| | **Low** | 56 | 68 | 10 | 28.967 | 4 | **<0.001*** |
| | **Moderate** | 62 | 152 | 17 | | | |
| | **High** | 21 | 75 | 23 | | | |

***significant level at P value <0.05**

Table (5) mention the relationship between social communication and addiction in (P value≥ 0.001) in Ch-Square test.

**Discussion:**

The process of reciprocal influence people exercise over one another during social encounters is known as social interaction. It usually refers to face-to-face concurrence, where participants are in close proximity to one another for a certain amount of time. The introduction of smartphones, however, has fundamentally altered how we acquire information, manage our time, and interact with others, which may have important behavioral and social ramifications (Kim et al, 2016) (Jones, 2014). The main findings of this study are as follows:

First, the majority of the study sample were between age (16-30) years old. This ratio is similar to the researcher (Elsobeihi & Abu Naser, 2017) also showed the educational level for the majority of study samples was between secondary school and Bachelor level, and the highest number of family members in the study sample were sons and then daughters and fathers. Also, the work of most of the study samples were either employers or students. The second section showed that most people use their smartphones every day for more than 6 hours because they feel bored. After that, we notice that the majority of the sample have smartphone addiction signs and symptoms in a moderate degree, and this result similar to the researcher (McDaniel & Coyne, 2016), (Jones, 2014). In the same part, there are table four is showing a moderate degree of social interaction anxiety among study sample families.

The last part shows the relationship between social interaction and smartphone addiction for family members, this similar to (Krishna et al, 2019) that mention Smartphone Addiction Proneness Scale had significantly higher odds with social interaction anxiety. Family members overuse of smartphone causes a lack of social interaction between them. The world and society have become dependent on the smartphone in managing many businesses, some people run their work from home, and students, especially in the time of Coronavirus pandemic. In addition, some mothers and children use the smartphone for games and entertainment.

**Conclusion**

According to the study, social anxiety was highly prevalent among family members who used smartphones for social media. The current study thus provided evidence in favor of the claim that SA influences family members' social interaction anxiety. Finding the detrimental psychological impacts of compulsive smartphone use is quite helpful, especially in the world of today. Ask someone to set an alarm with instructions on how often to check their smartphone is the first and most fundamental action that can be advised to minimiz smartphone usage. When the alarm goes off, they should spend one minute reviewing all notifications before restarting the timer. However, the findings of this study also offer practical advice to those who have little social interaction in their daily lives, i.e.. they should refrain from using their phones during serious interactions and should use them when they are alone.

**Conflicts of Interest**

The author declares no conflicts of interest.

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