

PREVALENCE OF TECHNOLOGY ADDICTION AND ITS ASSOCIATION WITH SOCIAL ANXIETY AMONG SCHOOL-GOING ADOLESCENTS IN SEMI-URBAN AREAS OF RAJASTHAN: A CROSS-SECTIONAL STUDY

Vijay Kumar^{*1}, Jasmine Santha J.²

¹Ph.D. Scholar, S.N. Institute of Nursing Sciences, Nirwan University Jaipur, Rajasthan – 302019, India.

²Professor & Supervisor, S.N. Institute of Nursing Sciences, Nirwan University Jaipur, Rajasthan – 302019, India.

Article Received: 05 July 2026

Article Revised: 25 July 2026

Article Published: 01 August 2026



*Corresponding Author: Vijay Kumar

Ph.D. Scholar, S.N. Institute of Nursing Sciences, Nirwan University Jaipur, Rajasthan – 302019, India.

DOI: <https://doi.org/10.5281/zenodo.21786542>



How to cite this Article: Vijay Kumar^{*1}, Jasmine Santha J.² (2026). Prevalence Of Technology Addiction And Its Association With Social Anxiety Among School-Going Adolescents In Semi-Urban Areas Of Rajasthan: A Cross-Sectional Study. World Journal of Advance Healthcare Research, 10(8), 353–359.

This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

Background: Technology addiction among adolescents is a growing public health concern with significant psychological implications. Excessive use of digital devices has been associated with increased social anxiety, disrupted sleep patterns, and fear of rejection, particularly in developing semi-urban regions where limited structured alternatives exist. **Objective:** To assess the prevalence of technology addiction and determine its association with social anxiety among school-going adolescents aged 12–18 years in selected areas of Sri Ganganagar, Rajasthan. **Methods:** A descriptive, correlational cross-sectional design was used. Two hundred school-going adolescents were recruited by purposive sampling. The Smartphone Addiction Scale (SAS) and the Social Anxiety Scale for Adolescents (SAS-A) were administered. Pearson's correlation coefficient and chi-square tests were applied; $p < 0.05$ was significant. **Results:** Majority (79%) of participants showed moderate to high technology addiction (mean SAS = 118.4 ± 24.6). A strong, statistically significant positive correlation was found between technology addiction and social anxiety ($r = 0.62$, $p < 0.001$). Age, gender, daily screen time, and socioeconomic status were significantly associated with addiction levels. **Conclusion:** Technology addiction is highly prevalent in this semi-urban adolescent population and significantly correlates with social anxiety. School-based digital literacy programs and parental counseling interventions are urgently needed.

KEYWORDS: technology addiction, smartphone addiction, social anxiety, adolescents, Rajasthan, cross-sectional, semi-urban India.

1. INTRODUCTION

Technology, particularly smartphones and the internet, has dramatically transformed the lives of adolescents worldwide. In recent years, excessive use of digital devices has raised concerns about its impact on the mental health and social well-being of young individuals. Adolescents are particularly vulnerable to the effects of technology addiction due to their developmental stage, social pressures, and increasing reliance on social media and online communication platforms.^[1]

Globally, an estimated 5 billion individuals own a smartphone, a figure that continues to escalate rapidly.^[2] Statistical data indicate that approximately 4.39 billion individuals — representing 72% of the global population

— prefer smartphones exclusively for internet browsing, with projections estimating 7.33 billion users by 2023.^[3] The quantity of mobile cellular subscriptions has steadily risen; in 2016, global users exceeded 7 billion, and a Time Mobility Poll in 2012 found that 84% of individuals admitted inability to abstain from using mobile devices for even a single day.^[4]

As per the International Telecommunications Union (ITU), smartphones now exceed the global human population in number, with 56% of children aged 8–12 years receiving their first smartphone.^[5] In India, the mobile phone user base was estimated to reach 820 million by 2022, placing India second globally after China.^[28] Studies estimate that 35–40% of individuals in

India experience some level of mobile phone addiction, with teenagers and young adults being most susceptible.^[26]

Technology addiction refers to the excessive use of digital devices that interferes with daily activities and personal well-being, causing negative consequences including reduced academic performance, strained relationships, and mental health problems.^[6] Among adolescents, who are in a sensitive stage of psychological development, this phenomenon poses heightened risks.^[7] Research findings indicate that a significant proportion of young adults are obese due to smartphone use during meal times, and approximately 66% of the overall population utilizes smartphones as a symbol of social status.^[35]

Adolescents addicted to technology are often more vulnerable to social anxiety. Constant exposure to social media, where users compare themselves to idealized versions of others, creates intense pressure to meet unrealistic standards, leading to feelings of inadequacy and fear of not fitting in.^[8] The meta-analysis by Ran *et al.* including 82 studies and 48,880 participants confirmed a strong positive association between social anxiety and mobile phone addiction, with adolescents showing particular susceptibility.^[18] Similarly, Jaiswal *et al.* reported that 93.8% of Indian university students showed some degree of internet addiction, with a significant positive correlation observed between internet addiction and social anxiety ($r = 0.994$, $p < 0.001$).^[16]

Furthermore, the link between technology addiction and social anxiety has been studied across diverse cultural contexts. Ren *et al.* observed that 18.27% of rural left-behind Chinese children were addicted to the internet, with social anxiety significantly predicting internet addiction mediated by loneliness.^[17] Globally, the systematic review and meta-analysis by Meng *et al.* encompassing over 2.1 million individuals from 64 countries found that 27% of the global population suffers from smartphone addiction, with higher prevalence in low and lower-middle-income countries.^[14]

In India, mobile phone addiction disproportionately affects the young adult and adolescent population.^[26,27] Studies from Japan and Thailand found that Thai adolescents had higher prevalence of smartphone addiction compared to Japanese counterparts, with parental connectedness identified as a protective factor.^[29] Olson *et al.*, in a cross-national study across 41 countries, found that problematic smartphone use tends to decrease with age and that women generally score higher on the Smartphone Addiction Scale.^[30]

In Sri Ganganagar, Rajasthan, like many other semi-urban regions of India, the rise of digital technologies has created new challenges for parents, educators, and healthcare professionals. Despite the growing burden, there is limited research focusing on the psychological

impact of technology addiction specifically among adolescents in such semi-urban settings.^[6,13] The present study aims to fill this gap by assessing the prevalence of technology addiction and its association with social anxiety in school-going adolescents aged 12–18 years in selected areas of Sri Ganganagar, Rajasthan.

2. MATERIALS AND METHODS

2.1 Research Design

A descriptive, correlational cross-sectional study design was adopted. A quantitative research approach was used, focusing on numerical data collection and statistical analysis to explore the relationship between technology addiction and social anxiety.

2.2 Study Setting and Population

The study was conducted in selected schools in Sri Ganganagar, Rajasthan, India. The target population comprised all school-going adolescents aged 12–18 years in the selected study area.

2.3 Sample Size and Sampling Technique

A total of 200 school-going adolescents were recruited using purposive (non-probability) sampling based on convenient accessibility. Sample size was calculated assuming an estimated technology addiction prevalence of 30% from prior Indian studies, a 95% confidence interval, and an allowable error of 7%, yielding a minimum of 165 participants; 200 were enrolled to account for attrition.

2.4 Inclusion and Exclusion Criteria

Inclusion criteria: (i) Adolescents aged 12–18 years; (ii) residing in selected areas of Sri Ganganagar; (iii) regular access to digital devices (≥ 1 hour/day); (iv) able to provide assent with parental/guardian consent.

Exclusion criteria: (i) Diagnosed psychiatric disorder; (ii) no regular technology use; (iii) any cognitive impairment affecting questionnaire comprehension.

2.5 Data Collection Tools

(i) Socio-demographic proforma: Age, gender, class/grade, family type, parental education, socioeconomic status (modified Kuppaswamy scale), daily screen time, and devices used.

(ii) Smartphone Addiction Scale (SAS): A validated 33-item self-report scale with six subscales — daily-life disturbance, positive anticipation, withdrawal, cyberspace-oriented relationship, overuse, and tolerance. Each item rated on a 6-point Likert scale (1 = strongly disagree to 6 = strongly agree). Higher scores indicate greater addiction. Cut-off: low < 98 , moderate 98–131, high > 131 .

(iii) Social Anxiety Scale for Adolescents (SAS-A): A validated 22-item scale measuring fear of negative evaluation (FNE) and social avoidance and distress (SAD). Scores range from 18–90; minimal < 36 , moderate 36–54, severe > 54 .

2.6 Ethical Considerations

Ethical approval was obtained from the Institutional Ethics Committee of Nirwan University Jaipur. Written informed consent was obtained from parents/guardians and assent from participants. Anonymity and confidentiality were maintained throughout.

2.7 Statistical Analysis

Data were analyzed using IBM SPSS Statistics v25.0. Descriptive statistics (frequency, percentage, mean $\pm$ SD) summarized variables. Pearson's correlation coefficient assessed the relationship between SAS and

SAS-A scores. Chi-square tests examined associations between socio-demographic variables and addiction/anxiety levels. Statistical significance was set at $p < 0.05$.

3. RESULTS

3.1 Socio-demographic Characteristics

Two hundred school-going adolescents participated (response rate 100%). The mean age was 14.8 ± 1.9 years. Table 1 presents the complete socio-demographic profile.

Table 1: Socio-demographic Characteristics of Study Participants (N=200)

Characteristic	Frequency (n)	Percentage (%)
Age Group		
12–14 years	82	41.0
15–16 years	74	37.0
17–18 years	44	22.0
Gender		
Male	108	54.0
Female	92	46.0
Daily Screen Time		
< 2 hours/day	38	19.0
2–4 hours/day	86	43.0
> 4 hours/day	76	38.0
Type of Family		
Nuclear	118	59.0
Joint	82	41.0
Socioeconomic Status		
Upper/Upper-middle	52	26.0
Middle	94	47.0
Lower-middle/Lower	54	27.0

3.2 Level of Technology Addiction

Technology addiction levels were categorized based on SAS total scores. The mean SAS score was 118.4 ± 24.6 .

As shown in Table 2, 48.0% of participants showed moderate addiction and 31.0% high addiction levels.

Table 2: Distribution of Technology Addiction Levels (N=200)

Level of Technology Addiction	Frequency (n)	Percentage (%)
Low (SAS score < 98)	42	21.0
Moderate (SAS score 98–131)	96	48.0
High (SAS score > 131)	62	31.0
Total	200	100.0

3.3 Level of Social Anxiety

Social anxiety levels were categorized based on SAS-A scores (mean = 49.2 ± 13.8). Table 3 presents the distribution.

Table 3: Distribution of Social Anxiety Levels (N=200)

Level of Social Anxiety (SAS-A)	Frequency (n)	Percentage (%)
Minimal (score < 36)	48	24.0
Moderate (score 36–54)	94	47.0
Severe (score > 54)	58	29.0
Total	200	100.0

3.4 Correlation Between Technology Addiction and Social Anxiety

Pearson's correlation coefficient was computed between SAS and SAS-A total scores. Results are presented in Table 4.

Table 4: Pearson's Correlation Between Technology Addiction (SAS) and Social Anxiety (SAS-A) (N=200)

Variable Pair	Pearson's r	p-value
Technology Addiction (SAS) vs Social Anxiety (SAS-A)	0.62	< 0.001**

** Statistically significant at $p < 0.001$ (2-tailed)

A strong, statistically significant positive correlation was observed between technology addiction and social anxiety ($r = 0.62$, $p < 0.001$), indicating that adolescents with higher technology addiction levels demonstrate greater social anxiety.

categories. Among adolescents with high technology addiction ($n=62$), 34 exhibited severe social anxiety, while none in this group showed minimal anxiety. Conversely, among low-addiction adolescents ($n=42$), 35 showed minimal social anxiety.

3.5 Distribution of Social Anxiety Levels Across Technology Addiction Categories

Figure 1 illustrates the cross-distribution of social anxiety severity across the three technology addiction

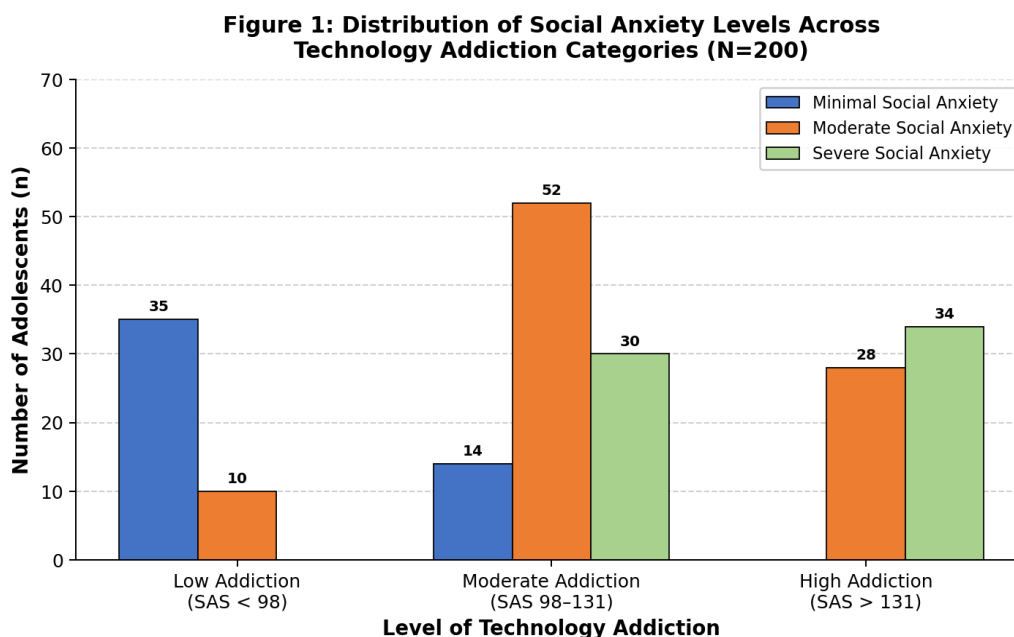


Figure 1: Distribution of social anxiety levels across technology addiction categories among school-going adolescents in Sri Ganganagar, Rajasthan (N=200)

3.6 Association Between Socio-demographic Variables and Technology Addiction

Chi-square tests revealed significant associations between technology addiction level and age group,

gender, daily screen time, and socioeconomic status (Table 5). Family type showed no significant association.

Table 5: Association Between Socio-demographic Variables and Level of Technology Addiction (N=200)

Socio-demographic Variable	χ^2	df	p-value
Age Group	8.43	4	0.038*
Gender	6.71	2	0.035*
Daily Screen Time	22.58	4	< 0.001**
Type of Family	3.14	2	0.208 NS
Socioeconomic Status	9.87	4	0.043*

* $p < 0.05$; ** $p < 0.001$; NS = Not Significant

4. DISCUSSION

The present study assessed the prevalence of technology addiction and its association with social anxiety among 200 school-going adolescents in Sri Ganganagar, Rajasthan. Seventy-nine percent of participants demonstrated moderate to high technology addiction, with a mean SAS score of 118.4 ± 24.6 . These findings are consistent with the national epidemiological survey by Amudhan et al.^[13], which reported that approximately 10.69% of Indian adolescents show signs of technology addiction, with smartphone addiction being the most common type (8.91%). Our higher prevalence estimates may reflect the semi-urban context, where increasing smartphone penetration coincides with limited structured recreational alternatives.

The global prevalence of technology addiction has been extensively documented. Meng et al.^[14] in a systematic review and meta-analysis encompassing over 2.1 million individuals from 64 countries reported a smartphone addiction prevalence of 27%, with higher rates in low and lower-middle-income countries. Our finding of 31.0% with high addiction levels is comparable and suggests Indian semi-urban adolescents are not exempt from this trend. Alotaibi et al.^[10] reported 67% smartphone addiction among Saudi university students, while Zahid^[11] found 45.2% of Pakistani rehabilitation science students exhibited higher addiction, indicating that adolescents and young adults constitute the highest-risk demographic globally.

Among Indian studies, Goel et al.^[12] in Mumbai found 74.5% of students were moderate internet users with 0.7% classified as addicts; however, their study predates the widespread smartphone penetration observed today. The national survey by Amudhan et al.^[13] using a representative sample of 1,729 adolescents found smartphone addiction most prevalent (8.91%), followed by gaming addiction (2.55%). More recently, Al-Mamun et al.^[15] in Bangladesh reported 33.1% digital addiction prevalence among university-entrance students, with repeat-exam students showing rates as high as 42.7%, underscoring the escalating trend across South Asia.

The strong positive correlation between technology addiction and social anxiety ($r = 0.62$, $p < 0.001$) in the present study corroborates Jaiswal et al.^[16], who reported a significant positive correlation between internet addiction and social anxiety ($r = 0.994$, $p < 0.001$) among 307 Indian university students. The three-level meta-analysis by Ran et al.^[18] synthesizing 82 studies with 48,880 participants similarly confirmed a robust positive association between social anxiety and mobile phone addiction, with adolescents identified as a particularly high-risk group. These findings collectively suggest a bidirectional relationship: adolescents with social anxiety may turn to digital devices as a coping mechanism, and in doing so, may further perpetuate their anxiety through avoidance of in-person social interactions.

The mediating role of loneliness in the relationship between social anxiety and internet addiction has been described by Ren et al.^[17] among rural left-behind Chinese children, where 18.27% were addicted to the internet and social anxiety significantly predicted addiction through increased loneliness. This mechanism may operate similarly in the semi-urban Rajasthan context, where adolescents experiencing social anxiety may seek online interactions as substitutes for in-person socialization. Fontana et al.^[19] further demonstrated that rejection sensitivity mediates the relationship between internet addiction and emerging personality disorders in adolescents, underscoring the complexity of the psychological pathways involved.

The association between daily screen time and technology addiction ($\chi^2 = 22.58$, $p < 0.001$) in our study reinforces the findings of Tokiya et al.^[22] who demonstrated a statistically significant correlation between higher internet addiction scores and sleep disturbance in Japanese high school students. Kang et al.^[24] similarly found that poor sleep quality, eveningness, and anxiety were all significantly associated with smartphone addiction in Korean adolescents. These interconnections between screen time, sleep quality, and mental health outcomes highlight the importance of monitoring daily device use as a composite risk indicator.

Gender emerged as a significant correlate of technology addiction ($p = 0.035$) in the present study, with males showing higher addiction levels. This is consistent with the global meta-analysis by Meng et al.^[14] reporting higher rates of internet and gaming addiction among males, and with Zahid^[11] who found males more addicted than females in Pakistani rehabilitation students. Conversely, the cross-national study by Olson et al.^[30] across 41 countries found that women score higher on the SAS overall, suggesting that gender differences may vary by geographic region, type of digital use (social media vs. gaming), and cultural context. The cross-cultural comparison by Liu et al.^[31] between Chinese and Czech students further demonstrated that cultural factors modulate the relationship between smartphone addiction and perceived stress.

Socioeconomic status was significantly associated with technology addiction ($p = 0.043$), consistent with the global finding by Meng et al.^[14] of higher digital addiction prevalence in lower-income settings. In Sri Ganganagar, adolescents from lower socioeconomic backgrounds may have fewer structured recreational activities, increasing reliance on affordable digital entertainment. This finding aligns with the observation by Serra et al.^[33] during the COVID-19 pandemic that adolescents in resource-limited settings experienced disproportionate increases in smartphone addiction due to social isolation and lack of alternatives.

The present findings have important implications for nursing practice. Nurses and healthcare professionals are well-positioned to screen adolescents for technology addiction using validated tools such as the SAS during routine health assessments.^[27] School-based digital literacy programs promoting mindful technology use, social skills development, and healthy coping strategies are warranted.^[6] Parent education sessions focusing on monitoring screen time, setting boundaries, and fostering healthy family communication are likely to serve as protective factors.^[21] Future longitudinal studies and randomized controlled trials evaluating intervention effectiveness in the Indian semi-urban context are needed.

REFERENCES

1. Dienlin T, Johannes N. The impact of digital technology use on adolescent well-being. *Dialogues Clin Neurosci*, 2020; 22(2): 135–142.
2. Beyrer C, Kamarulzaman A, Isbell M, et al. Under threat: The International AIDS Society–Lancet Commission on Health and Human Rights. *Lancet*, 2024; 403(10434): 1374–1418.
3. Krol K, Halva J, Pagac Mokra A. Performance of map applications on mobile devices. *Geomatics Landmanagement Landscape*, 2020; 3: 55–64.
4. Parasuraman S, Sam AT, Yee SWK, Chuon BLC, Ren LY. Smartphone usage and increased risk of mobile phone addiction: A concurrent study. *Int J Pharm Investig*, 2017; 7(3): 125–131.
5. Farida H. Effect of estimated quality of life and personality factors on adjustment and academic performance between smartphone addicts and non-addicts. [Unpublished thesis].
6. Ding K, Li H. Digital Addiction Intervention for Children and Adolescents: A Scoping Review. *Int J Environ Res Public Health*, 2023; 20(6): 4777.
7. Kozlowski SWJ, Ilgen DR. Enhancing the Effectiveness of Work Groups and Teams. *Psychol Sci Public Interest*, 2006; 7(3): 77–124.
8. Gupta M, Sharma A. Fear of missing out: A brief overview of origin, theoretical underpinnings and relationship with mental health. *World J Clin Cases*, 2021; 9(19): 4881–4889.
9. Silvani MI, Werder R, Perret C. The influence of blue light on sleep, performance and wellbeing in young adults: A systematic review. *Front Physiol*, 2022; 13: 943108.
10. Alotaibi M, Fox M, Coman R, Ratan Z, Hosseinzadeh H. Smartphone Addiction Prevalence and Its Association on Academic Performance, Physical Health, and Mental Well-Being among University Students in UQU, Saudi Arabia. *Int J Environ Res Public Health*, 2022; 19(6): 3710.
11. Zahid M. Prevalence of Smartphone Addiction among Students of Colleges of Rehabilitation Sciences. *Pak J Rehabil*, 2021; 10(2): 14–18.
12. Goel D, Subramanyam A, Kamath R. A study on the prevalence of internet addiction and its association with psychopathology in Indian adolescents. *Indian J Psychiatry*, 2013; 55(2): 140–143.
13. Amudhan S, Prakasha H, Mahapatra P, Burma A, Mishra V, Sharma M, et al. Technology addiction among school-going adolescents in India: Epidemiological analysis from a cluster survey. *J Public Health*, 2021. doi: 10.1093/pubmed/fdaa257.
14. Meng SQ, Cheng JL, Li YY, et al. Global prevalence of digital addiction in general population: A systematic review and meta-analysis. *Clin Psychol Rev*, 2022; 92: 102128.
15. Al-Mamun F, Hasan ME, Mostofa NB, et al. Prevalence and factors associated with digital addiction among students taking university entrance tests: A GIS-based study. *BMC Psychiatry*, 2024; 24(1): 322.
16. Jaiswal A, Manchanda S, Gautam V, Goel AD, Aneja J, Raghav PR. Burden of internet addiction, social anxiety and social phobia among University students, India. *J Family Med Prim Care*, 2020; 9(7): 3607–3612.
17. Ren Y, Yang J, Liu L. Social Anxiety and Internet Addiction among Rural Left-behind Children: The Mediating Effect of Loneliness. *Iran J Public Health*, 2017; 46(12): 1659–1668.
18. Ran G, Li J, Zhang Q, Niu X. The association between social anxiety and mobile phone addiction: A three-level meta-analysis. *Comput Hum Behav*, 2022; 130: 107198.
19. Fontana A, Callea A, Casini E, Curti V. Rejection Sensitivity and internet addiction in adolescence: Exploring the mediating role of emerging personality disorders. *Clin Neuropsychiatry*, 2018; 15: 206.
20. Tao Z, Zhao X, Wang Z, Yu C, Zhang W. Rejection sensitivity mediates the interparental conflict and adolescent Internet addiction: School connectedness as a moderator. *Front Psychol*, 2022; 13: 1038470.
21. Yue Y, Aibao Z, TingHao T. The interconnections among the intensity of social network use, anxiety, smartphone addiction and the parent-child relationship of adolescents. *Acta Psychologica*, 2022; 231: 103796.
22. Tokiya M, Itani O, Otsuka Y, Kaneita Y. Relationship between internet addiction and sleep disturbance in high school students: A cross-sectional study. *BMC Pediatrics*, 2020; 20(1): 379.
23. Dresch-Langley B, Hutt A. Digital Addiction and Sleep. *Int J Environ Res Public Health*, 2022; 19(11): 6910.
24. Kang N, Lee CS, Cha B, et al. Poor Sleep Quality, Eveningness, and Anxiety Are Associated With Internet/Smartphone Addiction in Korean Adolescents. *Chronobiol Med*, 2022; 4(3): 144–150.
25. Lafontaine-Poissant F, Lang JJ, McKinnon B, et al. Social Media Use and Sleep Health Among Adolescents in Canada. *Health Promot Chronic Dis Prev Can*, 2024; 44(7/8).

26. Bhattacharya S, Bashar M, Srivastava A, Singh A. NOMOPHOBIA: NO MOBILE PHONE PHOBIA. *J Family Med Prim Care*, 2019; 8: 1297.
27. Awasthi S, Kaur A, Solanki HK, Pamei G, Bhatt M. Smartphone use and the quality of life of medical students in the Kumaun Region, Uttarakhand. *J Family Med Prim Care*, 2020; 9(8): 4252.
28. Jahagirdar V, Rama K, Soppari P, Kumar MV. Mobile Phones: Vital Addiction or Lethal Addiction? *J Addiction*, 2021; 2021: 8750650.
29. Tangmunkongvorakul A, Musumari PM, Tsubohara Y, et al. Factors associated with smartphone addiction: A comparative study between Japanese and Thai high school students. *PLoS ONE*, 2020; 15(9): e0238459.
30. Olson JA, Sandra DA, Veissiere SPL, Langer EJ. Sex, age, and smartphone addiction across 41 countries. *OSF*, 2022.
31. Liu H, Novotny JS, Vachova L. The effect of mobile phone addiction on perceived stress and mediating role of ruminations: Evidence from Chinese and Czech university students. *Front Psychol*, 2022; 13.
32. Sales SS, Costa TM, Gai MJP. Adolescentes na Era Digital: Impactos na Saude Mental. *Res Soc Dev*, 2021; 10(9).
33. Serra G, Lo Scalzo L, Giuffre M, Ferrara P, Corsello G. Smartphone use and addiction during the COVID-19 pandemic: Cohort study on 184 Italian children and adolescents. *Ital J Pediatr*, 2021; 47(1): 150.
34. Zhitomirsky-Geffet M, Blau M. Cross-generational analysis of predictive factors of addictive behavior in smartphone usage. *Comput Hum Behav*, 2016; 64: 682–693.
35. Obesity: Smartphone Use Can Lead To Obesity; Know Your Risks And Tips To Curb Smartphone Addiction. *NDTV Health* [Internet]. [cited 2024 Jul 6]. Available from: <https://www.ndtv.com/health/obesity-smartphone-use-can-lead-to-obesity>.