"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE AND ITS FACTORS ON PHANTOM VIBRATION SYNDROME AMONG UG AND PG STUDENTS IN SELECTED COLLEGES AT KOLAR,WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON PHANTOM VIBRATION SYNDROME."

By

Mrs. SUNITHA.V

Dissertation submitted to the

Rajiv Gandhi University of Health Sciences, Bangalore, Karnataka.

In partial fulfillment of the requirement for the degree of

Master of Science in Nursing

In

Psychiatric nursing

Under the guidance of

Mr.R.Rajesh

Associate professor

Department of psychiatric Nursing

Sri Devaraj Urs College of Nursing

Tamaka, Kolar-560 103

2017

I

DECLARATION BY THE CANDIDATE

I hereby declare that this dissertation /thesis entitled **"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE AND ITS FACTORS ON PHANTOM VIBRATION SYNDROME AMONG UG AND PG STUDENTS IN SELECTED COLLEGES AT KOLAR,WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON PHANTOM VIBRATION SYNDROME."**is bonafide and genuine research work carried out by me under the guidance of **Mr. R. Rajesh , Associate Professor of Psychiatric Nursing,** Sri Devaraj Urs college of Nursing, Tamaka, Kolar.

Date: Signature and Name of the candidate

Place: Kolar (Mrs. Sunitha.v)

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Signature of the Guide

Mr. R. RAJESH

Associate Professor,

Dept of psychiatric nursing,

Date :

Sri DevarajUrs College of Nursing,

Place: Kolar

Tamaka, Kolar.

ENDORSEMENT BY THE HOD, PRINCIPAL /HEAD OF THE INSITITUTION

This is to certify that the dissertation entitled **"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE AND ITS FACTORS ON PHANTOM VIBRATION SYNDROME AMONG UG AND PG STUDENTS IN SELECTED COLLEGES AT KOLAR,WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON PHANTOM VIBRATION SYNDROME."**is a bonafide research work done by **Mrs.Sunitha.V** partial fulfilment of the requirement for the degreeof Master of Science in Psychiatric Nursing.

Head of the Department	**Seal & Signature of Principal**
Mrs. JairakiniAruna	**Dr.G.Vijayalakshmi**
HOD &Dept of Psychiatric Nursing	**Principal**
Sri DevarajUrs College of Nursing	**Sri DevarajUrs College of Nursing**
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Date:

Place: Tamaka, Kolar

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"Give thanks to the LORD .for he is good; his love endures forever"

1 Chronicles' 16:34

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Date: Signature of the Candidate:

Place: Tamaka (Mrs.Sunitha.V)

ABSTRACT

Background

Mobile phones become the base of communication technology today. It becoming a basic need of all the people on earth with the advancement of cellular technology the problem associated with it also increases including the medical health problems, hypertension and certain psychological problems.

Phantom vibration syndrome is the sensation of false belief that mobile phone is vibrating when actually it is not doing so.

The purpose of the study was to assess the prevalence and its factors on PVS amongUG and PG students in selected colleges at Kolar, with a view to develop on information booklet on PVS.

Objective of the study

1. To estimate the prevalence on phantom vibration syndrome among UG and PG students in selected colleges.

2. To find out the factors on phantom vibration syndrome among UG and PG students in selected colleges.

3. To determine the association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

4. To determine the association between selected factors of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

Null Hypotheses

Ho_1- There is no statistically significant association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

Ho_2– There is no statistically significant association between selected factors on phantom vibration syndrome with selected socio-demographic variables among UG and PG students.

Ho_3– There is no statistically significant difference between the prevalence score of phantom vibration syndrome among UG and PG students.

Methodology

In the present study, non- experimental study, withcomparative survey research design was adopted. The study variable was prevalence and its factors of phantom vibration syndrome and attribute variables were socio-demographic variables of UG and PG students.

The sample consists of 200 (100 UG and 100PG) students from Government first grade college at Kolar, by using convenient sampling technique, the samples were selected. Students who are studying in Governmentfirst Grade College were taken for the study. Structured questionnaires was used to assess the prevalence and its factors on PVS among UG and PG students, by structured interview schedule data was collected and analyzed and interpret based on descriptive and inferential statistics. To provide information booklet to UG and PG students to be aware of PVS.

Results

- The majority; prevalence score on phantom vibration syndrome Among UG students 29% (29) had experienced , and 71% (71) had not experienced PVS . Whereas Among PG students 50% (50) had experienced, and 50% (50) had not experienced PVS.
- 78% (78) of UG students reported they keep their mobile phone in jean front packet and 4% (4) of UG students started they keep their mobile phone in hand bag. and among 44% (44) of PG students started they keep mobile phone in hand bag / others and 9% (9) of PG students started they keep mobile phone in shirt pocket .

- 60% (60) of UG students had spend the time on mobile phone in less than 3 hours and 04% (04) of UG students had spend the time on mobile phone in more than 9 hours. And among 50% (50) of PG students they spend the time on mobile phone in less than 3 hours and 03% (3) of PG students had spend the time on mobile phone in more than 9 hours.

- 70% (70) of UG students were using mobile phone in years is less than 5 years and 02% (02) of UG students were using mobile phone in years is 10-15 years and among 56% (56) of PG students were using mobile phone in year less than 5 years and 04% (04) of PG students were using mobile phone in years is 10-15 years.

- There is no significant association between socio demographic variables with prevalence on PVS where almost all the variables chi-square value had less than the table value for df=1 at $p<0.05$. since there is no associative between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

- There was significant association between socio demographic variables with prevalence on PVS and socio-demographic variables like gender, marital status, year of studying, with x^2values had 5.84, 81.29, 6.25.the respectively were more than table value for df=1 at $p< 0.05$, since there is association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was rejected .And the socio- demographic variables like age, area of residence, family income per month, type of family, religion, type of phone, chi-square value had less than the table value for df=1 at $p<0.05$. since there is no association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

- There was significant association between selected factor of UG students regarding PVS and socio-demographic variable like gender ,type of phone . There was no significant association between selected factor on PVS;null hypothesis $Ho_3$was rejected.and socio-demographic variable like age, gender ,type of phone .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.

- There was significant association between selected factor of PG students regarding PVS and socio-demographic variable like age, gender ,type of phone .

- There was no significant association between selected factor on PVS; null hypothesis $Ho_3$was rejected.and socio-demographic variable like age, gender .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.

Conclusion

The present study attempted to assess and find out the prevalence and its factors on PVS among UG and PG students. The study concluded that majority of PG students they have experienced the PVS compare to UG students .the association of PVS with gender reveals that most of males students have experienced PVS compared to female, Null hypothesis is accepted. Hence there is need for information booklet to reduce psychological disturbances and improve the quality of life associated with PVS.

Key terms:

Assess Prevalence and its factors, PVS, information booklet.

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LIST OF ABBREVATIONS

Sl. No	Abbreviation
1	PVS: Phantom vibration syndrome
2	PRS: Phantom ringing syndrome
3	UG: under graduates
4	PG: post graduates
5	SDUCON: Sri Devaraj Urs College OF Nursing
6	f: Frequency
7	% : Percentage
8	SD : Standard Deviation
9	df : Degree of Freedom
10	P: Chi-square p value
11	*p: Fisher's exact test
12	NS : Not Significant
13	SS : Statistically significant

CHAPTER-1

INTRODUCTION

Mobile phones become the base of communication technology today[1.] It becoming a basic need of all the people on earth with the advancement of cellular technology the problem associated with it also increases including the medical health problems, hypertension and certain psychological problems.[2]

Phantom vibration syndrome is the sensation of false belief that mobile phone is vibrating when actually it is not doing so.[3]In 2003 an article entitled "Phantom Vibration Syndrome" published in the New Pittsburgh Courier, written under a pen name of columnist Robert D. Jones states that our mind or body tell us the imaginary vibrations belts, pockets and even purses which may be result of physical nerve damage or a mental health issue or both. Phantom ringing syndrome is an intermittent perception that a mobile phone is ringing when actually it's not. It is a recent psychological phenomenon that has attracted the attention of medical community.[4]

The deafness of Alexander Graham Bell's mother and wife prompted him to invent telephone in 1876. The popularity of this device led to the introduction of new technologies like mobile phones, smart phones, pagers etc. As stated by Aristotle, "Man is by nature a social animal", telephone and other communication devices have become the primary source of communication era of advanced science. If we look around, we shall witness that life appears to be difficult among societies. Now, mobile phones have become a necessity. The use of modern technology has become prevalent in this without these inventions; people can easily get connected to their loved ones. On the other hand, it has noxious effects on human health. These devices function on the basis of radio waves, a form of non-ionizing radiation. In order to access signals, these emit radio waves that radiate in every direction, thereby affecting human body and penetrate easily into soft tissues.

Uncontrolled and hence, alarming increase in the use of mobile phones especially among youth has revealed changes in psychological and physiological behaviors. The list of self-reported symptoms increases day by day including but not limited to headaches, warm sensation near the ear with pain, fatigue, lack of concentration, musculoskeletal symptoms, stress, sleep disorders, feeling of being overloaded, feelings of guilt in case of not replying to all calls and messages, mobile phone addiction, etc. The higher the level of leisure boredom one experiences, the higher the likelihood one will be addicted to the mobile phone.[5]

Smartphone's have become extremely important items in our lives, most users wouldn't think of leaving their phone at home. We get all sorts of notifications on these devices, from casual social media posts to important emails. For some users that keep their phone in their pockets, there's a strange phenomenon going on, they might feel like their phone has just vibrated and when they take it out, they realize that there wasn't any reason for their phones to make a vibration. This phenomenon is often referred to as "Phantom vibration syndrome", although it might be better categorized as a hallucination, as the brain creates a sensation that is not really there. Recent studies suggest that this kind of hallucination is quite common.[6]

Mobile phone or cellular phones have emerged to be become indispensible tools of daily life in the hands of mankind. Although the first cellular phone came into use more that forty years ago. The technology has coined its peak popularity in the period of the last ten years.[7] According to the international telecommunication union, the number of cellular subscriptions globally is expected to reach 7 billion in 2014.which is approaching the numbers of people on earth. the advent of numerous applications that provide the leisure of text managing free of cost, lower call rates and easy availability and accessibility of internet use on cellular phones are among the prominent causes leading to the increase in its usage. Cellular phones, despite serving as a means to convey important information's, for exchange of greeting and pleasantries and for the general entertainment of the user,

have repercussions when projected to excessive use, which come into the realm of a number of recognizable psychological illness.[8]

The overuse of Smartphone's has emerged as a significant social issue with growing popularity of the Smartphone. "Smartphone addiction" could be considered as one form of technological addictions.[9]

Phantom vibrations and ringing of mobile phones, an intermittent perception that a mobile phone is perceived as vibrating and ringing when it is not, are prevalent hallucinations in the general population. Our previous longitudinal study demonstrated the two syndromes were associated with stress during medical internship, and severe phantom vibrations and ringing were correlated to anxiety and depression. However, the association between the two novel phenomena of mobile phone, i.e., "phantom vibration/ringing" and "Smartphone addiction", is unknown.[9]

NEED FOR THE STUDY

As cell phones become increasingly commonplace, questions are raised about how they may influence our everyday lives. One phenomenon that seems to speak to such questions is called' phantom vibration syndrome''. This refers to when a user, whose phone is set to vibrate if an incoming call or text is received, experiences the phone to vibrate when in fact it was not vibrating at all. That is, this refers to a hallucination in which users perceive an inert phone to vibrate, believing that they are receiving a call or text message. What makes phantom vibrations interesting is their remarkable prevalence. In a study of undergraduates, almost 90%are found to have experienced phantom phone vibrations. Study of hospital workers found that nearly 70% has experienced this hallucination.[10]

New technology is a wonderful thing, but the more reliant we become to it, the more negatively we will be affected by it.Smart phones uses are constantly connected to their work, and the world around them which leads to anxiety which in turn cause dopamine imbalance leading to phantom vibration syndrome.[2]

Phantom vibration and ringing of a mobile phone might be two of the most prevalent hallucinations in the general population. the only previous cross sectional study estimated that 68% of a medical staff had that experience. our previous longitudinal survey of medical interns also showed that the baseline prevalence rate of phantom vibration was 78.1% before internship ,and it significantly increased to 95.9% and 93.2% at the 3rd and 6h months of internship, baseline prevalence rate of phantom ringing was 27.4%, and it significantly increased to 84.9-87.7% during internship.because of the high prevalence of phantom vibration and ringing. They might be considered as a "normal" brain mechanism. Furthermore, 93% medical staff who experienced phantom vibration reported the sensation to be not at all or only a little bothersome. The other 7% reported it to be bothersome or very bothersome in the pilot study therefore I wanted to identify individuals suffering from these hallucinations.[11]

A cross sectional observational study was conducted on prevalence of phantom vibration syndrome and phantom ringing syndrome among medical students. Data was collected from medical students of Dow International Medical College, Karachi, Pakistan. The data was analyzed using software named as Statistical Package for Social Sciences. The frequency of Phantom Vibration Syndrome on daily, weekly, rarely and never observed basis was found to be 19%, 18%, 56% and 7% respectively. Overall 93% students felt Phantom Vibration Syndrome but in different frequencies. Majority of the students (70%) kept their mobile phones in their trousers' pockets. Around 10% students kept their mobile phones in upper pockets while 6% students preferred to attach their mobile phones with their belts. Only 14% students answered that they kept their mobile phones in places other than mentioned above. Around 59% students woke up from sleep upon hearing mobile phone ringtone. The percentage of students using mobile phones prior to sleeping was found to be very high, i.e., 93% and 67% students could not live without mobile phones. Mobile phone usage is contributing a major role in increasing psychological stress and related problems among medical students. It is concluded that the use of information and communication technology has reached uncontrolled level causing psychological and biochemical changes in human beings.

We all are living in the blanket of electromagnetic waves. The exciting features of these technologies are the major factors of heavy mobile phone usage and addiction. The adverse effects of mobile phone radiations are being discovered day-by-day. Counseling especially with our youth is necessary, should we want to have mentally healthy generation in future.[12]

Phantom Vibration Syndrome or Ringxiety was observed only in three countries so far as 78.1% in Taiwan, 34.5% in India and 68% in USA . The data was collected only from selected population i.e., medical staff and students. Beside 24independentordependentcountries/territories in the world, having data on Phantom Vibration Syndrome for only three countries (1.2% of total countries) shows the negligence and unhealthy effects of mobile phone radiations as neglected area of research.[13]

A study was conducted on phantom vibration and ringing syndrome among postgraduate students. The survey of 300 postgraduate students belonging to different field of specialization was conducted at Kurukshetra University. 74% of students were found to have both Phantom vibrations and ringing syndrome. Whereas 17% of students felt Phantom vibration exclusively and 4% students face only Phantom ringing syndrome. Both the syndrome occurs more fervent in students who kept their mobile phone in shirt or jean pocket than to who kept mobile in handbag. 75% of students felt vibration or ringing even when the phone is switched off or phone was not in their pocket. Also the frequency of both the syndrome is directly proportional to the duration of mobile phone use and person emotional behavior. Concluded that most of students agree that the Phantom syndrome did not bother them but some student's deals with anxiety when they feel symptoms associated with Phantom syndrome. By using mobile phones in proper way, one can avoid these syndromes, or at least can ameliorate the symptoms.[14]

Electronic devices, such as pagers and cell phones, have become ubiquitous in the information age.

In order to maintain electronic access in quiet areas, users often place such devices on "vibrate" mode. Repeated use of the vibration mode may result in intermittent perception that the device is vibrating when, in fact, it is not. This sensation, sometimes referred to as phantom vibration syndrome, has been described in the lay press, but its prevalence has not been established. it is also not know what factors may increase the probability of experiencing phantom vibrations or which method may be effective in dispelling them.[15]

So as a investigator I felt to do a survey on UG and PG students in selected colleges who are expected to carry on electronic device in order to assess the prevalence and its factors of phantom vibration syndrome among UG and PG students in selected colleges at Kolar.

CHAPTER -2

OBJECTIVES

This chapter deals with the statement of the problem, objectives of the study, operational definitions, assumptions, hypothesis, conceptual framework which provides a frame of reference for the study.

STATEMENT OF THE PROBLEM

"A Comparative Study to assess the Prevalence and its factors on Phantom vibration syndrome among UG and PG students in selected colleges atKolar, with a view to develop an Information booklet on Phantom vibration syndrome.**"**

OBJECTIVES OF THE STUDY

1. To estimate the prevalence on phantom vibration syndrome among UG and PG students in selected colleges.

2. To find out the factors on phantom vibration syndrome among UG and PG students in selected colleges.

3. To determine the association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

4. To determine the association between selected factors of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

OPERATIONAL DEFINITIONS

1. **Assess**: In this study assess refers to the way of estimating the prevalence and its factors on phantom vibration syndrome among UG and PG students.

2. Prevalence: In this study prevalence refers to number of students experiencing phantom vibration syndrome or not at a given time which is measured by using phantom vibration syndrome questionnaires.

3. Phantom vibration syndrome: In this study phantom vibration syndrome is the perception that one's mobile phone is vibrating or ringing when actually not doing so, which is characterized as a tactile hallucination.

4. Factors on phantom vibration syndrome: In this study it refers to time span of phone usage, position of phone keeping, purpose of using mobile phone which has impact on phantom vibration syndrome will be measured by using questionnaires.

5. UG students: In this study UG student refers to group of individuals, who are studying in basic degree courses.

6. PG students: In this study PG student refers to group of individuals who are studying in master degree courses.

7. Selected colleges: In this study it refers to selected educational institutions at Kolar which offer various degree programmes.

8. Information booklet: In this study if refers to systematically planned and printed material giving information regarding phantom vibration syndrome and its factors which helps in knowing the information by reading it.

NULL HYPOTHESES

Ho_1- There is no statistically significant association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

Ho_2– There is no statistically significant association between selected factors on phantom vibration syndrome with selected socio-demographic variables among UG and PG students.

Ho_3– There is no statistically significant difference between the prevalence score of phantom vibration syndrome among UG and PG students.

ASSUMPTIONS

- Experience of phantom vibration syndrome may be varying between UG and PG students.
- Students of Degree College may have over involvement in one's cell phone usage.
- Information booklet may help the students in knowing some information on phantom vibration syndrome.

DELIMITATIONS

The study is delimited to

- Only UG and PG students of Government first grade college at Kolar.
- The sample size of 100 UG and 100 PG students.
- Assess the prevalence and factors on Phantom vibration syndrome.

Conceptual framework of the study

A conceptual framework refers to interrelated concepts or abstractions that are assembled together in some rational scheme by virtue of their relevance to a common theme.

The present study is aimed to assess the prevalence and its factors on phantom vibration syndrome among UG and PG students.

General system theory is utilized in this study. General system theory was first introduced by Von Bertalanify in 1968. He defines system as an organized whole unit that produces an effect or product when independent components interact with the environment. All living system are open systems, which promote the exchange of matter, energy and information with other system (sub system) and environment(supra system).[16]

The exchange with in open system between open system and their supra system is continuous. dynamic balance within and between the system, the subsystem and the supra system helps to create and maintain internal stability. The change in one part of the system creates change in other parts. [16]

The openness of human system made the investigator to assess the prevalence and its factors on phantom vibration syndrome among UG and PG students.

The Basic Concept of Ludwig von Bertanlanffy General System Model,

1. Input
2. Throughput
3. Output

INPUT: Input consist of information or energy or matter that enters the system. In the present study, input includes preparation of tool and framing the design and UG and PG students having background of some socio demographic variables like Age (in year),Gender, Area of residence, Family income per month (in rupees), Type of family, Marital status, Educational status, Religion, Year of studying, Type of phone,.

THROUGHPUT: throughput refers to the process by which the system process input and releases an output. The action needed to accomplish the desired task to achieve the desired output. In this study, it refers to the,

- Administering the structured questionnaires.
- Assessing the prevalence and factors on phantom vibration syndrome among UG and PG students.

OUTPUT: output refers to matter, energy and information that leave a system. it is the result or product of the system. In this study, it refers to ,

- Estimate the prevalence on phantom vibration syndrome among UG and PG students in selected colleges.
- Finding the factors on phantom vibration syndrome among UG and PG students in selected colleges.

- Finding the association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.
- Finding the association between the selected factors of phantom vibration syndrome with selected socio- demographic variables of UG and PG student

SUMMARY:

This chapter dealt with the statement of problem, objectives of the study, operational definitions, hypotheses, assumptions, delimitation, conceptual frame work with which provides a frame of reference of study.

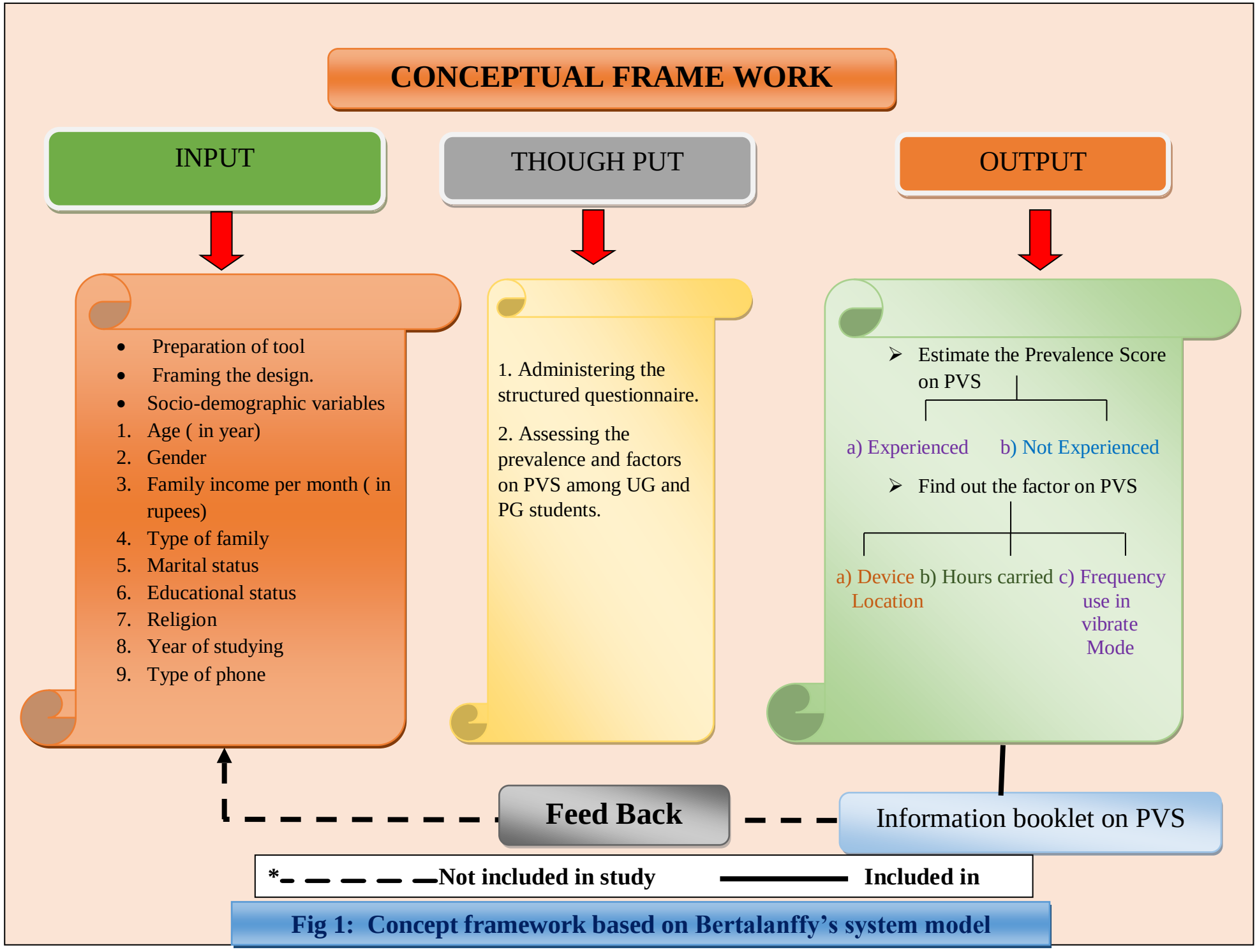

Fig 1: Concept framework based on Bertalanffy's system model

CHAPTER-3

REVIEW OF LITERATURE

Review of literature gives a comprehensive in depth, systematic, and critical review of scholarly publication of the topic. The literature for the present study will be reviewed from the textbook, journals, articles, dissertation, and online sources.

For the present study the literature was reviewed under the following headings

1) Studies related to prevalence on phantom vibration syndrome.
2) Studies related to factors on phantom vibration syndrome.

Studies related to prevalence on phantom vibration syndrome.

A study was conducted on phantom vibration among graduates prevalence and associated psychological chacteristics, the survey of 290 undergraduates students had experienced phantom vibrations, and they experienced them about once every two weeks, on average. Those higher in conscientiousness experienced phantom vibrations less frequently, and those who had strong reactions to text messages (higher in the emotional reaction subscale of text message dependence) were more bothered by phantom vibrations. These findings suggest that targeting individuals' emotional reactions to text messages might be helpful in combating the negative consequences of both text message dependency and phantom vibrations. Concluded that few young adults were bothered by these phantom vibrations or made attempts to stop them, interventions aimed at this population may be unnecessary.[17]

Across sectional study conducted on a dimensional approach to the phantom vibration and ringing syndrome among medical staff .the survey estimated that 68% of a medical staff had that experience ,Our previous longitudinal survey of medical interns also showed that the baseline prevalence rate of phantom vibration was 78.1% before internship, and increases 95.9% and 93.2 at the 3rd and 6th months of internship ,respectively .The base line prevalence rate of phantom ring 27.4%,and it significantly increased to 84.987.7% during internship.

Because of the high prevalence of phantom vibrations and ringing, they might be considered as a “normal” brain mechanism. Furthermore, 93%medical staff who experienced phantom vibrations reported the sensation to be not at all or only a little bothersome. other 7% reported it to be bothersome or very bothersome in the pilot study , therefore we postulate a dimensional approach to identify individuals suffering from these hallucinations is more important than a categorical approach .In using the current categorical approach to diagnosis of the Diagnostic and Statistical Manual of Mental Illness (DSM-IV), clinicians must decide only whether a patient meets the diagnostic criteria set forth for a disorder and diagnose the disorder as present or absent. This categorical approach to the diagnostic threshold constricts the range of clinical information that may be of great importance to treatment planning, prognosis, and monitoring treatment outcomes.[15]

A cross sectional observational study was conducted on prevalence of phantom vibration syndrome and phantom ringing syndrome among medical students. Data was collected from medical students of Dow International Medical College, Karachi, Pakistan. The data was analyzed using software named as Statistical Package for Social Sciences. The frequency of Phantom Vibration Syndrome on daily, weekly, rarely and never observed basis was found to be 19%, 18%, 56% and 7% respectively. Overall 93% students felt Phantom Vibration Syndrome but in different frequencies. Majority of the students (70%) kept their mobile phones in their trousers’ pockets. Around 10% students kept their mobile phones in upper pockets while 6% students preferred to attach their mobile phones with their belts. Only 14% students answered that they kept their mobile phones in places other than mentioned above. Around 59% students woke up from sleep upon hearing mobile phone ringtone. The percentage of students using mobile phones prior to sleeping was found to be very high, i.e., 93% and 67% students could not live without mobile phones. Mobile phone usage is contributing a major role in increasing psychological stress and related problems among medical students. It is concluded that the use of information and communication technology has reached uncontrolled level causing psychological and biochemical changes in human beings.

We all are living in the blanket of electromagnetic waves. The exciting features of these technologies are the major factors of heavy mobile phone usage and addiction. The adverse effects of mobile phone radiations are being discovered day-by-day. Counseling especially with our youth is necessary, should we want to have mentally healthy generation in future.[12]

A study was conducted on Phantom vibrations develop after carrying a cell phone set to use vibrating found that almost 9 of 10 undergraduates at her college experienced phantom vibrations. a majority of cell phone users report experiencing occasional phantom vibrations or ringing, with reported rates ranging from 27.4% to 89%. Once every two weeks is a typical frequency for the sensations, though a minority experience them daily.[1] Most people are not seriously bothered by the sensations.[18]

A cross sectional study was conducted on 500 undergraduate students, recruited from health and humanities faculties, at the University of Jordan. A self-administered questionnaire was used to collect the data. Statistical Package for Social Sciences version(17.0) was employed to analyze the data. Prevalence rates of phantom ringing and phantom vibration syndrome were calculated. Chi-square test, T-test, and analysis of variance were applied to compute the p-value for any significant difference among the study variables. Concluded that the mean age was (21.1) years. Female participants were predominant. The average daily mobile phone usage was (6.0) hours per day. About (70.0%) of participants have experienced phantom ringing, while (65.4%) have experienced phantom vibration syndrome. Males students were more likely to report that they do not know of any possible measure to minimize the possible adverse health effects of mobile phone use.[19]

The study was conducted to determine whether "Ringxiety" is common among Iraqi peoples and its correlation with age, sex, education, mobile type, and mobile using time. Two hundred adult persons of either sex with a mean age of 20 ± 3 years were asked to answer a questioner with 14 questions.

The results of this study revealed that 73% of the individual involved experienced the phenomenon of ringxiety from time to time, in addition to 4% who experienced frequent ringxiety. Significant correlations were found between this sign and using mobile for more than 30 minutes per day and also a significant correlation was found between mobile addicts and ringxiety (*P* value <0.05).42% of studied subjects experienced mobile vibration mistakenly feeling, which occurs always with ringxiety but not the reverse. This sign was only correlated with the high mobile using time. No association was found between ringxiety and age, education, type of ring tone, or short messages using. Concluded that this study has proved that ringxiety is common among mobile users and could be one of the side effects of radio waves or just a malfunction of the brain due to the life heavy duties. Ringxiety might cause discomfort or loss of concentration during car driving or using dangerous machine.[19]

A cross-sectional study was carried out at Kasturba Medical College, Mangalore, south India, among 336 medical students by using a pre-tested, semi-structured questionnaire. Among the total number of students, 335 students possessed mobile phones. Mostly, the persons whom they talked to on their phones were parents for 220 (51%) of the students. 48% (150) talked for less than half hour in a day and 41% (137) were high volume message users. “Ringxiety” was experienced by 34.5% (116) of the students and they were more likely to use their phones at restricted places like classrooms (99%) and libraries (60.3%). A significantly larger proportion of ringxiety sufferers also complained of hampered studies. Concluded that 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 very 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 it.[20]

Studies related to factors on phantom vibration syndrome

A study was conducted on phantom vibration and ringing syndrome among postgraduate students. The survey of 300 postgraduate students belonging to different field of specialization was conducted at Kurukshetra University. 74% of students were found to have both Phantom vibrations and ringing syndrome. Whereas 17% of students felt Phantom vibration exclusively and 4% students face only Phantom ringing syndrome. Both the syndrome occurs more fervent in students who kept their mobile phone in shirt or jean pocket than to who kept mobile in handbag. 75% of students felt vibration or ringing even when the phone is switched off or phone was not in their pocket. Also the frequency of both the syndrome is directly proportional to the duration of mobile phone use and person emotional behavior. Concluded that most of students agree that the Phantom syndrome did not bother them but some student's deals with anxiety when they feel symptoms associated with Phantom syndrome. By using mobile phones in proper way, one can avoid these syndromes, or at least can ameliorate the symptoms.[14]

Across sectional study was conducted amongst 130 medical students of third year MBBS of Sri Aurobindo institute of medical sciences, Indore. A pre-formed pre-tested questionnaire was used. Data were analyzed statistically by simple proportions. The Response rate was 90.76%. Female preponderance (65 were in the age group of 22-24 years. All of them were having possession of at least one mobile phone with activated internet services in 87% of students. 34% were having two mobile phones, while 4% had more than two mobiles. 61% students had to recharge the internet services once a month, 28% twice a month, while 11% students had to recharge it more than three times a month. 73% of students were nomophobics. 21% of nomophobics experienced rinxiety. 83% of students experienced panic attacks when their mobile phone was misplaced. Headache and lethargy were the commonest side effects that were experienced by 61% of students. Concluded that our study gives a brief idea about the nomophobia. There is a definite need of further studies in this field.[21]

A prospective longitudinal study, the survey of 74 medical interns, was carried out using repeated investigations of the severity of phantom vibrations and ringing, as well as accompanying symptoms of anxiety and depression as measured by Beck Anxiety Inventory (BAI) and the Beck Depression Inventory (BDI) before, at the 3rd, 6th, and 12th month during internship, and 2 weeks after internship. We utilized the cognitive and somatic subscales of the BDI, as well as the subjective, somatic and panic subscales of the BAI. The correlation between phantom vibration and ringing was lowest before the internship but became moderate during the internship and high 2 weeks after it. Compared to interns with subclinical phantom ringing and vibrations, interns with severe phantom vibrations and ringing had higher subjective and somatic anxiety and somatic depressive scores at any time point throughout the internship. Concluded that interns with severe phantom ringing had more cognitive/affective depression. A dimensional approach to the phantom vibration and ringing syndrome is a powerful way to identify their correlation, as well as their association with anxiety and depression.[22]

A cross sectional study was conducted on phantom vibration syndrome among medical staff .the survey of176 medical staff who responded to questionnaire (76% of the 232 people invited). Of the 169 participants who answered the question, 115 (68%, 95% confidence interval 61% to 75%) reported having experienced phantom vibrations. Most (68/112) who experienced phantom vibrations did so after carrying the device between 1 month and 1 year, and 13% experienced them daily. Four factors were independently associated with phantom vibrations: occupation (resident v attending physician, prevalence ratio 1.47, 95% confidence interval 1.10 to 1.97), device location (breast pocket v belt, prevalence ratio 1.66, 1.29 to 2.14), hours carried (per 6 hour increment, prevalence ratio 1.30, 1.07 to 1.58), and more frequent use in vibrate mode (per frequency category, prevalence ratio 1.18, 1.03 to 1.34). Of those who experienced phantom vibrations, 43 (39%, 30% to 48%) were able to stop them. Strategies for stopping phantom vibrations included taking the device off vibrate mode, changing the location of the device,

and using a different device (success rates 75% v63% v 50%, respectively, P=0.2 17). However, 39% (30% to 49%) of respondents did not attempt any strategies. Concluded that Phantom vibration syndrome is common among those who use electronic devices.[2]

A cross-sectional study conducted on phantom vibration and ringing of occupational burnout .a study of 384 employees of a high-tech company in northern Taiwan. They all completed a phantom vibration and ringing questionnaire, the Hospital Anxiety and Depression Scale, and the Chinese version of the Occupational Burnout. Significantly more women and people with at least a college education were in the population with PRS and PVS, respectively. Anxiety and depression had no associations with PVS/PRS. Higher scores for personal fatigue, job fatigue, and service target fatigue had an independent impact on the presence of PVS, but only a higher score for service target fatigue had an independent impact on the presence of Phantom ringing. Concluded That independent association between work-related burnout and PVS/PRS suggests that PVS/PRS may be a harbinger of mental stress or a component of the clinical burnout syndrome, and may even be a more convenient and accurate predictor of occupational burnout.[24]

A study was conducted amongst 283 participants were complete a set of questionnaires, including a 26-item SPAI modified from the Chinese Internet Addiction Scale and phantom vibration and ringing syndrome questionnaire. There were 260 males and 23 females, with ages 22.9±2.0 years. Exploratory factor analysis, internal-consistency test, test-retest, and correlation analysis were conducted to verify the reliability and validity of the SPAI. Correlations between each subscale and phantom vibration and ringing were also explored. Exploratory factor analysis yielded four factors compulsive behavior, functional impairment, withdrawal and tolerance. Test–retest reliabilities (intraclass correlations = 0.74–0.91) and internal consistency (Cranach's α = 0.94) were all satisfactory. The four subscales had moderate to high correlations (0.56–0.78), but had no or very low correlation to phantom vibration/ringing syndrome.

Concluded that This study provides evidence that the SPAI is a valid and reliable, self-administered screening tool to investigate Smartphone addiction. Phantom vibration and ringing might be independent entities of Smartphone addiction.[9]

Summary

Review of literature has enabled the investigator to establish the need for study, develop the conceptual framework, develop the tool and select the data collection technique. The review of literature for the present study includes, Studies related to prevalence on phantom vibration syndrome and Studies related to factors on phantom vibration syndrome.

CHAPTER -4

METHODOLOGY

This section deals with the methodology adopted for the study. “Research methodology is a way to solve problem.” It is a systematic procedure in which the researcher starts from initial identification to final conclusions.[25]

RESEARCH APPROACH

The selection of research approach is the basic procedure for research enquiry. Quantitative approach was adopted for the study.

RESEARCH DESIGN

A research design encompasses the methodology and procedure employed to conduct a research.[26]In this study, Non-experimental study with comparative survey research design was used.

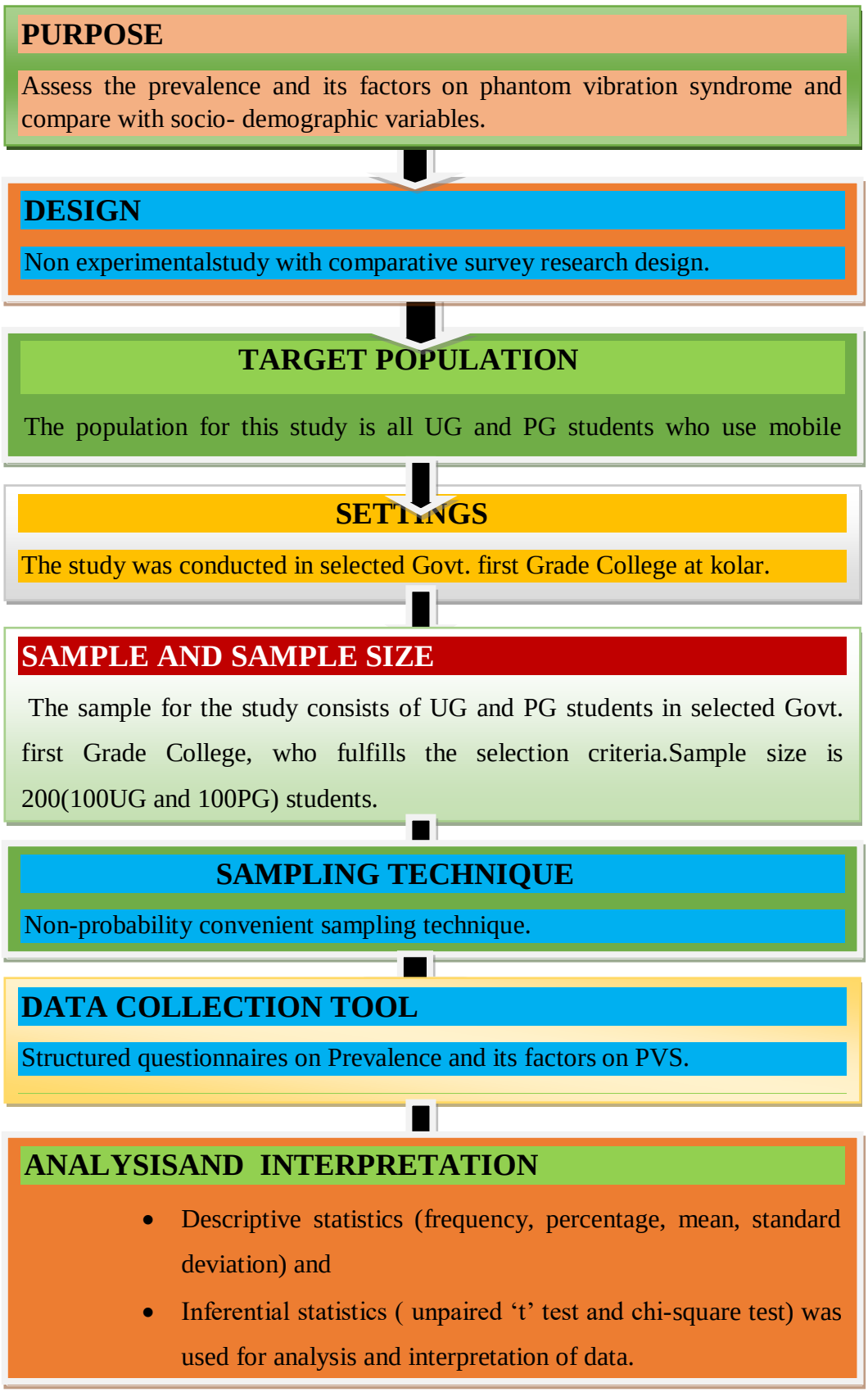

Fig 2: Schematic Representation of Research Design

VARIABLES

Variables are properties or characteristic of some event, object, or person that can take on different values or amounts when conducting research experiments often manipulate variables .A variable as the name implies, is something that varies.[25]

Variables identified in this study were:

Study variables: prevalence and its factors of phantom vibration syndrome.

Attribute variables: socio demographic variables of UG and PG students.

SETTING OF STUDY

Setting is the physical location and conditions in which data collection take place in a study. Setting is the more specific place where data collection occurs. Sites and settings should be selected so as to maximise the validity and reliability of data.[25]In the present Study was conducted in Government first Grade College, Gowripete, at Kolar. This college consists of 1150 (UG&PG) students, courses available BBM, BSC, BA,BCOM, and MA in Kannada, sociology, political.

POPULATION

The term population refers to the aggregate of all the units in which researcher is interested. [31]

In this study the population refers all UG and PG students who use mobile phones.

SAMPLE AND SAMPLE SIZE

The subset of the overall population that is included in study is called as Sample.[25]The sample for the study consists of UG and PG students in Government first Grade College who fulfills the selection criteria.and Sample size:200(100UG and 100PG) students.

SAMPLING TECHNIQUE

Sampling is the act, process or technique of selecting a suitable sample, or a representative part of a population for the purpose of determining parameters or characteristics of the whole population.[25]In the present study Non-probability Convenient sampling technique was used based on the convenience, of the investigator UG and PG students were assigned for the study**.**

CRITERIA FOR THE SELECTION OF SAMPLE

Inclusion criteria: UG and PG students

- Who are studying with any basic degree and master degree courses.
- Who are willing to participate in the study.
- Who are able to understand and respond in Kannada or English**.**

Exclusion criteria: UG and PG students

- Who are reluctant to participate in the study.
- Who are not available during the data collection period.

DEVELOPMENT AND DESCRIPTION OF THE TOOL

Data Collection tool are the procedures or instruments used by the researcher to observe or measure the key variables in the research problem.

Based on the objectives of the study following tool were used to collected data.

- Tool -1: Socio – demographic profile.
- Tool -2: Assessment of Prevalence on phantom vibration syndrome.
- Tool -3: Assessing the factors influencing on phantom vibration syndrome.

Tool -1: Socio – demographic profile which include Age (in year),Gender, Area of residence, Family income per month (in rupees), Type of family, Marital status, Educational status, Religion, Year of studying, Type of phone.

Tool-2: its consists of 15 items in a inform of checklist with YES or NO options of Prevalence on phantom vibration syndrome.

Interpretation: scoring, if subject responses YES (1) and NO (0) were awarded to correct and wrong responses respectively. The maximum score was 15, in which it is categorized as following,

- 0 – 8 : Not experienced PVS (absent)
- 9 – 15 : Experienced PVS (present)

Tool-3: Its consists of 11items in a inform of Multiple choice questions with on Assessing the factors influencing on phantom vibration syndrome.

PREPARATION OF BLUE PRINT

A blue print was prepared prior to the construction of structured questionnaire. It depicted the distribution of items according to the content areas. It included two domains are prevalence and factors. It had 15(57.69%) prevalence items, 11(42.30%) factors items.

CONTENT VALIDITY ON INFORMATION BOOKLET

The information booklet was developed based on the objectives of the study and was given to 9 experts for the content validity. The content validity of the information booklet on phantom vibration syndrome was ascertained in consultation with 02 psychiatrist, o1 clinical psychologist, 6 nursing experts**.** Along with objectives, criteria rating scale based on their suggestions, and recommendations given by the experts were accepted and finally information booklet was prepared**.**

CONTENT VALIDITY

"Validity is a criterion for evaluating the quality of measure or an instrument". A measure is valid if it accurately measures what it is supposed to measure. Content validity is the intent to which a measuring instrument provides adequate coverage of the topic under the study. [27]

The Structured questionnaire, blue print, the criteria rating scale for validation of the tool with the answer key was submitted to nine experts (comprising of 7 nursing experts and two medical experts).The experts were requested to give their opinion regarding accuracy, relevancy and appropriateness of content against the criterion rating scale, which had column for 'relevant', 'not relevant', 'needs modification' and 'remarks'.

Initially the tool consisted of 28 items in structured questionnaire but few items were modified as the suggestions given by the experts seemed to be valuable. After consulting guide, the final tool was reframed. The final tool consists of;

- Socio-demographic variables: 10 items
- Prevalence on phantom vibration syndrome components: 15 items
- Factors on phantom vibration syndrome components: 11 items

RELIABILITY OF THE TOOL

The reliability of an instrument is the degree of consistency with which it measures an attribute it is supposed to be measuring. [29] To establish reliability, the tool was administered to 20 (10UG and 10 PG) students. Split half method was used to check the consistency of the tool. The obtained value of reliabity ('r' value is 0.7), Hence the tool was reliable.

PILOT STUDY

A pilot study is a small scale version or trial run, done in preparation for a major study[28].

The pilot study was conducted from college students on23.1.2017 to 24.1.2017 .A formal written permission was obtained from the college principal of Gokul Degree College, at Kolar. By using the convenience sampling technique, 10UG, 10 PG students who fulfilled the inclusion criteria were selected on the day of data collection ,investigator introduce herself to the college students and informed the purpose of the study .then students were ensured with confidentiality, later informed consent was obtained from study participants. The data was collected by using structured questionnaires which was developed by the investigators, and 20 minutes were spent with each students for collecting the data by self-administration method. The statistically analysis of the pilot study for the prevalence on PVS among UG and PG students, The mean prevalence score of UG students is 5.8 and PG students the mean score is 8.5. the majority of PG students they have experienced the phantom vibration syndrome compared to UG students.

DATA COLLECTION PROCEDURE

The data was collected from 28/3/2017 to 31/3/2017 in the following steps it includes,

Step -1: Permission was obtained from the ethical committee to carry out the study.

(Annexure-1)

Step -2: A formal written permission was obtained from the college principal of Government first Grade College, at Kolar.

Step -3: By using Non-probability convenience sampling technique, 200 (100 UG, 100 PG) students was selected based on the convenience, UG and PG students were assigned for the study, who fulfilled the inclusion criteria were selected.

Step -4: On the day of data collection, investigator introduce herself to the college students and informed the purpose of the study .then students were ensured with confidentiality, later informed consent was obtained from study participants.

Step -5: The data was collected by using structured questionnaires which was developed by the investigators, and 20 minutes were spent with each students for collecting the data by self-administration method.

PLAN FOR DATA ANALYSIS

Data analysis is the schematic organization of research data and the testing of research hypothesis using that data.[30]

The data Obtained was planned to analyze in terms of objectives of the study using descriptive and inferential statistics. It involves the use of statistical procedures to give organization and meaning of data.

Descriptive statistics (frequency, percentage, mean, standard deviation) and inferential statistics (unpaired‘t’ test and chi-square test) was used for analysis and interpretation of data.

ORGANIZATION OF DATA

To begin with, data was entered in a master sheet for tabulation and statistical processing. The findings were presented under following headings.

Section I: Frequency and percentage distribution of Socio-demographic variables of UG and PG students.

Section II: Frequency and percentage distribution of Prevalence on Phantom vibration syndrome among UG and PG students.

Section III: Comparison of Prevalence score on Phantom vibration syndrome among UG students and PG students

Section IV: Frequency and percentage distribution of Factors on Phantom vibration syndrome among UG and PG students.

Section V: Association between Prevalence of Phantom vibration syndrome with selected Socio-demographic variables of UG and PG students.

Section VI: Association between selected Factors of Phantom vibration syndrome with selected Socio-demographic variables of UG and PG students.

SUMMARY:

This chapter dealt with the research methodology that is, research approach, research design, sample and sampling technique, research setting, criteria for selection of sample, development & description of the tool, content validity on information booklet, validity, reliability of tool, pilot study, data collection techniques and plan for data analysis.

CHAPTER -5

DATA ANALYSIS AND INTERPRETATION

This chapter deals with the organization, analysis and interpretation of the data collected from the sample. Analysis is a process of organizing and synthesizing data in such a way that research questions can be answered and hypotheses tested. Interpreting the findings is the most challenging and structured step in the research finding which requires the investigator to be creative.[31]

Collected data was analyzed based on the objectives of the study using descriptive and inferential statistics.

STATEMENT OF THE PROBLEM

"A Comparative study to assess the Prevalence and its Factors on Phantom vibration syndrome among UG and PG students in selected colleges at Kolar, with a view to develop an information booklet on Phantom vibration syndrome."

OBJECTIVE OF THE STUDY

1. To estimate the Prevalence on Phantom vibration syndrome among UG and PG students in selected colleges.

2. To find out the factors on Phantom vibration syndrome among UG and PG students in selected colleges.

3. To determine the association between the Prevalence of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

4. To determine the association between the selected factors of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

NULL HYPOTHESES

Ho_1– There will be no statistically significant difference between the prevalence score of phantom vibration syndrome among UG and PG students.

Ho_2- There will be no statistically significant association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

Ho_3– There will be no statistically significant association between the selected factors on phantom vibration syndrome with selected socio-demographic variables among UG and PG students.

PRESENTATION OF DATA

To begin with, data was entered in a master sheet for tabulation and statistical processing. The findings were presented under following headings.

Section I: Frequency and percentage distribution of Socio-demographic variables of UG and PG students.

Section II: Frequency and percentage distribution of Prevalence on Phantom vibration syndrome among UG and PG students.

Section III: Comparison of Prevalence score on Phantom vibration syndrome among UG students and PG students

Section IV: Frequency and percentage distribution of Factors on Phantom vibration syndrome among UG and PG students.

Section V: Association between Prevalence of Phantom vibration syndrome with selected Socio-demographic variables of UG and PG students.

Section VI: Association between selected Factors of Phantom vibration syndrome with selected Socio-demographic variables of UG and PG students.

Table1: Frequency and percentages distribution of Socio-demographic variables of UG students and PG students.

N=200

Socio-Demographic Variables	UG students (n_1=100)		PG students (n_2=100)	
	Frequency(f)	Percentage (%)	Frequency(f)	Percentage (%)
1.Age (in years)				
a) ≤ 20	75	75	-	-
b) 21-25	25	25	95	95
c) 26-30	-	-	05	05
d) > 30	-	-	-	-
2.Gender				
a) Male	95	95	56	56
b) Female	05	05	44	44
3.Area of residence				
a) Urban	18	18	15	15
b) Rural	82	82	85	85
4. Family income per month (in Rs)				
a) less than 10,000	57	57	56	56
b) 10,001-20,000	34	34	38	38
c) 20,001-30,000	05	05	04	04
d) above 30,000	04	04	02	02
5. Type of family				
a) Nuclear family	56	56	61	61
b) Joint family	44	44	39	39
6. Marital status				
a) Married	03	03	06	06
b) Unmarried	97	97	94	94
c) Separated	-	-	-	-
7. Educational status				
a) UG students				
• BA	20	20	-	-
• BBM	35	35	-	-
• BCOM	45	45	-	-
b) PG students				
• MA in kannada	-	-	45	45
• MA in sociology	-	-	30	30
• MA in political	-	-	25	25

8. Religion a) Hindu	89	89	95	95
b) Muslim	11	11	04	04
c) Christian	-	-	01	01
d) Other (specify)	-	-	-	-
9. Year of studying a)1st year	05	05	64	64
b) 2nd year	95	95	36	36
c) 3rd year	-	-	-	-
10. Type of phone a) Simple mobile	50	50	40	40
phone b) Smart phone	50	50	60	60

TABLE1:Discusses on Frequency and percentages distribution of Socio-demographic variables of UG and PG students.

- **Age:** 75% (75) of UG students were in the age group of less than 20 years, 25% (25) were in the age group of 21-25 years. Among PG students 95% (95) were in the age group of 21-25 years and 05% (05) were in the age 26-30 years.
- **Gender:** 95% (95) of UG students were males and 5% (5) were females. And among PG students56% (56) were males and 44% (44) were females.
- **Area of residence:** 18% (18) of UG students were from urban area and 82% (82) were from rural area. And among PG students 15% (15) were from urban area and 85% (85) were from rural area.
- **Family income per month:** 57% (57) of UG students had their family income less than Rs 10,000/month, 34% (34) had their family income Rs 10,001-20,000/month and 5% (5) had their family income Rs 20,001- 30,000/month, 4% (4) had their family income Rs 30,000/month. And among PG students 56% (56) had their family income less than Rs 10,000/month, 38% (38) had their family income Rs 10,001-20,000/month and 4% (4) had their family income Rs 20,001-30,000/month, 2% (2) had their family income Rs 30,000/month.

- **Type of the family:** 56% (56) of UG students are from nuclear family and 44% (44) were from joint family. And among PG students 61% (61) are from nuclear family and 39% (39) were from joint family.
- **Marital status:** 03% (03) of UG students were married, 97% (97) of students were unmarried. And among PG students 06% (06) were married, 94% (94) of students were unmarried.
- **Educational status:** Among UG students they are doing courses like20% (20) were doing BA, 35% (35) were BBM, and 45% (45) were studying in BCOM. And among PG students 45% (45) were doing MA in Kannada, 30% (30) were MA in sociology, 25% (25) were studying MA in political..
- **Religion:** 89% (89) of UG students were Hindus, 11%(11) were Muslims. And among PG students 95%(95) were Hindus, 04%(04) were Muslims, 01%(01) found to be Christian.
- **Year of studying:** 05% (05) of UG students were in1styear, 95% (95) were in 2ndyear and nobody were in3rd year. And among PG students 64% (64) were in 1styear, 36% (36) were in 2nd year, and nobody were in3rd year.
- **Type of phone using**: 50 % (50) of UG students were using simple mobile phone, 50% (50) were using smart phone. And among PG students 40 % (40) were using simple mobile phone, 60% (60) were using smart phone.

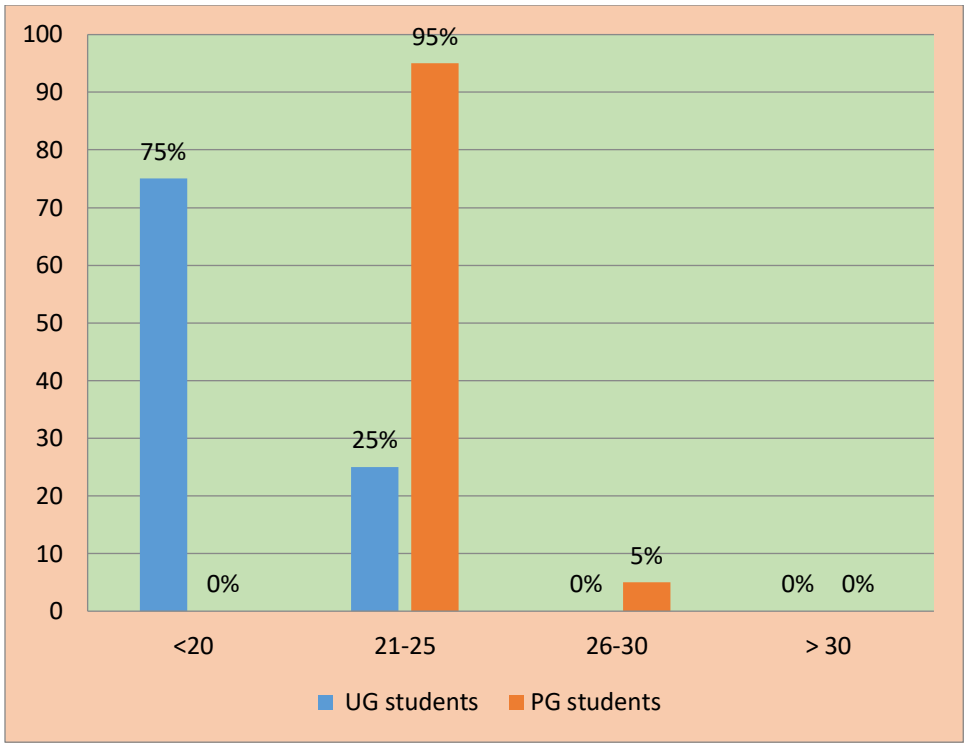

Figure -3: Percentage distribution of UG and PG students regarding to age.

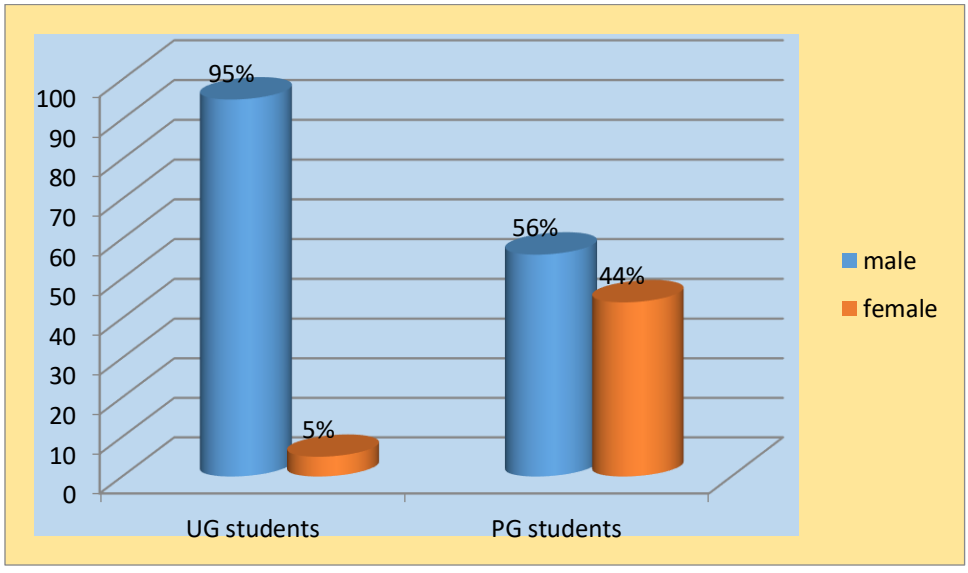

Figure -4: Percentage distribution of UG and PG students regarding to gender.

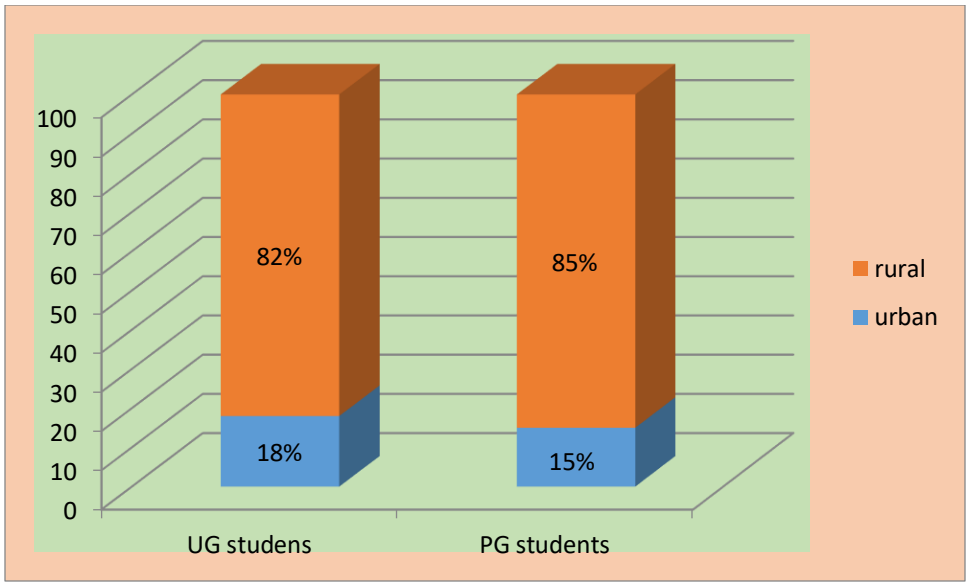

Figure -5: Percentage distribution of UG and PG students regarding to area of residence

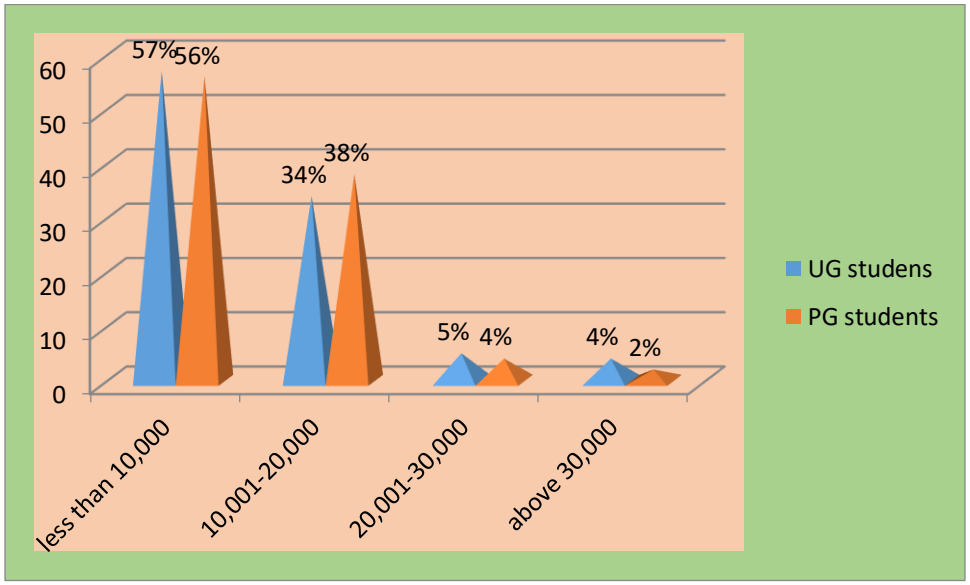

Figure -6: Percentage distribution of UG and PG students regarding to family . income per month (in rs).

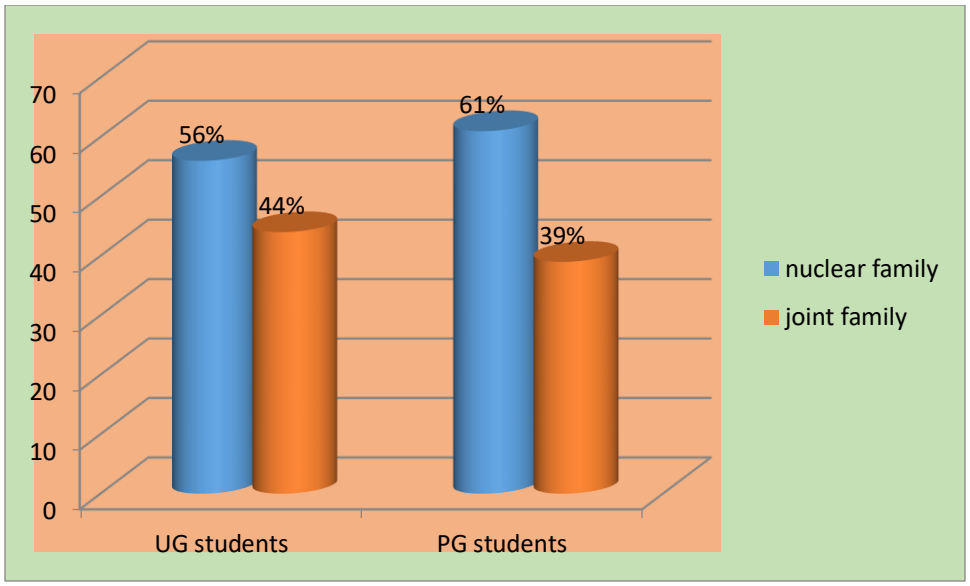

Figure -7: Percentage distribution of UG and PG students regarding to type of family.

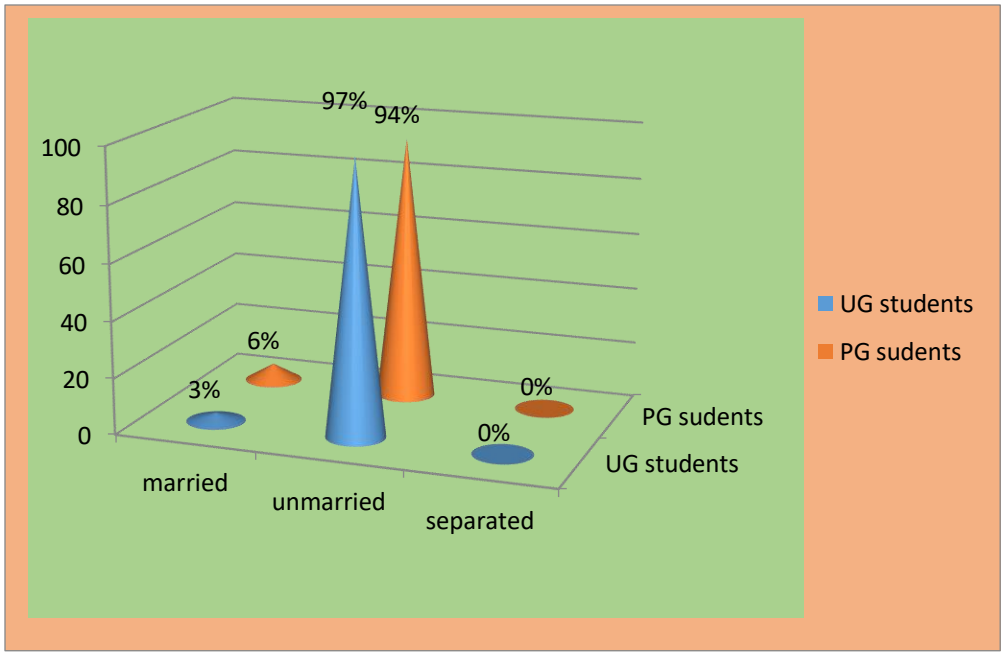

Figure -8: Percentage distribution of UG and PG students regarding to marital status

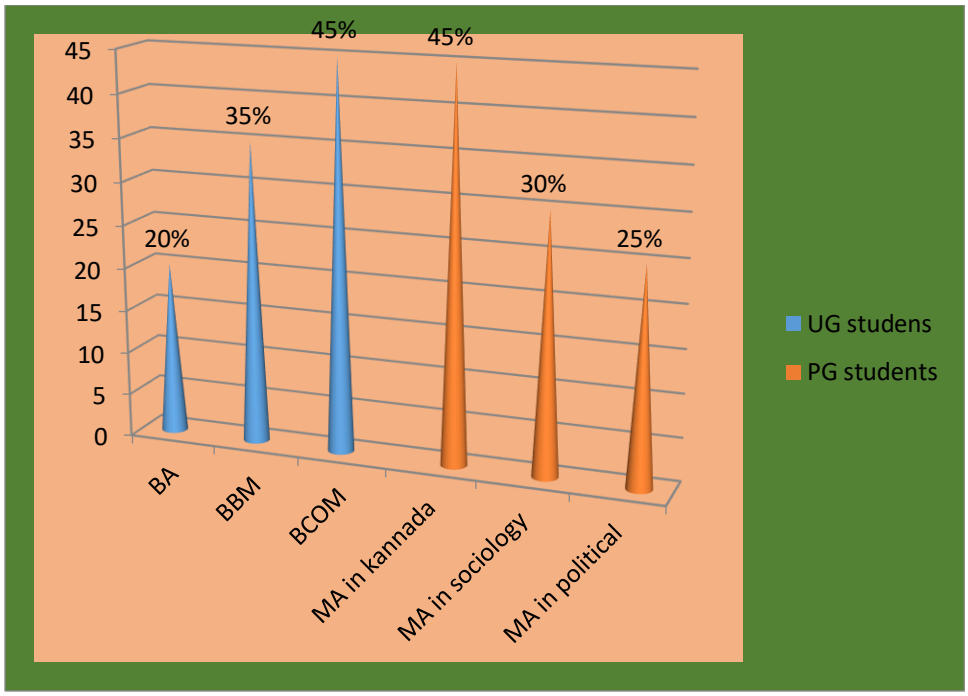

Figure -9: Percentage distribution of UG and PG student regarding to educational status .

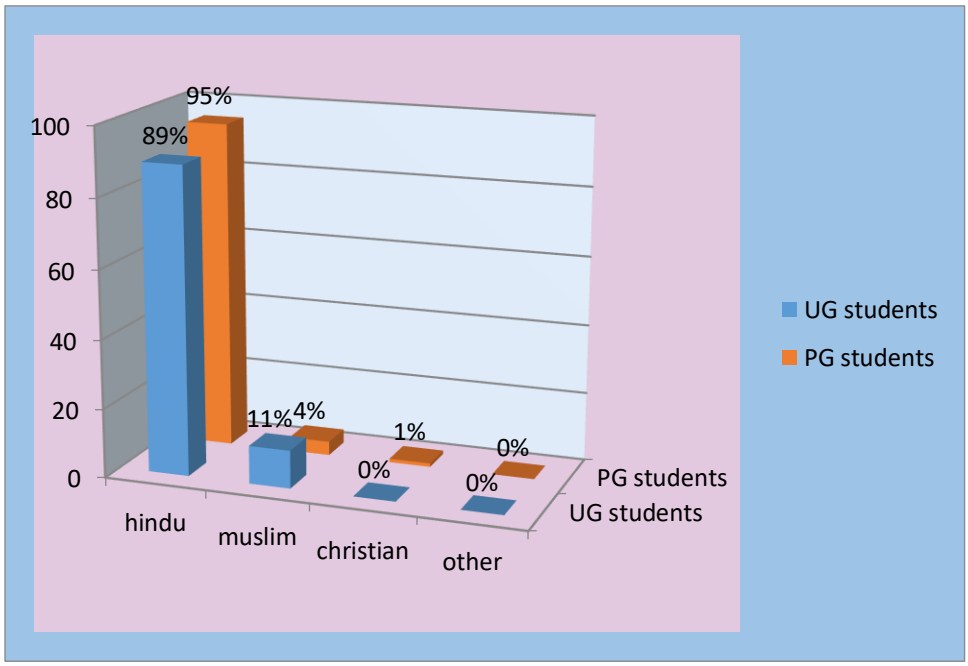

Figure -10: Percentage distribution of UG and PG student regarding to religion .

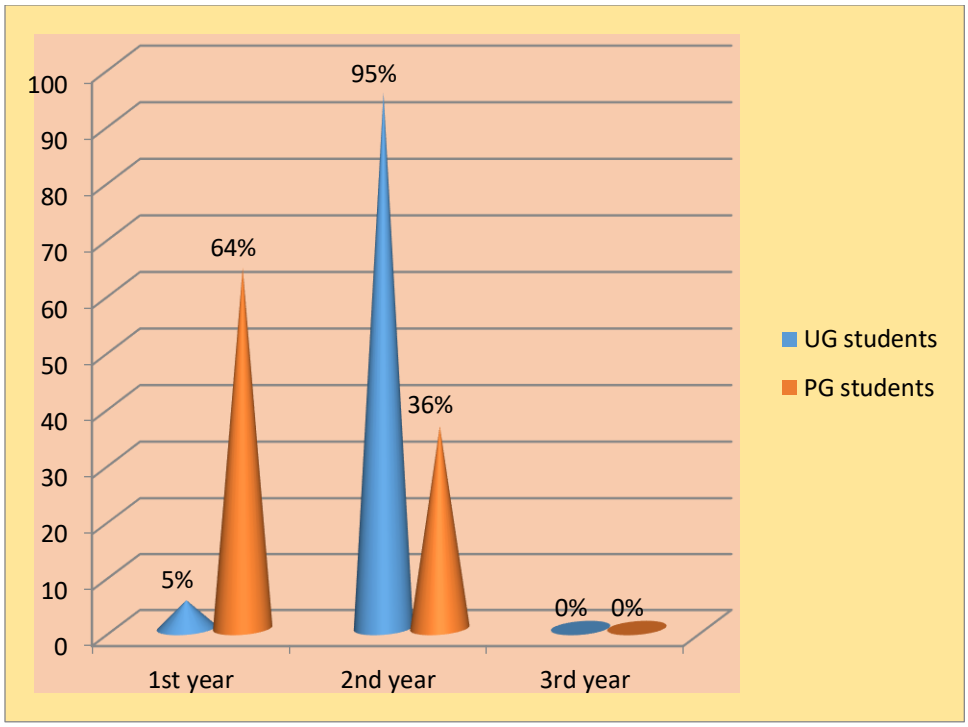

Figure -11: Percentage distribution of UG and PG students regarding to year of studying .

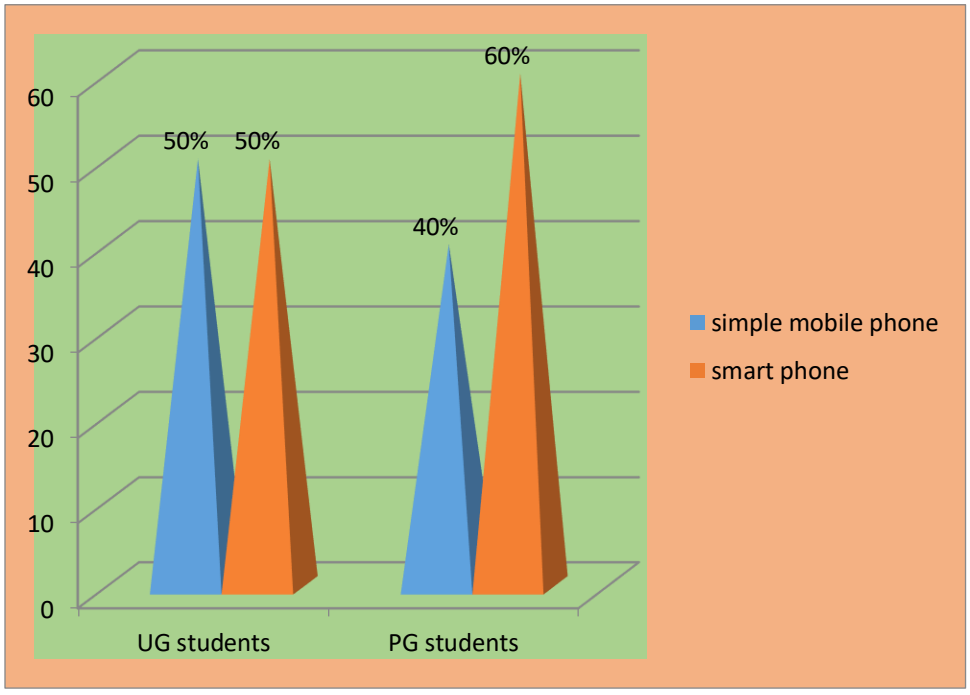

Figure -12: Percentage distribution of UG and PG student regarding to type of phone

Table 2: Frequency and Percentages distribution of Prevalence score on Phantom vibration syndrome among UG and PG students.

N=200

SL No	Prevalence score	UG students (n_1=100)		PG students (n_2=100)	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
01	Experienced (present) ≥8	29	29	50	50
02	Not Experienced (absent) ≤8	71	71	50	50

Table - 2: discussed on the prevalence on phantom vibration syndrome Among UG students 29% (29) had experienced, and 71% (71) had not experienced PVS. Whereas Among PG students 50% (50) had experienced, and 50% (50) had not experienced PVS.

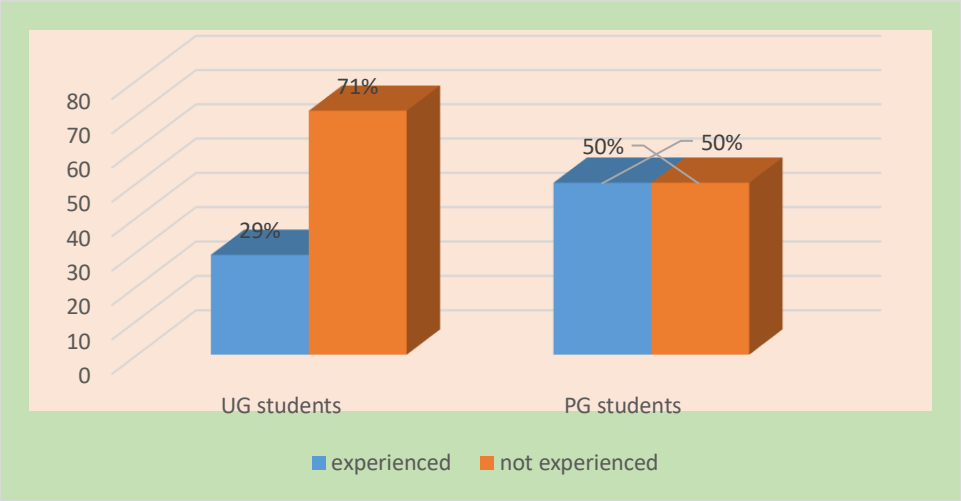

Figure-13:Percentages distribution of Prevalence score on Phantom vibration syndrome among UG students and PG students.

Table 3: Comparison of Prevalence score on Phantom vibration syndrome among UG students and PG students.

N=200

SL No	Prevalence score on PVS	Mean	Standard Deviation	't'value	df	'p' Value	Inference
01	UG students (n_1=100)	6.89	2.572	5.82	198	<0.05	* SS statistically significant
02	PG students (n_2=100)	8.23	3.05				

(SS- statistically significant at $p< 0.05$)

Table 3: discussed on the comparison of prevalence score on PVS among UG& PG students. The mean score of UG students is 6.89 with standard deviation 2.57. where as in PG students the mean score is 8.23 with standard deviation 3.05; on comparison of the 't' value is the 5.82 for DF 198 which around statistically significant at $P<0.05$ so the HO3 / tested in rejected research hypothesis can be stated or there is a statistically significant difference on prevalence score on phantom vibration syndrome on UG & PG.

Table 4: Frequency and percentages distribution of factors on Phantom vibration syndrome among UG students and PG students.

N=200

SL No	Factors	UG students (n_1=100)		PG students (n_2=100)	
		Frequency (f)	Percentage (%)	Frequency (f)	Percentage (%)
01	Where you keep your mobile phone				
	a) Shirt pocket	12	12	09	09
	b) Jean front pocket	78	78	36	36
	c) Jean back pocket	06	06	11	11
	d) Handbag / Other	04	04	44	44
02	Approximately How much time you spent on your mobile phones in a day.				
	a) <3 hour	60	60	50	50
	b) 3-6 hours	31	31	36	36
	c) 6-9 hours	05	05	11	11
	d) >9 hours	04	04	03	03
03	Since how many years you are using mobile phone.				
	a) < 5 yrs	70	70	56	56
	b) 5-10 years	24	24	34	34
	c) 10-15 years	02	02	04	04
	d) >15 years	04	04	06	06
04	On an average how many calls you will get in a day?				
	a) < 5 calls	34	34	38	38
	b) 5-10 calls	34	34	38	38
	c) 10-15 calls	14	14	13	13
	d) >15 calls	18	18	11	11
05	For which purpose you used the mobile phone maximum.				
	a) Calls	41	41	25	25
	b) Text message	14	14	36	36
	c) Playing ride games	05	05	05	05
	d) Others application	10	10	11	11
	e) Mobile phone songs and videos	30	30	23	23

06	On an average how many messages you will get a day?				
	a) < 5 messages	34	34	31	31
	b) 6-10 messages	20	20	17	17
	c) 10- 15 messages	20	20	34	34
	d) > 15 messages	26	26	18	18
07	How many times you check your phone in a day?				
	a) <10 times	57	57	53	53
	b) 10-20 times	22	22	35	35
	c) >20 times	21	21	12	12
08	Which part of the day you use the mobile phone on maximum				
	a) Morning	22	22	11	11
	b) Afternoon	10	10	12	12
	c) Evening	25	25	13	13
	d) Night	43	43	64	64
09	On an average for how many minutes you check the mobile phone				
	a) For every 5-10 mints	19	19	34	34
	b) 15 mints	16	16	20	20
	c) 30 mints	20	20	14	14
	d) Every 1 hour	45	45	32	32
10	When you feel the false vibration?				
	a) While driving /travelling	22	22	13	13
	b) While sitting	26	26	28	28
	c) When engaged in any other activity	10	10	12	12
	d) All of the above	42	42	47	47
11	How much you are a stable emotional person.				
	a) Emotionally weak	21	21	31	31
	b) Emotionally strong	79	79	69	69

Table 4: discussed on frequency and percentage distribution of factors on Phantom vibration syndrome among UG students and PG students

- 78% (78) of UG students reported they keep their mobile phone in jean front packet and 4% (4) of UG students started they keep their mobile phone in hand bag. and among 44% (44) of PG students started they keep mobile phone in hand bag / others and 9% (9) of PG students started they keep mobile phone in shirt pocket .
- 60% (60)of UG students had spend the time on mobile phone in less than 3 hours and 04% (04) of UG students had spend the time on mobile phone in more than 9 hours. And among 50% (50) of PG students they spend the time on mobile phone in less than 3 hours and 03% (3) of PG students had spend the time on mobile phone in more than 9 hours.
- 70% (70) of UG students were using mobile phone in years is less than 5 years and 02% (02)of UG students were using mobile phone in years is 10-15 years and among 56% (56) of PG students were using mobile phone in year less than 5 years and 04% (04) of PG students were using mobile phone in years is 10-15 years .
- 34% (34) of UG students were getting calls in day less than 5 calls and 34% (34) of UG students were getting calls in day 5-10 calls, and14% (14)of UG students were getting calls in day 10-15 calls and among 38% (38) of PG students were getting calls in day less than 5 calls and 38% (38) of PG students were getting calls in day 5-10 calls and11% (11)) of PG students were getting calls in day more than 15 calls.
- 41% (41) of UG students they are using the mobile phone maximum for calls and 05% (05) of UG students they are using the mobile phone maximum for playing ride games and among36% (36) of PG students they are using the mobile phone maximum for text messages and 05% (05) of PG students they are using the mobile phone maximum for playing ride games.

- 34% (34) of UG students were getting messages in day less than 5 messages and 20% (20) of UG students were getting messages in day 6-10 messages, and among 34% (34) of PG students were getting messages in day 10-15 messages and 17% (17) of PG students were getting messages in day 6-10 messages.
- 57% (57) of UG students were checking their mobile phone in a day for less than 10 times and 21% (21) of UG students were checking their mobile phone in a day for more than 20 times and among 53% of PG students were checking mobile phone in a day less than 10times and 12% (12) of PG students were checking their mobile phone in a day for more than 20 times.
- 43% (43) of UG students they are using mobile phone maximum in night and 10% (10) of UG students they are using mobile phone maximum in afternoon. And among 64% (64) of PG students they are using mobile phone maximum in night and 12% (12) of PG students they are using mobile phone maximum in afternoon.
- 45% (45) of UG students were checking mobile phone in minutes every 1 hour and 16% (16)of UG students were checking mobile phone in15 minutes and among 34% (34) of PG students were checking mobile phone in minutes for every 5-10 minutes and14% (14) of PG students were checking mobile phone in 30 minutes.
- 42% (42) of UG students they are feel false vibration is all the above and 10%(10) of UG students they are feel false vibration is when engaged in any other activity and among 47% (47) of PG students they are feel false vibration is all the above and 12% (12)of PG students they are feel false vibration is when engaged in any other activity .
- 79% (79) of UG students were emotionally stable persons is emotionally strong and 21% (21)of UG students were emotionally stable persons is emotionally weak, and among 69% (69)of PG students were emotionally stable persons is emotionally strong and 31% (31)of PG students were emotionally stable persons is emotionally weak.

Table 5: Association between the prevalence on phantom vibration syndrome with socio-demographic variable among UG students.

N=100

SL No	Socio-demographic Variables	Prevalence on phantom vibration syndrome		Chi-square Value ($\chi 2$) df	P value	Inference
		Experienced (present) ≥8	Not Experienced (absent) ≥8			
01	Age a) less than 20 years b) more than 20 years	22 07	53 18	$\chi 2$=0.016 df=1	p=0.89	NS
02	Gender a) Male b) Female	29 00	66 05	$\chi 2$=2.15 df=1	*P=0.318	NS
03	Area of residence a) Urban b) Rural	05 24	13 58	$\chi 2$=0.016 df=1	p=0.90	NS
04	Family income per month a) less than 20,000 b)more than 20,000	24 05	67 04	$\chi 2$=3.38 df=1	*p=0.116	NS
05	Type of the family a) Nuclear family b) Joint family	16 13	40 31	$\chi 2$=0.01 df=1	p =0.915	NS
06	Marital status a) Married b) Unmarried	01 28	02 69	$\chi 2$=0.028 df=1	*p =1.00	NS
07	Religion a) Hindu b) Muslim	26 03	63 08	$\chi 2$=0.018 df= 1	*p=1.00	NS
08	Year of studying a)1st year b) 2nd year	00 29	05 66	$\chi 2$=2.15 df=1	*p=0.318	NS
09	Type of phone a) Simple mobile phone b) Smart phone	13 16	37 34	$\chi 2$=0.437 df=1	p=0.509	NS

(Note :*p= Fisher's exact test, p= chi-square p value , $\chi 2$ table value for 1df at 5% level = 3.84 NS= statistically not significant , SS=statistically significant)

Table-5: depicts the association between socio demographic variables with prevalence on PVS where almost all the variables chi-square value had less than the table value for df=1 at $p<0.05$. Since there is no associative between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

Table 6: Association between the prevalence on phantom vibration syndrome with socio-demographic variable among PG students.

N=100

SL No	Socio-demographic variables	Prevalence on phantom vibration syndrome		Chi-square value ($\chi 2$) df	'p' value	Inference
		Experienced (present) ≥8	Not Experienced (absent) ≥8			
01	Age a) less than 25 years b) more than 25years	48 02	47 03	$\chi 2$= 0.211 df=1	*p=1.00	NS
02	Gender a) Male b) Female	34 16	22 28	$\chi 2$=5.84 df=1	p=0.016	SS
03	Area of residence a) Urban b) Rural	07 43	08 42	$\chi 2$=0.07 df=1	p=0.77	NS
04	Family income per month a) less than 20,000 b) more than 20,000	47 03	47 03	$\chi 2$= 0.00 df=1	*P=1.00	NS
05	Type of the family a) Nuclear family b) Joint family	34 16	27 23	$\chi 2$=2.06 df=1	p= 0.15	NS
06	Marital status a) Married b) Unmarried	01 49	05 45	$\chi 2$=81.29 df=1	p=0.01	SS

07	Religion a) Hindu b) Muslim and other	 49 01	 46 04	 $\chi 2$=1.89 df=1	 *p=0.362	 NS
08	Year of studying a)1st year b) 2nd year	 38 12	 26 24	 $\chi 2$=6.25 df=1	 p=0.012	 SS
09	Type of phone a) Simple mobile phone b) Smart phone	 18 32	 22 28	 $\chi 2$=0.66 df=1	 p=0.41	 NS

(Note:*p= Fisher's exact test, p= chi-square p value , $\chi 2$ table value for 1df at 5% level = 3.84NS= statistically not significant , SS=statistically not significant)

Table 6:depicits that association between socio demographic variables with prevalence on PVS and socio-demographic variables like gender, marital status, year of studying, with x^2values had 5.84, 81.29, 6.25.the respectively were more than table value for df=1 at $p< 0.05$, since there is association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was rejected. And whereas the demographic variables like age, area of residence, family income per month, type of family, religion, type of phone, chi-square value had less than the table value for df=1 at $p<0.05$. since there is no association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

Table 7: Association between the Selected factors on Phantom vibration syndrome with Selected Socio-demographic variable among UG students.

N=100

Socio-demographic variables	Factors				Chi-square df	'p' value	Inference
	1.Where you keep your mobile phone						
	Shirt Pocket	jean front pocket	jean back pocket	handbag/ other			
1.age a) less than 20 years	10	58	05	02	χ^2=2 df= 3	p>0.05	NS
b) more than 20 years	02	20	01	02			
2. Gender a) male	11	78	06	00	χ^2=80.7 df= 3	p<0.05	SS
b) female	01	00	00	04			
3. type of phone a) simple phone	05	39	03	03	χ^2=1.33 2 df= 3	p>0.05	NS
b) smart phone	07	39	03	01			
	2 .Approximately How much time you spent on your mobile phone in a day.						
	<3hous	3-6 hours	6-9 hours	>9 hours			
1.age a) less than 20years	46	22	04	03	χ^2=0.44 4 df= 3	p>0.05	NS
b) more than 20 years	14	09	01	01			
2. Gender a) male	58	28	05	04	χ^2=2.24 8 df= 3	p>0.05	NS
b) female	02	03	00	00			
3. type of phone a) simple phone	40	07	02	01	χ^2=17.1 8 df= 3	p<0.05	SS
b) smart phone	20	24	03	03			

	4. Since how many years are using mobile phone.						
	<5years	<5 years	<5 years	<5 years			
1.age a) less than 20 years b) more than 20 years	52	20	01	02	$\chi 2$=2.905 df= 3	p>0.05	NS
	18	04	01	02			
2. Gender a) male b) female	68	21	02	04	$\chi 2$=3.83 df= 3	p>0.05	NS
	02	03	00	00			
3. type of phone a) simple phone b) smart phone	36	10	01	03	$\chi 2$=1.722 df= 3	p>0.05	NS
	34	14	01	01			

Table 7: indicates that association of UG students between selected factors on PVS with selected demographic variables,

- when compared with age among UG students with age <20 years 58% (58) keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 2.0.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- When compared with gender among UG students were males 78% (78) keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 80.7.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone, and smart phone 39% (39) keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, with $\chi 2$valuesis 1.332.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.

- when compared with age among UG students with age <20 years 46% (46) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 0.444.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- When compared with gender among UG students were males 58% (58)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 2.248.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone 40% (40)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to smart phone with $\chi 2$valuesis 17.18.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.
- when compared with age among UG students with age <20 years 52% (52)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 2.905.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- When compared with gender among UG students were males 68% (68)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to females ,with $\chi 2$values is 3.83.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone 36% (36)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to smart phone, with $\chi 2$valuesis 1.722.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.

Table 8: Association between the Selected factors on Phantom vibration syndrome with Selected socio-demographic variable among PG student

N=100

Socio-demographic variables	Factors: 1.Where you keep your mobile phone				Chi-square value df	'p' value	Inference
	Shirt Pocket	jean front pocket	jean back pocket	hand bag/ other			
1.age					χ^2=13.88		
a) less than 25 years	09	36	08	42	df= 3	p<0.05	SS
b)more than25 years	00	00	03	02			
2. Gender					χ^2=53.67		
a) male	06	34	09	07	df= 3	p<0.05	SS
b) female	03	02	02	37			
3. type of phone					χ^2=8.54		
a) simple phone	04	15	00	21	df= 3	p<0.05	SS
b) smart phone	05	21	11	23			
	2. Approximately How much time you spent on your Mobile phone in a day.						
	<3 hours	3-6 hours	6-9hours	>9hours			
1.age					χ^2=6.38		
a) less than 25 years	49	34	10	02	df= 3	p>0.05	NS
b) more than25years	01	02	01	01			
2. Gender					χ^2=3.43		
a) male	24	25	05	02	df= 3	p>0.05	
b) female	26	11	06	01			NS
3. type of phone					χ^2=13.71		
a) simple phone	29	08	02	01	df= 3	p<0.05	
b) smart phone	21	28	09	02			SS

	3. Since how many years are using mobile phone.						
	<5 years	5 -10years	1015years	>15years			
1.age a) less than 25 years	55	30	04	06	$\chi 2$=5.016 df= 3	p>0.05	NS
b) more than 25 years	01	04	00	00			
2. Gender a) male	30	19	02	05	$\chi 2$=2.008 df= 3	p>0.05	NS
b) female	26	15	02	01			
3. type of phone a) simple phone	28	08	00	04	$\chi 2$=10.59 df= 3	p<0.05	SS
b) smart phone	28	26	04	02			

(Note : p= chi-square p value , $\chi 2$ table value for 3 df at 5% level = 7.82 NS= statistically not significant , SS=statistically significant)

Table 8: indicates that association of PG students between selected factors on PVS with selected demographic variables,

- when compared with age among PG students with age <25 years 42% (42)keep their mobile phones in hand bag/others which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 13.88.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.
- When compared with gender among PG students were females 37% (37)keep their mobile phones in hand bag / other which could be a reason for high phantom vibration syndrome, have compared to males, with $\chi 2$values is 53.67 .The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.

- when compared with type of phone among PG students were using smart phone 23% (23)keep their mobile phones in hand bag /other which could be a reason for high phantom vibration syndrome, have compared to simple mobile phone, with $\chi 2$valuesis 8.54.The respectively were more than table value ($\chi 2=7.82$) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.
- when compared with age among PG students with age <25 years 49% (49) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 6.38.The respectively were more than table value ($\chi 2=7.82$) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- When compared with gender among PG students were females 26% (26)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to males, with $\chi 2$values is 3.43.The respectively were more than table value ($\chi 2=7.82$) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- when compared with type of phone among PG students were using simple mobile phone 29% (29) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to smart phone and were using smart phone 28% (28) time spent on your mobile phones in less than 3-6 hours which could be a reason for high phantom vibration syndrome, have compared to simple mobile phone with $\chi 2$valuesis 13.71.The respectively were more than table value ($\chi 2=7.82$) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.
- when compared with age among PG students with age <25 years 55% (55)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 5.016.The respectively were more than table value ($\chi 2=7.82$) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.

- When compared with gender among PG students were males 30% (30)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 2.008.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables accepted.
- when compared with type of phone among PG students were using smart phone and simple mobile 28% (28)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to phone, with $\chi 2$valuesis 10.59.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis H_3 for these variables rejected.

SUMMARY:

This chapter dealt with the analysis and interpretation of findings of the study .The data was analyzed using inferential statistics and descriptive statistics .The data analysis has been compared and presented under various sections like distribution samples according to the demographic variables , Prevalence on Phantom vibration syndrome among UG and PG students, Factors on Phantom vibration syndrome among UG and PG students, Association between Prevalence of Phantom vibration syndrome with Socio-demographic variables of UG and PG students ,Association between selected Factors of Phantom vibration syndrome with selected Socio-demographic variables of UG and PG students. So to conclude that the majority PG students they have experienced the phantom vibration syndrome compared UG students. (UG students mean value is 6.89.and among PG students mean value is 8.23) .

CHAPTER -6

DISCUSSION

This chapter presents the major findings of the study and discusses them in relation to similar studies conducted by other researcher.

The aim of the study was to assess the prevalence and its factors on phantom vibration syndrome among UG and PG students in selected Government first grade college at Kolar, with a view to develop an information booklet on phantom vibration syndrome. Data collection and analysis were carried out based on the objectives of the study.

OBJECTIVES OF THE STUDY:

1. To Estimate the Prevalence on Phantom vibration syndrome among UG and PG students in selected colleges.

2. To Find out the factors on Phantom vibration syndrome among UG and PG students in selected colleges.

3. To Determine the association between the Prevalence of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

4. To Determine the association between the selected factors of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

MAJOR FINDINGS OF THE STUDY:

Sample characteristics:

- Regarding age, 75% (75) of UG students were in the age group of less than 20 years, 25% (25) were in the age group of 21-25 years and Among PG students 95% (95) were in the age group of 21-25 years and 05% (05)were in the age 26-30 years .

- Regarding Gender**,** 95% (95) of UG students were males and 5% (5) were females. And among PG students56% (56) were males and 44% (44) were females.
- Regarding Area of residence, 18% (18) of UG students were from urban area and 82% (82) were from rural area. And among PG students 15% (15) were from urban area and 85% (85) were from rural area.
- Regarding Family income per month ,57% (57) of UG students had their family income less than Rs 10,000/month, 34% (34) had their family income Rs 10,001-20,000/month and 5%(5) had their family income Rs 20,001- 30,000/month, 4% (4) had their family income Rs 30,000/month. And among PG students **5**6% (56) had their family income less than Rs 10,000/month, 38% (38) had their family income Rs 10,001-20,000/month and 4%(4) had their family income Rs 20,001-30,000/month, 2% (2) had their family income Rs 30,000/month.
- Regarding Type of the family,56% (56) of UG students belongs are from nuclear family and 44% (44) were from joint family. And among PG students 61% (61) are from nuclear family and 39% (39) were from joint family.
- Regarding Marital status, 03% (03) of UG students were married, 97% (97) of students were unmarried. And among PG students 06% (06) were married, 94% (94) of students were unmarried.
- Regarding Educational status, Among UG students 20% (20) were doing BA , 35% (35) were BBM, and 45% (45) were studying in BCOM. And among PG students 45% (45) were doing MA in Kannada, 30% (30) were MA in sociology, 25% (25) were MA studying in political..
- Regarding Religion, 89% (89) of UG students were Hindus, 11% (11) were Muslims. And among PG students 95% (95) were Hindus, 04% (04) were Muslims, 01% (01) found to be Christian.
- Regarding Year of studying, 05% (05) of UG students were in1styear, 95% (95) were in 2ndyear. And among PG students 64% (64) were in 1styear, 36% (36) were in 2nd year.

- Regarding Type of phone using, 50 % (50) of UG students were using simple mobile phone, 50% (50) were using smart phone. And among PG students 40 % (40) were using simple mobile phone, 60% (60) were using smart phone.

The first objective of the study was to assess the prevalence score on phantom vibration syndrome among UG and PG students.

Table - 2**:** discussed on the prevalence on phantom vibration syndrome Among UG students 29% (29) had experienced, and 71% (71) had not experienced PVS. Whereas Among PG students 50% (50) had experienced, and 50% (50) had not experienced PVS.

A cross sectional observational study conducted on prevalence of phantom vibration syndrome and phantom ringing syndrome among medical students. Data was collected from medical students of Dow International Medical College, Karachi, Pakistan. The data was analyzed using software named as Statistical Package for Social Sciences (SPSS). The frequency of Phantom Vibration Syndrome on daily, weekly, rarely and never observed basis was found to be 19%, 18%, 56% and 7% respectively. Overall 93% students felt Phantom Vibration Syndrome but in different frequencies. Majority of the students (70%) kept their mobile phones in their trousers' pockets. Around 10% students kept their mobile phones in upper pockets while 6% students preferred to attach their mobile phones with their belts. Only 14% students answered that they kept their mobile phones in places other than mentioned above. Around 59% students woke up from sleep upon hearing mobile phone ringtone. The percentage of students using mobile phones prior to sleeping was found to be very high, i.e., 93% and 67% students could not live without mobile phones. Mobile phone usage is contributing a major role in increasing psychological stress and related problems among medical students. It is concluded that the use of information and communication technology has reached uncontrolled level causing psychological and biochemical changes in human beings. We all are living in the blanket of electromagnetic waves. The exciting features of these technologies are the major factors of heavy mobile phone usage and addiction.

The adverse effects of mobile phone radiations are being discovered day-by-day. Counseling especially with our youth is necessary, should we want to have mentally healthy generation in future.[15]

The second objective of the study was to find out the factors on phantom vibration syndrome among UG and PG students in selected college.

Table 4: discussed on frequency and percentage distribution of factors on Phantom vibration syndrome among UG students and PG students

- 78% (78) of UG students reported they keep their mobile phone in jean front packet and 4% (4) of UG students started they keep their mobile phone in hand bag. and among 44% (44) of PG students started they keep mobile phone in hand bag / others and 9% (9) of PG students started they keep mobile phone in shirt pocket .
- 60% (60) of UG students had spend the time on mobile phone in less than 3 hours and 04% (04) of UG students had spend the time on mobile phone in more than 9 hours. And among 50% (50) of PG students they spend the time on mobile phone in less than 3 hours and 03% (3) of PG students had spend the time on mobile phone in more than 9 hours.
- 70% (70) of UG students were using mobile phone in years is less than 5 years and 02% (02) of UG students were using mobile phone in years is 10-15 years and among 56% (56) of PG students were using mobile phone in year less than 5 years and 04% (04) of PG students were using mobile phone in years is 10-15 years .
- 34% (34) of UG students were getting calls in day less than 5 calls and 34% (34) of UG students were getting calls in day 5-10 calls, and 14% (14) of UG students were getting calls in day 10-15 calls and among 38% (38) of PG students were getting calls in day less than 5 calls and 38% (38) of PG students were getting calls in day 5-10 calls and11% (11)) of PG students were getting calls in day more than 15 calls.

- 41% (41) of UG students they are using the mobile phone maximum for calls and 05% (05) of UG students they are using the mobile phone maximum for playing ride games and among 36% (36) of PG students they are using the mobile phone maximum for text messages and 05% (05) of PG students they are using the mobile phone maximum for playing ride games.
- 34% (34) of UG students were getting messages in day less than 5 messages and 20% (20) of UG students were getting messages in day 6-10 messages, and among 34% (34) of PG students were getting messages in day 10-15 messages and 17% (17) of PG students were getting messages in day 6-10 messages.
- 57% (57) of UG students were checking their mobile phone in a day for less than 10 times and 21% (21) of UG students were checking their mobile phone in a day for more than 20 times and among 53% (53) of PG students were checking mobile phone in a day less than 10times and 12% (12) of PG students were checking their mobile phone in a day for more than 20 times.
- 43% (43) of UG students they are using mobile phone maximum in night and 10% (10) of UG students they are using mobile phone maximum in afternoon. And among 64% (64) of PG students they are using mobile phone maximum in night and 12% (12) of PG students they are using mobile phone maximum in afternoon.
- 45% (45) of UG students were checking mobile phone in minutes every 1 hour and 16% (16) of UG students were checking mobile phone in15 minutes and among 34% (34) of PG students were checking mobile phone in minutes for every 5-10 minutes and14% (14) of PG students were checking mobile phone in 30 minutes.
- 42% (42) of UG students they are feel false vibration is all the above and 10% (10) of UG students they are feel false vibration is when engaged in any other activity and among 47% (47) of PG students they are feel false vibration is all the above and12% (12) of PG students they are feel false vibration is when engaged in any other activity .

- 79% (79) of UG students were emotionally stable persons is emotionally strong and 21% (21)of UG students were emotionally stable persons is emotionally weak, and among 69% (69)of PG students were emotionally stable persons is emotionally strong and 31% (31)of PG students were emotionally stable persons is emotionally weak.

A study conducted in phantom vibration and ringing syndrome among postgraduate students Health. The survey of 300 post graduate students belonging to different field of specialization was conducted at Kurukshetra University. 74% of students were found to have both Phantom vibrations and ringing syndrome. Whereas 17% of students felt Phantom vibration exclusively and 4% students face only Phantom ringing syndrome. Both the syndrome occurs more fervent in students who kept their mobile phone in shirt or jean pocket than to who kept mobile in handbag. 75% of students felt vibration or ringing even when the phone is switched off or phone was not in their pocket. Also the frequency of both the syndrome is directly proportional to the duration of mobile phone use and person emotional behavior. Concluded that most of students agree that the Phantom syndrome did not bother them but some student's deals with anxiety when they feel symptoms associated with Phantom syndrome. By using mobile phones in proper way, one can avoid these syndromes, or at least can ameliorate the symptoms.[17]

The third objective of the study was to determine association between the prevalence on phantom vibration syndrome with socio-demographic variable among UG and PG students.

Table-5: depicts the association between socio demographic variables with prevalence on PVS where almost all the variables chi-square value had less than the table value for df=1 at $p<0.05$. since there is no associative between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

Table 6: depicts that association between socio demographic variables with prevalence on PVS and socio-demographic variables like gender, marital status, year of studying, with x^2values had 5.84, 81.29, 6.25.the respectively were more than table value for df=1 at $p< 0.05$, since there is association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was rejected. And where as the demographic variables like age, area of residence, family income per month, type of family, religion, type of phone, chi-square value had less than the table value for df=1 at $p<0.05$. since there is no association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.

A study conducted on phantom vibration among graduates prevalence and associated psychological chacteristics, the survey of 290 undergraduates in our sample had experienced phantom vibrations, and they experienced them about once every two weeks, on average. Those higher in conscientiousness experienced phantom vibrations less frequently, and those who had strong reactions to text messages (higher in the emotional reaction subscale of text message dependence) were more bothered by phantom vibrations. These findings suggest that targeting individuals' emotional reactions to text messages might be helpful in combating the negative consequences of both text message dependency and phantom vibrations. Concluded that few young adults were bothered by these phantom vibrations or made attempts to stop them, interventions aimed at this population may be unnecessary.[13]

The fourth objective of the study was to determine association between selected factors on phantom vibration syndrome with selected socio-demographic variable among UG and PG students.

Table 7: indicates that association of UG students between selected factors on PVS with selected demographic variables,

- when compared with age among UG students with age <20 years 58% (58)keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 2.0.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- When compared with gender among UG students were males 78% (78)keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 80.7.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone, and smart phone 39% (39)keep their mobile phones in jean front pocket which could be a reason for high phantom vibration syndrome, with $\chi 2$valuesis 1.332.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with age among UG students with age <20 years 46% (46) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 0.444.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- When compared with gender among UG students were males 58% (58)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 2.248.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone 40% (40)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome,

have compared to smart phone with $\chi 2$valuesis 17.18.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.

- when compared with age among UG students with age <20 years 52% (52)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to >20 years of age, with $\chi 2$valuesis 2.905.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- When compared with gender among UG students were males 68% (68)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to females, with $\chi 2$values is 3.83.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with type of phone among UG students were using simple mobile phone 36% (36)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to smart phone, with $\chi 2$valuesis 1.722.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.

Table 8: indicates that association of PG students between selected factors on PVS with selected demographic variables,

- when compared with age among PG students with age <25 years 42% (42)keep their mobile phones in hand bag/others which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 13.88.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.
- When compared with gender among PG students were females 37% (37)keep their mobile phones in hand bag / other which could be a reason for high phantom vibration syndrome, have compared to males,

with $\chi 2$values is 53.67 .The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.

- when compared with type of phone among PG students were using smart phone 23% (23)keep their mobile phones in hand bag /other which could be a reason for high phantom vibration syndrome, have compared to simple mobilephone, with $\chi 2$valuesis 8.54.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.
- when compared with age among PG students with age <25 years 49% (49) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 6.38.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- When compared with gender among PG students were females 26% (26)time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to males, with $\chi 2$values is 3.43.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with type of phone among PG students were using simple mobile phone 29% (29) time spent on your mobile phones in less than 3 hours which could be a reason for high phantom vibration syndrome, have compared to smart phoneand were usingsmart phone 28% (28) time spent on your mobile phones in less than 3-6 hours which could be a reason for high phantom vibration syndrome, have compared to simple mobile phone with $\chi 2$valuesis 13.71.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.
- when compared with age among PG students with age <25 years 55% (55)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to >25 years of age, with $\chi 2$valuesis 5.016.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.

- When compared with gender among PG students were males 30% (30)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to females,with $\chi 2$values is 2.008.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables accepted.
- when compared with type of phone among PG students were using smart phone and simple mobile 28% (28)years are using mobile phones less than 5 years which could be a reason for high phantom vibration syndrome, have compared to phone, with $\chi 2$valuesis 10.59.The respectively were more than table value ($\chi 2$=7.82) at level of 0.05. Hence null hypothesis Ho_3 for these variables rejected.

A cross sectional study was conducted on phantom vibration syndrome among medical staff .the survey of176 medical staff who responded to questionnaire (76% of the 232 people invited). Of the 169 participants who answered the question, 115 (68%, 95% confidence interval 61% to 75%) reported having experienced phantom vibrations. Most (68/112) who experienced phantom vibrations did so after carrying the device between 1 month and 1 year, and 13% experienced them daily. Four factors were independently associated with phantom vibrations: occupation (resident v attending physician, prevalence ratio 1.47, 95% confidence interval 1.10 to 1.97), device location (breast pocket v belt, prevalence ratio 1.66, 1.29 to 2.14), hours carried (per 6 hour increment, prevalence ratio 1.30, 1.07 to 1.58), and more frequent use in vibrate mode (per frequency category, prevalence ratio 1.18, 1.03 to 1.34). Of those who experienced phantom vibrations, 43 (39%, 30% to 48%) were able to stop them. Strategies for stopping phantom vibrations included taking the device off vibrate mode, changing the location of the device, and using a different device (success rates 75% v63% v 50%, respectively, P=0.2 17). However, 39% (30% to 49%) of respondents did not attempt any strategies. Conclusions Phantom vibration syndrome is common among those who use electronic devices.[20]

SUMMARY:

This chapter has dealt with the discussion of major findings of the study such as Prevalence on Phantom vibration syndrome among UG and PG students, factors on Phantom vibration syndrome among UG and PG students &, Association between Prevalence on Phantom vibration syndrome with socio-demographic variables of PVS among UG and PG students and Association between selected its factors on Phantom vibration syndrome with selected socio-demographic variables of PVS among UG and PG students.

CHAPTER -7

CONCLUSION

This chapter enlightens the importance of this research study. It deals with the important conclusions drawn from the study and their implications with the major findings, its limitation, recommendations and implications for nursing practice, nursing education and nursing research. The purpose of This study was to assessing the prevalence and its factors on phantom vibration syndrome in selected government first grade college at Kolar with a view to develop an information booklet on phantom vibration syndrome .

This research revealed that majority of PG students had experienced phantom vibration syndrome compare to UG students. the study statistically proved there is as association between prevalence and its factors on phantom vibration syndrome and selected socio-demographic variables of UG and PG students.

The findings of the study revealed the following:

- Regarding age, 75% (75) of UG students were in the age group of less than 20 years, 25% (25) were in the age group of 21-25 years and Among PG students 95% (95) were in the age group of 21-25 years and 05% (05)were in the age 26-30 years .
- Regarding Gender**,** 95% (95) of UG students were males and 5% (5) were females. And among PG students56% (56) were males and 44% (44) were females.
- Regarding Area of residence, 18% (18) of UG students were from urban area and 82% (82) were from rural area. And among PG students 15% (15) were from urban area and 85% (85) were from rural area.
- Regarding Family income per month ,57% (57) of UG students had their family income less than Rs 10,000/month, 34% (34) had their family income Rs 10,001-20,000/month and 5% (5) had their family income Rs 20,001- 30,000/month, 4% (4) had their family income Rs 30,000/month.

And among PG students **5**6% (56) had their family income less than Rs 10,000/month, 38% (38) had their family income Rs 10,001-20,000/month and 4%(4) had their family income Rs 20,001- 30,000/month, 2% (2) had their family income Rs 30,000/month.

- Regarding Type of the family, 56% (56) of UG students belongs are from nuclear family and 44% (44) were from joint family. And among PG students 61% (61) are from nuclear family and 39% (39) were from joint family.
- Regarding Marital status, 03% (03) of UG students were married, 97% (97)of students were unmarried. And among PG students 06% (06) were married, 94% (94) of students were unmarried.
- Regarding Educational status, Among UG students 20% (20) were doing BA , 35% (35) were BBM, and 45% (45) were studying in BCOM. And among PG students 45% (45) were doing MA in Kannada, 30% (30) were MA in sociology, 25% (25) were MA studying in political..
- Regarding Religion, 89% (89) of UG students were Hindus, 11% (11) were Muslims. And among PG students 95% (95) were Hindus, 04% (04) were Muslims, 01% (01) found to be Christian.
- Regarding Year of studying, 05% (05) of UG students were in1styear, 95% (95) were in 2ndyear. And among PG students 64% (64) were in 1styear, 36% (36) were in 2nd year.
- Regarding Type of phone using, 50 % (50) of UG students were using simple mobile phone, 50% (50) were using smart phone. And among PG students 40 % (40) were using simple mobile phone, 60% (60) were using smart phone.
- 78% (78) of UG students reported they keep their mobile phone in jean front packet and 4% (4) of UG students started they keep their mobile phone in hand bag. and among 44% (44) of PG students started they keep mobile phone in hand bag / others and 9% (9) of PG students started they keep mobile phone in shirt pocket .

- 60% (60) of UG students had spend the time on mobile phone in less than 3 hours and 04% (04) of UG students had spend the time on mobile phone in more than 9 hours. And among 50% (50) of PG students they spend the time on mobile phone in less than 3 hours and 03% (3) of PG students had spend the time on mobile phone in more than 9 hours.
- 70% (70) of UG students were using mobile phone in years is less than 5 years and 02% (02) of UG students were using mobile phone in years is 10-15 years and among 56% (56) of PG students were using mobile phone in year less than 5 years and 04% (04) of PG students were using mobile phone in years is 10-15 years .
- 34% (34) of UG students were getting calls in day less than 5 calls and 34% (34) of UG students were getting calls in day 5-10 calls, and 14% (14) of UG students were getting calls in day 10-15 calls and among 38% (38) of PG students were getting calls in day less than 5 calls and 38% (38) of PG students were getting calls in day 5-10 calls and11% (11)) of PG students were getting calls in day more than 15 calls .
- 41% (41) of UG students they are using the mobile phone maximum for calls and 05% (05) of UG students they are using the mobile phone maximum for playing ride games and among 36% (36) of PG students they are using the mobile phone maximum for text messages and 05% (05) of PG students they are using the mobile phone maximum for playing ride games.
- 34%(34) of UG students were getting messages in day less than 5 messages and 20%(20) of UG students were getting messages in day 6-10 messages, and among 34%(34) of PG students were getting messages in day 10-15 messages and 17%(17) of PG students were getting messages in day 6-10 messages.
- 57% (57) of UG students were checking their mobile phone in a day for less than 10 times and 21%(21) of UG students were checking their mobile phone in a day for more than 20 times and among 53 (53) of PG students were checking mobile phone in a day less than 10times and 12% (12) of PG students were checking their

mobile phone in a day for more than 20 times.

- 43% (43) of UG students they are using mobile phone maximum in night and 10% (10) of UG students they are using mobile phone maximum in afternoon. And among 64% (64) of PG students they are using mobile phone maximum in night and 12% (12) of PG students they are using mobile phone maximum in afternoon.
- 45% (45) of UG students were checking mobile phone in minutes every 1 hour and 16% (16) of UG students were checking mobile phone in15 minutes and among 34% (34) of PG students were checking mobile phone in minutes for every 5-10 minutes and14% (14) of PG students were checking mobile phone in 30 minutes.
- 42% (42) of UG students they are feel false vibration is all the above and 10%(10) of UG students they are feel false vibration is when engaged in any other activity and among 47% (47) of PG students they are feel false vibration is all the above and12%(12) of PG students they are feel false vibration is when engaged in any other activity .
- 79% (79) of UG students were emotionally stable persons is emotionally strong and 21% (21) of UG students were emotionally stable persons is emotionally weak, and among 69% (69) of PG students were emotionally stable persons is emotionally strong and 31% (31) of PG students were emotionally stable persons is emotionally weak.

- There is no significant association between socio demographic variables with prevalence on PVS where almost all the variables chi-square value had less than the table value for df=1 at $p<0.05$. since there is no associative between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.
- There was significant association between socio demographic variables with prevalence on PVS and socio-demographic variables like gender, marital status, year of studying, with x^2values had 5.84, 81.29, 6.25.the respectively were more than table value for df=1 at $p< 0.05$, since there is association between the socio

- demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was rejected. And the socio- demographic variables like age, area of residence, family income per month, type of family, religion, type of phone, chi-square value had less than the table value for df=1 at $p<0.05$. since there is no association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.
- There was significant association between selected factor of UG students regarding PVS and socio-demographic variable like gender, type of phone . There was no significant association between selected factors on PVS; null hypothesis $Ho_3$was rejected. and socio-demographic variable like age, gender ,type of phone .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.
- There was significant association between selected factor of PG students regarding PVS and socio-demographic variable like age, gender ,type of phone .There was no significant association between selected factor on PVS; null hypothesis $Ho_3$was rejected. and socio-demographic variable like age, gender .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.

IMPLICATIONS OF THE STUDY

The result of the study shows that the majority of PG students had experienced phantom vibration syndrome compare to UG students. So, the study had several implications for nursing practice, nursing education, nursing administration and nursing research.

1. Nursing Practice

Nurse practitioner can expand and extend their practice beyond the hospital and share their knowledge with community.

Nursing practice is an ongoing process of assistance which aims the all-round development of mankind. The main focus of nursing practice is to reduce the psychological disturbances and to improve the quality of life associated with PVS.

- A regular health education programe should be carried out by the nurse educator for all the students who came to hospital.
- Nurse should promote positive attitude among UG and PG students regarding PVS and its impact on Mental health.
- Nurse educator should provide adequate information regarding PVS and its prevention.
- The results of the study will be help the nurse to enlighten their knowledge on PVS and its complication.
- Nurse has to identify early the students with PVS.

2. Nursing Education

The nurse educator helps the nurse to develop competence in theoretical as well as practical level. In this present study the nurse educator gives priority to uphold the value of education to create awareness of the UG and PG students regarding PVS.

- The Nurse educator need to lay emphasis on prevention of Phantom vibration syndrome.
- Nurse educator should be give more prominence on nurse's role on prevention of Phantom vibration syndrome.
- Nurse educator should organize workshops and seminars on PVS and its prevention.
- Nurse educator can even educate the nursing students on PVS.

3. Nursing administration

Nursing administration is a service sector to control the management operation along with arrangement of service policies in order to plan for organization. Nursing administrators take initiatives for continuous education programme. More ever, administration can evaluate the merits and demerits of education on education programme.

- Ongoing training can be planned and provided regarding PVS to UG and PG students and make every one aware and understand the issues.
- Inco-operation with the hospital authorities and other health administrators, nurse administrators should take initiative to organize health education programs for UG and PG students regarding PVS.
- Appropriate teaching/learning materials needs to be prepared and made available for health education programmes.
- An administrator must be responsible to co-ordinate all health education and public awareness progamme.
- An administrator is a motivator to all other nursing personnel to contribute their maximum potential to buildup a safe and healthy individual.
- Nursing leader are challenged to take the help need of vulnerable groups especially, by effective organization and management of health service regarding PVS.

4. Nursing research

- Nursing research is a systematic investigation and study of materials, sources ect. in order to establish facts and reach conclusions.
- Nursing research helps the health care provider to develop a systematic problem solving approach to improve and develop strategies for UG and PG students to assess the risk of developing PVS.
- Evidence based practice is fast emerging because affects factual substantive results.
- These studies yield fruitful outcome that are of great help in addressing a raising problems.
- The nurse researcher can utilize this study in developing a nursing model, theory, Evidence based care. Present study helps nurses and other health care personal to understand the level of risk of developing PVS among UG and PG students.
- Student nurse researcher also can be motivated to conduct studies in this area.

LIMITATIONS OF THE STUDY

- The college students were assessed only through the structured questionnaire.
- This study is limited only to the college students who were studying at Government first grade college, Kolar.
- The sample was limited to 200(100UG and 100 PG) students.

RECOMMENDATIONS

- A similar study can be conducted by using zone wise population.
- Comparative study can be conducted between zones.
- A Non- experimental study can be conducted by assessing practices.
- A similar study can be conducted between professional courses and non-professional courses.
- A similar study can be conducted between school students vs college students.
- A similar study can be conducted between rural vs urban.
- Effectiveness of information booklet can be done on PVS.
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SUMMARY:

This chapter has brought out various implications of the study and provided recommendations .Studies of this kind should be conducted to yield more reliable results.

CHAPTER-8

SUMMARY

Phantom vibration syndrome is the sensation of false belief that mobile phone is vibrating when actually it is not doing so. It is a recent psychological phenomenon that has attracted the attention of medical community. So as a investigator I felt to do a survey on UG and PG students in selected colleges who are expected to carry on electronic device in order to assess the prevalence and its factors of phantom vibration syndrome among UG and PG students in selected colleges at Kolar.

The present study is undertaken to a comparative study to assess the Prevalence and its factors on Phantom vibration syndrome among UG and PG students in selected colleges at Kolar, with a view to develop an information booklet on Phantom vibration syndrome.

OBJECTIVE OF THE STUDY

1. To Estimate the Prevalence on Phantom vibration syndrome among UG and PG students in selected colleges.

2. To Find out the factors on Phantom vibration syndrome among UG and PG students in selected colleges.

3. To Determine the association between the Prevalence of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

4. To Determine the association between the selected factors of Phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

NULL HYPOTHESES

H01– There is no statistically significant difference between the prevalence score of phantom vibration syndrome among UG and PG students.

H02- There is no statistically significant association between the prevalence of phantom vibration syndrome with selected socio- demographic variables of UG and PG students.

H03– There is no statistically significant association between the selected factors on phantom vibration syndrome with selected socio-demographic variables among UG and PG students.

ASSUMPTIONS

In this study it is assumed that:

- Experience of phantom vibration syndrome may be varying between UG and PG students.
- Students of Degree College may have over involvement in one's cell phone usage.
- Information booklet may help the students in knowing some information on phantom vibration syndrome

The present study is aimed at assessing the Prevalence and its factors on Phantom vibration syndrome among UG and PG students in selected Govt first grade college at kolar, with a view to develop an information booklet on Phantom vibration syndrome. the investigator has adopted the Ludwig Von Bertalanffy's General system theory which was found suitable to assess the Prevalence and its factors on Phantom vibration syndrome among UG and PG students to enhance the information and create awareness about PVS. Ludwig Von Bertalanffy's General system theory elaborately explained of input, throughput, output. Which is suitable for the present study. Comparative research designed was used to assess the Prevalence and its factors on Phantom vibration syndrome among UG and PG students who was selected by Non- probability convient sampling technique.

The tool for the study was validated by 9 experts. reliability was obtained by slipt half method with (r=0.7).

The pilot study was conducted among 20 students (10 UG and 10 PG) at Gokul degree college Kolar. After a brief self introduction, the investigator explained the purpose of the study and obtained the consent from them. The plot study was conducted to find the feasibility of the tool and investigator selected 20 students (10 UG and 10 PG) from the total population using Non- probability convient sampling technique. Total 20- 30 minutes was taken for the test for each student. The obtained data was analyzed and proved in terms of objective and hypothesis, using descriptive and inferential statistics.

- Regarding age, 75% (75) of UG students were in the age group of less than 20 years, 25% (25) were in the age group of 21-25 years and Among PG students 95% (95) were in the age group of 21-25 years and 05% (05) were in the age 26-30 years .
- Regarding Gender**,** 95% (95) of UG students were males and 5% (5) were females. And among PG students56% (56) were males and 44% (44) were females.
- Regarding Area of residence, 18% (18) of UG students were from urban area and 82% (82) were from rural area. And among PG students 15% (15) were from urban area and 85% (85) were from rural area.
- Regarding Family income per month ,57% (57) of UG students had their family income less than Rs 10,000/month, 34% (34) had their family income Rs 10,001-20,000/month and 5% (5) had their family income Rs 20,001- 30,000/month, 4% (4) had their family income Rs 30,000/month. And among PG students **5**6% (56) had their family income less than Rs 10,000/month, 38% (38) had their family income Rs 10,001-20,000/month and 4% (4) had their family income Rs 20,001-30,000/month, 2% (2) had their family income Rs 30,000/month.
- Regarding Type of the family, 56% (56) of UG students belongs are from nuclear family and 44% (44) were from joint family. And among PG students 61% (61) are from nuclear family and 39% (39) were from joint family.

- Regarding Marrital status, 03% (03) of UG students were married, 97% (97) of students were unmarried. And among PG students 06% (06) were married, 94% (94) of students were unmarried.
- Regarding Educational status, Among UG students 20% (20) were doing BA , 35% (35) were BBM, and 45% (45) were studying in BCOM. And among PG students 45% (45) were doing MA in Kannada, 30% (30) were MA in sociology, 25%(25) were MA studying in political..
- Regarding Religion, 89% (89) of UG students were Hindus, 11% (11) were Muslims. And among PG students 95% (95) were Hindus, 04% (04) were Muslims, 01% (01) found to be Christian.
- Regarding Year of studying, 05% (05) of UG students were in1styear, 95% (95) were in 2ndyear. And among PG students 64% (64) were in 1styear, 36% (36) were in 2nd year.
- Regarding Type of phone using, 50 % (50) of UG students were using simple mobile phone, 50% (50) were using smart phone. And among PG students 40 % (40) were using simple mobile phone, 60% (60) were using smart phone.
- 78% (78) of UG students reported they keep their mobile phone in jean front packet and 4% (4) of UG students started they keep their mobile phone in hand bag. and among 44% (44) of PG students started they keep mobile phone in hand bag / others and 9% (9) of PG students started they keep mobile phone in shirt pocket .
- 60% (60) of UG students had spend the time on mobile phone in less than 3 hours and 04% (04) of UG students had spend the time on mobile phone in more than 9 hours. And among 50% (50) of PG students they spend the time on mobile phone in less than 3 hours and 03% (3) of PG students had spend the time on mobile phone in more than 9 hours.
- 70% (70) of UG students were using mobile phone in years is less than 5 years and 02% (02) of UG students were using mobile phone in years is 10-15 years and among 56% (56) of PG students were using mobile phone in year less than 5 years and 04% (04) of PG students were using mobile phone in years is 10-15 years .

- 34% (34) of UG students were getting calls in day less than 5 calls and 34% (34) of UG students were getting calls in day 5-10 calls, and 14% (14) of UG students were getting calls in day 10-15 calls and among 38% (38) of PG students were getting calls in day less than 5 calls and 38% (38) of PG students were getting calls in day 5-10 calls and11% (11)) of PG students were getting calls in day more than 15 calls .
- 41% (41) of UG students they are using the mobile phone maximum for calls and 05% (05) of UG students they are using the mobile phone maximum for playing ride games and among 36% (36) of PG students they are using the mobile phone maximum for text messages and 05% (05) of PG students they are using the mobile phone maximum for playing ride games.
- 34% (34) of UG students were getting messages in day less than 5 messages and 20% (20) of UG students were getting messages in day 6-10 messages, and among 34% (34) of PG students were getting messages in day 10-15 messages and 17% (17) of PG students were getting messages in day 6-10 messages.
- 57% (57) of UG students were checking their mobile phone in a day for less than 10 times and 21% (21) of UG students were checking their mobile phone in a day for more than 20 times and among 53% (53)of PG students were checking mobile phone in a day less than 10times and 12% (12) of PG students were checking their mobile phone in a day for more than 20 times.
- 43% (43) of UG students they are using mobile phone maximum in night and 10%(10) of UG students they are using mobile phone maximum in afternoon. And among 64% (64) of PG students they are using mobile phone maximum in night and 12% (12) of PG students they are using mobile phone maximum in afternoon.
- 45% (45) of UG students were checking mobile phone in minutes every 1 hour and 16% (16) of UG students were checking mobile phone in15 minutes and among 34% (34) of PG students were checking mobile phone in minutes for every 5-10 minutes and14% (14) of PG students were checking mobile phone in 30 minutes.

- 42% (42) of UG students they are feel false vibration is all the above and 10% (10) of UG students they are feel false vibration is when engaged in any other activity and among 47% (47) of PG students they are feel false vibration is all the above and12% (12) of PG students they are feel false vibration is when engaged in any other activity .
- 79% (79) of UG students were emotionally stable persons is emotionally strong and 21% (21) of UG students were emotionally stable persons is emotionally weak, and among 69% (69)of PG students were emotionally stable persons is emotionally strong and 31% (31)of PG students were emotionally stable persons is emotionally weak.

- There is no significant association between socio demographic variables with prevalence on PVS where almost all the variables chi-square value had less than the table value for df=1 at $p<0.05$. since there is no associative between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.
- There was significant association between socio demographic variables with prevalence on PVS and socio-demographic variables like gender, marital status, year of studying, with x^2values had 5.84, 81.29, 6.25.the respectively were more than table value for df=1 at $p< 0.05$, since there is association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was rejected .And the socio- demographic variables like age, area of residence, family income per month, type of family, religion, type of phone, chi-square value had less than the table value for df=1 at $p<0.05$. since there is no association between the socio demographic variable and prevalence score on PVS; null hypothesis $Ho_2$was accepted.
- There was significant association between selected factor of UG students regarding PVS and socio-demographic variable like gender ,type of phone . There was no significant association between selected factor on PVS; null hypothesis $Ho_3$was rejected. and socio-demographic variable like age, gender

,type of phone .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.

- There was significant association between selected factor of PG students regarding PVS and socio-demographic variable like age, gender ,type of phone . There was no significant association between selected factor on PVS; null hypothesis $Ho_3$was rejected. and socio-demographic variable like age, gender .since there is no association between the selected socio demographic variable and selected its factor on PVS; null hypothesis $Ho_3$was accepted.

SUMMARY:

On the whole, carrying out the present study was an enriching experience for the investigator to build self confidence in taking up further research studies. The study has given an insight for the investigator regarding the importance of assessing the prevalence and its factors on Phantom vibration syndrome.

CHAPTER-9

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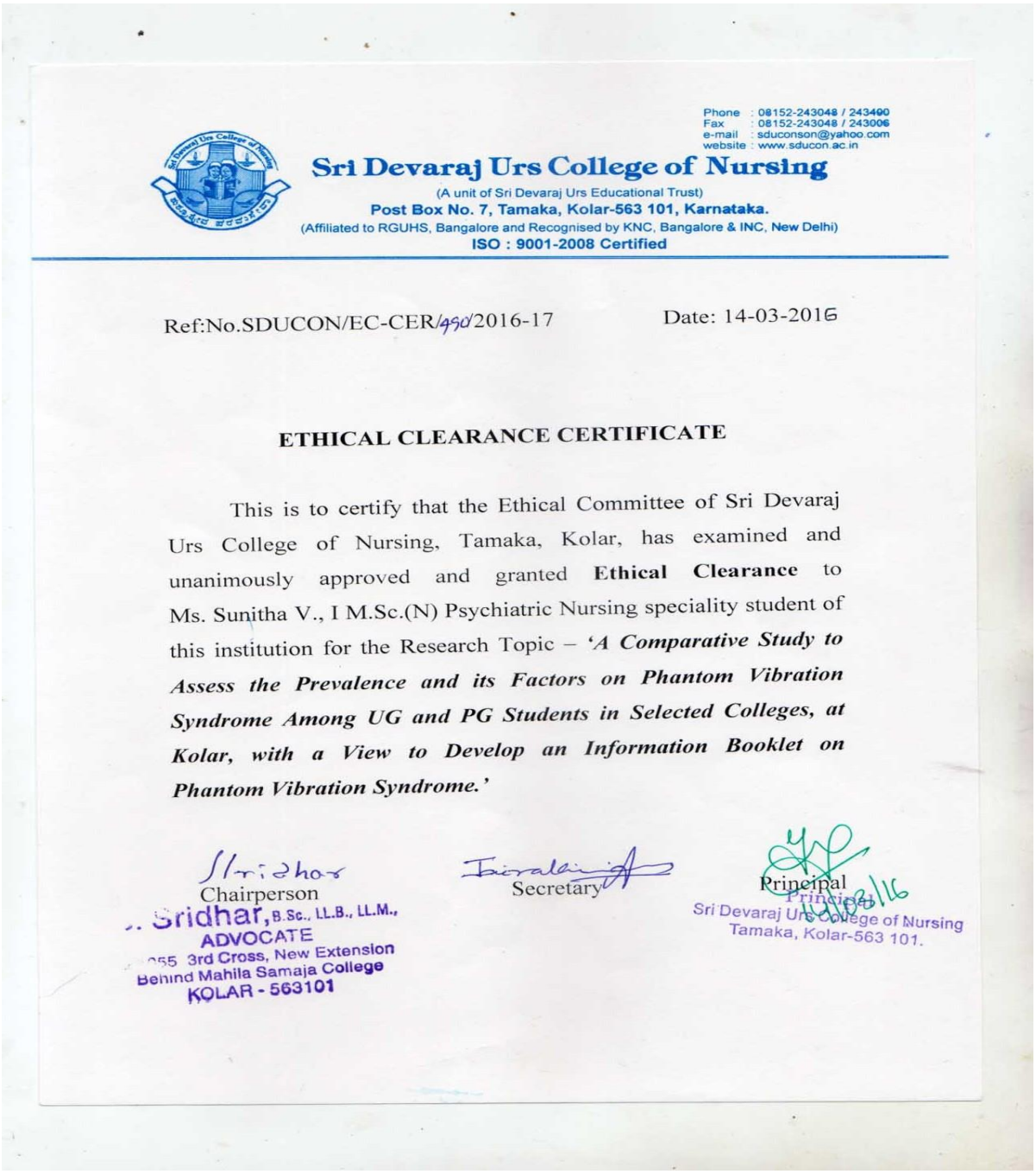
ANNEXURE-1

ETHICAL COMMITTEE CLEARENCE CERTIFICATE



Phone : 08152-243048 / 243490
Fax : 08152-243048 / 243006
e-mail : sduconson@yahoo.com
website : www.sducon.ac.in

Sri Devaraj Urs College of Nursing
(A unit of Sri Devaraj Urs Educational Trust)
Post Box No. 7, Tamaka, Kolar-563 101, Karnataka.
(Affiliated to RGUHS, Bangalore and Recognised by KNC, Bangalore & INC, New Delhi)
ISO : 9001-2008 Certified

Ref:No.SDUCON/EC-CER/450/2016-17 Date: 14-03-2016

ETHICAL CLEARANCE CERTIFICATE

This is to certify that the Ethical Committee of Sri Devaraj Urs College of Nursing, Tamaka, Kolar, has examined and unanimously approved and granted **Ethical Clearance** to Ms. Sunitha V., I M.Sc.(N) Psychiatric Nursing speciality student of this institution for the Research Topic – ***'A Comparative Study to Assess the Prevalence and its Factors on Phantom Vibration Syndrome Among UG and PG Students in Selected Colleges, at Kolar, with a View to Develop an Information Booklet on Phantom Vibration Syndrome.'***

Chairperson

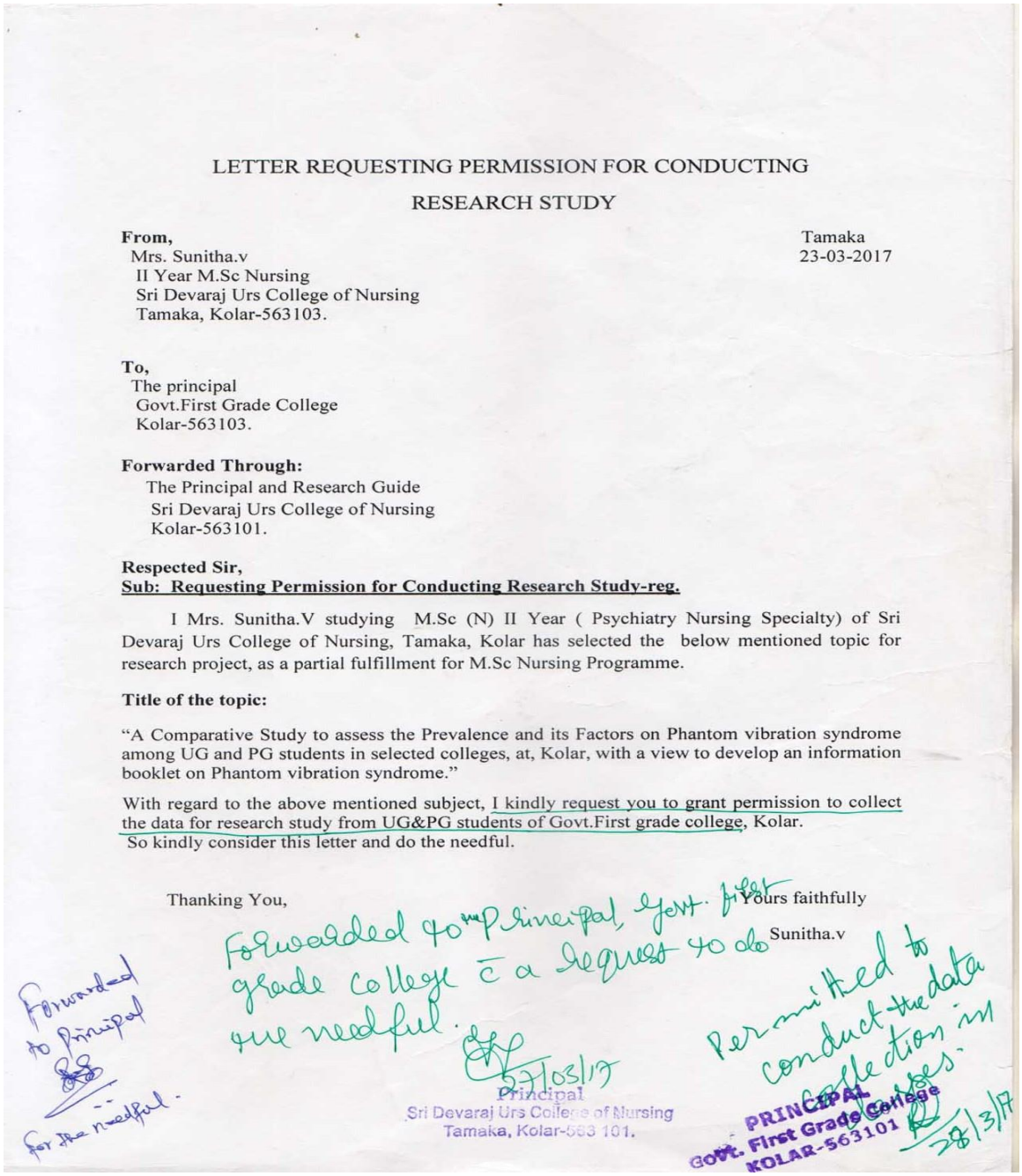
Secretary

Principal
Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563 101.

Sridhar, B.Sc., LL.B., LL.M.,
ADVOCATE
955 3rd Cross, New Extension
Behind Mahila Samaja College
KOLAR - 563101

ANNEXURE-2

LETTER REQUESTING PERMISSION FOR CONDUCTING RESEARCH SXTUDY



LETTER REQUESTING PERMISSION FOR CONDUCTING

RESEARCH STUDY

From,
Mrs. Sunitha.v
II Year M.Sc Nursing
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563103.

Tamaka
23-03-2017

To,
The principal
Govt.First Grade College
Kolar-563103.

Forwarded Through:
The Principal and Research Guide
Sri Devaraj Urs College of Nursing
Kolar-563101.

Respected Sir,
Sub: Requesting Permission for Conducting Research Study-reg.

I Mrs. Sunitha.V studying M.Sc (N) II Year (Psychiatry Nursing Specialty) of Sri Devaraj Urs College of Nursing, Tamaka, Kolar has selected the below mentioned topic for research project, as a partial fulfillment for M.Sc Nursing Programme.

Title of the topic:

"A Comparative Study to assess the Prevalence and its Factors on Phantom vibration syndrome among UG and PG students in selected colleges, at, Kolar, with a view to develop an information booklet on Phantom vibration syndrome."

With regard to the above mentioned subject, I kindly request you to grant permission to collect the data for research study from UG&PG students of Govt.First grade college, Kolar.
So kindly consider this letter and do the needful.

Thanking You,

Yours faithfully

Sunitha.v

Forwarded to Principal, Govt. first grade College & a request to do the needful.

Forwarded to Principal for the needful.

27/03/17
Principal
Sri Devaraj Urs College of Nursing
Tamaka, Kolar-563 101.

Permitted to conduct the data collection in our classes.

PRINCIPAL
Govt. First Grade College
KOLAR-563101

28/3/17

ANNEXURE-3

LETTER REQUESTING OPINIONS AND SUGGESTIONS OF EXPERTS FORESTABLISHING CONTENT VALIDITY OF RESEARCH TOOL AND INFORMATION BOOKLET

From,
Mrs. SUNITHA.V
II YEAR M.Sc.(N) Student
Sri DevarajUrs college of Nursing
Tamaka, Kolar-563101

To,

Respected Madam /Sir,

Sub: Request for opinion and suggestions of experts for establishing content validity of research tool and Information booklet.

I, Mrs. SUNITHA.V. Post graduate student (Psychiatric Nursing Specialty) of Sri Devraj Urs college of Nursing Tamaka, Kolar. has selected the below mentioned topic for my dissertation, for the fulfillment of Masters of Nursing Degree.

Title of the topic:
"**A Comparative Study to assess the Prevalence and its Factors on Phantom Vibration Syndrome among UG and PG Students in Selected colleges at, Kolar, with a view to develop an Information Booklet on Phantom Vibration Syndrome."**

With regards to above may I kindly request you to validate the tool(Structured Questionnaire) and the content for Information booklet for its appropriateness and relevancy, I am enclosing the objectives of the study, along with the ,Answer key and information booklet for your reference. I would be highly obliged and remain thankful for your great help.

Thanking you

Yours Sincerely,

SUNITHA.V.

ANNEXURE-4

Criteria scale rating for validating the content of the Prevalence and its Factors on Phantom Vibration Syndrome among UG and PG Students .

Respected sir/Madam,
Kindly go through the content and rate the content in the appropriate columns given and your expert opinion in the remarks column.

sl.no	Item	Very Relevant	Relevant	Needs modification	Not Relevant
	Section–A: Socio-Demographic data				
1.	Age(in year)				
2.	Gender				
3.	Area of residence				
4.	Family income per month				
5.	Type of the family				
6.	Marrital status				
7.	Educational status				
8.	Year of studying				
9.	Religion				
10	Typeof phone available				

SECTION-B:I-QUESTIONS RELATED TO ASSESSMENT OF PREVELENCE ON PHANTOM VIBRATION SYNDROME

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

II-QUESTIONS RELATED TO ASSESSING THE FACTORS INFLUENCING ON PHANTOM VIBRATION SYNDROME

1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					

ANNEXURE-5

BLUE PRINT-PHANTOM VIBRATION SYNDROME ASSESSMEN SCALE

Area	Questions	Total	Phantom vibration syndrome	
			Item no	Percentage (%)
Prevalence	1-15	15	1,2,3,4,5,6,7,8,9,10,11,12 ,13,14,15	42.30%
Factors	1-11	11	1,2,3,4,5,6,7,8,9,10,11	57.69%
Total		26	26	99.99%

ANNEXURE-6

CONTENT VALIDITY CERTIFICATE

I Hereby certify that I have validated the tool of Mrs. SUNITHA.V, IInd year M.Sc (N) ,psychiatric nursing specialty Student of Sri DevarajUrs College of Nursing, Tamaka, Kolar, who is undertaking research project on

"A COMPARATIVE STUDY TO ASSESS THE PREVALENCE AND ITS FACTORS ON PHANTOM VIBRATION SYNDROME AMONG UG AND PG STUDENTS IN SELECTED COLLEGES AT KOLAR, WITH A VIEW TO DEVELOP AN INFORMATION BOOKLET ON PHANTOM VIBRATION SYNDROME." as a partial fulfillment of master of science in Nursing Degree .

Seal& signature of the expert

Name & Designation

ANNEXURE -7

LIST OF EXPERTS

1. DR,MOHAN REDDY . M
   PROFESSOR &HOD OF PSYCHIATRY
   RLJH & RC, TAMAKA
   KOLAR.

2. DR. JAGADISH S.N
   CLINICAL PASYCHOLOGIST
   RLJH & RC, TAMAKA
   KOLAR.

3. R. SREEVANI
   PROFESSOR
   DIMHANS, BELGUM ROAD
   DHARWARD

4. DR.G.BALAMURUGAN
   HOD OF PSYCHIATRIC NURSING
   MSRINER,BANGALORE.

5. DR. DHANPAL
   HOD OF PSYCHIATRIC NURSING
   ARCHARYA COLLEGE OF NURSING
   BANGALORE.

6. MR.PRAVEEN LONI
   HOD & ASSOCIATE PROFESSOR
   ECTM COLLEGE OF NURSING
   KOLAR.

7. MR. LEODISON
   PRINCIPAL AND HOD OF PSYCHIATRIC NURSING
   SLES COLLEGE OF NURSING
   CHINTAMANI.

8. MRS. JAIRAKINI ARUNA
   HOD OF PSYCHIATRIC NURSING
   SDUCON
   TAMAKA, KOLAR.

9. MR. HIDAYATH ULLA
   ASSISSTANT PROFESSOR
   DEPT OF PSYCHIATRIC NURSING
   SLESCON, CHINTAMANI.

ANNEXURE-8

CERTIFICATE FROM STATISTICIAN

CERTIFICATE FROM STATISTICIAN

I hereby certify that I have provided statistical guidance in analysis of he data to Mrs. Sunitha.v, II nd year M.Sc (N) student of Sri DevarajUrs college of nursing Tamaka, Kolar. For her study titled as "A Comparative Study to assess the Prevalence and its Factors on Phantom Vibration Syndrome among UG and PG Students in Selected colleges at Kolar, with a view to develop an Information Booklet on Phantom Vibration Syndrome."

Signature of statistician

Prof. Ravi Shankar
Assistant professor in bio-statistics
Department of community medicine
SDUMC, Tamaka,
Kolar.

S. RAVISHANKAR
Lect./Assit. Professor.
Dept. of Community Medicine
Sri Devaraj Urs Medical College,
Tamaka, Kolar-563101

Date:
Place: Tamaka, Kolar.

ANNEXURE-9

ENGLISH EDITING CERTIFICATES

ENGLISH EDITING CERTIFICATE

I Hereby certify that I have edited the consent of dissertation title as "A Comparative Study to assess the Prevalence and its Factors on Phantom Vibration Syndrome among UG and PG Students in Selected colleges at Kolar, with a view to develop an Information Booklet on Phantom Vibration Syndrome." of Mrs. SUNITHA.V II[nd] year M.Sc (N) Student of Sri DevarajUrs College of Nursing, Tamaka, Kolar.

Signature of the Expert

Saroja, MA, Bed.

Principal
SUVARNA CENTRAL SCHOOL
COTTONPET, KOLAR-563 101.

ANNEXURE-10

INFORMED CONSENT FORM

NAME OF THE INVESTIGATOR: Mrs.Sunitha.V

NAME OF THE ORGANIZATION Government First Grade college, Kolar.

TITLE OF THE STUDY:"A Comparative study to assess the Prevalence and its factors on Phantom vibration syndrome among UG and PG students in selected colleges, at, Kolar, with a view to develop an Information booklet on Phantom vibration syndrome."

If you agree to participate in the study we will collect information as per performa from you or a person responsible for you or both. We will collect investigations, treatment and relevant details.

You are invited to take part in this research study. You are being asked to participate in this study because you satisfy our eligible criteria. The information in the given document is meant to help you decide whether or not to take part please feel free to ask any queries.

I have read or it has been read and explained to me in my own language. I have understood the purpose of this study, the nature of information that will be collected and disclosed during the study. I had the opportunity to ask questions and the same has been answered to my satisfaction. I understand that I remain free to the same has been answered to my satisfaction. I understand that I remain free to withdraw from this study at any time and this will not change my future care. The undersigned agree to participate in this study and authorize the collection and disclosure of my personal information for presentation and publication.

Sl.No	Name of the Participant	Date	Signature
1			
2			
3			
4			

SIGNATURE OF THE INVESTIGATOR

ANNEXURE-11

STRUCTURED QUESTIONNAIRES ON PREVALENCE AND ITS FACTORS ON PHANTOM VIBRATION SYNDROME

The interviewer introduces self and explains the purpose of the study and asks questions listed using one to one technique and places a tick mark(✓) against the items as per the responses given by the participants in the box provided by giving the following written information.

1. Kindly answer to all the questions and select appropriate answers to all questions of your choice.
2. Your answer will be kept confidential
3. Please be free and frank in answering the questions.
4. Each correct answer carries one score.

The questionnaires consists of two sections

Section -A: Socio – demographic profile

Section -B: Structured questionnaires on prevalence and its factors on Phantom vibration syndrome.

SECTION-A: SOCIO-DEMOGRAPHIC PROFILE

1. Age (in years) ( )
   a) < 20
   b) 21-25
   c) 26-30
   d) > 30
2. Gender ( )
   a) Male
   b) Female
3. Area of residence ( )
   a) Urban
   b) Rural
4. Family income per month (in rupees) ( )
   a) Less than 10,000
   b) 10,000- 20,000
   c) 20,001 – 30,00
   d) Above 30,000

5. Type of the family ( )

a) Nuclear family

b) Joint family

6. Marrital status ( )

a) Married

b) Unmarried

c) Separated/divorced

7. Educational status ( )

a) UG students

b) PG students

c) Specify _____

8. Religion ( )

a) Hindu

b) Muslim

c) Christian

d) Others specify _____

9. Year of studying ( )

a) 1st year

b) 2nd year

c) 3rd year

10. Type of phone using ( )

a) Simple mobile phone

b) Smart phone

SECTION –B:

I- QUESTIONS RELATED TO ASSESSMENT OF PREVALENCE ON PHANTOM VIBRATION SYNDROME

1. Do you have any experience of phantom vibration? ( )

a) Yes b) No

2. Did you carry the mobile phone with you throughout the day? ( )

a) Yes b) No

3. Do you use the mobile phone for every day task. ( )

a) Yes b) No

4. Do you use of mobile phone gets in the way of your social interactions ( )

a) Yes b) No

5. Do you ever feel your mobile phone vibrating and then realize you don't have it in your pocket. ( )

a) Yes b) No

6. Do you feel tense and nervous when you use the mobile phone? ( )

a) Yes b) No

7. Whether you get irritable/anxious when your mobile phone is not near to you ( )

a) Yes b) No

8. Whether you will be highly anxious when you can't able to check the text massage or calls. ( )

a) Yes b) No

9. Do you have sensations such as the movement of clothing or simply a spasm of a muscle to be interpreted as vibrations from a mobile phone. ( )

a) Yes b) No

10. Do you completely dependent on you mobile phone. ( )

a) Yes b) No

11. Even when mobile phone was not there in your pocket have you feel the vibration or ringing of mobile phone. ( )

a) Yes b) No

12. Did you feel the vibration or ringing when the mobile phone is switched off. ( )

a) Yes b) No

13. Do you have any tactile hallucination or auditory hallucination while using your mobile phone. ( )

a) Yes b) No

If yes which type a) auditory hallucination

b) Tactile hallucination

14. Did it bother you to feel like this. ( )

a) Yes b) No

15. Whether you have gotten into argument with family or friends, when you can't able to use of mobile phone. ( )

a) Yes b) No

II- QUESTIONS RELATED TO ASSESSING THE FACTORS INFLUENCING ON PHANTOM VIBRATION SYNDROME

1. Where you keep your mobile phone . ( )

a) Shirt pocket

b) Jean front pocket

c) Jean back pocket

d) Handbag / Other

2. Approximately How much time you spent on your mobile phones in a day. ( )

a) <3 hour

b) 3-6 hours

c) 6-9 hours

d) >9 hours

3. Since how many years you are using mobile phone. ( )

a) < 5 yrs

b) 5-10 years

c) 10-15 years

d) >15 years

4. On an average how many calls you will get in a day? ( )

a) < 5 calls

b) 5-10 calls

c) 10-15 calls

d) >15 calls

5. For which purpose you used the mobile phone maximum. ( )

a) Calls

b) Text message

c) Playing ride games

d) Others application

e) Mobile phone songs and videos

6. On an average how many messages you will get a day? ( )

a) < 5 messages

b) 6-10 messages

c) 10- 15 messages

d) > 15 messages

7. How many times you check your phone in a day? ( )

a) <10 times

b) 10-20 times

c) >20 times

8. Which part of the day you use the mobile phone on maximum ( )

a) Morning
b) Afternoon
c) Evening
d) Night

9. On an average for how many minutes you check the mobile phone ( )

a) For every 5-10 mints

b) 15 mints

c) 30 mints

d) Every 1 hour

10. When you feel the false vibration? ( )

a) While driving /travelling

b) While sitting

c) When engaged in any other activity

d) All of the above

11. How much you are a stable emotional person. ( )

a) Emotionally weak

b) Emotionally strong

ANNEXURE-12

INFORMATION BOOKLET ON PHANTOM VIBRATION SYNDROME (THE FEAR OF MISSING OUT)

INTRODUCTION:

Our personal life is highly dependent on the technology ,that people have developed technology has advanced with years and it has changed the way we live ,we communicate, we learn ect. as people demand for advancing technology, a good example is the mobile phone. Phantom vibration is a troubling and some what mysterious new medical condition which is becoming more command cell phone use expands world wide. it is a psychological phenomenon where you think , you feel , your phone vibrate when it hasn't.

DEFINITION OF PHANTOM VIBRATION SYNDROME (VIBRANXIETY)

1. Phantom vibration syndrome or phantom ringing is the false perception that one's mobile is vibrating or ringing when it is not ringing , other terms if this concept include ringxiety or fauxcellarm (false alarm).
2. Phantom vibration is a phenomenon in which a person believes their mobile phone is vibrating against their body when the device is not actually vibrating.

CAUSES PHANTOM VIBRATION SYNDROME

a. The cause of phantom vibrations is not known.

b. It is related to over-involvement with one's cell phone.

c. It is believed that when anticipating a phone call, the cerebral cortex may misinterpret other sensory input such as muscle contractions , pressure from clothing as a phone vibration or ring tone.

1. Many believe that the brain becomes so conditioned to hearing frequent rings or vibrations that the same neural pathways activated when it actually is ringing falsely burst with activity even when it isn't.
2. Checking your phone several times a day for no

FACTORS INFLUENCING PHANTOM VIBRATION SYNDROME

Factors influencing the phantom vibration syndrome are,

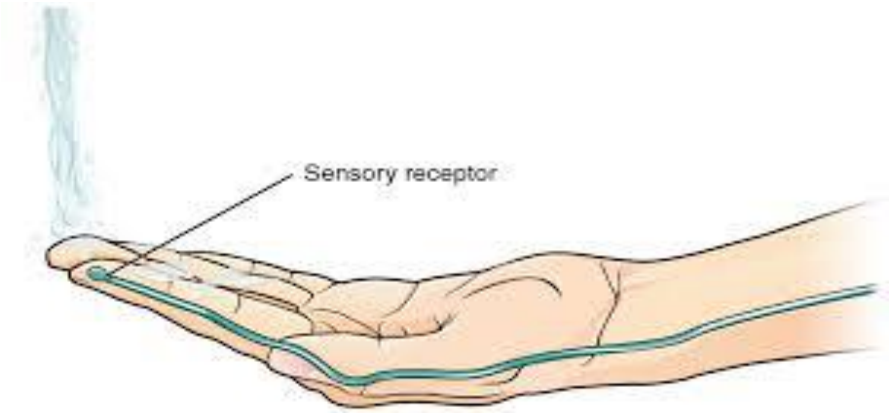
a. Average number of vibration/ rings

b. Cumulative cell phone usage

c. Brain chemistry (Genetics, Neural activation ,Neurotransmitters)

3. Sound frequency

4. Skin receptors or sensory receptors.



SYMPTOMS OF PHANTOM VIBRATION SYNDROME

1. Checking your phone several times a day for no reason.

2. Reacting for a phone or device quickly where you thick it is.

3. Frequently feeling a direct tactile sensation.

4. Phantom vibration in a leg .

5. Tingling feeling/ buzzing in your ear.

6. Faint trilling vibration from a pocket.

7. Hallucinating about alerts to calls and text messages.(auditory Hallucination)

8. Getting distracted.

9. Disturbed sleep

10. Early awakening

11. Anticipatory anxiety

12. Obsessive compulsive behavior

13. Depression

MANAGEMENT OF PHANTOM VIBRATION SYNDROME

- Turn off the vibrations
- Change the ring tone of your phone periodically
- Reduce the amount of time spent on your phone.
- Turn off your phone when you go to bed
- Leave the phone off in another room during ringtone
- Avoid carrying your phone is your pocket
- Use air plane mode when possible
- Reduce the over all usage of your phone.
- Loosen up your clothing / wear looser clothing
- Timers can be used to shut down completely with the electromagnetic transmition.
- Control of using smart phone / cell phone fast .
- Cognitive therapy techniques for restructuring the compulsive behavior.
- Medications to treat anxiety and depression.

CONCLUSION

Phantom vibration syndrome is a recent psychological phenomenon that has altercated the attention of medical community, our survival and future depend, on the usage of technology And how its develop bodily and perceptual habits regarding how the phone understood and used few numbers consider it is bothersome ,few it is not bothersome but still this condition if it is not noticed properly if will lead to various mental health problems among the mobile phone users. So our survival of future depends on the usage of technology and how we develop bodily and perceptual habits regarding how the phone is understood and used.

ANNUEXURE-13

MASTERSHEET OF SOCIO-DEMOGRAPHIC VARIABLES OF UG STUDENTS

Sl no	Age (in year)	Gender	Area of residence	Family income per month	Type of family	Marital status	Educational status	religion	Year of studying	Type of phone
01	a	A	b	a	b	b	a	a	b	a
02	b	A	b	b	b	b	a	a	b	a
03	b	A	b	b	b	b	a	a	b	b
04	a	A	b	a	b	b	a	a	b	a
05	a	A	b	b	b	b	a	a	b	a
06	a	A	b	a	a	b	a	a	b	a
07	b	B	b	b	a	b	a	a	b	b
08	a	A	b	a	b	b	a	a	b	b
09	a	A	b	a	b	b	a	a	b	a
10	b	A	a	b	b	b	a	a	b	a
11	a	A	b	a	a	b	a	a	b	a
12	a	A	b	a	a	b	a	a	b	a
13	b	A	a	a	b	b	a	a	b	b
14	a	A	b	a	a	b	a	a	b	a
15	b	A	b	a	b	b	a	a	b	a
16	a	A	b	a	a	b	a	a	b	a
17	b	A	b	a	a	b	a	a	b	b
18	a	A	b	a	b	b	a	a	b	b
19	b	A	b	b	a	b	a	a	b	a
20	a	A	b	a	b	a	a	a	b	b
21	a	A	b	b	a	b	a	a	b	b

22	a	A	b	a	a	b	a	a	b	b
23	a	A	b	d	a	b	a	a	b	a
24	a	A	b	a	b	b	a	a	b	b
25	a	A	b	b	a	b	a	a	b	b
26	a	A	a	b	b	b	a	b	b	a
27	b	A	a	a	a	b	a	b	b	b
28	a	A	b	a	b	b	a	b	b	b
29	b	A	b	a	b	b	a	a	b	a
30	b	A	a	a	a	b	a	b	b	b
31	a	A	b	a	a	b	a	a	b	a
32	a	A	b	a	b	b	a	a	b	b
33	a	A	b	a	b	b	a	a	b	b
34	a	A	a	a	a	b	a	b	b	a
35	a	A	a	a	a	b	a	b	b	b
36	a	A	b	a	a	b	a	a	b	b
37	a	A	b	a	a	b	a	a	b	a
38	a	A	b	b	a	b	a	a	b	a
39	b	A	b	d	b	b	a	b	b	a
40	a	A	b	a	b	b	a	a	b	a
41	b	A	b	a	b	b	a	a	b	a
42	a	A	a	a	b	b	a	a	b	a
43	a	A	b	a	b	b	a	a	b	a
44	a	A	b	a	b	b	a	a	b	b
45	a	A	b	a	b	b	a	a	b	a
46	a	A	b	a	b	b	a	a	b	a
47	a	A	b	a	a	b	a	a	b	a
48	a	A	b	b	a	b	a	a	b	b
49	a	A	b	a	b	b	a	a	b	a
50	a	A	b	b	a	b	a	a	b	b
51	a	A	a	b	b	a	a	a	b	a

52	a	A	b	b	b	b	a	a	b	b
53	a	A	a	a	b	b	a	a	b	a
54	b	A	b	a	a	b	a	a	b	b
55	a	A	b	b	a	b	a	a	b	a
56	a	A	b	b	b	b	a	a	b	b
57	b	A	b	d	b	b	a	a	b	b
58	a	A	b	a	a	b	a	a	b	a
59	a	A	b	a	a	b	a	a	b	b
60	a	A	b	a	a	b	a	a	b	a
61	a	A	b	a	a	b	a	a	b	a
62	a	A	b	b	a	b	a	a	b	b
63	b	A	b	a	b	b	a	a	b	a
64	a	A	b	d	a	b	a	a	b	b
65	a	A	b	b	a	b	a	a	b	b
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68	a	A	b	b	a	b	a	a	b	a
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70	b	A	b	a	a	b	a	a	b	b
71	a	A	a	a	a	b	a	a	b	a
72	b	A	b	a	b	b	a	a	b	b
73	a	A	b	b	b	b	a	a	b	a
74	a	A	b	a	b	b	a	a	b	a
75	b	A	b	b	a	b	a	b	b	b
76	b	A	a	a	a	b	a	b	b	b
77	a	A	b	a	a	b	a	a	b	a
78	b	A	b	c	a	b	a	a	b	b
79	b	B	b	b	a	b	a	a	b	b
80	b	A	b	b	b	b	a	a	b	b
81	a	A	b	b	b	b	a	a	b	a

82	a	A	b	a	a	a	a	a	b	b
83	a	A	b	b	a	a	a	a	b	b
84	a	A	a	b	b	b	a	a	b	a
85	a	A	b	a	a	b	a	a	b	a
86	a	A	b	a	a	b	a	a	b	b
87	a	A	a	c	a	b	a	a	b	b
88	a	A	b	b	b	b	a	a	a	b
89	a	A	b	a	a	b	a	a	b	b
90	a	B	b	b	b	b	a	a	a	a
91	a	A	a	c	a	b	a	a	b	b
92	a	B	b	a	b	b	a	a	a	a
93	a	A	a	b	a	b	a	a	b	b
94	a	A	b	a	b	b	a	a	a	b
95	a	A	b	b	a	b	a	a	b	b
96	a	A	a	c	a	b	a	b	b	b
97	b	B	b	b	b	b	a	a	b	a
98	a	A	b	b	a	b	a	a	b	b
99	a	A	a	c	a	b	a	b	a	b
100	a	A	b	a	a	b	a	a	b	a

ANNUEXURE-13

MASTERSHEET OF SOCIO-DEMOGRAPHIC VARIABLES OF PG STUDENTS

Sl no	Age (in year)	Gender	Area of residence	Family income per month	Type of family	Marital status	Educational status	religion	Year of studying	Type of phone
01	b	A	a	a	b	b	b	a	a	b
02	b	B	b	a	a	b	b	a	b	a
03	b	A	b	a	a	b	b	a	a	b
04	b	B	b	a	a	b	b	a	b	a
05	b	B	b	b	b	b	b	a	b	b
06	b	B	b	b	b	b	b	a	a	b
07	b	B	a	b	b	b	b	b	a	b
08	b	B	a	b	a	b	b	a	a	b
09	b	B	b	b	a	b	b	a	a	a
10	b	B	b	b	a	b	b	b	a	a
11	b	B	b	d	a	b	b	a	a	a
12	b	B	b	b	a	b	b	a	a	a
13	b	A	b	a	a	b	b	a	a	b
14	b	B	b	c	b	b	b	a	a	b
15	b	A	a	b	a	b	b	a	b	b
16	b	A	b	a	a	b	b	a	b	b
17	b	A	b	b	b	b	b	a	a	b
18	b	A	b	b	a	b	b	a	b	b
19	b	B	b	b	a	b	b	a	b	b
20	b	A	b	a	b	b	b	a	b	a
21	b	A	b	a	b	b	b	a	b	b

22	c	B	b	d	a	b	b	a	b	a
23	b	A	a	a	b	b	b	a	b	a
24	b	A	b	a	a	b	b	a	b	b
25	b	B	b	a	b	b	b	a	b	a
26	b	B	b	a	b	b	b	a	a	a
27	b	A	b	b	a	b	b	a	a	a
28	b	B	b	b	a	b	b	a	a	a
29	b	B	b	a	a	b	b	a	a	b
30	b	A	b	b	b	b	b	a	a	b
31	b	A	a	a	b	b	b	a	a	b
32	b	A	b	a	a	b	b	a	a	b
33	b	A	b	b	b	b	b	a	a	b
34	b	A	b	a	b	b	b	a	a	b
35	b	A	b	a	b	b	b	a	a	a
36	b	B	b	b	b	b	b	a	b	b
37	b	B	b	b	b	b	b	a	b	b
38	c	A	b	b	b	b	b	a	b	b
39	b	A	b	a	a	b	b	a	a	b
40	b	B	b	b	a	b	b	a	a	b
41	b	A	b	b	a	b	b	a	b	b
42	b	A	a	a	b	b	b	a	b	b
43	b	B	b	b	b	b	b	a	a	b
44	b	B	b	b	b	b	b	a	b	b
45	b	B	a	a	b	b	b	a	a	b
46	b	B	b	b	b	b	b	a	b	b
47	c	A	b	a	b	b	b	a	b	b
48	b	A	b	a	b	b	b	a	a	b
49	b	A	b	a	b	b	b	a	a	b
50	b	A	b	a	a	b	b	a	a	b
51	b	A	b	a	a	b	b	a	a	b

52	c	A	b	a	b	b	b	a	a	b
53	b	A	b	a	b	b	b	a	a	b
54	b	A	b	a	a	b	b	a	a	b
55	b	B	b	b	b	b	b	a	a	b
56	b	A	b	a	a	b	b	a	a	a
57	b	A	b	a	b	b	b	c	a	a
58	b	A	b	a	a	b	b	a	a	b
59	b	A	a	a	a	b	b	a	a	b
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61	b	A	b	b	a	b	b	a	a	b
62	b	A	a	a	a	b	b	a	a	b
63	b	A	b	a	a	b	b	a	a	a
64	b	A	b	a	a	b	b	a	a	a
65	b	A	b	a	b	b	b	a	a	b
66	b	A	b	a	b	b	b	a	a	b
67	b	A	b	b	a	b	b	a	a	b
68	b	A	b	a	a	b	b	a	a	b
69	b	A	b	a	a	b	b	a	a	a
70	b	B	b	a	a	b	b	a	b	a
71	b	B	b	b	a	b	b	a	b	a
72	b	B	b	a	a	b	b	a	a	a
73	b	B	b	a	a	b	b	a	a	a
74	b	B	b	b	b	b	b	a	a	a
75	b	B	b	a	a	b	b	a	a	a
76	b	B	b	a	b	b	b	a	b	a
77	b	B	b	a	b	b	b	a	b	b
78	b	B	b	a	a	b	b	a	b	b
79	b	A	b	a	a	b	b	a	a	a
80	b	A	b	a	a	b	b	a	a	a
81	b	A	b	b	a	b	b	a	a	b

82	b	A	b	b	a	a	b	b	a	b
83	b	A	b	a	a	b	b	a	a	b
84	b	B	b	a	a	b	b	a	b	b
85	b	B	b	a	a	b	b	a	a	b
86	b	B	b	b	a	b	b	a	a	a
87	c	B	a	c	a	a	b	a	a	b
88	b	B	a	b	a	b	b	a	a	b
89	b	A	a	b	b	a	b	b	b	b
90	b	A	b	a	a	a	b	a	b	b
91	b	B	b	a	b	b	b	a	b	a
92	b	B	b	b	a	b	b	a	b	a
93	b	B	b	b	a	b	b	a	b	a
94	b	B	b	a	a	b	b	a	b	a
95	b	B	b	a	b	b	b	a	b	a
96	b	A	b	b	a	b	b	a	a	a
97	b	A	b	c	a	a	b	a	b	a
98	b	A	b	a	a	b	b	a	a	a
99	b	A	a	c	a	a	b	a	b	a
100	b	A	b	b	a	b	b	a	a	a

ANNUEXURE-13

MASTERSHEET OFASSESSMENTON PREVALENCE AND FACTORS ON PVS OFUG STUDENTS

Sl no	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	total	1	2	3	4	5	6	7	8	9	10	11
1	1	1	1	1	0	0	1	0	1	0	0	1	1	0	0	8	a	a	a	a	a	a	a	d	a	d	a
2	1	1	0	1	0	0	1	1	1	0	0	1	0	1	1	9	b	a	a	b	e	d	a	d	c	a	b
3	1	1	1	0	0	1	1	1	0	1	0	1	0	1	1	10	b	b	a	d	e	d	c	d	d	a	b
4	0	1	0	0	0	1	1	1	1	0	0	0	0	1	0	6	b	a	a	a	a	a	b	b	c	a	b
5	0	1	0	1	1	1	0	1	0	1	1	0	0	1	0	8	b	a	a	b	a	4	1	3	3	a	b
6	0	0	0	0	0	0	0	1	1	0	0	0	0	0	0	2	b	a	a	a	e	1	1	2	1	d	b
7	1	1	0	1	0	0	0	0	0	0	0	1	0	0	0	4	a	a	a	a	a	a	a	d	a	d	b
8	0	1	1	1	0	0	1	1	0	0	1	0	1	0	1	8	b	b	a	a	b	d	a	d	d	d	b
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14	0	0	1	1	1	1	0	0	1	1	0	1	1	0	1	9	b	a	b	b	a	b	a	d	d	d	b
15	1	1	1	1	1	1	0	1	0	0	1	0	0	0	0	8	b	a	a	d	a	d	b	c	a	b	a
16	1	0	1	1	0	0	1	0	1	0	0	0	0	0	0	5	a	a	a	a	a	a	a	d	a	b	a
17	1	1	1	1	1	0	1	0	1	0	0	1	0	1	1	10	b	a	a	a	a	b	a	b	b	d	b
18	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	13	b	a	a	a	e	b	a	d	a	d	b
19	0	1	0	1	0	1	0	1	0	1	0	1	0	0	1	7	b	a	a	b	a	b	b	c	c	b	b
20	1	0	1	0	0	1	1	0	1	0	0	0	1	1	0	7	b	a	a	a	a	b	c	d	d	d	b
21	0	1	1	1	0	0	0	0	0	0	0	0	1	1	0	5	b	c	a	d	e	d	a	d	d	a	b
22	0	1	1	0	1	0	1	0	0	1	0	0	0	1	0	6	a	b	c	d	e	c	d	a	b	b	b
23	0	1	0	0	1	0	1	1	0	0	1	1	1	0	1	8	A	b	a	b	b	c	c	d	d	d	a

24	0	1	0	1	0	1	0	1	1	1	1	0	0	1	1	9	b	d	a	d	d	a	c	d	d	a	b
25	1	1	1	1	0	0	1	1	1	0	1	0	1	0	1	10	b	a	a	c	d	a	b	d	d	c	a
26	1	1	1	1	1	1	1	1	1	0	1	1	1	1	0	13	b	a	a	c	b	c	c	a	b	b	a
27	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3	b	b	b	b	b	c	d	d	b	d	b
28	1	1	0	0	0	1	0	1	0	0	1	1	0	0	0	6	b	a	a	a	c	a	b	d	d	d	b
29	1	0	0	0	1	0	1	1	0	0	1	1	0	1	0	7	c	a	a	a	c	a	b	d	d	d	b
30	1	1	0	0	0	1	0	1	0	0	1	1	0	0	0	6	b	a	a	c	e	b	b	b	a	b	b
31	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	b	b	a	b	b	d	b	d	d	a	b
32	0	0	1	1	1	0	1	0	0	0	0	0	1	0	0	5	b	b	a	b	e	d	c	d	d	b	b
33	1	1	0	1	1	1	1	1	1	1	1	0	0	1	1	12	b	b	b	b	e	b	b	a	a	d	b
34	0	1	1	1	1	0	0	1	0	0	0	0	0	0	0	5	b	a	a	b	a	a	a	b	a	d	b
35	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	4	b	b	b	a	c	a	c	d	d	d	a
36	1	1	1	0	1	0	0	1	0	0	1	1	0	0	0	7	b	b	b	d	e	d	c	d	d	d	b
37	1	0	1	1	1	0	0	1	1	0	1	1	1	1	0	10	a	a	b	a	e	a	a	a	b	b	a
38	1	1	0	0	1	1	0	1	1	0	1	0	1	0	1	9	b	a	d	d	c	c	b	a	d	c	b
39	1	1	0	0	1	1	0	1	1	0	1	0	1	0	1	9	b	a	d	d	e	d	a	a	d	c	a
40	1	1	0	1	0	0	1	0	0	0	0	0	0	1	1	6	b	a	a	a	a	a	a	c	c	d	b
41	1	1	0	1	0	0	1	0	0	0	0	0	0	1	1	6	b	a	a	a	e	a	a	c	c	d	b
42	1	1	1	1	1	1	0	1	0	0	0	0	1	1	1	10	b	a	a	a	a	a	a	a	d	d	b
43	1	1	0	1	1	1	0	1	0	0	0	0	1	1	0	8	b	a	a	a	a	a	a	a	d	d	a
44	1	1	0	1	1	1	0	1	0	0	0	0	1	1	1	9	b	a	a	a	a	a	a	a	a	a	b
45	0	0	1	1	1	0	1	0	1	0	0	0	0	0	1	6	b	a	a	a	e	a	a	d	a	b	b
46	0	0	1	1	1	0	0	0	0	0	0	0	0	0	0	3	b	a	a	b	e	b	a	c	a	b	b
47	0	0	1	1	0	0	0	0	0	0	0	0	0	1	0	3	b	a	a	a	a	b	a	a	a	a	b
48	0	1	0	1	0	0	1	1	0	0	1	0	1	0	1	7	b	b	b	c	a	c	a	c	c	b	b
49	1	1	0	0	1	0	0	1	0	0	0	0	1	1	1	7	b	a	a	a	a	a	b	a	d	d	b
50	1	1	1	0	1	0	0	0	1	0	1	1	0	0	0	7	b	a	a	a	a	a	a	d	a	a	b
51	1	0	0	0	1	1	1	1	1	0	1	0	1	1	1	10	b	c	b	b	a	a	a	c	b	b	a
52	1	0	0	1	1	0	0	1	1	0	1	0	1	1	1	9	a	b	a	c	d	d	a	d	d	a	b
53	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	3	b	a	a	b	e	d	a	c	d	a	b

54	0	1	1	0	1	1	0	0	1	0	1	1	0	1	0	8	a	a	a	c	d	a	a	a	c	a	b
55	1	1	1	1	1	0	0	1	1	0	1	0	0	1	1	10	b	a	d	c	a	c	c	a	c	d	b
56	0	0	1	1	0	0	1	1	0	0	1	0	1	0	1	7	b	a	b	a	a	a	b	c	b	b	b
57	1	1	1	0	1	1	0	1	1	0	1	0	1	0	1	10	b	b	d	d	e	c	b	d	d	b	b
58	0	0	1	1	1	0	0	0	1	0	0	0	1	0	0	5	c	a	a	b	c	a	a	d	a	b	b
59	0	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2	a	a	a	b	e	b	b	d	d	b	b
60	0	1	1	1	1	0	1	1	0	0	1	1	0	0	1	9	a	a	a	a	e	b	a	c	c	b	b
61	0	1	1	1	1	0	0	1	1	0	0	0	0	1	1	8	b	a	a	b	a	c	b	d	d	d	b
62	1	1	0	0	1	0	0	1	0	0	1	0	1	1	1	8	b	a	a	d	a	d	c	d	d	a	b
63	0	0	1	1	1	1	0	1	0	0	0	0	0	1	1	7	b	a	a	a	a	d	c	a	d	d	b
64	1	0	1	1	1	1	0	1	0	0	1	0	0	1	1	9	b	c	a	d	e	d	c	a	d	d	b
65	0	1	1	1	1	1	1	0	0	0	1	1	0	1	0	9	b	a	a	a	e	a	a	a	a	b	b
66	0	1	1	0	1	0	0	1	1	0	1	1	0	1	0	8	b	a	a	c	d	d	a	d	c	a	b
67	1	1	1	1	1	0	0	1	0	0	1	0	0	0	1	8	b	c	a	b	a	b	c	a	d	a	b
68	1	1	1	1	1	0	0	1	1	0	1	0	0	0	1	9	b	a	a	b	a	b	a	d	d	a	b
69	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	5	b	a	a	b	b	c	a	d	d	a	b
70	1	0	1	1	1	0	1	0	1	1	1	0	1	1	1	11	b	d	a	d	a	d	c	c	d	d	b
71	1	0	0	1	0	1	0	1	1	0	1	0	0	0	1	7	b	a	a	a	a	a	a	a	a	d	b
72	0	1	0	0	0	1	1	0	1	0	0	0	0	0	0	4	b	b	a	a	e	a	a	c	d	d	b
73	0	0	0	1	0	0	0	1	0	0	0	1	0	0	0	3	b	a	b	b	e	a	a	a	a	d	b
74	0	0	1	1	0	0	0	1	1	0	0	1	0	0	0	5	b	a	a	b	a	a	b	d	d	d	b
75	1	1	1	1	0	1	1	0	0	0	0	0	0	0	1	7	b	b	b	b	e	c	b	d	d	c	a
76	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	4	b	b	a	d	c	c	a	c	b	d	b
77	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1	4	b	a	a	a	a	b	a	b	d	a	b
78	1	1	1	0	0	1	0	1	0	1	1	1	0	1	0	9	b	b	b	c	d	d	c	c	c	d	b
79	1	1	0	1	1	0	0	0	0	0	1	1	0	0	0	6	d	a	a	a	e	a	a	d	d	d	b
80	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	2	b	b	a	b	b	d	a	d	c	d	b
81	1	1	1	0	0	1	0	1	1	0	1	0	0	0	1	8	b	a	b	b	e	e	b	c	c	c	a
82	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	5	b	a	a	a	a	a	a	a	d	a	b
83	0	1	1	1	1	0	1	1	0	0	0	0	0	0	0	6	b	a	a	d	a	a	c	a	d	d	b

84	1	1	0	0	0	0	1	0	1	0	0	0	0	0	1	5	b	b	a	a	a	a	a	c	a	b	b
85	1	1	1	0	0	0	0	1	0	0	0	0	0	0	0	4	b	b	a	a	a	a	a	b	d	a	b
86	1	1	0	1	0	0	1	1	0	0	1	1	0	1	1	11	c	b	b	d	d	d	b	b	b	c	a
87	0	1	1	1	0	1	1	1	0	0	0	0	0	0	1	7	b	b	b	c	d	d	a	c	b	a	a
88	1	1	0	0	1	0	1	0	0	0	0	0	0	0	0	4	c	b	a	b	e	c	b	c	b	d	b
89	1	1	0	0	0	0	1	0	0	0	0	0	0	0	0	3	c	b	b	b	b	b	a	d	b	b	a
90	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	4	d	b	b	b	d	b	a	d	c	b	b
91	0	1	1	1	1	1	1	1	0	1	0	1	0	1	1	11	c	b	b	d	d	d	b	b	b	c	a
92	0	1	1	1	0	1	0	1	0	0	0	0	0	0	0	5	d	b	b	c	b	c	a	c	d	b	b
93	0	1	1	1	0	1	0	0	0	0	0	1	0	1	0	6	b	b	b	c	a	d	a	d	b	b	a
94	1	1	0	1	0	0	1	0	0	0	0	0	0	0	0	4	b	b	a	b	b	b	a	d	c	c	b
95	0	1	1	1	0	0	1	1	0	0	1	0	0	0	1	7	b	b	a	b	b	d	b	c	c	b	b
96	1	1	1	1	1	0	1	1	0	1	1	1	1	1	1	13	a	b	c	d	b	d	b	c	c	c	a
97	0	1	1	1	0	0	0	1	0	0	0	0	0	0	1	5	d	b	b	d	a	c	a	b	b	3	a
98	1	0	1	1	0	0	0	1	0	0	0	0	0	0	1	5	a	b	a	c	e	c	a	c	b	d	b
99	0	1	1	1	0	0	1	1	0	0	0	0	0	0	1	6	b	b	b	b	b	b	a	b	d	c	b
100	0	1	1	1	1	0	0	1	1	0	0	0	0	1	1	8	b	a	a	b	a	c	b	d	d	d	b

ANNUEXURE-13

MASTERSHEET OF ASSESSMENTON PREVALENCE AND FACTORS ON PVS OF PG STUDENTS.

Sl no	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	total	1	2	3	4	5	6	7	8	9	10	11
1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	3	d	b	a	a	b	a	a	d	d	c	b
2	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	4	d	a	b	a	d	a	a	d	d	c	b
3	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	12	d	a	a	b	b	c	c	d	d	d	b
4	0	1	0	1	1	0	1	1	0	0	0	0	0	0	0	5	d	a	a	a	d	c	b	d	a	c	b
5	0	1	0	1	1	1	0	0	0	0	0	0	0	0	0	4	d	a	a	a	a	a	a	b	d	d	b
6	0	0	0	1	0	1	1	1	0	0	0	0	0	0	0	4	b	a	a	a	e	a	a	c	a	d	b
7	1	1	0	1	1	1	1	1	0	0	1	0	1	1	1	11	d	b	a	a	b	b	c	c	a	b	a
8	0	1	1	1	1	1	1	1	1	0	1	0	0	0	1	10	d	b	a	a	c	d	a	c	a	b	b
9	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	4	d	b	a	a	d	a	a	d	d	d	b
10	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	4	a	a	a	a	e	d	a	d	d	d	b
11	0	1	1	1	1	1	1	1	1	0	1	1	0	0	1	12	a	a	a	a	e	d	a	d	d	d	b
12	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	4	a	a	a	a	e	d	a	d	d	d	b
13	1	1	1	0	1	0	1	1	0	1	1	1	1	1	1	12	b	a	b	d	a	d	c	d	a	b	b
14	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	14	d	b	b	d	e	d	a	d	a	d	a
15	1	1	1	1	1	0	1	1	1	1	1	1	0	1	1	14	d	a	a	b	e	c	a	d	a	d	a
16	1	1	0	0	1	0	1	0	1	0	1	1	1	1	1	10	b	b	b	c	d	d	c	d	b	b	b
17	0	1	1	1	1	0	0	1	1	0	0	0	0	0	0	6	b	b	b	c	b	d	c	d	b	a	b
18	0	1	1	1	1	1	1	1	1	0	1	0	0	1	1	11	d	b	a	a	e	b	a	a	d	d	b
19	0	1	1	1	0	0	1	0	0	0	0	0	0	0	1	5	b	a	b	a	a	d	b	a	b	a	b
20	1	1	1	1	1	1	1	1	0	0	1	0	0	0	1	10	b	a	a	a	d	a	b	b	d	d	b
21	0	1	1	0	0	0	0	1	1	0	1	0	0	0	0	5	b	b	a	d	c	d	c	c	a	d	a

22	0	0	1	0	0	1	1	0	0	0	0	1	0	0	0	4	d	d	b	a	b	d	a	d	b	b	a
23	1	1	1	1	1	1	1	1	1	0	0	0	0	0	1	10	d	c	a	a	e	c	a	c	c	b	a
24	0	1	0	1	0	0	0	1	0	0	0	1	1	0	0	5	d	b	a	a	e	b	a	a	d	d	b
25	0	0	0	1	0	0	0	1	0	0	1	0	0	0	1	4	d	a	a	c	c	c	a	d	a	d	a
26	0	1	1	1	1	1	1	0	1	0	1	0	0	0	1	9	d	a	a	a	d	a	a	b	d	c	b
27	0	1	1	0	0	1	0	0	0	1	1	1	0	0	0	6	b	a	d	a	b	a	a	b	a	b	b
28	0	0	1	1	1	0	0	0	0	0	0	1	0	0	0	4	d	a	d	b	d	a	a	d	a	d	b
29	1	1	1	0	1	1	1	1	0	1	0	1	0	0	1	10	d	c	b	b	e	c	b	d	a	b	b
30	1	1	1	1	1	1	0	1	1	1	1	0	0	0	0	10	a	a	b	c	a	c	b	c	a	d	b
31	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	4	a	a	a	b	e	a	b	d	d	a	b
32	1	1	1	1	1	0	1	0	1	0	1	0	1	0	1	10	a	b	a	a	e	a	a	b	c	b	a
33	1	1	1	1	1	1	0	1	0	0	0	0	0	0	1	8	b	a	a	d	e	d	a	d	c	d	b
34	1	0	1	1	1	0	0	0	0	1	0	0	1	0	0	6	b	a	d	d	e	b	a	d	a	b	a
35	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	14	b	a	a	a	a	a	a	a	a	d	a
36	1	0	1	0	1	1	0	0	1	0	0	1	0	0	0	6	d	c	b	c	e	c	b	d	b	a	a
37	1	1	0	0	1	1	0	0	0	1	0	1	1	0	0	7	d	c	c	b	b	c	b	d	b	a	b
38	1	1	1	0	0	0	1	1	1	0	0	1	1	0	0	8	c	c	b	b	b	c	b	d	c	d	b
39	1	0	1	1	1	0	0	1	1	0	0	1	1	1	0	9	b	b	b	b	b	c	b	d	d	d	b
40	1	1	1	1	1	1	0	0	0	1	1	1	1	0	0	10	c	c	b	b	b	c	b	d	c	a	b
41	1	1	0	0	1	1	1	0	1	0	0	0	0	0	1	7	c	b	c	b	b	c	b	d	b	d	b
42	1	1	1	0	0	0	1	1	1	0	0	1	1	0	0	8	b	b	b	b	b	c	b	d	d	d	b
43	1	1	1	1	1	1	0	0	1	0	0	1	1	1	0	10	d	b	b	b	b	b	b	d	c	d	b
44	1	1	0	0	1	1	1	0	0	0	0	1	1	0	0	7	d	c	b	b	b	b	b	d	b	d	b
45	1	0	1	0	1	0	1	1	0	1	1	1	1	0	0	9	d	b	c	d	b	c	b	d	b	b	d
46	1	1	1	1	1	0	0	1	1	0	0	1	1	0	0	9	d	b	b	d	d	d	b	d	c	d	b
47	1	1	0	0	1	0	0	1	1	0	0	1	1	0	0	7	c	b	b	c	e	c	b	d	c	d	b
48	1	1	0	1	1	0	0	1	1	1	1	1	0	0	0	9	c	b	b	b	b	b	b	d	c	d	b
49	1	1	1	1	1	0	1	0	1	0	1	1	1	1	1	12	b	b	c	b	b	c	b	d	d	d	b
50	1	1	1	0	1	1	0	1	1	0	0	1	0	0	0	8	b	b	b	b	b	b	a	d	a	d	b
51	1	1	1	0	1	1	0	1	1	1	0	1	0	0	1	10	c	c	b	b	b	b	a	d	a	d	b

52	1	1	1	1	1	0	0	1	0	1	0	1	1	0	0	9	c	b	b	b	b	b	a	d	a	d	b
53	1	1	1	1	0	1	1	0	1	1	0	1	1	0	0	10	c	d	a	b	b	c	a	d	a	d	b
54	1	1	1	1	1	0	1	0	1	0	1	1	1	0	1	11	c	a	a	b	b	c	b	d	a	b	b
55	1	1	0	1	1	0	1	0	1	0	1	1	1	1	1	11	d	a	b	b	b	c	a	d	a	d	b
56	0	1	1	0	1	0	0	1	0	1	1	1	0	0	1	8	a	a	a	b	a	a	a	d	a	a	a
57	0	1	1	0	0	0	0	1	1	0	1	1	0	1	1	8	b	a	a	a	c	d	a	b	a	d	b
58	0	1	1	1	1	0	1	0	1	1	1	1	1	1	0	11	b	b	a	d	d	a	b	d	a	b	b
59	1	1	1	1	1	0	1	1	1	1	1	1	1	0	1	13	b	b	a	c	a	a	c	d	a	b	b
60	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	14	b	b	a	b	a	a	a	d	a	b	b
61	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	15	b	b	d	d	d	a	a	a	d	d	b
62	0	0	1	1	1	0	1	1	1	0	0	0	0	0	1	7	b	a	a	a	d	a	a	a	d	a	a
63	1	1	1	1	1	1	1	1	0	1	1	1	1	0	0	12	b	a	a	b	b	c	a	d	d	b	b
64	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	13	b	a	a	a	b	c	a	c	d	b	b
65	1	1	1	0	1	1	1	1	1	0	1	1	0	1	0	11	b	b	b	b	e	d	b	d	d	d	b
66	1	1	1	0	1	1	0	0	0	0	0	0	0	0	0	5	b	d	a	b	a	a	c	c	d	b	b
67	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	14	b	b	a	c	e	c	c	d	d	b	a
68	1	1	1	1	0	1	0	0	1	0	0	1	0	1	1	9	b	a	a	b	a	a	a	a	a	b	a
69	1	1	1	1	1	1	0	1	1	1	1	1	1	0	0	12	b	a	b	b	b	c	b	d	c	d	a
70	0	1	1	1	1	1	1	1	0	0	1	0	0	0	1	9	d	b	b	c	c	c	b	d	b	d	a
71	0	1	1	1	1	1	1	1	0	0	1	1	0	0	1	10	d	b	b	a	b	a	c	a	d	b	b
72	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	6	d	a	a	b	a	b	a	a	b	c	b
73	1	1	1	1	1	0	1	1	0	0	0	0	0	0	0	7	d	a	a	b	a	b	a	c	b	c	b
74	0	1	0	1	1	0	0	1	0	0	0	0	0	0	0	4	d	b	a	a	e	a	b	d	c	b	b
75	0	1	0	1	1	1	0	1	1	0	0	0	0	0	0	6	d	b	a	a	b	d	a	d	c	b	b
76	0	0	0	1	1	0	1	1	1	0	0	0	0	0	0	5	d	a	a	a	e	a	a	a	d	d	b
77	0	1	0	1	1	0	0	0	1	0	0	0	0	0	0	4	c	a	a	a	e	b	a	d	d	d	b
78	0	1	1	1	0	0	0	0	0	0	0	0	0	0	0	3	d	a	a	b	b	b	b	d	c	d	b
79	1	0	0	1	1	1	1	0	1	0	1	1	1	0	1	10	b	a	b	a	b	a	a	c	a	c	a
80	1	1	0	1	1	1	1	1	1	0	1	1	1	0	1	12	b	c	b	d	a	d	c	d	a	c	a
81	1	1	0	1	0	1	0	1	1	0	0	0	1	0	0	7	a	a	b	b	a	c	a	d	d	a	a

82	0	1	0	1	0	1	0	0	1	0	0	0	0	0	0	4	a	b	a	b	a	b	b	c	d	b	b
83	1	1	1	1	1	1	1	1	0	0	1	0	0	0	1	10	b	b	b	c	b	c	b	d	b	d	b
84	0	1	1	1	1	1	1	1	0	0	1	0	0	0	1	9	d	c	b	c	b	c	b	d	b	d	b
85	0	1	1	1	0	0	0	1	0	0	0	0	0	1	0	5	d	a	a	a	e	c	a	a	b	b	a
86	1	0	1	0	0	0	0	1	0	0	0	0	0	1	0	4	d	a	a	a	a	c	b	a	d	a	a
87	0	1	1	1	1	1	1	1	0	0	1	0	0	0	1	9	d	a	a	b	a	a	b	b	d	b	b
88	1	0	1	1	0	0	1	0	0	0	0	0	0	0	1	5	d	a	a	b	e	c	b	b	b	a	a
89	0	1	0	1	0	0	1	1	0	0	0	1	0	1	0	6	d	a	a	a	b	a	a	b	c	b	b
90	1	1	1	1	1	0	0	1	0	0	0	0	0	0	0	6	a	c	b	d	b	d	a	b	b	c	b
91	1	1	0	1	0	0	1	0	0	0	1	1	0	1	0	7	d	b	a	a	a	c	a	d	d	b	a
92	0	0	0	1	1	0	0	0	0	0	0	0	0	1	1	4	d	a	a	a	a	a	a	b	d	a	b
93	0	1	0	1	1	0	0	0	0	0	0	1	0	1	1	6	d	a	a	a	a	a	b	d	a	d	a
94	1	1	1	1	1	0	1	1	1	0	0	1	1	1	1	12	d	a	b	b	b	b	a	d	a	d	a
95	1	1	1	1	1	0	1	1	1	0	0	1	0	1	1	11	d	a	a	a	a	a	b	d	a	d	a
96	1	1	1	1	0	1	0	1	1	1	1	1	0	1	1	12	b	a	d	b	a	a	a	c	a	c	b
97	0	1	1	0	1	0	0	0	0	0	1	0	1	0	1	6	b	b	a	c	a	c	a	d	b	a	b
98	1	1	1	0	1	0	1	1	1	0	0	0	1	0	1	9	b	a	a	a	b	b	c	d	b	c	a
99	0	1	1	0	1	0	0	0	0	0	1	0	1	0	1	6	b	b	a	c	a	c	a	d	b	a	b
100	1	1	1	1	0	1	0	1	1	1	1	1	0	1	1	12	b	a	d	b	a	a	a	c	a	c	b