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Review

Assessment of Nomophobia and Development of an Educational Booklet Among Nursing Students

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A B S T R A C T

Background: Nomophobia, defined as the fear or anxiety of being without access to a mobile phone, has emerged as a significant behavioral concern among college students, particularly those enrolled in professional courses such as nursing. Excessive smartphone dependence can adversely affect academic performance, mental health, sleep patterns and social functioning.

Objective: The present study aimed to assess the level of nomophobia among nursing college students and to develop an informational booklet for the prevention and management of nomophobia.

Methods: A quantitative, descriptive research design was adopted for the study. A total of 130 nursing students aged 18-25 years were selected using a probability stratified sampling technique from a nursing college in Jammu. Data were collected using a standardized Nomophobia Questionnaire (NMP-Q). Descriptive and inferential statistics were employed to analyze the data.

Results: The findings revealed a high prevalence of nomophobia among the participants. The majority of students (57.69%) exhibited a moderate level of nomophobia, while 22.31% demonstrated severe nomophobia. Mild nomophobia was observed in 19.23% of students and only 0.77% reported no nomophobia. Significant associations were found between nomophobia levels and selected variables such as educational level, duration of mobile phone use and primary reasons for mobile phone usage.

Keywords: Nomophobia, Nursing students, Smartphone use, Descriptive study, Informational booklet

1. Introduction

The rapid global diffusion of smartphones has produced new patterns of social interaction and behaviour and with them, new forms of psychological stress. One such emerging phenomenon is **nomophobia**, defined broadly as the fear or anxiety experienced when an individual is without access to a mobile phone or mobile phone connectivity. Nomophobia captures worries about losing contact, running out of battery, lack of signal or being unable to access information and social connections via a smartphone[1]. In today's world, cell phone technology has introduced a new sense of speed and connectivity into social life, making data and communication technologies indispensable[2]. While their integration has improved efficiency and simplified daily activities, offering numerous benefits to

humankind, it has also led to emerging challenges. Among these are issues related to excessive use and addiction, contributing to the growing prevalence of mental health problems such as nomophobia[1]. The younger generation, particularly individuals under 25 years of age, represents the largest group of mobile phone users. Students in professional institutions, including medical colleges, use mobile phones extensively, making them especially vulnerable to the negative consequences of excessive mobile phone use[3]. Although not currently a formal psychiatric diagnosis, nomophobia has been widely studied as a contributor to anxiety, sleep disturbance, reduced attention and poorer academic functioning among adolescents and young adults' populations with especially high smartphone dependence. Several narrative reviews and empirical studies report that problematic smartphone attachment is associated with increased perceived stress, distraction during learning and disrupted sleep hygiene, all of which are relevant to students in health professions[4]. Nomophobia is characterized by the distress and fear individuals experience when they are unable to communicate, access information or remain connected through their mobile devices, reflecting a generation increasingly dependent on a single technological tool[5].

Measurement of nomophobia in research most commonly uses the **Nomophobia Questionnaire (NMP-Q)**, a psychometrically evaluated self-report scale that identifies multiple dimensions of phone-related anxiety (e.g., not being able to communicate, losing connectedness, inability to access information and giving up convenience). The NMP-Q has been translated and validated in multiple languages and cultural contexts, making it suitable for cross-sectional descriptive studies among student populations[6]. Nursing students are a particularly important group to investigate. As future healthcare providers they must sustain attention, manage stress and adhere to clinical responsibilities where uninterrupted focus is essential; yet studies focused specifically on nursing cohorts show notable prevalence of nomophobia and links to academic difficulties and poorer sleep. Understanding the level of nomophobia in nursing colleges therefore has both educational and patient-safety implications and can inform the design of targeted informational and self-management interventions[7].

A systematic review of the literature published in 2021 revealed a wide global variation in the prevalence and severity of nomophobia across population-based surveys. Depending on the level of severity, the proportion of individuals identified as being at risk of nomophobia ranged from 13% to 79%, indicating substantial heterogeneity across studies and populations[8]. The same review highlighted considerable disparities between countries. Furthermore, studies focusing on university students worldwide have reported prevalence rates ranging from as low as 6% to as high as 73%, underscoring the global inconsistency in nomophobia prevalence. These findings were further supported by a comprehensive review published in January 2023, which emphasized significant cross-cultural differences in nomophobia among young adults and university students[9].

Nursing students are among the most frequent users of internet-based social media platforms, often engaging with them in ways that may negatively affect multiple aspects of their lives. Social media addiction is characterized by a compulsive urge to repeatedly check and use social networking sites, excessive cognitive and emotional investment in online interactions and an imbalanced allocation of time and energy toward social media. Such problematic usage patterns can disrupt essential life domains, including interpersonal relationships, academic performance, clinical responsibilities and overall psychological well-being[10]. Furthermore, nursing students primarily rely on smartphones for online activities such as internet browsing, video streaming and social media engagement, with their usage largely driven by the desire to remain continuously informed and socially connected across multiple platforms[11].

Nursing students must develop healthy technology-use habits and effective coping strategies to mitigate the negative consequences associated with nomophobia, particularly in light of the growing reliance on smartphones within healthcare settings. Smartphones are increasingly used for clinical communication, electronic documentation, medication reference and rapid access to medical information, making them an essential yet potentially problematic tool in nursing education and practice[12]. Excessive or uncontrolled smartphone use, however, has been linked to heightened stress, anxiety, reduced attention and impaired well-being among nursing students[13]. Incorporating digital literacy education and mindfulness-based training into nursing curricula may support students in achieving a healthier balance between professional technology use and personal well-being. Such educational interventions can enhance self-regulation, promote responsible smartphone use and reduce the risk of nomophobia and technology-related stress[14]. The mobile technology industry has undergone rapid growth and continuous innovation since the introduction of the first smartphone in 2007, with significant technological advancements reshaping the sector and profoundly transforming the ways individuals communicate, access information and utilize mobile technologies in everyday life[15].

Nursing students, who require high levels of concentration, clinical competence and emotional stability, may be adversely affected by uncontrolled mobile phone use. Assessing the level of nomophobia among nursing college students is therefore essential to understand the magnitude of this problem. The findings of the present study will help identify the extent of nomophobia and provide a basis for developing an informational booklet aimed at creating awareness, promoting healthy mobile phone usage and supporting students in maintaining a balanced academic and personal life.

2. Methodology of the Study

The present study adopted a **quantitative research approach** with a **descriptive, non-experimental research design** to assess the level of nomophobia among nursing students. The study was conducted at **Stephens College of Nursing Jammu**. The population comprised nursing students, with the target population including students aged **18 to 25 years** studying at the selected college. The accessible population consisted of nursing students within the same age group who were available during the period of data collection. A **probability stratified sampling technique** was used to select the participants. The sample included **130 nursing students aged 18 to 25 years**. Students who were present during data collection, willing to participate and owned mobile phones were included in the study, while those who were absent or unwilling to participate were excluded. The systematic representation of the research methodology used in the study are shown in **(Figure 1)**.

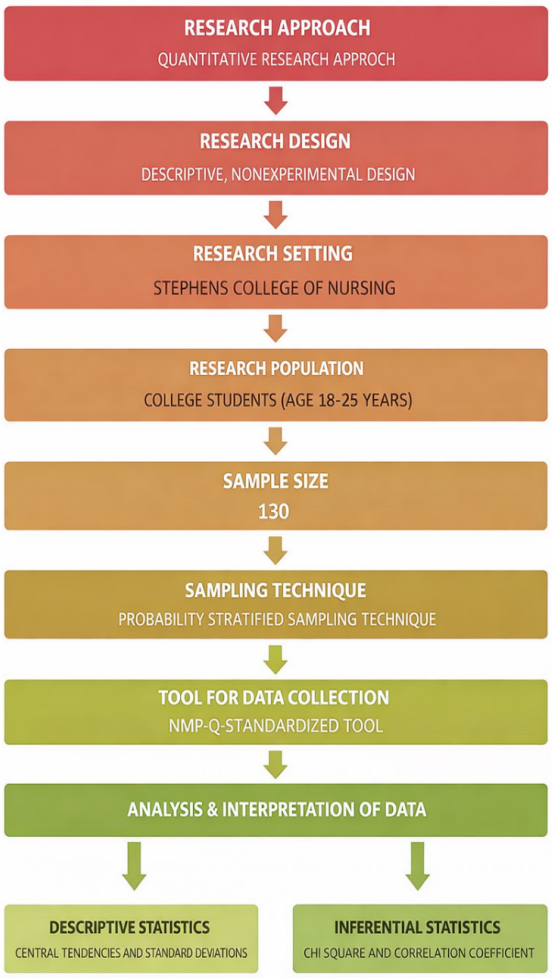

Figure 1: Systematic Representation of Research Methodology.

2.1. Selection and development of the tool

A data collection tool refers to the instrument used to gather information relevant to the research objectives. In the present study, a standardized questionnaire was employed to measure nomophobia among participants. The Nomophobia Questionnaire (NMP-Q) is a standardized instrument consisting of 20 items. Each item is rated on a 7-point Likert scale, ranging from 1 (strongly disagree) to 7 (strongly agree). The total score on the NMP-Q ranges from a minimum of 20 to a maximum of 140, with higher scores indicating greater levels of nomophobia.

The **NMP-Q score** is interpreted to indicate the level of nomophobia, ranging from **absence** to **severe**, with higher scores reflecting greater severity. Scores of **20** indicate no nomophobia, scores between **21 and 59** indicate **mild** nomophobia, scores between **60 and 99** indicate **moderate** nomophobia and scores between **100 and 140** indicate **severe** nomophobia. The validity of the tool was confirmed through expert opinions regarding its relevance. The tool was reviewed by experts in the nursing field and modifications were made to the sociodemographic variables based on their valuable suggestions.

2.2. Data analysis and interpretation

The overall analysis reveals that the respondents are predominantly young undergraduate students, with females forming a substantially larger proportion of the sample. Most participants fall within the 20–21 years age group and are primarily enrolled in B.Sc. programs. The sample demonstrates an almost equal representation of students from rural and urban areas. The majority of respondents own a single mobile phone and belong to middle- to higher-income families. Parental occupation data indicate that most parents are employed, particularly in the government sector. Overall, the study population reflects a relatively stable socio-economic background with sufficient access to educational and technological resources.

(Table 1) presents the socio-demographic profile of the respondents based on variables such as age, gender, educational level, residential area, number of mobile phones owned, economic status and parental occupation. The analysis and interpretation are detailed below.

The largest proportion of respondents (48.46%) belongs to the 20-21 years age group, indicating that the majority are in early adulthood. This is followed by respondents aged 22-23 years (26.92%) and 18–19 years (23.85%). Only a negligible percentage (0.77%) falls within the 24 years and above category, suggesting that the sample is largely concentrated within a narrow youth age range.

Gender distribution shows a clear dominance of female respondents (76.15%) compared to males (23.85%), indicating higher female participation in the study. With regard to educational level, most respondents are enrolled in B.Sc. third year (40.77%), followed by B.Sc. first semester students (35.38%). B.Sc. fourth semester students account for 17.69%, while B.Sc. second semester students represent the smallest group (6.15%). This pattern reflects greater participation from students in the advanced stages of their undergraduate studies.

The residential background of respondents is almost evenly split, with 50.77% from rural areas and 49.23% from urban areas, ensuring balanced representation. In terms of mobile phone ownership, a large majority (82.31%) reported owning one mobile phone, while 12.31% own two phones and only 5.38% possess more than two devices. This suggests moderate and adequate access to mobile technology among the respondents.

Regarding economic status, most respondents (43.31%) belong to families with a monthly income exceeding □30,000. Equal proportions (28.35% each) fall within the □10,000-20,000- and □20,000-30,000-income categories, indicating that a significant portion of the sample comes from middle- to higher-income households.

Parental occupation data reveal that more than half of the respondents' parents are government employees (51.97%), followed by private sector employees (26.77%). About 21.26% reported parental unemployment. This highlights the predominance of stable government employment among parents.

In summary, the respondents are largely young female undergraduate students from B.Sc. programs, with balanced rural and urban representation. Most belong to middle- to upper-income families, own a single mobile phone and have parents primarily employed in the government sector. This socio-demographic profile provides a clear and relevant context for interpreting the findings of the study.

2.3. Statement on frequency distribution of demographic variables

The frequency distribution of demographic variables provides a comprehensive overview of the characteristics of the respondents included in the study **(Figure 2)**. The gender-wise

distribution indicates that a large majority of the respondents are female (76.15%), while males constitute 23.85% of the total sample. This shows a higher participation of female students in the study. Age-wise classification reveals that most respondents belong to the 20-21 years age group (48.46%), followed by 22-23 years (26.92%) and 18-19 years (23.85%). Only a very small proportion of respondents are aged 24 years and above (0.77%), indicating that the sample largely consists of young adults.

Table 1: Frequency and percentage distribution of study subjects according to demographic variables.

Variable	Category	Frequency	Percentage (%)
Age	18-19 years	31	23.85%
	20-21 years	63	48.46%
	22-23 years	35	26.92%
	24 years and above	1	0.77%
Gender	Female	99	76.15%
	Male	31	23.85%
Educational Level	B.Sc 1st Sem	46	35.38%
	B.Sc 2nd Sem	8	6.15%
	B.Sc 3rd year	23	40.77%
	B.Sc 4th Sem	23	17.69%
Residential Area	Rural	66	50.77%
	Urban	64	49.23%
No. of Mobile Phones	One	107	82.31%
	Two	16	12.31%
	More than two	7	5.38%
Economic Status	10,000-20,000	36	28.35%
	20,000-30,000	36	28.35%
	More than 30,000	55	43.31%
Parental Occupation	Govt. employee	66	51.97%
	Private employee	34	26.77%
	Unemployed	27	21.26%

Regarding residential area, the distribution is almost balanced, with slightly more respondents from rural areas (50.77%) compared to urban areas (49.23%). This suggests adequate representation of both rural and urban backgrounds. In terms of educational level, the majority of respondents are pursuing undergraduate studies. A significant proportion are in B.Sc. 3rd year (40.77%), followed by B.Sc. 1st semester (35.38%). Smaller percentages are observed in B.Sc. 4th semester (17.69%) and B.Sc. 2nd semester (6.15%). This indicates that most respondents are in the middle stages of their academic programs.

Parental occupation data shows that government employment is the most common category (51.97%), followed by private employment (26.77%), while 21.26% of parents are unemployed. This reflects a relatively stable occupational background for a large portion of the respondents. The economic status of families further supports this finding, as the highest proportion of respondents belong to the income group of more than 30,000 (43.31%). The remaining respondents are equally distributed between the income groups of 20,000-30,000 and 10,000-20,000 (28.35% each).

With respect to mobile phone ownership, the majority of respondents own one mobile phone (82.31%), indicating widespread access to communication technology. A smaller proportion own two phones (12.31%), while only 5.38% own more than two devices. Overall, the demographic profile suggests that the respondents are predominantly young, female undergraduate students with moderate to stable socioeconomic backgrounds and good access to digital resources.

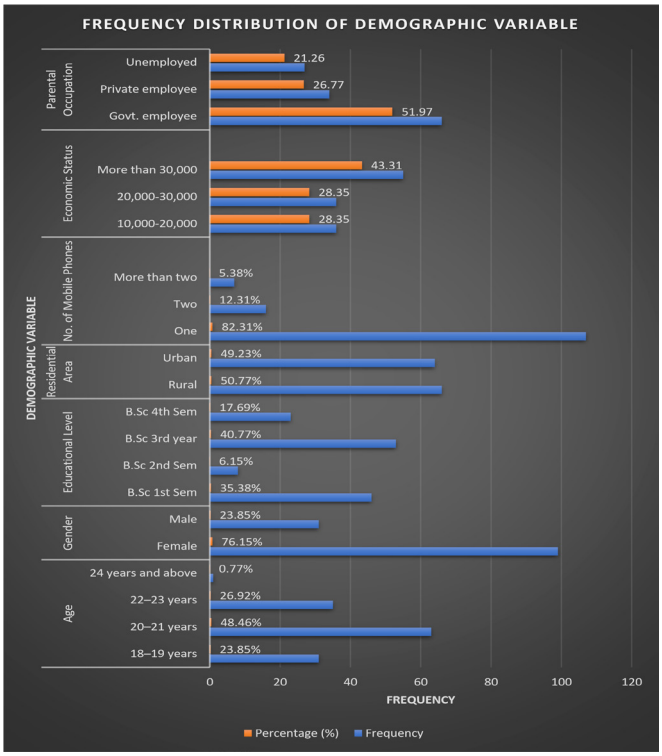

Figure 2: Bar diagram showing frequency percentage distribution according to the demographic variables of study subject.

2.4. Nomophobia levels among participants

The present findings reveal a notable prevalence of nomophobia among the study participants, with varying levels of severity observed. As shown in the **(Table 2)**, the majority of respondents fell within the **moderate nomophobia** category, accounting for **57.69%** of the total sample. This indicates that more than half of the participants experience a considerable level of discomfort or anxiety when separated from their mobile phones, suggesting a strong dependence on mobile technology in daily life.

In addition, **22.31%** of the participants were classified as having **severe nomophobia**, reflecting a high level of psychological distress related to the inability to access or use their mobile devices. This substantial proportion highlights a potential risk for negative behavioral and emotional consequences, including increased stress, reduced concentration and impaired social interactions.

Meanwhile, **19.23%** of the respondents exhibited **mild nomophobia**, indicating occasional or manageable anxiety related to mobile phone unavailability. Only **0.77%** of participants were found to be **absent of nomophobia**, demonstrating that complete independence from mobile phones is extremely rare within the sample.

Overall, the findings underscore the widespread nature of nomophobia, with the majority of participants experiencing moderate to severe levels. These results emphasize the need for increased awareness, preventive strategies and interventions aimed at promoting healthier mobile phone usage behaviors.

Table 2: The Scores of Nomophobia Levels among Study Subjects.

Nomophobia Level	Frequency	Percentage (%)
Absent	1	0.77
Mild	25	19.23
Moderate	75	57.69
Severe	29	22.31
Total	130	100.00

The frequency distribution illustrated in the **(Figure 3)**, indicates that most respondents fall within the **moderate** category, accounting for 75 cases or 58% of the total. This suggests that the condition being assessed is commonly experienced at a moderate level among the population. The **severe** category represents the second largest proportion, with 29 cases (22%), highlighting a substantial group facing more serious levels of the condition. Meanwhile, **mild** cases account for 25 respondents (19%), indicating that nearly one-fifth experience the condition at a lower intensity. In contrast, the **absent** category is negligible, with only 1 case (1%), showing that very few respondents report no presence of the condition. Overall, the distribution emphasizes the predominance of moderate to severe cases.

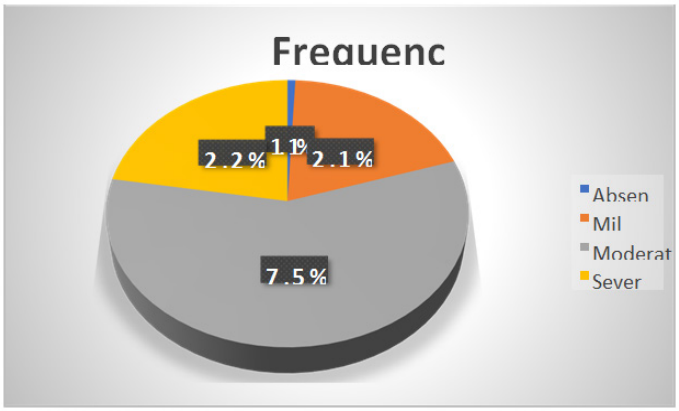

Figure 3: Bar diagram showing frequency percentage distribution according to the level of nomophobia among study subject.

2.5. Relationship between socio-demographic characteristics and patterns of mobile phone use

The frequency distribution of demographic variables provides a comprehensive overview of the characteristics of the respondents included in the study **(Table 3)**. The gender-wise distribution indicates that a large majority of the respondents are female (76.15%), while males constitute 23.85% of the total sample. This shows a higher participation of female students in the study. Age-wise classification reveals that most respondents belong to the 20–21 years age group (48.46%), followed by 22–23 years (26.92%) and 18–19 years (23.85%). Only a very small proportion of respondents are aged 24 years and above (0.77%), indicating that the sample largely consists of young adults.

Regarding residential area, the distribution is almost balanced, with slightly more respondents from rural areas (50.77%) compared to urban areas (49.23%). This suggests adequate representation of both rural and urban backgrounds. In terms of educational level, the majority of respondents are pursuing undergraduate studies. A significant proportion are in B.Sc. 3rd year (40.77%), followed by B.Sc. 1st semester (35.38%). Smaller percentages are observed in B.Sc. 4th semester (17.69%) and B.Sc. 2nd semester (6.15%). This indicates that most respondents are in the middle stages of their academic programs.

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Table 3: Frequency Distribution of Demographic Variables of the Respondents.

Variable	Chi-Square	DF	p-value
Age	8.89	9	0.4472
Gender	4.68	3	0.1972
educational level	21.85	9	0.0094
Ni residential area	1.44	3	0.6962
no. of mobile phones	5.07	6	0.5355
duration of using mobile phones	18.52	9	0.0296
most frequent reason for using your phone	12.84	6	0.0456
economic status	4.31	6	0.6354
parental occupation	5.52	6	0.4785

3. Discussion

The present descriptive study was conducted to assess the level of nomophobia among nursing college students and to develop an informational booklet for its prevention. The findings of the study indicate that nomophobia is highly prevalent among nursing students, with the majority exhibiting moderate to severe levels of nomophobia. Specifically, more than half of the respondents (57.69%) demonstrated moderate nomophobia, while a considerable proportion (22.31%) experienced severe nomophobia. Only a negligible percentage of students were found to be free from nomophobia, suggesting that mobile phone dependence has become almost universal among the study population. These findings are consistent with previous studies conducted among university and health science students, which have reported moderate to high levels of nomophobia due to excessive smartphone use, increased reliance on digital communication and fear of disconnection. Nursing students, in particular, may be more vulnerable due to academic pressure, clinical responsibilities and frequent use of smartphones for both educational and social purposes. Continuous access to information, social networking and entertainment through

mobile phones may contribute to increased anxiety when access is restricted.

The predominance of moderate nomophobia observed in the present study suggests that while students may not yet experience extreme psychological distress, they are at risk of developing more severe symptoms if preventive measures are not implemented. The presence of severe nomophobia in more than one-fifth of the respondents is a matter of concern, as it may negatively affect concentration, academic performance, sleep patterns, mental well-being and interpersonal relationships. These effects are particularly significant for nursing students, who require sustained attention, emotional stability and professional competence during both academic and clinical training.

The analysis of socio-demographic variables revealed that educational level, duration of mobile phone use and the most frequent reason for mobile phone usage were significantly associated with nomophobia levels. This indicates that prolonged exposure to smartphones and usage patterns driven by social networking, entertainment and constant connectivity play an important role in the development of nomophobia. Other variables such as age, gender, residential area, economic status and parental occupation did not show a statistically significant association, suggesting that nomophobia affects students across different backgrounds in a relatively uniform manner.

This pie diagram **(Figure 4)** depicts the proportional distribution of nomophobia levels among nursing students. The largest segment represents **moderate nomophobia (57.69%)**, indicating that more than half of the students experience a noticeable level of anxiety related to mobile phone separation. **Severe nomophobia (22.31%)** accounts for nearly one-fourth of the respondents, highlighting a significant risk group. **Mild nomophobia (20%)** forms the smallest proportion. The figure visually emphasizes the predominance of moderate to severe nomophobia among the study population.

The findings highlight the urgent need for awareness and preventive strategies to address nomophobia among nursing students. Developing and distributing an informational booklet, as undertaken in this study, is a relevant and practical intervention to educate students about nomophobia, its consequences and strategies for healthy mobile phone use. Educational interventions focusing on digital well-being, self-regulation and responsible smartphone use can help students achieve a healthier balance between technology use and academic life.

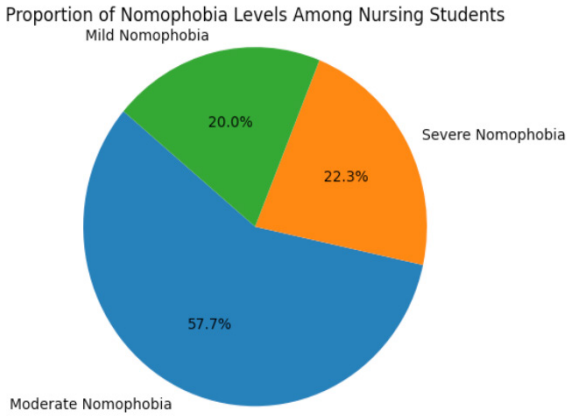

Figure 4: Proportion of Nomophobia Levels Among Nursing Students.

4. Conclusion

The study concludes that nomophobia is highly prevalent among nursing college students, with most experiencing moderate to severe levels of mobile phone dependence. Very few students were free from nomophobia, indicating that smartphone use has become an integral part of daily life. Significant associations were found between nomophobia and factors such as educational level, duration and purpose of mobile phone use.

The development of an informational booklet highlights the importance of educational interventions in promoting healthy smartphone usage. Early identification, awareness and preventive strategies are essential to reduce the negative impact of nomophobia and to support the mental well-being, academic performance and professional development of nursing students.

5. Acknowledgement

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7. Competing Interesting

The authors declare that they have no form of conflict of interest in this work.

8. References

1. Bhattacharya S, Bashar MA, Srivastava A, et al. Nomophobia: No mobile phone phobia. Journal of Family Medicine and Primary Care, 2019;8: 1297-1300.
2. Mudgal SK, Sharma SK, Gaur R, et al. Prevalence and severity of nomophobia among nurses: A systematic review and meta-analysis. Investigación y Educación en Enfermería, 2024;42: 05.
3. Sethi S, Melwani V, Melwani S, et al. A study to assess the degree of nomophobia among the students of a medical college in Bhopal. International Journal of Community Medicine and Public Health, 2018;5: 2442-2446.
4. Bragazzi NL, Del Puente G. A proposal for including nomophobia in the new DSM-V. Psychology Research and Behavior Management, 2014;7: 155-160.
5. King ALS, Valença AM, Silva ACO, et al. Nomophobia: Dependency on virtual environments or social phobia? Computers in Human Behavior, 2013;29: 140-144.
6. Yildirim C, Correia AP. Exploring the dimensions of nomophobia: Development and validation of a self-reported questionnaire. Computers in Human Behavior, 2015;49: 130-137.
7. Anand S, Anoopa KR, Joseph PG, et al. A study to assess the prevalence of nomophobia among nursing students in Kollam. Indian Journal of Psychiatric Nursing, 2022;19: 147-151.
8. Rodríguez-García AM, Moreno-Guerrero AJ, López-Belmonte J. Nomophobia: An individual's growing fear of being without a smartphone-A systematic literature review. International Journal of Environmental Research and Public Health, 2021;18: 580.
9. Sharma N, Sharma P, Sharma N, et al. Nomophobia and its relationship with anxiety, stress and academic performance among university students: A systematic review and meta-analysis. Frontiers in Psychiatry, 2023;14: 1123456.
10. Andreassen CS. Online social network site addiction: A comprehensive

review. Current Addiction Reports, 2015;2: 175-184.

11. Smith A anderson M. Social media use in 2018. Pew Research Center, 2018.

12. McBride DL, LeVasseur SA. Smartphone use among nursing students and its impact on academic and clinical performance. *Journal of Nursing Education, 2017;56*: 646-652.

13. Gezgin DM, Hamutoglu NB, Sezen-Gultekin G, et al. The relationship between nomophobia and anxiety among university students. *International Journal of Research in Education and Science, 2018;4*: 47-53.

14. Oducado RMF, Estoque H. Mindfulness, stress and coping strategies of nursing students in the digital age. *Nurse Education Today, 2021;98*: 104664.

15. Jamshidifar S, Aliabadi, PK, Musavi SJ, et al. Prevalence of nomophobia and associated factors in adolescent female students: A cross-sectional study in northern Iran. Iranian Journal of Psychiatry and Behavioral Sciences, 2023;17: 132909.