ABSTRACT

Current research has administrated entitled “Comparative study of abnormal behavior of Indian and Iranian adolescents due to video and computer game”. The main aim of this study was to discovering probable influences of video and computer games on adolescent behavior due to their content and time amount of consuming. For the purpose of the study, a sample of students from 8th, 9th and 10th grades, aged 14 to 16 was drawn randomly from English medium and co-educational schools of Pune (India) and private boy high schools of Tehran(Iran), total of 1140 participants from 8 schools. A questionnaire survey had administrated to examine basic demographic character of the participants, assessing weekly time spent on the video and computer games and find out participants’ opinion regarding their favorite games to categorize them according to the ESRB content descriptor. As well as Symptom Checklist-90-R by Derogatis was conducted to study the behavioral problem status of students due to use of video and computer games in 9 dimensions (i.e., Somatization, Obsessive–Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Hostility, Phobic Anxiety, Paranoid Ideation, Psychoticism). Demographic data according self report of participants has shown only 6 percent of Iranian and 8 percent of Indian participant in this study did not play video and computer games in the previous 6 months. only 4.6 percent of participants playing more than 18 hours weekly which among Iranian (i.e., 6.1 percent) this amount is obviously higher than Indian (i.e., 3.4 percent). About 39 percent of participants favorite games according ESRB ranking were belong to M-rating games which have content that suitable for persons ages 17 and older, Contain intense violence, blood and gore, sexual content and/or strong language. The result relating to favorite games categorized them in ten genre, 23 percent were belongs to Action genre, 12 percent Adventure, 16.4 percent First Person Shooter genre, and 48. 6 percent were belongs to Racing, MMORPG, Other Shooters, Puzzle, Social, Sport Games, Strategy genres. The main result indicated that M-rated video and computer games involving violent content lead to increasing of hostility state in adolescent user significantly and adolescent who exposes themselves in greater
amount of time gaming, reported more hostility distress. However the effect of amount of
time passing with video and computer games was higher than the content of games
although both lead to obviously higher level of hostility, it can interpret as most of
favorite games reported by participants in this study was belongs to M-rated with violent
content, exposure of these games in highly amount of time has a greater adverse effects
on consumers. As well as the amount time of gaming and content of video and computer
games leads to experience higher state of distresses (i.e., Somatization, Obsessive-
Compulsive, Interpersonal Sensitivity, Depression, Anxiety, Phobic Anxiety, Paranoid
Ideation and Psychoticism), but this level differences were not statistically significant.
As well as the result has shown Indian participants experience significantly higher
amount of phobic anxiety and Iranian participant in interpersonal sensitivity and paranoid
ideation had significantly greater amount of distress than Indian group. There was
evidence according to SCL-90-R profile interpretation which suggests that the M-rating
user expose a pattern of distress as difficulties in somatization, depression and anxiety
complains compare to under M rating user group. Both group (M-rating and under M-
rating VCG user) experienced remarkable phobic anxiety symptoms; however it is not
indicative of a clinical picture. As well as the higher than mean time user expose a pattern
of distress difficulties in hostility, somatization and Obsessive-Compulsive above average
compare to lesser than mean time. These similar outcome across different cultures
(Indian and Iranian) provide robust evidence which has shown consuming M-rating
video and computer game and excessively gaming made negative effect on behavior of
adolescent user (i.e., Hostility, Somatization, Obsessive-Compulsive, Anxiety And
Depression).