



## PREVALENCE OF SELFITIS BEHAVIOUR AND SELFIE SYNDROME AMONG UNDERGRADUATE MEDICAL STUDENTS IN A TERTIARY CARE INSTITUTE, HARYANA.

### Community Medicine

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### ABSTRACT

**Background:** Photographic communication; that means sharing pictures of oneself and others has become more popular in this decade. Although it gives an opportunity to socialise and to express emotions and behaviour which are not shared face-to-face but it also allows people to get online attention specially those who suffer from identity need, and lack of self-confidence which arise taking selfie with help of smart phone camera. **Aim & Objectives:** To study the prevalence of selfitis behaviour and selfie syndrome and to find out the association of background variables with selfie syndrome among undergraduate medical students. **Methods:** A cross-sectional study was conducted among 200 undergraduate medical students of tertiary care institute in Haryana. Data were collected through a self-administered, pretested and semi-structured questionnaire and selfitis behaviour scale entered in MS Excel sheet and analysed using SPSS version 20. **Results:** 121 (60.5%), 52 (26%) and 27 (13.5%) participants has moderate, mild and severe selfitis behaviour respectively. The mean score of selfitis behaviour was  $48.09 \pm 17.59$ . 194 (97%), 2 (1%) and 4 (2%) participants have undergone border line, acute and chronic selfitis respectively. **Conclusion:** It is concluded that majority of participants have moderate selfitis behaviour. Therefore, if awareness increasing measures not taken then this majority group may become severe.

### KEYWORDS

Selfie, Selfie syndrome, Selfitis behaviour scale, undergraduate medical students

#### Introduction:

The discovery of the self-timer in the behind 1880s permitted for any human being capturing a photograph to fixed their camera and let themselves 5 to 10 seconds to catch into a shot. 'Selfie fever' has been resulted after introduction of smart phone and social networking sites.<sup>(1)</sup> The selfies being the latest trend and obsession have its own share of both good and bad. It made people to portrait them and use them as an object for likes and comments. "Selfie discussed first by photographer Jim Krause in 2005. It had gained a wide popularity in social media in 2010."<sup>(2)</sup> Contribution of front camera into smart phone has been increased dramatically for taking selfies within few years. After taking selfie, it can be edited by colour and contrast, changing backgrounds and then uploaded the selfie onto a social media platform like face book, Instagram, WhatsApp status. Use of integrative editing and other options has further popularized selfie-taking behaviour.<sup>(3)</sup>

Introduction of social networking platforms has changed the entire communication system. It allows everyone to share their thoughts and emotions with others through words and photographs. Photographic communication; that means sharing pictures of oneself and others has become more popular in this decade. Although it gives an opportunity to socialise and to express emotions and behaviour which are not shared face-to-face but it also allows people to get online attention specially those who suffer from identity need, and lack of self-confidence. According to Oxford dictionary, selfie is defined as a photograph that one has taken of oneself, typically with a smartphone or webcam and uploaded to a social media website.<sup>(4)</sup> The term selfitis (obsessive compulsive desire to take photos of one's self and post them on social media) was first coined in 2014 by American psychiatric Association (APA) which classified it as a mental disorder. Selfie syndrome (Level of selfitis) categorized based on the number of selfies they take and post it in social media. Borderline selfitis are those who take >3 selfies per day and not post them in social media. Acute selfitis are those who take >3 selfies per day and post all of them in social media. Chronic selfitis are those who have uncontrollable urge to take selfies and post >6 selfie.<sup>(5)</sup>

#### Aim & Objectives:

To study the prevalence of selfitis behaviour and selfie syndrome and to find out the association of background variables with selfie syndrome among undergraduate medical students.

#### Material & Methods:

A cross-sectional study was conducted among 200 undergraduate medical students from October 2019 to December 2019 in tertiary care institute of Haryana. The study participants were selected by using convenient sampling technique. All students gave their informed consent to take part in the study. Confidentiality of students was maintained. Data were collected through a self-administered, semi-structured questionnaire and Selfitis Behaviour Scale (SBS)<sup>(6)</sup> which entered in MS Excel sheet and analysed using SPSS version 20 and appropriate statistical tests were applied. SBS is a measure of 20 items. Responses were rated on a 5-point Likert scale: (5 = strongly agree; 4 = Agree; 3 = Neither Agree or Disagree; 2 = Disagree; 1 = Strongly Disagree) which was further categorized as mild, moderate and severe selfitis with scores ranging 0-33, 34-67 and 68-100 respectively. According to modified B.G. Prasad classification<sup>(7)</sup>, socio-economic status was categorized.

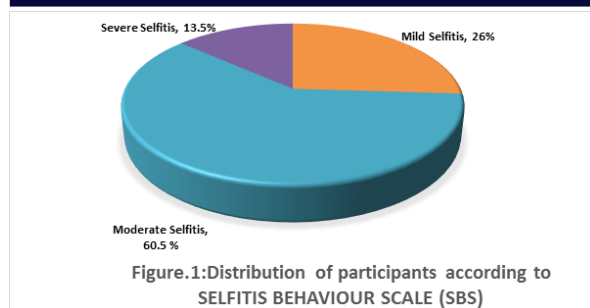
#### Results:

Out of 200 participants, 116 (58%) were male and 84 (42%) were female. Among total participants 66 (33%) were residing in the rural area while 134 (67%) were found to be urban dwellers. According to socio-economic status as per modified B.G. Prasad Classification, maximum (32.5%) belong to class I followed by 27% in class II, 22% in class III and 18.5% in class IV as described in table 1.

**Table.1 Distribution of study participants according to their Socio-demographic Profile**

| (N=200)               |           |                   |                  |                   |
|-----------------------|-----------|-------------------|------------------|-------------------|
| Variable              |           | Gender            |                  | Total (N=200) (%) |
|                       |           | Female (N=84) (%) | Male (N=116) (%) |                   |
| Residence             | Rural     | 26(31.0)          | 40(34.5)         | 66(33)            |
|                       | Urban     | 58(69.0)          | 76(65.5)         | 134(67)           |
| Socio-economic status | Class I   | 31(36.9)          | 34(29.3)         | 65(32.5)          |
|                       | Class II  | 23(27.4)          | 31(26.7)         | 54(27.0)          |
|                       | Class III | 17(20.2)          | 27(23.3)         | 44(22.0)          |
|                       | Class IV  | 13(15.5)          | 24(20.7)         | 37(18.5)          |

Mean score of selfie behaviour on selfitis behaviour scale was  $48.09 \pm 17.59$ . On the basis of SBS, majority (60.5 %) belong to moderate category followed by 26% in mild and 13.5% in severe as described in figure 1.



As per APA classification of level of selfitis, maximum (97%) has borderline level, followed by 2% with chronic and 1% under acute as described Table 2.

**Table.2 Distribution of participants according to APA classification (Level of selfitis) (N=200)**

| Selfitis   | Gender            |                  | Total (N=200) (%) |
|------------|-------------------|------------------|-------------------|
|            | Female (N=84) (%) | Male (N=116) (%) |                   |
| Borderline | 80(95.2)          | 114(98.2)        | 194(97)           |
| Acute      | 1(1.2)            | 1(0.9)           | 2(1)              |
| Chronic    | 3(3.6)            | 1(0.9)           | 4(2)              |

The chi-square test of independence showed that there was no statistically significant association between gender and selfitis,  $\chi^2 (2, N=200) = 5.055$ ,  $p = .08$  and there was no statistically significant association between residence and selfitis,  $\chi^2 (2, N=200) = .567$ ,  $p = .75$  also there was no statistically significant association between socioeconomic status and selfitis,  $\chi^2 (6, N=200) = 4.120$ ,  $p = .66$  as described in Table 3.

**Table.3. Association between Selfitis and background variables among participants**

| Variables             |           | Selfitis   |                |              | Total N (%) | Chi-square value | df | P value |
|-----------------------|-----------|------------|----------------|--------------|-------------|------------------|----|---------|
|                       |           | Mild N (%) | Moderate N (%) | Severe N (%) |             |                  |    |         |
| Gender                | Female    | 15(28.8)   | 57(47.1)       | 12(44.4)     | 84(42.0)    | 5.055            | 2  | .08*    |
|                       | Male      | 37(71.2)   | 64(52.9)       | 15(55.6)     | 116(58.0)   |                  |    |         |
|                       | Total     | 52(100.0)  | 121(100.0)     | 27(100.0)    | 200(100)    |                  |    |         |
| Residence             | Rural     | 15(28.8)   | 42(34.7)       | 9(33.3)      | 66(33.0)    | .567             | 2  | .75*    |
|                       | Urban     | 37(71.2)   | 79(65.3)       | 18(66.7)     | 34(67.0)    |                  |    |         |
|                       | Total     | 52(100.0)  | 121(100)       | 27(100.0)    | 200(100)    |                  |    |         |
| Socio-economic status | Class I   | 12(23.1)   | 44(36.4)       | 9(33.3)      | 65(32.5)    | 4.120            | 6  | .66*    |
|                       | Class II  | 16(30.8)   | 29(23.9)       | 9(33.3)      | 54(27.0)    |                  |    |         |
|                       | Class III | 14(26.9)   | 25(20.7)       | 5(18.5)      | 44(22.0)    |                  |    |         |
|                       | Class IV  | 10(19.2)   | 23(19.0)       | 4(14.8)      | 37(18.5)    |                  |    |         |
|                       | Total     | 52(100.0)  | 121(100.0)     | 27(100.0)    | 200(100.0)  |                  |    |         |

\*= Not Significant

### Discussion:

In this study, it was observed that all the study participants were taking selfies, on severity scale it was found that maximum (60.5%) number of participants belong to moderate category followed by 26% in mild category and 13.5% in severe category which was found to be similar with the study conducted by Singh et al in Bikaner, Rajasthan<sup>(8)</sup> where 70.5 % of study participants belong to moderate severity.

In this study the association between gender and selfitis behaviour was found to be non-significant which was similar to study conducted by Nagaraju et al in Bangalore.<sup>(5)</sup>

The prevalence of borderline selfitis syndrome was found to be maximum (97%) in this study which is similar with the study conducted by Singh et al in Bikaner<sup>(8)</sup> which also reported the borderline selfitis as most prevalent form while this finding was found to be in contrast from other study conducted by Begum in Ranchi,

Jharkhand<sup>(9)</sup> where acute selfitis was found to be most prevalent form and only 10% of study participants belong to borderline category.

### Conclusion & recommendations:

It is concluded that majority of undergraduate medical students have moderate selfitis behaviour and there was no statistically significant association between socio-economic status and selfitis. Therefore, if awareness increasing measures not taken then this majority group may become severe and the present study was helpful to develop awareness and provide a baseline information. According to the APA, there is currently no cure for this disorder, temporary treatment is available through Cognitive Behavioural Therapy (CBT).

### REFERENCES

- Scholar R, Krishnamurthy M. Perception towards capturing selfies and its impact among students of Mangalore university: a study Veena. G [Internet]. Vol. 15, International Journal of Digital Library Services IJODLS | Geetanjali Research Publication. Online; 2015 [cited 2020 Jun 10]. Available from: www.ijodls.in
- Katz JE, Crocker ET. Selfies and photo messaging as visual conversation: Reports from the United States, United Kingdom and China. *Int J Commun*. 2015;9(1):1861–72.
- Fox J, Rooney MC. The Dark Triad and trait self-objectification as predictors of men's use and self-presentation behaviors on social networking sites. *Pers Individ Dif*. 2015;76:161–5.
- "Selfie" named by Oxford Dictionaries as word of 2013 - BBC News [Internet]. [cited 2020 Jun 13]. Available from: <https://www.bbc.com/news/uk-24992393>
- Nagaraju R, Chikkegowda LK. Selfie : A Rising Culture . Assessment of Selfitis And Its Relation with Self-Esteem Among Medical and Nursing Students : A Cross-Sectional Study. 2019;10(5):285–9.
- Balakrishnan J, Griffiths MD. An Exploratory Study of "Selfitis" and the Development of the Selfitis Behavior Scale. *Int J Ment Health Addict*. 2018;16(3):722–36.
- Pandey VK, Aggarwal P, Kakkar R. Modified BG prasad socio-economic classification, update - 2019. *Indian J Community Heal*. 2019;31(1):123–5.
- Singh MV, Yadav DA. A study to assess the selfitis behaviour and selfie syndrome (level of selfitis) among the nursing students. *Int J Med Res Rev*. 2018;6(8):452–7.
- Begum F. Prevalence of Selfitis among Nursing Personnel in Ranchi. *J Pharm Pract Community Med*. 2019;5(3):51–3.