

**“ASSESS THE LEVEL OF KNOWLEDGE TOWARDS SELFIE ADDICTION AND IMPACT OF AMONG ADOLESCENTS. IN A VIEW TO PREPARE AN INFORMATIONAL BOOKLET”**

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**ABSTRACT**

**Introduction**

Selfitis or selfie addiction is a compulsive desire to take photos of oneself and post them on social media. It is observed that adolescents are more prone to selfitis. But, unfortunately, the condition remains unidentified. Perhaps, it leads to underlying mental health issues like narcissism, loneliness, lack of confidence, relationship breakdown. Unless treated, it can lead to significant disorders such as depression, substance abuse, and suicidal ideation.

**Objectives**

1) To assess the adolescents' level of knowledge towards selfie addiction & its impact.

**Methods**

In a present study, a quantitative approach & descriptive research design was applied. And 60 adolescents were selected with convenient method. Data were collected using structured knowledge questionnaire and a likert scale & were analyzed using descriptive and inferential statistics.

**Result**

The results of adolescents revealed that 05% had good knowledge regarding selfie addiction. Impact score disclosed that 23 (38.33%) of adolescents had borderline selfitis, 20 ( 33.33%) had acute selfitis and 17 ( 28.35%) had chronic selfitis. The correlation between knowledge and the impact of selfie addiction was found to be  $r_{60} = -0.82$  ( $p < 0.05$ ). The impact scores were associated with demographic variables like geographic area(0.05) & parents' education (0.031) at  $p < 0.05$ .

**Conclusion**

The study reveals only 5% of the samples had good knowledge. The adolescents shown a strong negative correlation between knowledge & impact. The demographic variables like geographic area & parental education shown significant association with impact scores.

**Keywords** - Selfie addiction, narcissism, depression, borderline selfitis, Acute selfitis, Chronic selfitis.

**Background**

Selfies have been a major trend around the world for several years<sup>1</sup>. Selfie is a self-portrait, generally taken with a smartphone or camera and shared on social media, is known as a "selfie"<sup>2</sup>. (oxford dictionary, lexico).

Robert Cornelius, an American pioneer of photography, is credited with taking the first selfie. He produced a daguerreotype of himself, in 1839. Grand Duchess Anastasia Nikolaevna of Russia shot a selfie in front of a mirror in 1914 to transmit to a friend, becoming one of the first teens to do so.<sup>3</sup>

Today is the age of Smartphones. Majority of people use the smartphone to click their selfies.<sup>4</sup> Smartphones have become part and partial of our lives, and so are the selfie camera<sup>5</sup>. Therefore, selfies have unquestionably become one of the most significant cultural phenomena of the twenty-first century<sup>6</sup>.

According to a survey, people around the world take 300 million selfies every day<sup>7,8</sup>. A typical Millennial, defined as someone born in the last two decades of the twentieth century, should have taken 25,700 selfies in their lifetime<sup>9,10</sup>. However, selfies seem to be a common practice among teenagers. Many people are in the selfie business, but for some it can become addicted<sup>11</sup>. Therefore, healthcare professionals are becoming increasingly concerned about the emergence of a new concept known as selfie addiction<sup>6</sup>.

Selfie addiction (SA) or selfitis is the obsessive compulsive desire to take photos of one's self and post them on social media as a way to make up for the lack of self-esteem and to fill a gap in intimacy<sup>12</sup>.

Selfitis seemed to be another possibility to add to the increasing list of "Technological Addictions"<sup>13</sup>. Although phenomenology or its subcomponents has been researched a little depending upon the severity<sup>14</sup>, the researchers have identified three levels of selfitis.

- ◆ Borderline selfitis- People who take selfies at least three times a day, but do not post them on social media.
- ◆ Acute selfitis- People who take selfies at least three times a day and do post them on social media.
- ◆ Chronic selfitis- People who feel an uncontrollable urge to take selfies all the time and who post them more than six times a day<sup>15,16</sup>.

Selfies can be beneficial or detrimental. It can be a formative experiences for young people, such as learning more about themselves and capturing and sharing memories of memorable occurrences.<sup>17</sup>

A study, which aimed to investigate the effect of body image and self-esteem on selfie addiction among new female students at Ahfad University in Sudan, discovered a substantial relationship between selfies, self-esteem, and body image<sup>18</sup>. Furthermore, it was discovered that both body image and self-esteem have the potential to predict the chance of selfie addiction in females<sup>19</sup>.

And the detrimental facet of selfies could be self-obsession, friendship breakdown, psychopathic tendencies, comparing oneself to something unattainable and unreachable, low self-esteem, low confidence, and imbalanced peer interactions<sup>20</sup>. People, sometimes to gain attention on social media portray themselves amidst dangerous settings<sup>21</sup>, which can cause accidental deaths. Additionally, due to the poor quality of selfies, one could receive loads of negative comments and could be abandoned. Which would eventually result in suicide<sup>6,22</sup>.

From October 2011 to November 2017, there have been 259 deaths while clicking selfies in 137 incidents. The highest number of incidents and selfie-deaths has been reported in India followed by Russia (9%), United States (8%), and Pakistan (6%)<sup>23</sup>. Drowning, and fall from the topmost, are the reasons for deaths caused by selfies. The number of deaths in males is approximately, three times more than in females<sup>24</sup>.

According to a cross-sectional study, the data obtained from 1104 undergraduates, social media use is connected with more social comparison and self-objectification in both men and women, which are both associated with worse self-esteem, poorer mental health, and body image problems. 11 and 12

Currently, there is no scientifically approved treatment for selfie addiction<sup>25</sup>. But taking measures like, practising relaxation and stress management, reducing social media presence, and engaging in other pleasurable activities will help in addiction<sup>26,27</sup>. Research shows that a combination of counselling, behavioural therapy, and anxiolytics, if needed, could be beneficial.<sup>6,28,29</sup>

A study of various effects of internet and selfie addiction among 402 medical students noted a significant association between selfie, gender, and internet addiction. Therefore, the researcher concluded that health education and behavior change must be instilled in order to make the desired behavior change<sup>30</sup>. Young minds should be advised to have extra circular activities instead of getting hung up on the internet.<sup>31</sup>

But unfortunately, the individuals who are involved in selfie behaviour barely know about the fact that they have come down with selfie addiction. Hence, it intensifies the ramifications.

Studies have shown that creating awareness and educating people towards selfie addiction can resolve the issues. Measures like Awareness programs, Instructional modules, informational videos etc. toward selfie addiction can be beneficial in the prevention, treatment and resolution of consequences of addiction<sup>32,33</sup>.

## **METHODS**

### **Research Approach**

Research approach involved the description of the plan to investigate the phenomenon under study in a structured manner and assessed the knowledge of selfie addiction and its impact among adolescents using quantitative approach .

### **Research Design**

A descriptive design was found to be appropriate to the objectives of the study. Data were collected from 60 adolescents residing in Margao, South Goa. Consent of the participants was obtained after explaining the purpose of the study and were selected using convenient technique. The relevant data to analyse knowledge & impact were collected using structured knowledge questionnaire & a likert scale, respectively. The knowledge questionnaire was constructed to assess the various components related to selfie addiction. And a 5-point Likert scale was used to identify the intensity of selfie addiction. Both the tools were validated from various experts and was found reliable at  $r = .893$  and  $r = 0.845$ . The collected was then analyzed to determine the levels of knowledge about selfie addiction & its impact.

### **Variables Under Study**

In this study the key variable is knowledge of selfie addiction and its impact among Adolescents residing at Margao, South Goa.

#### **• Demographic variables**

It includes Age, gender, religion, geographical area, type of family, number of siblings, educational status, education of parents, monthly family income, number of megapixel of cameras preferred for taking selfies, reason for taking selfies.

• Extraneous variables

In this study the extraneous variables includes Narcissism, self-image, self-esteem, attention seeking, social competition.

Sampling criteria

The following criteria were set for the selection of sample;

Inclusive criteria

- Adolescents who are having smartphones.
- Adolescents who are residing at Margao, South Goa.
- Adolescents who are age group of 16-18 years.

Exclusive criteria

- Adolescents who are not willing to participate in the study.
- Adolescents who are having previous knowledge regarding selfie addiction and its impact.
- Adolescents who are not able to understand English, Hindi and Konkani.

Statistical analysis

Participants, who engaged in selfie behaviour, were assessed for their demographic factors with descriptive statistics. The degree of understanding of selfie addiction and its impact, frequency and percentage, was determined. The correlation coefficient test (r) was used to examine the relationship between knowledge of selfie addiction and impact. A Chi-square test ( $\chi^2$ ) was used to identify the relationship between demographic characteristics and understanding of selfie addiction, as well as its impact on participants.

**RESULTS**

According to the survey, more than half of the teenagers (76.66 percent) were over the age of 18, 13.33 percent were over the age of 17, and 10% were under the age of 16. It was discovered that 60% of the adolescents were female and 40% of the adolescents were male. It was disclosed that 90% of adolescents are Hindu, 8% are Christian, 2% are Muslim. It was revealed that 60% of the teenagers came from nuclear families, whereas 40% came from joint families. According to the data, 38.3 percent of teenagers have two or more siblings, 30 percent have one sibling, and 30 percent do not have any siblings. showed that 63.33 percent of adolescents resided in rural areas, 26.66 percent in urban areas, and 10% in semi urban areas. The results showed that 81.66 % were in the XII standard and 18.33 % were in the XI standard. It was evident that the majority of adolescents' parents have completed 7-9 standard education (30%) as well as 10-12 standard education (30%), 28.33 % have completed other forms of education and 11.66 % had completed graduation. Distribution of teenagers based on family income showed that 55 % of adolescent belong to family income is less than 20,000, 25 % of adolescents' family income was greater than 41,000, and 20 % of adolescent family income is between 21,000 and 40,000. For capturing selfies, 41.66% adolescents use 8-16 megapixel camera , 33.33% have 25-48 megapixel camera and 25% have 17-24 megapixel camera.

It is evident from data that 86.66% of adolescents takes selfies for capturing memories for future, 6.66% of adolescents take selfies to gain popularity on social media and also 6.66% of adolescents take selfies for improving mood.

Table1: Frequency and percentage distribution of adolescents according to demographic variables.

Sr. No.	DEMOGRAPHIC VARIABLES	FREQUENCY	%
1	Age		
	16 years	6	10
	17years	8	13.33
	18 years	46	76.66
2	Gender		
	Male	24	40
	Female	36	60

	Transgender		0
3	Religion		
	Hindu	54	19
	Muslim	1	1.66
	Christian	5	8.33
	Others	0	0
4	Types of family		
	Nuclear	36	60
	Joint	24	40
	Extended	0	0
5	Number of siblings		
	None	18	30
	One	18	30
	Two or more	23	38.3
6	Geographical areas		
	Rural areas	38	63.33
	Urban areas	16	26.66
	Semiurban areas	6	10
7	Educational status		
	11 th std	11	18.33
	12th std	49	81.66
8	Educational parents		
	7-9 std	18	30
	10-12 std	18	30
	Graduation	7	11.66
	Others	17	28.33
9	Monthly family income		
	Below 20000	33	55
	Between 21000-40000	12	20
	Above 41000	15	25
10	Number of megapixel cameras preferred for taking selfies		
	8-16 megapixel	25	41.66

	20-24 megapixel	15	25
	32-48 megapixel	20	33.33
11	Reason for taking selfies		
	To gain popularity on social media	4	6.66
	For improving the mood	4	6.66
	Capturing memories for future	52	86.66

According to table 2, 19% of adolescents know about selfie addiction, 11% know the type of selfie addiction, 15% have knowledge about the prevalence of selfie addiction, and 4% have knowledge about causes, factors influencing and factors associated with selfie addiction. 12% were known to the signs and symptoms as well as complications. Rest other components showed the poor knowledge.

Table 2: Frequency, percentage and standard deviation of knowledge score of selfie addiction among adolescents

Sr.No	Components of knowledge	Frequency	%	Mean	Mean %	S D
1	Selfie & selfie addiction	5	19	1.45	15.98	0.795
2	Types of selfie addiction	3	12	1.48	16.31	0.722
3	Prevalence of selfie addiction	4	15	1.55	17.09	0.659
4	Causes of selfie addiction	1	4	0.58	6.39	0.161
5	Factors influencing selfie addiction	1	4	0.37	4.08	0.381
6	Factors associated with selfie addiction	1	4	0.37	4.08	0.381
7	Signs and symptoms of selfie addiction	3	12	0.75	8.26	0.544
8	Impact of selfie addiction	2	8	0.52	5.73	0.453
9	Prevention of selfie addiction	2	8	0.57	6.28	0.522
10	Management of selfie addiction	1	4	0.18	1.98	0.351
11	Complications of selfie addiction	3	12	1.25	13.78	0.741
	Total	26	100	9.07	100	5.71

The table 3 reveals that majority of adolescents (65% ) had average knowledge , 30% had poor knowledge, 05% had good knowledge towards selfie addiction.

Table 3: Level of knowledge score regarding selfie addiction among adolescents.

LEVEL OF KNOWLEDGE	SCORES	FREQUENCY	PERCENTAGE
Poor knowledge	0-07	18	30%
Average knowledge	Aug-13	39	65%
Good knowledge	14-19	3	5%
Excellent	20-26	0	0%

The table 4 reveals that, in relation to positive statements only15.98% of adolescents strongly agree and 14.19% were. agree, 390 (9.81%) of adolescents are uncertain, 174 (4.37%) of adolescents disagree and 54 (1.35%) of adolescents strongly disagree to positive statements. As far as negative statements were concerned only 19% of adolescents were strongly disagree and 16 % were disagree.

Table 4 :- Frequency, Percentage, Mean of Impact of Selfie Addiction among adolescents.

Sr No.	Aspects	Frequency	%	Mean	Mean Percentage
1	Positive			0	
a	Strongly agree	635	15.98	10.58	15.98%
b	Agree	564	14.19	9.4	14.19%
c	Uncertain	390	9.81	6.5	9.81%
d	Disagree	174	4.37	2.9	4.37%
e	Stronglydisagree	54	1.35	0.9	1.35%
2	Negative			0	
a	Strongly agree	77	1.93	1.28	1.93%
b	Agree	262	6.59	4.36	6.59%
c	Uncertain	426	10.72	7.1	10.72%
d	Disagree	636	16	10.6	16%
e	Stronglydisagree	755	19	12.58	19%
	Total	3973	100%	66.21	100%

The table 5 reveals that 38.33% adolescents had borderline selfitis, 33.33% had acute selfitis and 28.33% chronic selfitis. Hence, it is evident that majority of the participants have come down with selfie addiction.

Table 5: Level of impact regarding selfie addiction among adolescents

INTERPRETATION	RANGE	FREQUENCY	%
Normal	20- 39	0	0%
Borderline Selfitis	40- 59	23	38.33%
Acute Selfitis	60- 79	20	33.33%
Chronic selfitis	80- 100	17	28.33%

The table 6 and figure 1 depicts that calculated “r” value ( $r_{60} = -0.82; p < 0.05$ ) was less than the table value (0.250;  $p < 0.05$ ). The results shows that if adolescents has good knowledge regarding selfie addiction then impact is less. And if knowledge regarding selfie addiction is less than impact is more. Therefore, it is evident that there is strong negative correlation between knowledge and impact of selfie addiction among adolescents.

Table 6 Correlation between knowledge and impact of selfie addiction among adolescents  
 n=60

Area	r value	Table value	DOF	Significant value at	Inference
Knowledge and Impact	-0.82	0.250	58	$p < 0.05$	Strong negative correlation

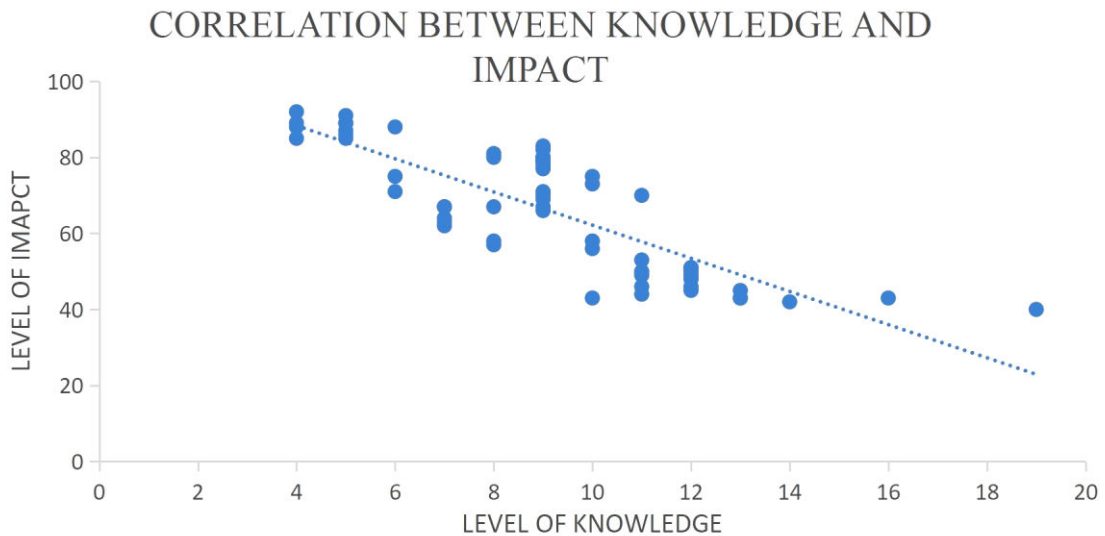


Figure 1. Depicts the Correlation between knowledge and impact of selfie addiction among adolescents

The data in Table 7 shows association between knowledge score towards selfies addiction and demographic variables of adolescents. In order to form two by two contingency table sub variables have been merged together. It was evident that, there is no significant association between the knowledge score and selected demographic variables.

DEMOGRAPHIC VARIABLES	CATEGORY	BELOW AVERAGE	ABOVE AVERAGE	FISHERS EXACT TEST	LOS
Age	17 years	11	0	P=1 DF=1	NS
	18 years	46	3		
Gender	Male	22	0	=0.291DF=1	NS
	Female	35	3		
Religion	Hindu	51	3	P=1 DF=1	NS
	Others	6	0		
Types of family	Nuclear	33	3	P.268DF=1	NS
	Joint	24	0		
Number of siblings	None	17	0	P=0.55DF=1	NS
	One or more	40	3		
Geographical areas	Rural areas	37	3	=0.544DF=1	NS
	Urban areas	20	0		
Educational status	11th std	11	0	P=1 DF=1	NS
	12th std	46	3		
Education of parents	7-12 std	33	3	=0.267DF=1	NS
	Graduation	24	0		
Monthly family income	Below 20000	32	1	=0.583DF=1	NS
	Above 21000	25	2		
Number of megapixel cameras preferred for taking selfies	8-24 megapixel	18	22	=0.166DF=1	NS
	32-48 megapixel	5	15		
Reason for taking selfies	To gain popularity on social media and for improving the mood	6	1	=0.399DF=1	NS
	Capturing memories for future	50	3		

Table 7. Depicting Fishers exact test showing association between knowledge score of the adolescents regarding selfie addiction with demographic variables.

The data in Table 8 shows an association between impact scores and selected demographic variables of adolescents. The sub-variables were to form a 2X2 contingency table. The data of the table represents that there was a significant association between impact score and demographic variables like geographical areas



(0.005) and education of parents (0.031) at  $p < 0.05$  level of significance. But, there was no significant association with the rest of the variables

DEMOGRAPHIC VARIABLES	CATEGORY	RLINE	ACUTE	FISHERS EXACT TEST	LOS
Age	17 years	5	7	P=1 DF=1	NS
	18 years	18	30		
Gender	Male	8	14	P=1 DF=1	NS
	Female	15	23		
Religion	Hindu	22	32	P=0.39DF=1	NS
	Others	1	5		
Types of family	Nuclear	14	22	P=1 DF=1	NS
	Joint	9	15		
Number of siblings	None	5	10	P=0.763DF=1	NS
	One and more	18	27		
Geographical areas	Rural areas	19	13	P=0.0005DF=1	S*
	Urban areas	4	24		
Educational status	11th std	3	7	P=0.727DF=1	NS
	12th std	20	30		
Education of parents	7-12 std	18	18	P=0.031DF=1	S*
	Graduation	5	19		
Monthly family income	Below 21000	10	22	P=0.29DF=1	NS
	Above 21000	13	15		
Number of megapixel cameras preferred for taking selfies	8-24 megapixel	18	22	P=0.166DF=1	NS
	20- 48 megapixel	5	15		
Reason for taking selfies	To gain popularity on social media and for improving the mood	2	5	P=0.69DF=1	NS
	Capturing memories for future	21	32		

S\*=Significant at  $p < 0.05$

Table 8 Fishers exact test showing association between impact score of taking selfies among adolescents with demographic variables

## DISCUSSION

Major findings of the study

The first objective of the study was to assess the knowledge on selfie addiction among adolescents between age group of 16 – 18 years. The study findings revealed that among 60 adolescents 18 (30%) had poor knowledge, 39 (65%) had average knowledge, 3 (5%) had good knowledge about selfie addiction. Therefore, it was inferred that most of the adolescents had average knowledge regarding selfie addiction.

A questionnaire based study on Selfitis Disease Behavior Scale: Turkish Validity and Reliability Study was conducted over 380 teenagers. The aim of the study was to analyse and evaluate the awareness about selfie addiction among teenagers. It revealed, around 88% of the teenagers take selfies, about 92.2% of the individuals take at least 1–3 selfies in a day, 6.1% take three to five selfies, and 1.7% take more than five selfies in a day. Around 63.5% of the teenagers were aware that the increased inclination to click pictures of oneself can lead to psychological problems. Hence, the researchers concluded that, the teenagers were aware of the condition and there is sufficient awareness of the effects such as selfie deaths; furthermore, awareness should be spread among the teenagers regarding the various self-esteem issues that will aid in the holistic functioning of the society as mentally healthy individuals.<sup>34</sup>

The findings of the study were in par with the an exploratory survey conducted to assess the level of knowledge regarding selfitis among adolescents to develop an information pamphlet on selfitis. Convenient sampling technique was used to select 160 adolescents. Findings of the study revealed that majority of respondents 88 (55%) had inadequate knowledge, 57 (35.62%) are had moderate knowledge regarding selfitis. Area wise knowledge assessment highest mean score ( $5.17 \pm 2.58$ ) which is 2.23% of maximum score was obtained for the area “definition of selfie syndrome”. The lowest mean score ( $0.79 \pm 0.76$ ) which is 0.49% was obtained by them for the area of “complication of selfitis”. And concluded that there was significant association between knowledge scores and the selected demographic variables such as income of the family, residence, types of mobile use at 0.05 level of significance.<sup>35</sup>

The second objective was to assess the impact of selfie addiction among adolescents between age group of 16-18 years. The study findings revealed that among adolescents that no one (0%) was normal, 23 (38.33%) had borderline selfitis, 20(33.33%) had Acute selfitis and 17(28.33%) had chronic selfitis on selfie addiction among adolescents.

The results were at par with a correlational study on Effect of selfie addiction on self-esteem, body image, and academic achievement among Faculty of Nursing students, which included 137 adolescents. Data were gathered utilizing five tools : the sociodemographic data sheet, the selfie taking behavior scale, the self-esteem scale, the body image scale, and the academic achievement scale. It was found that the highest percentage of students had acute selfie behavior (75.2%). Meanwhile, 6.6% had borderline selfie behavior. Therefore, the researcher concluded that three-fourths of the participants belonged to acute level from selfie behavior and there were statistically significant relations between chronic selfie behavior level and like and causes for taking selfie. There were statistically insignificant differences between levels of selfie behavior and body image, academic achievement, and self-esteem of the studied group.<sup>36</sup>

A study on selfie addiction attempts to study the phenomenon of ‘selfie’, and the youngsters’ addiction to it. The paper covers such aspects as the impact of ‘selfie’ on the person’s social life, causes of addiction, its negative consequences as well as the correlation between ‘selfie’ and self-esteem. The sample size was 80 students (40 male and 40 female) who are studying at Kuban State University. The results of the study showed that 100% of the surveyed female respondents are interested in taking ‘selfies’ while there are 10 % of males who are not interested in taking ‘selfies’ at all. However, on an average, 65% of male respondents tend to take ‘selfies’ very often. According to the results obtained, 70 % of the females are posting ‘selfies’ every day. It is noteworthy that among these female respondents 12.5 % have the real ‘selfie’ addiction. Thus, we can conclude that nowadays the percentage of “selfie” addicted people is high and includes not only women. Young people of both genders are equally addicted to “selfies”.<sup>37</sup>

Third objective of the study was to find out the correlation between knowledge of selfie addiction and its impact among adolescents between age group of 16-18 years. The study findings revealed that there was strongly negative correlation between knowledge and impact of selfie addiction among adolescents as the calculated “r” value ( $r_{60} = 0.82$ ;  $p < 0.05$ ) was less than the table value (0.250;  $p < 0.05$ ) and the degree of freedom (DOF) was 58.

A descriptive correlational study to assess the effect of selfie addiction on self-esteem, body image, and academic achievement among Faculty of Nursing students. This study was carried out at the Faculty of Nursing, Zagazig University, in Alsharkia Governorate. The number of students selected from each grade was determined by proportion allocation. First year: 30 students, second year: 26 students, third year: 48 students and fourth year: 33 students. Totally, 137 students were recruited for this study. Results denoted that, about three-fourths of them were females and three-fourths of them reside in rural areas. Slightly more than one-third were third-year students, whereas more than one-third were from the medical surgical nursing specialty, more than two-third were single, and the majority of them had sufficient family income. This study concluded that three-fourths of the participants belonged to acute level from selfie behavior and there were statistically significant relations between chronic selfie behavior level and like and causes for taking selfie. There were statistically insignificant differences between levels of selfie behavior and body image, academic achievement, and self-esteem of the studied group.<sup>38</sup>

Fourth objective was to find out association between demographic variables and knowledge on selfie addiction among adolescents between age group of 16-18 years. The present study revealed that there is a significant association between the demographic variables and level of knowledge among adolescents and their age ( $p=1$ ), Gender ( $p=0.291$ ), Religion ( $p=1$ ). Type of family ( $p=0.268$ ), Number of Siblings ( $p=0.55$ ), Geographical Area ( $p=0.544$ ), Educational status ( $p=1$ ), Education of parents ( $p=0.267$ ), monthly family income ( $p=0.583$ ), Type of megapixels cameras preferred for taking selfies ( $p=0.166$ ), reason for taking selfies ( $p=0.399$ ). The Fishers exact test in the present study showed that there was no significant relationship between demographic variables and level of knowledge.

A descriptive study was conducted on assessment of the level of knowledge among adolescents on “Selfie Syndrome” in selected college. It was aimed to assess the level of knowledge regarding selfie syndrome among adolescents. The results showed that among 184 adolescents 48.91% had inadequate knowledge, 19.5% had moderate knowledge and 31.5% had adequate knowledge. Significant association between age, mothers income. In conclusion, based on the obtained findings the researcher prepared a booklet which will help them to improve their knowledge and attitude in preventing and control of selfie syndrome.<sup>39</sup>

A study on Narcissistic personality and selfie taking behaviour among 300 college students by using socio-demographic and Narcissistic personality inventory. Study found that mean narcissistic score of the college students was 4.44 (2.6) which is at moderate level. 8.4% of the college students fall under the category of severe narcissistic features, 39% of the college students under moderate narcissistic features and 49% of the college students under mild narcissistic features. Narcissistic features had a significant relationship with number of selfies on an average day, preference of act for selfies, edit selfies before posting and untag themselves from group selfies. Posting of selfies on Facebook had significant relationship with narcissistic features at  $p < 0.05$ . Study concluded that majority of the selfie taking college students had narcissistic symptoms. Health care professional has pivotal role in early screening of internet users and selfie takers so that appropriate measures/ interventions can be planned to prevent psychological symptoms like narcissism in near futures.<sup>40</sup>

Fifth objective to find out association between demographic variables and impact of selfie addiction among adolescents between group of 16-18 years. The present study revealed that there is significant association between impact of selfie addiction among adolescents and few demographic variables like geographical area ( $p=0.0005$ ) and education of parents ( $p=0.031$ ). In order to form two by two contingency table sub variables have been merged together. The Fishers exact test in the present study showed that there was no significant association at  $p < 0.05$  level of significance between impact score and demographic variables like age (1), gender (1), religion (0.039), types of family (1), number of siblings (0.763), educational status (0.727), monthly family income (0.29), number of megapixel camera preferred for taking selfies (0.166) and reason for taking selfies (0.69).

A cross-sectional study was conducted among the Lebanese population to examine the relationship between personality traits (Neuroticism, Openness, Consciousness, Agreeableness, and Extraversion) and

selfie addiction among Lebanese adults. Study, carried out between August 2017 and April 2018, enrolled 1206 community-dwelling participants. Results shows that female gender (ORa = 2.79) and higher neuroticism (adjusted odds ratio [ORa] = 1.01) were significantly associated with moderate vs low selfie-taking. Higher openness (ORa = 0.96) was significantly associated with low selfie-taking. Female gender (ORa = 3.42) was significantly associated with intense vs low selfie-taking, whereas higher age (ORa = 0.93) and higher conscientiousness (ORa = 0.99) were significantly associated with lower intense selfie-taking.<sup>41</sup>

descriptive study conducted to assess the selfie taking behavior, its impact on the health of late adolescents and to find out the association of selfie-taking behavior with the health variable of the late adolescents. It aimed to find out the selfie taking behavior and its impact on the health of the late adolescents. In this study quantitative research approach and exploratory research design was used. 120 samples who were attending selected University were selected using convenience sampling technique. The result showed that there is no association between selfie-taking behavior and mental (self-esteem and narcissism level), social health (loneliness) and physical health among the late adolescents as the p value >0.05, but there is association between the selfie-taking behavior and social health (attention-seeking behavior) of the late adolescents at p = 0.05.<sup>42</sup>

## CONCLUSION

The present study has made it evident that selfie is a highly conceded practice among today's population. To be precise, among adolescents. The findings also revealed that the practice is associated with an underlying issue. The term 'selfie' refers to snapping images of oneself to share on social media networks. To upload one or two selfies, a person might take dozens of selfies to get a perfect snap. But for some, the tendency can become obsessive. But sadly, the individuals who are involved in this practice are barely known about the phenomena. Eventually, which make them experience psycho-social consequences. Like, self-obsession, friendship breakup, psychopathic traits, low self-esteem, low confidence and it can also lead to suicide due to the unsatisfied quality of selfies.

Therefore, it is necessary to make a timely assessment of the condition (selfitis) and help the individuals identify the underlying source of their psych-social disputes. This could only be achieved by creating awareness and educating the individuals towards selfitis and its ramifications by using various means like Awareness programs, Instructional modules, informational videos, booklets, pamphlets, leaflets etc.

### Implication for nursing practice

The nursing practice focuses on providing knowledge and spreading awareness about selfie addiction and its impact among adolescents to prevent its occurrence among the adolescents.

### Implication for nursing administration

The nursing administration plays pivotal role in imparting adequate knowledge on selfie addiction and its impact among adolescents residing at Margao, South Goa. It is important to educate adolescents about selfie addiction. Increasing Awareness about its impact to improve the quality of life.

### Implication for nursing research

There are many studies that are conducted on selfie addiction. The present study is just an attempt to assess knowledge regarding selfie addiction and its impact among adolescents. Depending on further Assessment done, this study can be a review for others who are doing study on selfie addiction and its impact on adolescents.

### Delimitations

sample size limited to 60.

Was restricted only to Margao, South Goa. Only for adolescents.

## RECOMMENDATIONS

In the view of the finding reported the following recommendations are made for the further research.

A similar study can be done in large scale to assess the knowledge of selfie addiction and its impact among adolescents.

A comparative study can be done to determine the effectiveness of knowledge imparted to adolescents.

A study can be conducted on adults to assess the level of knowledge and attitude on selfie addiction

A similar study can be done by using different teaching methods.

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