



A Study to Assess the Selfitis Behaviour or Selfie Syndrome Among College Students in Government Engineering College Thrissur

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ABSTRACT

A descriptive study conducted to assess the selfitis behaviour or selfitis syndrome among college students in Government Engineering College, Thrissur. The objective of the study was to assess the selfitis behaviour among college students and find out significant association between selfitis behaviour and selected demographic variables. The research approach selected for the study was descriptive approach and a non experimental descriptive design was used. The study was conducted in Government Engineering College, Thrissur. Convenient sampling technique was used to select 100 college students. A structured questionnaire using likert scale was used to collect the data. The results showed 79% college students showed selfitis behaviour only 21% had no selfitis behaviour, in that, 66% were having mild selfitis behaviour and 11% college students having moderate selfitis behaviour and 2% having severe selfitis behaviour. There was no significant association between selfitis behaviour and selected demographic variable. Nurses can conduct awareness programmes regarding adverse effects of mobile phone and selfie addictions for the college students. This will help to improve the knowledge, attitude and practice regarding mobile phone addiction and selfitis behavior in daily life .

INTRODUCTION

Selfie is the craze of young people obsessive behaviour of capturing own photos

A selfie is a self portrait photograph, usually taken with a digital camera or camera phone held in his hand supported by a selfie-stick. Now a days more and more people choose to put their live update on display on face book and twitter. The social network in general are becoming the ultimate of narcissism with many people striving to be always in the spotlight problems, success and personal event are made public hoping to draw somebody's attention.

HISTORY OF THE "TERM SELFIE"

Despite "selfie" becoming a phenomenon of the 21st century, the act of sharing a selfie with friends pre-dates photocards, in 1860's "Robert Cornelius", an American pioneer in photography, produced a daguerreotype of himself in 1839. It is the first photograph of person. In 1880, the photo booth was introduced, which fascinate people to take self-timer in the late 1880's allowed for any individual taking a photograph to present their camera and allow them selves 5-10 sec to get into a shot. This is believe to be initiation of what is now known as selfie/self photograph. In 1948, the first polaroid camera was invented. This camera could be held at an arm's length, which encouraged individuals to take more confidential self photos. The earliest usage of the word selfie can be initiated as far back as 2002. It first appeared in Karl Kruszelnicki's!

SELF-ESTEEM LEVELS AND SOCIAL MEDIA

Self-esteem refers to an overall positive and negative evaluation of self. One way of Full fills self-esteem needs in the use of social media to communicate in the personal which might provide an opportunity for people with low esteem to engage in public behavior with reduced risk of disgrace and reduced social anxiety. Individuals find best social media outlet that suites them the most to fulfill their needs and make them active pleasure.

IMPACT OF SELFIES ON SELF-ESTEEM LEVEL

Selfies are double edged words for some people, posting selfies is a self confidence booster. and for others, selfies are the reason that make them feel aware about their lives and having insecurity about their appearance."

SELFIES AS SELF-CONFIDANCE BOOSTER

People who use selfies most often believe that selfies could boost their self-confidence. The number of positive comments and likes that one receives for their selfies was reported to influence the level of one's self-confidence, especially in people with low self-esteem.

RESEARCH APPROACH

Research approach indicates basic procedure for conducting research. It involves the description of the plan to investigate phenomenon under the study in a structured or unstructured methods. Research approach adopted for this study is quantitative non experimental approach.

RESEARCH DESIGN

Research design is the overall plan or blueprint that the researcher selects to carry out their study for answering the research questions. In this study the researcher design selected was descriptive survey design. The design adopted was found to be appropriate for answering questions regarding the selfitis behaviour.

VARIABLES

Two types of variables it includes independent variable and dependent variable. Independent variable it is a presumed cause/stimulus or activity that is manipulated or varied by the researcher to create the effect on the dependent variable. Dependent variable it is a presumed effect/outcome or response due to the effect of the independent variable which researcher wants to predict or explain.

SETTING OF THE STUDY

Setting is the location for conducting the research can be natural partially controlled or highly controlled. Our setting of the study at Government Engineering college, Thrissur.

POPULATION

All element (people, objects, events or substances) that meet the sample criteria for inclusion in a study sometimes referred to as target population. In the study the target population consist of college students in different department at Government Engineering college, Thrissur.

SAMPLES AND SAMPLE SIZE

Sample is the representative unit of a target population. In the present study sample comprised of 100 college students who are fulfilling the eligibility criteria.

SAMPLING TECHNIQUE

The sampling technique adopted for the study is convenient sampling technique. It including under the non probability sampling.

CRITERIA FOR SAMPLING SELECTION

Inclusion criteria sample available during the period of data collection. Between the age of 18- 23 years. Exclusion criteria who are not willing to participate in this study.

TOOL/INSTRUMENTS

Tools are the procedure or instruments used by the researcher to collect data. In the present study the researcher assess the level of selfitis behaviour. The tool has two section section A demographic variables it includes 8 questions it explains the age, gender, family type, marital status, residence, family income, department, programmes of students. Section B selfitis behaviour scale it consist of 20 questions each responses are rated on a 5 point Likert scale (5 strongly agree, 4 agree, 3 neither agree/disagree, 1 strongly disagree, 2 disagree) scores are summed. The higher the score, the greater the likelihood of selfitis.

DATA ANALYSIS AND INTERPRETATION

The purpose of data analysis is to organize, provide structure to and elicit meaning from research data. This chapter deals with the analysis and interpretation of data collected to assess the selfitis behaviour or selfie syndrome among college students. The data was grasped, analysed and tabulated according to the objectives of the study by descriptive and differential statistics.

Data is analysed and interpreted under the following sections .

SECTION 1

Distribution of samples by their socio-demographic variables.

SECTION 2

Distribution of samples by their level of selfitis behaviour.

SECTION 3

Association between selfitis behaviour and selected demographic variables.

SECTION 1

DISTRIBUTION OF SAMPLE CHARACTERISTICS

Table 1: Frequency and percentage distribution of samples based on age

N=100

Sl.No	Age in years	Frequency	Percentage
1	17-19	41	41%
2	20-22	57	57%
3	23-25	2	2%

Table 1 shows 57% of sample belongs to the age group of 20-22 years , 41% of the samples within 17-19 years of age, 2% of the samples were between the age of 23-25 years.

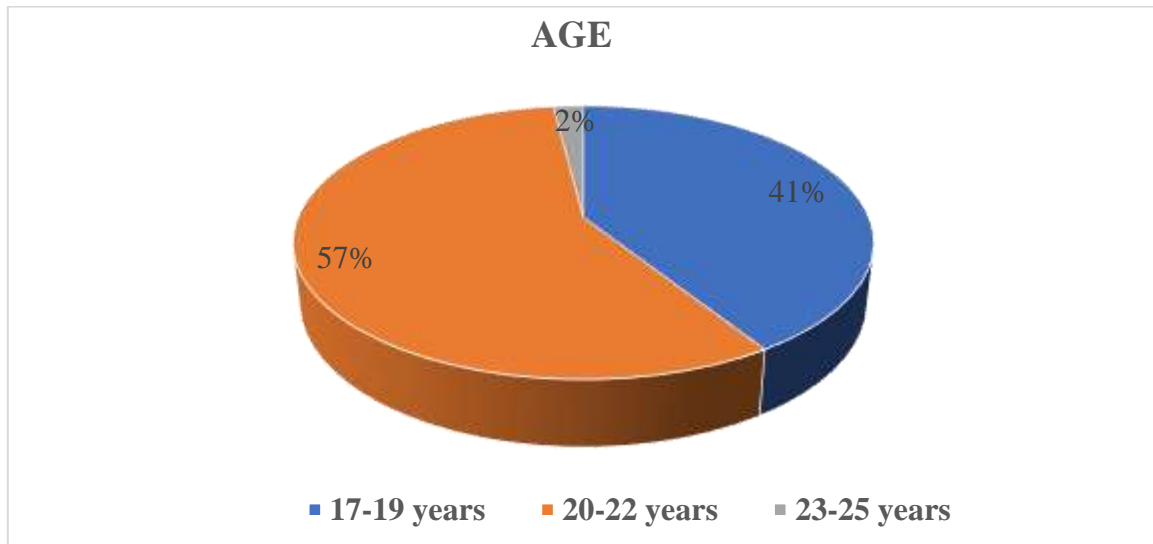


Figure 1 : Pie diagram showing percentage distribution of samples based on age.

Table 2 : Frequency and percentage distribution of samples based on gender.

N=100

Sl.No	Gender	Frequency	Percentage
1	Male	57	57%
2	Female	43	43%

Table 2 shows that 57% of samples were males and 43% of samples were females.

Table 3: Frequency and percentage distribution of samples based on family type .

N=100

Sl.No	Family type	Frequency	Percentage
1	Nuclear	91	91%

2	Joint	9	9%
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Table 3 shows that 91 % of samples lives in nuclear family and 9% lives in joint family.

Table 4: Frequency and percentage distribution of samples based on martial status.

N=100

Sl.No	Martial status	Frequency	Percentage
1	Married	4	4%
2	Single	96	96%

Table 4 shows that 4% of samples were married and 96% were single.

Table 5 : Frequency and percentage distribution of samples based on residence.

N=100

Sl.No	Residence	Frequency	Percentage
1	Panchayath	67	67%
2	Municipality	16	16%
3	Corporation	17	17%

Table 5 shows that 67 % of samples were residing in Panchayath, 17% in Corporation and 16% in Municipality.

Table 6 : Frequency and percentage distribution of samples based on family income .

N=100

Sl.No	Family Income	Frequency	Percentage
1	< Rs.10,000	15	15%
2	Rs.10,000-Rs.20,000	24	24%
3	Rs.20,000-Rs.30,000	17	17%
4	> Rs. 30,000	44	44%

Table 6 shows that 44% of samples having family income is above Rs. 30,000 per month, 24% of them having Rs. 10,000 - Rs. 20,000 per month, 7% of them were Rs. 20,000 -Rs. 30,000 per month, 15% of them having below Rs. 10,000 per month.

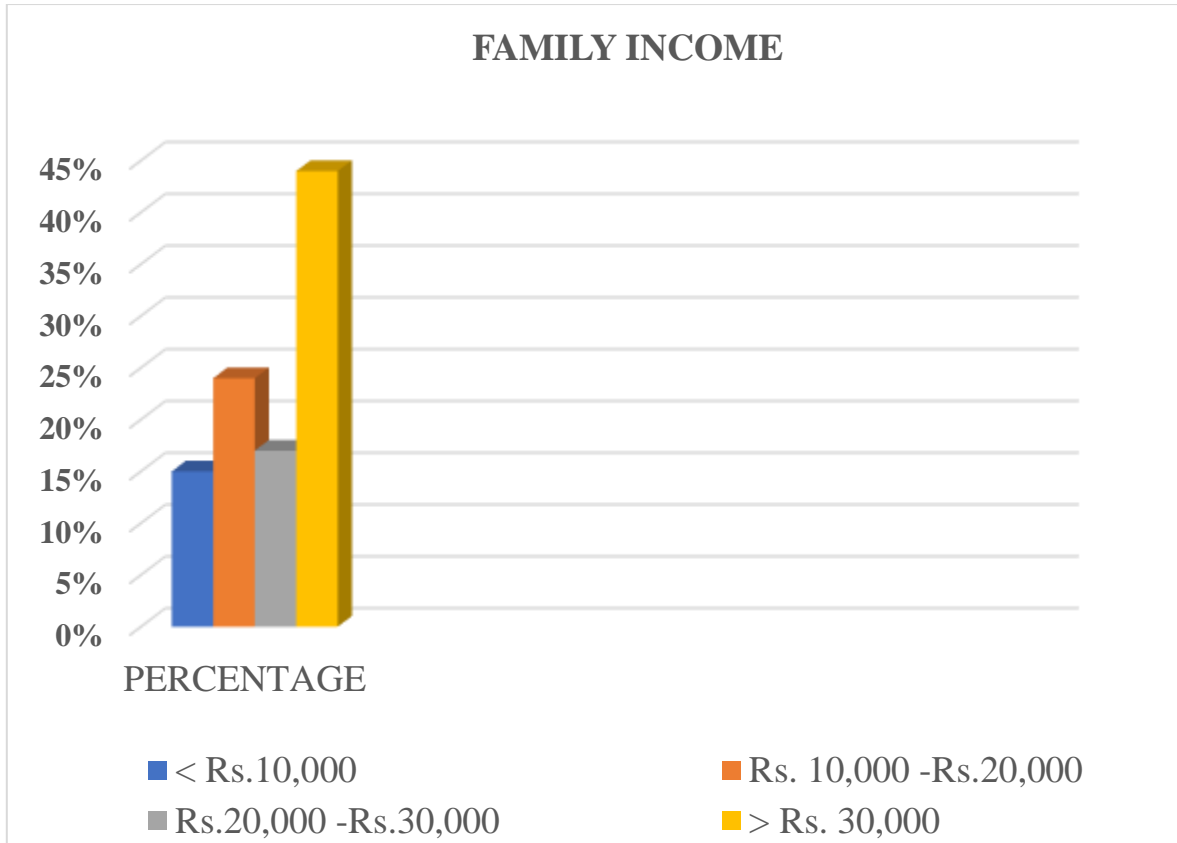


Figure 2 : Bar diagram showing percentage distribution of sample based on family income.

Table 7 : Frequency and percentage distribution of samples based on department.

N=100

Sl.No	Department	Frequency	Percentage
1	Mechanical	51	51%
2	Electrical	13	13%
3	Architechure	36	36%

Table 7 shows that 51% were studying in mechanical department, 13% were electrical department and 36% were architecture department.

SECTION 2

Table 8 : Frequency and percentage distribution of samples based on selfitis behaviour level.

N=100

Sl.No	Selfitis Behaviour Level	Frequency	Percentage
1	No addiction	21	21%
2	Mild	66	66%
3	Moderate	11	11%
4	Severe	2	2%

Table 8 shows that among 100 samples 21% had no addiction to selfie, 66% had mild selfitis behaviour, 11% had moderate selfitis behaviour and 2% had severe selfitis behaviour.

SECTION 3

Table 9 : Association between selfitis behaviour and selected demographic variables.

Sl. No	Variable	Categories	Selfitis Behaviour				Chi square	D.F	Table Value	Result
			No addiction	Mild	Moderate	Severe				
1.	Age	17-19	12	24	3	2	8.256	6	12.59	No Association
		20-22	8	41	8	0				
		23-25	1	1	0	0				
2.	Gender	Male	9	40	7	1	2.269	3	7.82	No Association
		Female	12	26	4	1				
3.	Family Type	Nuclear	17	63	9	2	5.516	3	7.82	No Association
		Joint	4	3	2	0				
4.	Residence	Panchayath	12	45	9	1	4.02	6	12.59	No Association
		Municipality	6	8	2	0				
		Corporation	3	13	0	1				
		<Rs.10,000	2	12	1	0				
		Rs.10,000-Rs.20,000	5							

5.	Family Income			18	1	0	6.443	9	16.92	No Association
		Rs.20,000- Rs.30,000	3	11	2	1				
		>Rs.30,000	11	25	7	1				

Table 9 shows that, there was no significant association between age and selfitis behaviour as obtained by chi square value (8.256) at degree of freedom (6) , which is lower than the table value 12.59 at 0.05 level of significance.

There was no significant association between gender and selfitis behaviour as obtained by chi square value (2.269) at degree of freedom (3) , which is lower than the table value 7.82 at 0.05 level of significance.

There was no significant association between family type and selfitis behaviour as obtained by chi square value (5.516) at degree of freedom (3) , which is lower than the table value 7.82 at 0.05 level of significance.

There was no significant association between residence and selfitis behaviour as obtained by chi square value (4.02) at degree of freedom (6) , which is lower than the table value 12.59 at 0.05 level of significance.

There was no significant association between family income and selfitis behaviour as obtained by chi square value (6.443) at degree of freedom (9) , which is lower than the table value 16.92 at 0.05 level of significance.

present study aimed to assess the selfitis behaviour among college students. The sampling technique was non probability convenient sampling and sample was 100 college students of Gov. Engineering College, Thrissur. A structured questionnaire with likert scale was used to assess selfitis behaviour.

Most of them 79(79%) showed selfitis behaviour and only 21 (21%) of them showed no selfiis behaviour. There was no significant association between selfitis behaviour and selected demographic variable such as age, gender, family type, family income, and residence.

NURSING IMPLICATIONS

NURSING PRACTISE :- Nurses can conduct teaching sessions for the students in colleges. This will help to improve the knowledge, attitude and practise of students regarding selfitis behaviour or selfitis syndrome.

NURSING EDUCATION ; - Nurse as an educator should focus on utilization of knowledge regarding selfitis behaviour. Periodic health education program should be conducted by student nurses in colleges , school and community as a part of curriculum and should motivate all to participate actively.

NURSING ADMINISTRATION :-The nurse administrator should formulate protocols, guidelines in the system of care in collaboration with multi disciplinary team. Nurse as a administrator should facilitate funding to have adequate number of books, journals, news paper in the Library. Nurse as administrator conducts seminar, conference and research to facilitate knowledge level.

LIMITATIONS

limited to Govt. Engineering College, Thrissur.

Limited period of data collection.

RECOMMENDTION

A study can be undertaken with a large sample to generalize the findings.

An experimental study can be carried out the effectiveness of teaching program.

A comparitive study can be done in other institute

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