ORIGINAL RESEARCH ARTICLE
pISSN 0976 3325 | eISSN 2229 6816
Open Access Article
www.njcmindia.org

Selfie: A Rising Culture. Assessment of Selfitis And Its Relation with Self-Esteem Among Medical and Nursing Students: A Cross-Sectional Study

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Financial Support: None declared
Conflict of Interest: None declared

How to cite this article:
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. Natl J Community Med 2019; 10(5): 285-289

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Date of Submission: 12-02-19
Date of Acceptance: 10-04-19
Date of Publication: 31-05-19

ABSTRACT

Introduction: Selfitis (the obsessive taking of selfies) is classified as a mental disorder by the American Psychiatric Association and is said to be associated with low self-esteem levels. Assessment of selfitis using Selfitis Behaviour Scale is unique among Indian studies. This study conducted to estimate the burden of selfitis and its relation with self-esteem among medical and nursing students.

Methodology: A cross-sectional study was conducted among medical and nursing students. Information regarding selfie clicking and posting on social media was collected by a structured questionnaire. Selfitis was assessed by using Selfitis Behaviour Scale (SBS) and self-esteem was assessed by using Rosenberg Self Esteem Scale.

Results: This study included 347 students (123 males and 224 females). Majority i.e., 225 (64.8%) of the study participants took selfies on any specific occasion, 300 (86.5%) of them took selfies with friends/ family members and 109 (31.4%) of them posted selfies on social medias. According to the scores of SBS, 169 (48.7%) of them had borderline selfitis, 63 (18.2%) of them had acute selfitis and 13 (3.7%) of them had chronic selfitis. Low self-esteem was seen in 105 (30.3%) of the study participants.

Conclusion: Selfitis was seen in nearly quarter of the study participants and there was no association between selfitis and self-esteem in this study.

Keywords: Selfitis, Self-esteem, medical students, nursing students, Selfitis Behaviour Scale, Rosenberg Self Esteem Scale.

INTRODUCTION

Taking a picture of yourself without the help of others hasn't been that big of a deal until selfies came into existence. The phenomenon of selfie was so widespread that Oxford Dictionaries selected the term as the "word of the year 2013". The trend of taking selfies almost became a daily habit for many people all around the world, and the social media websites became the main places for those people to post their selfies. Selfie is a self-portrait photograph, typically taken with a digital camera or camera phone held in the hand or supported by a selfie stick.[1] People take selfies at parties, in class, while having food, working out at the gym, and almost everywhere and anywhere.

Clicking selfies initially starts with fun and time pass, gradually it becomes habit and slowly an addiction. Selfitis (the obsessive taking of selfies) is classified as a mental disorder by the American Psychiatric Association[2] and is said to be associated with low self-esteem levels.[3] In terms of Psychology self-esteem is the person's overall subjective emotional evaluation of his or her own worth and a judgment of oneself as well as an attitude towards you (for example, "I am competent", "I am worthy"), as well as emotional states, such as triumph, despair, pride, and shame.[4] Researchers found that people with low self-esteem tend to be more involved with the trend of taking selfies, as well as the use of social media to mediate their interpersonal

interaction in order to fulfil their self-esteem needs.[5]

Consequences of selfitis includes poor performance in the work field/ academics, peer pressure, unwanted stress, unhealthy family relations, conflicts etc. Also, it may lead to complications such as low back pain, cervical spondylitis, awkward posture of the body, frozen shoulder, tennis elbow etc.[6] Assessment of selfitis using Selfitis Behaviour Scale is unique among Indian studies. Hence this study was conducted to estimate the burden of selfitis and its relation with self-esteem among medical and nursing students.

MATERIALS & METHODS

This cross-sectional study was conducted among medical and nursing students of MVJ Medical College & Research Hospital over a period of two months i.e., October & November 2018. Inclusion criteria was medical and nursing students using camera mobile phones or digital cameras and who took selfies with them. Those students who do not take selfies were excluded from the study.

Sample size was estimated by considering the prevalence of selfitis (31%) among adolescents in a study done by Priya Mohan et.al.[7] Calculated sample size was 329. However, the present study included 347 individuals. After obtaining consent, data was collected from students by using a structured, pre-validated, questionnaire through online Google forms. Information regarding selfie clicking and posting on social media was collected.

According American Psychiatry Association, Selfitis has been categorized based on the number of selfies they take and post it in social media. Those who take >3 selfies per day and not post them in social media were considered as borderline selfitis, those who take >3 selfies per day and post all of them in social media were considered to have acute selfitis and those who have uncontrollable urge to take selfies and post >6 selfies per day were categorised as having chronic selfitis.

Selfitis was assessed by using Selfitis Behaviour Scale (SBS) which was developed by Balakrishnan & Griffiths.[8] It is a measure of 20 items. Responses are rated on a 5- point Likert scale: (5 = strongly agree; 4 = Agree; 3 = Neither Agree or Disagree; 2 = Disagree; 1 = Strongly Disagree). This scale comprises of six factors these are environmental enhancement, social competition, attention seeking, mood modification, self-confidence, and social conformity. Total score of SBS ranges from 20-100. This was further categorized as borderline, acute and chronic selfitis with scores ranging 40-60, 60-80, and 80-100 respectively.

Self-esteem was assessed by using Rosenberg Self Esteem Scale[9] which consists of 10 questions each question is graded on a 4-point Likert scale ranging from 0 to 3. Total score of RSS ranges from 0-30. Those who score <15 where categorized as having low self-esteem level.

Statistical analysis was done using Microsoft excel sheet and SPSS version 22. The categorical data was expressed in terms of rates, ratios and percentages while continuous data was expressed as mean ± standard deviation. Chi square test was used to test the association between different qualitative variables. At 95% CI a probability value (p value) of ≤ 0.05 was considered as statistically significant.

Ethical Clearance: The study was approved from Institutional Ethics Committee of MVJ Medical College and Research Hospital. Permission to conduct the study was obtained from the Principal of Medical and Nursing Colleges of MVJMC&RH.

RESULTS

This study included 347 students of which 123 (35.4%) were males and 224 (64.6%) were females with male to female ratio of 0.54:1. Majority i.e., 195 (56.2%) of the study participants belonged to 21- 25 years of age. The mean age of study participants was 22.63±2.96 ranging from 18 to 35.

Table 1: Socio-demographic profile of the study participants.

Variables	Male (n=123)	Female (n=224)	Total (n=347)
Age Group			
18- 20years	20 (16.3)	68 (30.4)	88 (25.4)
21- 25years	70 (56.9)	125 (55.8)	195 (56.2)
26- 30years	30 (24.4)	29 (12.9)	59 (17.0)
31- 35years	3 (2.4)	2 (0.9)	5 (1.4)
Education			
Nursing	6 (4.9)	57 (25.4)	63 (18.2)
MBBS	97 (78.9)	144 (64.3)	241 (69.5)
Post-graduation	20 (16.3)	23 (10.3)	43 (12.4)
Marital Status			
Single*	111 (90.2)	207 (92.4)	318 (91.6)
Married	12 (9.8)	17 (7.6)	29 (8.4)
Socio-economic status			
Class 1	101 (82.1)	186 (83.0)	287 (82.7)
Class 2	12 (9.8)	31 (13.8)	43 (12.4)
Class 3	10 (8.1)	7 (3.1)	17 (4.9)
Residence			
Day scholars	86 (69.9)	110 (49.1)	196 (56.5)
Hostel/ Quarters	37 (30.1)	114 (50.9)	151 (43.5)
Type of mobile use			
Android	97 (78.9)	174 (77.7)	271 (78.1)
IOS	23 (18.7)	48 (21.4)	71 (20.5)
Windows	3 (2.4)	2 (0.9)	5 (1.4)

Figure in parenthesis indicate percentage.
*Included Unmarried as well as Divorced

Table 1 shows the socio-demographic profile of study participants. Majority of them were medical students 284 (81.8%), Single 318 (91.6%), day scholars 196 (56.5%) and belonged to class I socio-economic status 287 (82.7%) according to modified BG Prasad classification. Nearly 3/4th of them 271 (78.1%) used android mobile phones followed by iPhone and windows phones.

On asking what the motives for taking selfies, majority i.e., 225 (64.8%) of the participants said they would take selfies on any specific occasion, 104 (30.0%) of them said they would take selfies when bored or for entertainment followed by to know how they look 62 (17.9%) and so on. On asking with whom do you take selfies, majority of them i.e., 300 (86.5%) of them said they took selfies with friends/ family members. 137 (39.5%) of them took selfies alone. On asking what do you do with the selfies you take, more than half them 199 (57.3%) kept it to themselves. Whereas 109 (31.4%) of them posted selfies on social medias which is shown in Table 2.

Based on the number of selfies taken and posted in social media, study participants were categorized into 4 categories as described in Table 3. Nearly 1/4th of them 83 (23.9%) had borderline selfitis, 29 (8.4%) of them had acute selfitis and 11 (3.2%) of them had chronic selfitis. According to the scores of SBS, 169 (48.7%) of them had borderline selfitis, 63 (18.2%) of them had acute selfitis and 13 (3.7%) of them had chronic selfitis. Whereas low self-esteem was seen in 105 (30.3%) of the study participants according to Rosenburg self-esteem scale.

There was no association between selfitis and self-esteem in this study as shown in Table 4.

Table 2: Distribution of study participants according to the responses to selfie related questions.

Questions & Replies	Male (n=123) (%)	Female (n=224) (%)	Total (n=347) (%)
Why do you take selfies? * Or Motives for takin selfies			
Any specific occasion	85 (69.1)	140 (62.5)	225 (64.8)
Boredom/ Entertainment	33 (26.8)	71 (31.7)	104 (30.0)
To know how I look	19 (15.4)	43 (19.2)	62 (17.9)
To share current lifestyle	18 (14.6)	29 (12.9)	47 (13.5)
Documentation	10 (8.1)	34 (15.2)	44 (12.7)
Attention	6 (4.9)	11 (4.9)	17 (4.9)
Others	11 (8.9)	5 (2.2)	16 (4.6)
With whom do you take selfies? *			
Alone	45 (36.6)	92 (41.1)	137 (39.5)
Friends/ family	105 (85.4)	195 (87.1)	300 (86.5)
Public figures/ celebrities	16 (13.0)	15 (6.7)	31 (8.9)
Famous locations/ nature	40 (32.5)	54 (24.1)	94 (27.1)
Dangerous locations/ situations	3 (2.4)	5 (2.2)	8 (2.3)
Others	2 (1.6)	1 (0.4)	3 (0.9)
What do you do with the selfies you take? *			
Post it on social media	39 (31.7)	70 (31.3)	109 (31.4)
Keep it to myself	75 (61.0)	124 (55.4)	199 (57.3)
Delete it without sharing	13 (10.6)	16 (7.1)	29 (8.4)
Share it with close friends/ family	52 (42.3)	98 (43.8)	150 (43.2)

*Multiple answers were allowed

Table 3: Distribution of study participants according to the types of selfitis and self-esteem categories.

Variables	Male (n=123) (%)	Female (n=224) (%)	Total (n=347) (%)	Chi-Square Value	df	P value
Selfitis by No. of selfies taken and posted in social media						
Chronic Selfitis*	1 (0.8)	10 (4.5)	11 (3.2)	4.008	3	>0.05
Acute Selfitis*	9 (7.3)	20 (8.9)	29 (8.4)			
Borderline Selfitis*	29 (23.6)	54 (24.1)	83 (23.9)			
Normal	84 (68.3)	140 (62.5)	224 (64.6)			
Selfitis by Selfits Behaviour Scale score						
Chronic (80-100)	7 (5.7)	6 (2.7)	13 (3.7)	2.276	3	>0.05
Acute (60-79)	21 (17.1)	42 (18.8)	63 (18.2)			
Borderline (40-59)	61 (49.6)	108 (48.2)	169 (48.7)			
Normal (20-39)	34 (27.6)	68 (30.4)	102 (29.4)			
Self-Esteem						
Low (<15)	39 (31.7)	66 (29.5)	105 (30.3)	0.189	1	>0.05
Normal (15- 25)	84 (68.3)	158 (70.5)	242 (69.7)			

*Chronic selfitis (uncontrollable urge to take selfies and post >6 selfies /day), Acute selfitis (Take >3 selfies/ day and post all of them), Borderline selfitis (Take >3 selfies/ day and don't post them)

Table 4: Association between selfitis and self-esteem among study participants

Variables	Self-esteem		Total (n=347) (%)	Chi-square value	df	P value
	Low (n=105) (%)	Normal (n= 242) (%)				
Selfitis by Selfits Behaviour Scale Score						
Chronic	33 (31.4)	69 (28.5)	102 (29.4)	0.342	3	>0.05
Acute	49 (46.7)	120 (49.6)	169 (48.7)			
Borderline	19 (18.1)	44 (18.2)	63 (18.2)			
Normal	4 (3.8)	9 (3.7)	13 (3.7)			
SELFITIS by No selfies taken & posted in social media						
Chronic	2 (1.9)	9 (3.7)	11 (3.2)	3.668	3	>0.05
Acute	5 (4.8)	24 (9.9)	29 (8.4)			
Borderline	28 (26.7)	55 (22.7)	83 (23.9)			
Normal	70 (66.7)	154 (63.6)	224 (64.6)			

DISCUSSION

In the present study only 71 (20.5%) of the study participants were using costly iPhones which was similar (20%) in a study done in Mumbai.[10] On asking why do you take selfies, 104 (30.0%) had said due to boredom and 47 (13.5%) to share current lifestyle. Whereas a study done by Nath Som et.al[11] showed it as 3% and 21% respectively. On asking with whom do you take selfies, 300 (86.5%) of them took with family/ friends and 94 (27.1%) of them took in public places/ surroundings. Whereas a study done by Satish Saroshe et.al[12] showed it to be 15% and 13% respectively. In the present study137 (39.5%) of them took selfies when they were alone which was high compared to a study done by Nath Som et.al[11] which was 30%. Only 8 (2.3%) of them had taken selfies in dangerous places which was less compared to a studies done in Mumbai (38%) [10] and Telangana (7%).[13] On asking what do you do with the selfies you take, 109 (31.4%) of them posted it on social media and 150 (43.2%) of them shared it with close friends or family which were high compared to a study done by Nath Som et.al[11] which showed 14% and 15% respectively. A study done in Telangana[13] showed that 7% of them posted their selfies in social media.

In this study, 123 (35.4%) of them took >3 selfies/day which was almost similar to a study done by Priya Mohan et.al (31%).[7] Borderline selfitis was seen in 83 (23.9%) of them acute selfitis was seen in 29 (8.4%) of them and chronic selfitis was seen in 11 (3.2%) of them. Whereas a study done in Bangalore[14] showed borderline, acute and chronic selfitis in 22.6%, 5.4% and 10.7% respectively. There was no association between selfitis and self-esteem. Whereas a study by Vandana Pandey et.al[15] showed positive correlation between selfie taking and self-esteem.

CONCLUSION AND RECOMMENDATION

Selfitis was seen in nearly quarter of the study participants and there was no association between selfitis and self-esteem in this study. Awareness should be created among students especially adolescents regarding selfitis, its harmful effects and to combat the dependencies. No selfie zones have to identified and labelled.

ACKNOWLEDGEMENTS

The authors would like to thank Principal of MVJMC&RH, HOD Community Medicine, Dr. Suvarna Madhukumar and Mr. Suresha (statistician) for their guidance and support.

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