

## Assessment of the level of knowledge among adolescents on “Selfie Syndrome” in selected college, Tirupathi.AP.

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**Abstract:** Many of today generation Smart phone are equipped with high resolution camera, which we call it as “selfie ” camera. Though people were fond of taking photographs of their own and others but with selfie camera it has led to an extreme level coupled with posting the selfie photographs on social networking sites. Identify the hidden facts that addiction of ‘selfies’ is also flattering the foundation of numerous psychological mental illness and disorders and selfi can turn deadly in addition This has led to a chain of reactions leading to a complex addiction disorder which we may easily be called as Selfie addiction or Selfie Syndrome.

**Objectives:** Our study aims that To assess the level of knowledge regarding selfi syndrome among adolescents. To identify the level of attitude regarding taking selfi among adolescents. To associate the level of knowledge with selected demographic variables on selfi syndrome among adolescents at selected colleges.

**Method:** A Quantitative research design was selected. The samples were identified and collected the data by applying self- structured tool.

**Results:** Among 184 adolescents 48.91% had inadequate knowledge, 19.5% had moderate knowledge and 31.5% had adequate knowledge. Significant association between age , mother’s income . 26.08% had low attitude, 47.28% had moderate attitude, 26.63% had high attitude. Significant association between age, residence, gender, mother income.

**Conclusion:** Based on the obtained findings the researcher prepared a book let which will help them to improve their knowledge and attitude in preventing and control of selfi syndrome .

**Key Words:** selfi, selfisynndrome, adolescents , knowledge , attitude .

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### I. Introduction

Smart phones have become a necessary evil in our lives. Selfies have become newest technological fad to take over the adolescents, due to wide and easy availability of mobile phones. A 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. Selfies are often shared on social networking service such as Facebook, Instagram and Twitter. Last two decades were known for computer addiction and internet addiction disorders. Smart phone has included in our daily life without which we cannot survive. Many of today generation Smart phone are equipped with high resolution camera, which we call it as “selfie ” camera. Though people were fond of taking photographs of their own and others but with selfie camera it has led to an extreme level coupled with posting the selfie photographs on social networking sites. This has led to a chain of reactions leading to a complex addiction disorder which we may easily be called as Selfie addiction or Selfie Syndrome<sup>1</sup>. India, has the notorious distinction of being the country with the highest number of selfie deaths, “Me, Myself and my kill file” by Carnegie Mellon university of Delhi pointed out. Latest India accounts 128 out of a total 213 selfie deaths recorded from 2014 to the 2016. Initially gained wider and popular with young people<sup>2</sup>.

#### Need for the Study:

There is a considerable debate on addiction and abuse to smartphone among adolescents and its consequent input on their health not only in a global context, but also specifically in the Indian population .Majority of adolescence from lower socioeconomic back ground in whole world , are not untouched by the effects by the widely available and cheaper smart phone . Adolescents under 15 were also affected in India and around the world .More over , little research has been conducted on smart phone use and its consequences . Considering high rate of India adolescents , this area needs to be further explored , with a focus on what roles technology plays in fostering fantasies , acting out behaviours<sup>3</sup> .

HMF. Safna [2017] identified negative impact of selfies on youth. Secondary data was used for the research. Scholars' journal articles, doctors' reviews, website articles, experts' opinion from websites were taken for as a secondary data. In this study three-quarters of young people aged between 18 and 24 admit taking selfies, In this study found that negative impact on youth such as skin damage, loss self-confidence and self-esteem, suicide, mental illness, damage real relationship, selfie deaths, and plastic surgery on youth<sup>4</sup>.

Scientific community all over the world has to come together and come to some kind of conclusion at the earliest. Anything more than 3-5 selfies in a day may be considered as a disease even if not posted on social networking sites. If posting on social networking sites is considered, preferred to reduce the number to even 3 per day or lesser. On the basis of amount of time, and also proposed that more than 5 minutes per selfie or more than 30 minutes per day may be considered as disease. On the basis of expectations of the peoples comment, anything more than 2 times logging in a social networking site for comments may be considered as disease. This should be regular activity for almost all days. Where phenomenon is not a regular one, the individual needs further observation and reassessment after some time. There is also possibility that selfie addiction disorder may be associated/co-existing with many other psychiatric or mental disorders. Evaluation and management of those will complicate the future<sup>5</sup>.

Report says selfies deaths around world 2014(15%) 2015(39%) 2016(86%) 2017 (73%) deaths by countries India(128) Russia (14) Pakistan (12) USA (9) Philippines (5) In last two and half years from 2014 to mid 2016 ,75 people died while attempting to photograph themselves in 52 incidents. The number of death reported yearly was 15 in 2014, in 2015 (29) and 2016 (31) deaths, and three out of four death seen in age group of less than 20 years<sup>6</sup>.

## II. Aim of the Study

- To assess the level of knowledge regarding selfi syndrome among adolescents.
- To identify the level of attitude regarding taking selfi among adolescents.
- To associate the level of knowledge with selected demographic variables on selfi syndrome among adolescents at selected college.

**Hypotheses: H<sub>0</sub>1** : There is no significant association between level of knowledge among adolescent regarding “selfi syndrome “. With certain selected socio demographical variables .

## III. Literature review

**Mrs. Soumya Sonalika [2018]**<sup>7</sup> assessed the knowledge regarding selfitis among adolescents in selected college of Bhubaneswar, Odisha. Data was collected by 160 adolescents using self-structured questionnaire. Findings of the study revealed that majority of respondents 88 (55%) had inadequate knowledge, 57 (35.62%) had moderate knowledge regarding selfitis. Area wise knowledge assessment highest mean score (5.17± 2.58) which is 2.23% of maximum score was obtained for the area “definition of selfie syndrome”. The lowest mean score (0.79 ± 0.76) which is 0.49% was obtained by them for the area of “complication of selfitis”. There was significant association between knowledge scores and the selected demographic variables such as income of the family, residence, and types of mobile use at p>0.05.

**Kaur Sukhdeep, Maheshwari SK, Sharma P [2018]**<sup>8</sup> conducted 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.

**Priya. S , R. Latha Venkatesan, Dr. Vijayalakshmi [2018]**<sup>9</sup> assessed the selfie addiction among 100 Students who were selected using purposive sampling technique. Data was collected using the baseline characteristics of the students and Selfitis Behaviour Scale through self administration method. More than half of the students (53%) were identified with moderate Selfie addiction, 41% had mild addiction, less Number of students (4%) were addicted severely and 2% of the students were not addicted. There is strong correlation (r=0.260) between academic performance and selfie addiction scores which is statistically significant at p>0.001. In order to save young generation from being technology-addicted and Selfie-obsessed, several strategies' such as behaviour

therapy and individual counselling must be adopted to help them to come out of the addiction and spend quality time for their studies.

**Nishtha Thakur, Dr. Achla Dagdu Gaikwad [2018]<sup>10</sup>** observed Selfie-Taking Behaviour and its Impact on the Health of Late Adolescents in selected University of Gurugram, Haryana. In this study 120 samples were selected using convenience sampling technique. The result showed that there is no significant association between selfie taking behaviour and mental (self-esteem and narcissism level), social health (loneliness) and physical health among the late adolescents, but there is significant association between the selfie-taking behaviour and social health (attention-seeking behaviour) of the late adolescents at  $p < 0.05$ .

**Aswan Gaddala, Hari Kumar , KJ Rajamouli , Chinnam Pusphalatha [2017]<sup>11</sup>** reported various effects of internet and selfie dependence among 402 undergraduate medical students. Simple random sampling method was used to select samples from 2nd year MBBS to 4th year MBBS. A self structured questionnaire and 20 item Young’s Likert’s scale is used to collect the data. All the students use internet for educational purpose of which most of them rely on Wikipedia 67%, 3% journals and scholars. 24% are normal, mild 61%, 15% moderate to severe internet dependence was found. Usage of what’s app was 97% and 67% of what’s app users complain it affects their rest time. 77% of the study sample takes 1 to 2 selfies per day. Risking for selfies found to be 7%. There was significant association observed between selfie and internet dependence ( $p < 0.05$ ) and between sex and internet dependence ( $p < 0.05$ ).

#### IV. Methodology

**Research design :** A research design is overall plan, structure and strategy investigation of answering the questions. It is the blue print that the researcher selects to carry out the study . The research design selected for the present study was Descriptive research design .

**Setting:** The study was conducted at selected college, Tirupathi. The setting was chosen on the basis of feasibility in terms of availability of required sample. Formal permission was obtained from the principle of college ,Tirupathi for the study

**Sampling:** Non-probability “convenience sampling technique was adopted based on inclusion criteria.

**Inclusion criteria:** Adolescents who are.

- Studying intermediate and having smart phones .
- Able to understand telugu and English
- Age group of 16-18yrs
- Willing to participate in the study

**Exclusion criteria:-**

- Who were not willing to participate in study .
- Absent during data collection.
- Selected from pilot study.

**Ethical Consideration:** The study was approved by the appropriate ethics committee. Students were informed about the purpose of the study and about their right to refuse or withdraw at any time.

- **Data collection:** Administrative permission was obtained from the Principal of selected college. A brief introduction was given by the researcher about the study. Provided comfortable environment to the students . After making them sit comfortably , instructions were given to the participants to answer the questions and responses were recorded . Written consent was obtained from the study participants. Questionnaire was self-administrative, and clarified the doubts. The time taken to respond to the questionnaire was one hour.
- **Tools of data collection:** Data were obtained through the following tools:
- **Questionnaire sheet:** Data was collected by using structured and validated questionnaire. This questionnaire was developed and constructed by researcher to Assess the level of knowledge among adolescents on “selfi syndrome” in selected college Tirupathi.
- **Part I:** Demographic data consisted of Name, Age, gender, religion , geographical area , mother income , father income , mother education , father education, Type of family , Type of residency , and order of birth
- **Part II:** A structured Questions were developed to assess the level of knowledge among adolescents on “selfi syndrome” .
- **Part III:** A structured Questions were developed to Assess the level of Attitude among adolescents taking selfi .

- **Statistical Analysis:** Data were presented using descriptive statistics in the form of frequencies and percentages while a value of  $p < 0.005$  was considered significant.

## V. Results

### SECTION-I

**Table: 1** Frequency and percentage distribution of demographic variables among adolescents .

N=184

Demographic variables	Frequency (f)	Percentage (%)
<b>Age in year</b>		
16 years	69	37.5%
17 years	87	47.2%
18 years	28	15.2%
<b>Gender</b>		
Male	92	50%
Female	92	50%
<b>Class</b>		
Inter 1 <sup>st</sup> year	88	47.82%
Inter 2 <sup>nd</sup> year	96	52.17%
<b>Religion</b>		
Hindu	175	95.1%
Muslim	7	3.8%
Christian	2	1.08%
<b>Education of father</b>		
Illiterate	43	23.36%
Primary education	11	5.97%
Secondary education	62	33.6%
Intermediate	27	14.67%
Graduate	41	22.2%
<b>Education of mother</b>		
Illiterate	65	35.32%
Primary education	24	13.04%
Secondary education	61	33.15%
Intermediate	21	11.41%
Graduate	13	7.06%
<b>Occupation of father</b>		
Un-employed	2	1.08%
Labour	107	58.15%
Private job	55	29.89%
Government	20	10.86%
<b>Occupation of mother</b>		
Labours	50	27.17%
Home maker	122	66.3%
Business	1	0.54%
Private job	10	5.43%
Government	1	0.54%
<b>Father income</b>		
Rs. 5000 – 10000	32	17.39%
Rs. 10001 – 15000	46	25%
Rs. 15001 – 20,000	58	31.5%
Rs. 20,001- and above	48	26%
<b>Mother income</b>		
Rs 5000- 10000	62	33.6%
Rs 10001- 15000	73	39.6%
15,001 and above	49	26.6%
<b>Geographic area</b>		
Urban	63	34.23%
Rural	91	49.45%
Semi urban	30	16.3%
<b>Type of family</b>		
Nuclear	138	75%
Joint	46	25%
<b>Type of residence</b>		
Staying in hostel	115	84.23%
With parents	65	35.32%
With relatives	4	2.17%
<b>Order of birth</b>		
1 <sup>st</sup> born	81	44.02%
2 <sup>nd</sup> born	69	37.5%
3 <sup>rd</sup> born	22	11.95%
4 <sup>th</sup> born	12	6.52%

**Table 1 :** shows that out of 184 students, 47.2% were 17 years of age group . 95.1% were Hindus. Regarding father's education , 62 (33.6%) were completed secondary education and 65 (35.32%) of mothers were illiterate. Related to Occupation, majority of father were Labours 107(58.15%), 122(66.30%) of mothers were home maker..About income, 31.5% of fathers were earning Rs 15,000- 20,000-/per month , and 39.6% of mother income was 10001 -15000 -/per month. Majority 49.45% were residing in Rural area ,75% living in Nuclear family.84.23% of students were staying in hostel. and 44.02% were first born.

**SECTION -II**

**Table 2 :** frequency and percentage distribution of level of knowledge among adolescents on selfi syndrome .  
N=184

Level of knowledge	Frequency	Percentage (%)
Inadequate knowledge	90	48.91%
Moderate knowledges	36	19.5%
Adequate knowledge	58	31.5%

**Table 2 :** revealed that out of 184 students 90(48.91%) had inadequate knowledge ,36(19.5 %) had moderate and 58(31%) had adequate knowledge on selfi syndrome .

**SECTION -III**

**Table 3:** frequency and percentage distribution of level of attitude among adolescents on taking selfi.  
N=184

Attitude	Frequency	Percentage
Low attitude	48	26.08%
Moderate attitude	87	47.28%
High attitude	49	26.63%

**Table 3:** shows that out of 184 students .26.08% had low attitude ,47.28% had moderate attitude, and 26.63% had high attitude .

**Section -IV**

**Table 4:** Association of demographic variables with level of knowledge among adolescents on selfi syndrome.  
N= 184

**Table 4 :** revealed that there is a significant relationship between the level of knowledge with age and mothers income.

Demographic Variables	Inadequate		Moderate		Adequate		Total		Chi-square
	freq	%	Freq	%	Freq	%	freq	%	
<b>Age in years</b>									
16 years	19	10.3%	24	13%	21	11.4%	64	34.7%	0.321 df=4 Significant *0.052
17 years	27	14.6%	34	18.4%	19	10.3%	80	43.4%	
18 years	11	5.97%	22	11.9%	7	3.8%	40	21.7%	
<b>Gender</b>									
Girls	36	19.5%	34	18.4%	22	11.9%	92	50%	0.451 df= 2 0.798 NS
Boys	34	18.4%	32	17.39%	26	14.1%	92	50%	
<b>Class</b>									
Inter 1st year	30	16.30%	28	15.2%	30	16.3%	88	47.8%	5.606 df= 2 0.061 NS
Inter 2 <sup>nd</sup> year	40	21.7%	38	20.6%	18	9.7%	96	52.1%	
<b>Groups</b>									
MPC	21	11.4%	13	7%	12	6.5%	46	25%	5.145 df= 6 0.525 NS
BIPC	14	7.6%	18	9.7%	14	7.6%	46	25%	
MEC	15	1.5%	17	9.2%	14	7.6%	46	25%	
CEC	20	10.8%	18	9.7%	8	4.3%	46	25%	
<b>Religion</b>									
Hindu	68	36.9%	63	34.2%	44	23.9%	175	95.1%	2.425 df=4 0.658 NS
Muslim	2	1%	2	1%	3	1.6%	7	3.8%	
Christian	0	0	1	0.5%	1	0.5%	2	1%	
<b>Education of father</b>									
Illiterate	29	15.75%	21	11.4%	17	9.2%	21	11.4%	6.678 df=10 0.755 NS
Primary	6	3.2%	5	2.7%	3	1.6%	14	7.6%	
Secondary	25	13.5%	28	15.2%	15	8.1%	68	36.9%	
Inter	6	3.2%	4	2.1%	4	2.1%	14	7.6%	
Graduate	4	2.1%	8	4.3%	9	4.8%	21	11.4%	
<b>Education of mother</b>									
Illiterate	38	20.6%	24	13%	24	13%	86	46.7%	10.595 df=12 NS
Primary	5	2.7%	9	4.8%	5	2.7%	19	10.3%	
Secondary	15	8.1%	24	13%	14	7.6%	53	28.8%	
Inter	6	3.2%	4	2.1%	3	1.6%	13	7%	
graduate	6	3.2%	5	2.7%	2	1%	13	7%	

*Assessment of the Level of Knowledge among Adolescents on “Selfi Syndrome” in Selected College*

<b>Father occupation</b>									3.229 df=6 0.780 NS
Un-employed	0	0	1	0.5%	1	0.5%	2	1%	
Labour	59	32%	52	28.2%	35	19%	146	79.3%	
Private job	9	4.8%	10	5.4%	10	5.4%	29	15.7%	
Government	2	1%	3	1.6%	2	1%	7	3.8%	
<b>Mother occupation</b>									5.711 df=6 0.456 NS
Home maker	50	27.1%	40	21.7%	31	16.8%	121	65.7%	
Labour	15	8.1%	21	11.4%	16	8.6%	52	28.2%	
Private job	5	2.1%	4	2.1%	1	0.5%	10	5.4%	
Government	0	0%	1	0.5%	0	0%	1	0.5%	
<b>Father income</b>									6.931 df= 6 0.327 NS
Rs 5000-10000	52	28.2%	49	26.6%	37	20.1%	138	75%	
10000 – 15000	10	5.4%	13	7%	10	5.4%	33	17.9%	
15000 – 20000	2	1%	4	2.1%	0	0%	6	3.2%	
20000 and above	2	1%	2	1%	3	1.6%	7	3.8%	
<b>Mother income</b>									130.028 df=4 *0.000
5000-10000	15	8.1%	17	9.2%	8	4.3%	40	21.7%	
10000 – 15000	29	15.7%	40	21.7%	8	4.3%	77	41.8%	
15000 and above	26	14.1%	29	15.7%	12	6.5%	67	36.4%	
<b>Geographic area</b>									2.813 df=4 0.590 NS
Urban	26	14.1%	22	11.9%	15	8.1%	63	34.2%	
Rural	36	19.5%	33	17.9%	22	11.9%	91	49.4%	
Semi-urban	8	4.3%	11	5.9%	11	5.9%	30	16.3%	
<b>Type of family</b>									0.150 df=2 0.928 NS
Nuclear	18	9.7%	17	9.2%	11	5.9%	46	25%	
Joint	52	28.2%	49	26.6%	37	20.1%	138	75%	
<b>Residence</b>									1.566 df= 4 0.815 NS
Staying in hostel	49	26.6%	44	23.9%	27	14.6%	15	8.1%	
With parents	24	13%	21	11.4%	20	10.8%	65	35.3%	
With relatives	2	1%	1	0.5%	1	0.5%	4	2.1%	
<b>Order of birth</b>									10.596 df=6 0.102 NS
1 <sup>st</sup> born	27	14.67%	24	13%	30	16.3%	81	44%	
2 <sup>nd</sup> born	26	14.1%	30	16.3%	13	7%	69	37.5%	
3 <sup>rd</sup> born	11	5.9%	8	4.3%	3	1.6%	22	11.9%	
4 <sup>th</sup> born	6	3.2%	4	2.1%	2	1%	12	6.5%	

**Section -V**

**Table 5:** Association of demographic variables with level of attitude among adolescents on taking selfi .  
N= 184

Demographic Variables	Inadequate		Moderate		Adequate		Total		Chi-square
	freq	%	Freq	%	Freq	%	freq	%	
<b>Age in year</b>									0.423 df=6 *0.021
a.16 years	12	6.5%	28	15.2%	19	10.3%	59	32%	
b. 17 years	10	5.4%	22	11.9%	16	8.6%	48	26%	
c.18 years	24	13%	15	8.1%	38	20.6%	77	41.8%	
<b>Gender</b>									9.520 df= 2 *0.009
Girls	33	17.9%	36	19.5%	23	12.5%	92	50%	
Boys	15	8.1%	51	27.7%	26	14.1%	92	50%	
<b>Class</b>									1.745 df= 2 0.418 NS
Inter1st year	26	14.1%	42	22.8%	20	10.8%	88	47.8%	
Inter 2 <sup>nd</sup> year	22	11.9%	45	24.5%	29	15.7%	96	52.1%	
<b>Groups</b>									9.967 df=6 0.126 NS
MPC	11	5.9%	25	13.5%	10	5.4%	46	25%	
BIPC	18	9.7%	21	11.4%	7	3.8%	46	25%	
MEC	10	5.4%	21	11.4%	15	8.1%	46	25%	
CEC	9	4.8%	20	10.8%	17	9.2%	46	25%	
<b>Religion</b>									6.901 df= 4 0.141 NS
Hindu	44	23.9%	82	44.5%	49	26.6%	175	95.1%	
Muslim	4	2.1%	3	1.6%	0	0%	7	3.8%	
Christian	0	0%	2	1.0%	0	0%	2	1%	
<b>Education of father</b>									10.909 df= 10 0.655 NS
Illiterate	11	5.9%	32	17.3%	24	13%	67	36.4%	
Primary	4	2.1%	7	3.8%	3	1.6%	14	7.6%	
Secondary	20	10.8%	31	16.8%	17	9.2%	68	36.9%	
Inter	6	3.2%	6	3.2%	2	1%	14	7.6%	
Graduate	7	3.8%	11	5.9%	3	1.6%	21	11.4%	
<b>Education of mother</b>									14.448 df= 12 0.273 NS
Illiterate	16	8.6%	43	23.3%	27	14.6%	86	46.7%	
Primary	5	2.7%	7	3.8%	7	3.8%	19	10.3%	

Secondary	17	9.2%	25	13.5%	11	5.9%	53	28.8%	
Inter	7	3.8%	5	2.7%	1	0.5%	13	7%	
graduate	3	1.6%	7	3.8%	3	1.6%	13	7%	
<b>Father occupation</b>									7.680
Un-employed	0	0%	1	0.5%	1	0.5%	2	1%	df= 6
Labour	33	17.9%	70	38%	43	23.3%	146	79.3%	0.262 NS
Private job	12	6.5%	13	7%	4	2.1%	29	15.7%	
Government	3	1.6%	3	1.6%	1	0.5%	7	3.8%	
<b>Mother occupation</b>									3.894
Home maker	29	15.7%	59	32%	33	17.9%	121	65.7%	df=6
Labour	16	8.6%	21	11.4%	15	8.1%	52	28.2%	0.691 NS
Private job	3	1.6%	6	3.2%	1	0.5%	10	5.4%	
Government	0	0%	1	0.5%	0	0%	1	0.5%	
<b>Father income</b>									
< Rs. 5000	35	19%	69	37.5%	34	18.4%	138	75%	6.931
Rs. 5000 -10000	10	5.4%	11	5.9%	14	7.6%	34	18.4%	df=6
10000 – 15000	1	0.5%	2	1%	3	1.6%	6	3.2%	0.327 NS
15000 and above	1	0.5%	4	2.1%	1	0.5%	6	3.2%	
<b>Mother income</b>									106.527
10000-15000	8	4.3%	22	11.9%	10	5.4%	40	21.7%	df=4
20000-30000	26	14.1%	18	9.7%	33	17.9%	77	41.8%	*0.000
35000 and above	14	7.6%	34	18.4%	19	10.3%	67	36.4%	
<b>Geographic area</b>									0.887
Urban	17	9.2%	28	15.2%	18	9.7%	63	34.2%	df= 4
Rural	9	4.8%	13	7%	8	4.3%	30	16.3%	0.926 NS
Semi-urban	22	11.9%	46	25%	23	12.5%	91	49.4%	
<b>Type of family</b>									3.364
Nuclear	10	5.4%	19	10.3%	17	9.2%	46	25%	df=2
Joint	38	20.6%	68	36.9%	32	17.3%	138	75%	0.186 NS
<b>Residence</b>									9.734
Staying in hostel	22	11.9%	56	30.4%	37	20.1%	115	62.5%	df=4
With parents	25	13.5%	29	15.7%	11	5.9%	65	35.3%	*0.045
With relatives	1	0.5%	2	1%	1	0.5%	4	2.1%	
<b>Order of birth</b>									8.020
1 <sup>st</sup> born	24	13%	40	21.7%	17	9.2%	81	44%	df=6
2 <sup>nd</sup> born	14	7.6%	33	17.9%	22	11.9%	69	37.5%	0.237 NS
3 <sup>rd</sup> born	5	2.7%	8	4.3%	9	4.8%	22	11.9%	
4 <sup>th</sup> born	5	2.7%	6	3.25	1	0.5%	12	6.5%	

**Table 5 :** revealed that there is a statistically significant association between attitude on taking selfi with age, gender, residence and mother income.

### Section -VI

#### Comparison of knowledge with gender ‘t’ test .

Variable	Category	Mean	S.D	‘t’ Value	Level of Significance
Knowledge	Girls	16.66	3.518	0.749	NS
	Boys	16.26	3.759	0.749	NS

**Table 6:** shows that there is no significant difference between boys and girls knowledge on selfi syndrome .

### Section – VII

#### Comparison of Attitude with gender ‘t’ test.

Variable	Category	Mean	S.D	‘t’ Value	Level of Significance
Attitude	Girls	58.41	11.369	1.808	Significant
	Boys	61.17	9.239	1.808	Significant

**Table 7:** Depets that. The calculated ‘t’ value (1.808) < 0.05 level reveals that there is significant difference between boys and girls with regard to their attitude . Girls obtained higher mean (M = 58.41) than boys .

### Section – VIII :

**ANOVA :** Depending up on the nature of force obtained at +2 level , The students were categorized in to four groups . BIPC , MPC , MEC , CEC . MPC ( stream ) , BIPC (stream ) , MEC (stream ) , CEC (stream ) selfi scores of these 4 groups of subjects were analyzed by using one way analysis of variance to find out whether there exist any significant difference among the means of the subjects separately and the results were presented in the following table .

**Comparison of Knowledge with groups ANOVA**

Source of Variance		Sum of Squares	Df	Mean Square	F	Sig.
Knowledge score	Between Groups	30.799	3	10.266	.774	.510
	Within Groups	2388.935	180	13.272		
	Total	2419.734	183			

**Table 8 :** shows that ‘f’ value of 0.774 which is not significant , it indicates that the selfi score of the 4 groups were not defer significantly among them selves further analysis was not applied to compare the 4 mean group separately .

**Section – IX**

**Comparison of Attitude with groups ANOVA**

Source of Variance		Sum of Squares	Df	Mean Square	F	Sig.
Attitude score	Between Groups	1240.761	3	413.587	3.994	.009
	Within Groups	18639.391	180	103.552		
	Total	19880.152	183			

**Table 9:** shows that ‘f’ value of 3.994 which is significant , it indicates that the score on selfi syndrome of the 4 groups were significant among them selves .

**VI. Discussion**

**The first objective** of the study was to assess the level of knowledge regarding selfi syndrome among adolescents. Among 184 adolescents 90 (48.91 %) had inadequate knowledge , 36 (19.5%) had moderate knowledge , and 88 (55%) had adequate knowledge.38.5 % students stated that selfi means self exposure , 41.8% students stated that they take selfies each week for 1-3 weeks , 50% students stated that they post the taken selfi to others for 1-3 times , 65.5% students stated that they prefer to post the taken selfies to their friends , 36.9% students stated that selfies can lead to selfities , 71.7% students stated that girls take more selfies than boys , 14.1% students stated that selfies taken 5 times per day posting in social media is a border line selfities , 17.3% students stated that they post selfies in social media more than 6times round the clock , 56.5% students stated that pathological is a cause of selfities ,69.0% students stated that narcissism is a features of selfities, 67% students stated that mental illness(mania) is a features of selfities , 65.7% students sated that stress & family relation is a complications of selfi syndrome .64.1% students stated that cervical spondylitis and frozen shoulder is a complications of selfi syndrome .

**The second objective** of the study was to assess the level of attitude regarding taking selfi among adolescents. The collected was analyzed . Among 184 adolescents. 48 (26.08 %) had low attitude , 87 (47.28 % ) had moderate attitude , 49 ( 26.63 % ) had high attitude level . 73% students stated that selfi makes me feel pretty , 56% students stated that when I feel bore I post selfies, 40 % students stated that posting selfies makes me feel acknowledge and recognized by others , 58% students stated selfies makes my unique ness . 76% students stated that taking selfies is for fun .The present study was supported by the study conducted by Era Dutta, Payal Sharma, Reetika Dikshit, et al., (2016)<sup>1</sup> Two hundred and fifty- two students of 11th standard, belonging to an urban Mumbai school, were interviewed in a single centric cross- sectional study revealed that 54% were males. About 42.6% reported that they regularly clicked selfies of themselves. No gender difference was noticed. On an average, 18.1% girls and 15.2% boys clicked more than 4 selfies/day. The gender difference was statistically not significant ( $P = 0.5273$ ). Difference in mean BIAAQ between the two genders was noticed to be statistically significant, where as the NPI scores difference was insignificant.

**The third objective** of the study was To associate the level of knowledge with selected demographic variables on selfi- syndrome among adolescents at selected college. The study revealed that there is significant association with age , mother income , at  $p < 0.05$  level .

**The fourth objective** of the study was To associate the level of attitude on taking selfi with selected demographic variables among adolescents at selected college. The study revealed that there is significant association with gender , mother income , at  $p < 0.01$  level and age , type of residence at  $p < 0.05$  level .

**VII. Conclusion**

In this study90 (48.91 %) had inadequate knowledge , 36 (19.5 %) had moderate knowledge , 88 (55%) had adequate knowledge . Among 184 adolescents the level of attitude. 48 (26.08 %) had low attitude , 87 (47.28 % ) were having moderate attitude , 49 ( 26.63 % ) had high attitude . In association of demographic variables with knowledge there is a significant relationship between knowledge with age at  $p < 0.01$  level and



mother income at  $p < 0.05$  level . The association of attitude with demographic variables reveals that there is a significant relationship between attitude with gender , mother income , at  $p < 0.01$  level and age , type of residence at  $p < 0.05$  level .

### **Implications**

The implications drawn from the present study were of vital concern to health professionals including nursing practices , nursing education , nursing administration and nursing research .

### **Nursing practice**

The mental health nurse has primary responsibility of integrating mental health care along with general health care . The nurse acts as an organizer for conducting mental health camps to assess the mental health of an individual . adolescents of both boys and girls knowledge deficit indicates the need for organizing health education session regarding selfi syndrome by nurses in community level . Awareness programmes should be conducted to the public regarding the impact of selfi on mental health and prevention of mental health disorders . The nurses should educate the students and their family members regarding causes, and management of selfi syndrome .

### **Nursing education**

To provide the mental health literacy among public is an important aspect on basic nursing education programmes in community psychiatry nursing . The primary task of nursing education is to apply mental health services development and promote community participation in the mental health service development and stimulation of efforts towards self -help in the community . The nursing students and nursing personnel can play psycho education programmes regarding selfi syndrome . The Public should be educated about selfi syndrome . Effective teaching materials and audio visual aids should be used to communicate ideas . At college teachers need to conduct counselling sections frequent monitoring should be done .

### **Nursing Administration**

Training packages for different categories of personnel have to be more systematically developed. The nursing administrator should have a psycho education call with a group of adequately trained nurses administrator can conduct continuing education programme for nurses on new advances in mental health care . With increasing involvement of the paraprofessional services will have to be improved and expanded .

### **Nursing Research**

With out mental health education there cannot be an effective mental care delivery system . Considering the fact that many Indians were illiterate or semiliterate , the language of mental health education has to be simple as possible and appropriate audio visual aids should be used . Instructional material can be developed in order to facilitate increase the awareness regarding selfi syndrome among public . The material could be tested for its effectiveness in improving the mental health literacy as well as teaching skills of nurses regarding selfi syndrome . The present study finding serve as a basis for the professionals and the students to conduct further studies on selfi syndrome . The nurses and nursing students can conduct same study with different variables on a large sample

### **Recommendations**

- A similar study can be conducted at same age group with large sample.
- A study can be conducted on adults to assess the level of knowledge and attitude on selfi syndrome .
- A similar study can be done used by using different teaching methods .
- A similar study can be conducted at different colleges at same geographical area .

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