ORIGINAL ARTICLE

Assessment of Selfie addiction among undergraduate medical Students

Som Nath[1], Rajesh Kumar[2], Manjusha Nath[3]

[1]Associate Professor, Department of Community Medicine, Autonomous State Medical College, Shahjahanpur, Uttar Pradesh; [2]Principal & Dean, Autonomous State Medical College, Shahjahanpur, Uttar Pradesh; [3]Former Tutor, Department of Pharmacology, Rama Medical College and Research centre, Kanpur, Uttar Pradesh

Abstract	Introduction	Methodology	Results	Conclusion	References	Citation	Tables / Figures

Corresponding Author

Dr Som Nath, House Type 4, Flat No. 12, Autonomous State Medical College Jignera, Campus, Piprola, Shahjahanpur, Uttar Pradesh
E Mail ID: drsomnathrewa@gmail.com

Citation

Article Cycle

Abstract

Background: Selfie' means "A photograph that one has taken of oneself or a self portrait photograph typically taken with a smart phone or digital camera and shared via social media". Considering the dependency on Internet and selfie taking behavior among professional students, the study was undertaken. **Aims and Objective-** to determine the demographic profile of selfie users and different variables related to selfie taking and posting and its association with risky dangerous selfie. **Material and Methods:** A cross-sectional study conducted among 220 undergraduate medical students were using smartphone. Data was collected and analyzed using SPSS version 21. **Results:** Male students of middle class family of urban areas were more involved in taking selfie. Females were comparatively spending more time (2-3 hrs) on Internet (X^2 =19.494 and p = .001).Total 14% students were taking 3-5 selfie and posted on social media(Statistically significant,X^2 =7.882,p =0.019). 19(8.63%) participants admitted of taking dangerous selfie of which male 13(14.0%) more than female 06(8.4%). **Conclusion:** Age and gender affects the number of selfies one clicks. This is developing a new mental disorder 'selfitis' as well as desire to take dangerous selfie. There is need of health awareness programme, IEC regarding importance of healthy life style.

Keywords

Selfie; Narcissm; Selfitis; Psychosocial Effect

Introduction

 'Selfie' means "A photograph that one has taken of oneself with a smart phone or digital camera and shared via social media".(1) This activity is to emphasize one's individuality or self-importance, not having adequate social support.(2,3,4) Era Dutta et al, found that prevalence of selfie addiction as 13% among adolescents.(5) Nagarju N et al found that among students taking selfies, one quarter had selfitis(6). Selfie taking habit is associated with grandiosity, narcissism and dysmorphic disorder.(7) Bansal A et al found that maximum selfie related worldwide injuries and deaths were from India (50%) followed by Russia ,USA & Pakistan(8),mostly in younger age group. (9) The ratio of casualties to incidents in India is double that in other countries.(8) There is exponential rise in taking selfie among youths , medical students in India.(6,10)

A person who is so selfie-obsessed, post copious amounts of selfies on social media with no purpose other than to say "look at me!".(11) People go great heights to take a perfect click, which leads to fatal end.(12)Academic, mental, physical and social effects are seen over the dependency of internet and selfie.(12,13) This study is a humble attempt at the dependence of internet and selfie in daily routine life.

Aims & Objectives

1. To determine the demographic profile of selfie users
2. To selfie taking and posting and its association with risky dangerous selfie among medical students in northern India.

Material & Methods

It was an Institutional based cross-sectional study conducted among medical students, at the tertiary health care setting under government medical college of U.P., in

January to April 2022. The study subjects were selected from respective group of health professional using purposive sampling method. Study subjects of different age group and belonging to UP and other part of India and have access to a smart phone, thus ensuring feasibility of the study. **Inclusion criteria** were the Students enrolled in Bachelor of Medicine and Bachelor of Surgery (MBBS) courses, at the institute. The students, not using the smart phone, were excluded from the study. All the participants were informed about right to quit at any time without need for any explanation. Ethical clearance was taken from Institutional ethical committee. There was no available prevalence of dangerous selfie behavior among different age group of Medical teaching institution. There were total 300 study subjects / enrolled medical students. All medical students were contacted and explained about the study and interview.

A dangerous selfie is defined as selfie taking in a situation which can endanger oneself and others life. Selfie taking while rough driving/doing stunts with their vehicles or posing in a situation like amid of heavy traffic or at a height/edges of a building/mountain tip cliffs or a mega structure buildings, natural disaster/at accidental spot, with burning building/vehicle /water fall or with wild-life animals. A semi- structured self prepared questionnaire was set after review of literature. A pilot study was conducted among 10 students on interview questionnaire and then pro-forma finalized. Questions were based on socio-demographic profile of the study subjects, smart-phone use, variables related to selfies/ dangerous selfie. Participants were considered to take selfie daily and post it on social media. They were considered under Dangerous selfie user if study subject had taken it usually or a minimum of one within last 15 days or more. Assessment of selfie related behavior was validated by Selfitis Behavior Scale developed by Balakrishnan & Griffiths(2) with six component viz. environmental enhancement, social competition, attention-seeking, mood modification, self-confidence, and social conformity. It consists of 20 items. There are four items in each domains viz. environmental enhancement and social competition and three items each from domains of attention-seeking, mood modification, self-confidence, and subjective conformity like environmental enhancement is related with "selfie taking provides me a good feeling to enjoy my environment more". While social competition is likely to be related with "Taking selfie in different possess upgrade my social status" showing social competition. The each item has different response on a 5-point Likert scale (1 – strongly disagree; 2 – disagree; 3 – neither agree nor disagree; 4 – agree; 5 – strongly agree). The total scores ranged from 20 to 100. The behavior was categorized as normal, borderline, acute and chronic selfitis with scores ranging from 20 to 40, 40 to 60, 60 to 80, and 80 to 100, respectively.(6)

Participants belonging to different area and age group were considered in our study viz. students of MBBS /300. Students present in the lecture room / hospital/college at the time of team visit were included in this study. Total Subjects who had willingly given the consent and fulfill our inclusion criteria and available at our study visit were selected in study. Total eligible participants were 220 from students of MBBS (1st, 2nd&3rd year). Out of this male and female study subjects from MBBS students were 116,104 respectively.

Data analysis: Study data was collected and entered into excel sheet and statistical analysis was done on SPSS 21.0. We have interpreted the result with help of Mean, Standard deviation for continuous variables, CI, Chi-square test The association of risk factors with dangerous selfie was performed by Statistical Analysis. The Odd ratio was calculated to measure the strength of association between risk factor exposure and dangerous selfie. The p value less than 0.05 was considered as significant.

Results

Out of total 300 students of 3 batches of MBBS courses (1st 2nd& 3rdyr students), 230 students using smart phone/selfie users and were eligible for our study. Of these, only 220 medical students were willingly participated in our study viz. male 116(52.73%) with mean age **21.55 yrs ± 2.327** and female 104(47.27%), of mean age **22.01 yrs ± 2.483**. Most of the students who were Selfie users belong to middle class family(47.3%), urban areas (88.6%), 21-25 years age group of both sexes(47.7%). In Present study, male students were more involved in Selfie taking, comparative to female students, irrespective of religion. Chi-square test was applied to see if there is any association between gender and Time spent on Internet (X^2= 6.60 and p = .037) showed females (56.7%) were comparatively spending more time (2-3 hrs) on Internet. Total 44(20%) study participants were indulged with selfie taking and posting it on social media.(Table 1)

In present study, average number of selfie taken (in a day) by study participants was 3.23 while average posting on social media by subject per day was 1.23. Majority of study participants took less than 3 selfie per day (146/66.4%) followed by frequency 3-5 selfie per day(30/13.6%)while 44(20%) subjects took 3-5 selfie with posting on social media. Male students (36/16.4%) took selfies (3-5 or more) daily and posted on social media comparatively more than females(08/3.6%). (Table 1)

 In Present study, participants showed different responses on Selfitis Behavior Scale(SBS)viz. Score 20-39 (Normal)/ 37%, Borderline selfitis (score 40-59)/50.9%, Acute selfitis (score 60-79) by 26(11.8%). Features of Acute Selfitis were more common among male respondents 16(13.8 %) than female 10(9.6%) but no participant was having chronic selfitis(i.e score80-100). (Table 2)

In our study, total 19(8.63%) participants admitted of taking dangerous selfie of which 13(14.0%) were male more than female 06(8.4%). In our study, dangerous selfie taking was more prevalent among more than 25 years age group (20.0%).This association between age groups of participants and dangerous selfie taking was found to be statistically significant.(X2=6.97, p=0.03). Students taking more than 3 selfie daily, were more indulged with dangerous selfie comparative to less than 3 selfie users.(statistically significant, p=0.001, OR=35.82, C I(9.33, 137.49) if confidence Level 95% . The dangerous selfie taking was found to be significantly high among participants involved in social posting (84.2%)(p=.001, OR=32.92, CI(9.02, 120.45) if confidence Level 95%).Study subjects taking 3-5 selfie daily and posted on social media were likely to be at more risk to dangerous selfie(87.9%) (p=.001). Similarly SBS score more i.e 75-100 were at more risk than subjects of SBS score 0-75. (OR=6.09,CI(1.39, 26.68) if confidence Level 95%).Participtants with SBS score 60-79 (26) were likely to be suffering from acute selfitisi.e has risk of dangerous selfie (07)([Table 3])

Discussion

Present study explored the factors related to increasing trend of taking selfie or dangerous selfie among our younger population. In recent modern era, taking selfies at different environmental surroundings has become very popular particularly among adolescents and young population (14)

To take selfies, different from others, make selfie posting more excitable, admirable to raise attention of others at social platform was particularly acknowledged by young population, and this contributed in raising the popularity of dangerous selfie (9) Our young Medical students are with no exception. This study admitted nearly ten percent of the study population had taken dangerous selfie and one in one hundred study subjects were injured while taking dangerous selfies. A slight distraction of mind decreases awareness about the situation and this increases risky behavior of losing sense of danger in such situations.(15). This may result in selfie-related injuries or casualties. Thus, it is important to prevent dangerous selfie to avoid selfie related casualties. Selfitis is an obsessive taking of selfie, is a mental illness. About one fifth of our study population had likely to develop selfitis. Present study found that most of the participants were of age group 21-25 yrs(47.7%), middle class family(47.3%) of urban area(88.6%), male were more involved in Selfie taking. While Females (56.7%) were comparatively spending more time (2-3 hrs) on Internet. Total 44(20%) study participants were indulged with selfie taking and posting it on social media i.efacebook, You Tube, twitter, Instagram, Tiktok, WhatsApp etc.

In our study, most of the participants (66%) were taking less than three selfie daily and not posted on social media

which was not likely to be harmful. Some participants (20%) took 3-5 selfies and posted on social media; particularly by male subjects(16.4%), were at increased risk for taking dangerous selfie.

In Present study, participants showed different responses on Selfitis behavior scale(SBS) viz. score 60-79(Acute selfitis) by 26(11.8%); more common among male 16(13.8 %) than female 10(9.6%). Male being a risk factor for dangerous Selfies as reported by Sorokowski P et al study, that online posting of selfie by men was associated with narcissism more than female. (16) Self presentation and leadership was associated with narcissism among men which promote different selfie posting & dangerous selfie.(17,18) Different worldwide study showed most of the selfie related victims were male(18). Similar study in India by Bansal et al found 72.5% of selfie related deaths were seen among males.(8)

In our study, 8.6% study subjects had acknowledged of taking risky dangerous selfie and of them male were more involved than female. The dangerous selfie i.e selfie taking in a situation which may endanger their life. This may be due to impulsive action, more prominent among males than female so male factor is major risk factor for dangerous selfie. The dangerous selfie taking was more prevalent among young age group more than 25 years (20.0%).This association between age groups of participants and dangerous selfie taking was found to be statistically significant.(X2=6.97, p=0.03). Students taking more than 3 selfie daily, were more indulged with dangerous selfie comparative to less than 3 selfie users.(statistically significant, p=0.001),i.e. risk of taking dangerous selfie 35.82 times that of frequency less than 3 per day(OR=35.82, CI(9.33, 137.49) if confidence Level 95%, p=.001). The dangerous selfie taking was found to be significantly high among participants involved in social posting (84.2%)(p=.001) i.e. risk of taking dangerous selfie 32.92 times that of non socialposting(OR=32.92, CI(9.02, 120.45) if confidence Level 95%). Study subjects taking 3-5 selfie daily and posting on social media, were likely to be at more risk to dangerous selfie(87.9%)(p=.001). Similarly more SBS score i.e. 75-100 were at risk 6.09 times more than subjects of SBS score 0-75.(OR=6.09,CI(1.39, 26.68) if confidence Level 95%). While participants with SBS score 60-79 (26) were likely to be suffering from acute selfitis and were at increased risk of dangerous selfie(07).

Selfie taking and posting on social media was considered other important risk factor for dangerous selfie. Participants taking selfie daily were not considered at risk for dangerous selfie. While daily over activity on social media & posting on it, is considered to be a possible risk factor for dangerous selfies. Appreciation on such dangerous selfie posting, in the form of 'likes', 'followers', 'Positive comments' on social platform may act as reward for the people with feeling of loneliness, isolation and

insecurity and this increases or may act as a link of taking dangerous selfie.(19)

There is some other factors which may act as motivator for posting on social platform like seeking attention, a way of communication /entertainment and archiving memorable events.

In present study, findings like taking too many selfies and its online posting were related with dangerous selfie and may injure the victim and this was consistent with finding of other study(9)

Our study noted that participants of Selfie Behavior Score(SBS) more than 75 (highest quartile) were more indulged with dangerous selfie i.e. acting as an independent risk factor. There is six components in SBS viz. environmental enhancement, social competition, attention seeking, mood modification, self-confidence, and social conformity.

There is no previous research particularly focusing on our young medical students by considering the association of SBS score and Dangerous selfies. Our study results suggest that SBS score may act as screener for the chances of dangerous selfies but there is still need of more research to explore this major developing issue among our young population of future doctors.

Selfie taking is not harmful to oneself or others but the human enthusiastic behavior provoke them to take dangerous selfie.

There is a significant association between Time spent on Internet and gender. Females were comparatively spending more time 2-3 hrs on Internet while males spending less time (i.e. less than 2 hr).Most of the female participants(90/86.5%) took less than 3 selfies daily in comparison to male(56/48.3%) while more than 3 selfie taking daily was more common among male students (24/20.7%)than females(06/5.8%). In Our study, male participants were more involved in taking more than3 selfies and posting on social media than females(31%,7.7%).

Total 44(20%) students were taking 3-5 Selfie and posted on social media. The association between gender and number of Selfie taken per day was found to be statistically significant ($X^2 =35.99$ and p =0 .001). Overall students taking 3 or more Selfie in a day were 33.6% in my study.(Table 2) This finding is inconsistent with study by H. Kumar et al(2017) with 4% study subjects taking more than 3 Selfie per day, 19% do not take Selfie daily, 77% do take Selfies of 1 to 2 per day. This shows craze of Selfie taking is increasing day by day.(20) A similar study done by S. Saroshi (2016) on professional students, in which 11% people accepted to take Selfies daily.(21)

A Selfie scale was developed by Dr. Pankaj B. Shah(2015)(22); where selfies from 3-5 in a day , even if not posted on social media considered as selfie dependence(22,23) so selfie dependence was seen among 35% students in present study. This shows number of selfie dependence among professional students is increasing day by day at an alarming rate.

Present study depicts a number of professional students involved in taking selfie and its attraction towards selfie, is slowly developing a mental disorder .The American Psychiatric Association (APA) has confirmed frequent taking &posting 'selfies' is a mental disorder, named it 'selfitis' as this is an inflammation of one's ego. Doctors say that Selfitis is a form of obsessive compulsive disorder to take one's own pictures and post them on social media, In this study we have explored the selfie related variables, selfie posting and its association with dangerous selfie an important link to selfie related injuries or casualties. This is unique in this literature but the results were limited to our young future doctors and cannot be generalized to all young population. There is possibility of recall bias which cannot be excluded.

We have not taken the detailed histories of selfie taking/posting on social media & related injuries. We had considered only previous 15 days to avoid recall bias but for dangerous selfie, participants ever taken once, was considered in the study.

Conclusion

The study shows that there is role of socio-demographic profile of students in developing selfie addiction and nearly ten percent of the study population had taken dangerous selfie and one in one hundred study subjects were injured while taking dangerous selfies. Male factor , Number of posting on social media and having SBS score more than 75 were more prone for dangerous selfie.

Be it a behavioral change, peer pressure or the band wagon effect; a psychological phenomenon in which people do something primarily because other people are doing it, regardless of their own beliefs, which they may ignore or override. In professional institution, apart from getting study material, students are devoting most of their time on internet/ social media, facebooketc; taking number of selfie and posting on social media. This is developing a new mental disorder 'selfitis' an obsessive compulsive disorder among young generation.Once developed, selfitis has the propensity to affect the daily activities of an individual. This is particularly pertinent for MBBS students. Any disruption during this period might not only affect their individual academic development and career but also might affect their future role in the health-care delivery system.(24)

Recommendation

To combat with this emerging problem among youngsters- The Future of our nation, there is need of health awareness programme, IEC (Information, Education and Communication), BCC(Behavior change communication) regarding importance of healthy life style for proper physical and mental development. At institutional level, there is need of preparing '**No Selfie Zones'** , formation of Social supporting group, Student

council bodies to build their administrative abilities, research work with sports time/ Healthy exercise/Yoga/Self meditation.

Limitation of the study

As the study results cannot be generalized to all young population as our sample was limited to medical students. There is possibility of recall bias in our study which cannot be excluded. Our self report method may be prone to underreporting the selfie relating problem & "dangerous selfie."Some confounders like internet addiction and psychosocial factors were not included in this study.

Relevance of the study

Although medical students were having some knowledge about selfie related problem and its role impact on their daily routine life, health education intervention, BCC had uplifted their knowledge about Selfie Addiction and Dangerous selfie.

Authors Contribution

RK & MN had participated in the research study with concept, literature search, definition of intellectual content, compilation of data, and manuscript review. Concept of present original research article was prepared by SN & also contributed in preparing design, collection of data, analysis of collected data, statistical analysis, preparing manuscript, editing and review of manuscript.

Acknowledgement

We are most grateful to our undergraduate medical students of all current batches of the Government Medical College of Uttar Pradesh, for their full co-operation and support in our study. Special appreciation to participating medicos who contributed in the project.

References

1. Dictionary.O.E.(2008),Oxford English Dictionary.[Available from: http://en.oxforddictionaries.com/definition/selfie].(Last assessed on 18/12/2022)
2. Balakrishnan J, Griffiths MD. An exploratory study of "selfitis" and the development of the selfitis behavior scale. Int J Ment Health Addiction.2018;16(3): 722–36
3. Katz JE, Crocker ET.selfies and photo messaging as visual conversation: Reports from the United States, United Kingdom and China. International Journal of Communication. 2015;9(12): 1861–72.
4. Priyanka A, Rao P. Exploring correlates of selfitis and narcissism among Indian adolescent. Clin Psychiatry 2020;6(1):1-2
5. Dutta E, Sharma P, Dikshit R, Shah N, Sonavane S, Bharati A, et al. Attitudes toward selfie taking in school-going adolescents: An exploratory study.Indian J Psychological Med. 2016;38(3):242–5.
6. Nagaraju R, Chikkegowda LK. Selfie: A Rising Culture. Assessment of SelfitisAnd Its Relation with Self-Esteem Among Medical and Nursing Students: A Cross-Sectional Study. National J Community Med. 2019;10(5):285–9.
7. Dokur M, Petekkaya E, Karadagi M. Media-based clinical research on selfie related injuries and deaths. Turkish J Trauma Emerg Surg. 2017;24(2):129–35
8. Bansal A, Garg C, Pakhare A, Gupta S. Selfies: A boon or bane? Journal of Family Medicine and Primary Care. 2018;7(4):828–31.
9. Jain MJ, Mavani KJ. A comprehensive study of worldwide selfie-related accidental mortality: a growing problem of the modern society. Int J Injury Control Safety Promotion. 2017;24(4):544–9.
10. Senft TM, Baym NK. What does the selfie say? Investigating a global phenomenon. Int J Commun. 2015;9(19):1588–606.
11. http://www.urbandictionary.com/define.php?term=selfie-obsessed . (Last accessed on 18/12/ 2022).
12. Fox J, Rooney MC. The dark Triad and trait self objectification as predictors of men's use and self-presentation behaviors on social networking sites. PersIndivid Differ 2015;76:161-5.
13. The Selfie Syndrome Published on Tuesday, 07 January 2014: 19 Written by Toni Ann Berardo. Available from: http://www.news.hamlethub.com/ rivertowns/life/139-the-selfie-syndrome. (Last accessed on 18/12/2022).
14. Dhir A, Pallesen S, Torsheim T, Andreassen CS. Do age and gender differences exist in selfie-related behaviours? Comput Human Behaviour.2016;63(C):549–55.
15. Flaherty GT, Choi J. The 'selfie'phenomenon: reducing the risk of harm while using smartphones during international travel. J Travel Med. 2016;23(2):1–3.
16. Sorokowski P, Sorokowska A, Oleszkiewicz A, Frackowiak T, Huk A, PisanskiK.Selfie posting behaviours are associated with narcissism among men.Personality Individual Differences. 2015;85:123–7.
17. Lee JA, Sung Y. Hide-and-Seek: Narcissism and "Selfie"-Related Behaviour.Cyberpsychology Behavior and Social Networking. 2016;19(5):347–51
18. Fox J, Rooney MC. The Dark Triad and trait self-objectification as predictors of men's use and self-presentation behaviours on social networking sites.Personality Individual Differences. 2015;76:161–5.
19. Trudy HHC, Leanne C. Follow me and like my beautiful selfies: Singapore teenage girls engagement in self-presentation and peer comparison on social media. ComputHuman Behavior. 2016;55(Part A):190–7
20. GaddalaA. , Kumar H. , Rajamouli K J, Pusphalatha C. A Study on Various Effects of Internet and Selfie dependence among Undergraduate Medical Students June 2017;5(2):29-32
21. Saroshe S, Banseria R, Dixit S, Patidar A. Assessment of Selfie Syndrome among the Professional Students of a Cosmopolitan City of Central India: A Cross-sectional Study. Int J Prevent Public Health Sci 2016;2(2):1-4.
22. Dr. Pankaj B. Shah. Selfie –a New Generation Dependence Disorder-Literature Review and Updates International Journal of Emergency Mental Health and Human Resilience 2015;17(3):602.
23. https://en.wikipedia.org/wiki/List_of_selfie-related_injuries_and_deaths#2016.(Last assessed on 18/12/2022)
24. Ahmed AN, Balasubramaniam J, Barveen A, Henry J DX. Selfitis affects concentration of the higher education students during lecture hours. In: 2019 International Conference on Computational Intelligence and Knowledge Economy; 2019:746-51.

Tables

TABLE 1-DISTRIBUTION OF PARTICIPANTS TAKING SELFIE ACCORDING TO THEIR DEMOGRAPHIC PROFILE

Demographic profile Age (in years) ± SD		Male(n=116) Mean age 21.55±2.327	Female(n=104) Mean age 22.01±2.483	Total(n=220)	x^2	df	P value
Age Group(in Yrs)	17-20	55(47.4%	30(28.8%	85(38.6%	9.00	2	0.011
	21-25	45(38.8%	60(57.7%	105(47.7%			
	26 or >	16(13.8%	14(13.5%	30(13.6%			
Education	MBBS Ist Prof	67(57.8%	20(19.2%	87(39.5%			
	MBBS IInd Prof	27(23.3%	57(54.8%	84(38.2%	36.068	2	0.001

Demographic profile Age (in years) ± SD		Male(n=116) Mean age 21.55±2.327	Female(n=104) Mean age 22.01±2.483	Total(n=220)	x^2	df	P value
	MBBS IIIrd Prof	22(19.0%)	27(26.0%)	49(22.3%)			
Religion	Hindu	92(79.3%)	92(88.5%)	184(83.6%)	3.41	2	0.181
	Muslim	17(14.7%)	09(8.7%)	26(11.8%)			
	Others	07)(6.0%)	03(2.9%)	10(4.5%)			
Residence	Urban	102(87.9%)	93(89.4%)	195(88.6%)	0.121	1	0.718
	Rural	14(12.1%)	11(10.6%)	25(11.4%)			
Socio- Economic Class	Class I	07(6.0%)	04(3.8%)	11(5.0%)	1.963	4	0.743
	Class II	21(18.1%)	14(13.5%)	35(15.9%)			
	Class III	54(46.6%)	50(48.1%)	104(47.3%)			
	Class IV	21(18.1%)	24(23.1%)	35(20.5%)			
	Class V	13(11.2%)	12(11.5%)	25(11.4%)			
Time spent on Internet per day	Sometimes or < 2 hour	47(40.5%)	32(30.8%)	79(35.9%)	6.60	2	0.037
	2-3 Hr	46(39.7%)	59(56.7%)	105(47.7%)			
	4 or >Hr	23(19.8%)	13(12.5%)	36(16.4%)			
Frequency of Selfie taking per day(APA Grading)	Less than 3/day but no posting	56(48.3%)	90(86.5%)	146(66.4%)	35.99	2	0.001
	3-5 and no posting	24(20.7%)	06(5.8%)	30(13.6%)			
	3-5 and posting on social platform	36(31.0%)	08(7.7%)	44(20.0%)			

TABLE 2- DISTRIBUTION OF PARTICIPANTS ACCORDING TO SELFITIS BEHAVIOR SCALE(SBS) SCORING

Grading	SBS score	Male(n=116)	Female(n=104)	Total(n=220)	x^2	Df	P value
Normal	Score 20-39	36(31.0%)	46(44.2%)	82(37.3%)	4.248	2	.120
BorderlineSelfitis	Score 40--59	64(55.2%)	48(46.2%)	112(50.9%)			
Acute Selfitis	Score 60-79	16(13.8%)	10(9.6%)	26(11.8%)			
Chronic Selfitis	Score 80- 100	00	00	00			

TABLE 3- DISTRIBUTION OF PARTICIPANTS ACCORDING TO ASSOCIATION OF DIFFERENT RISK FACTORS WITH DANGEROUS SELFIE

Variables	Number of Study subjects (n=220)	Dangerous Selfie(YES)(n=19)	% of Dangerous Selfie taking Participants	Statistical Tests (Chi-square test, OR ,C I , p value)	
Gender wise distribution of Study Subjects taking Dangerous Selfie (n=220)					
Male	116	13	14.0%	X2=2.055,	P=0.152
Female	104	06	8.4%		
Age-wise(in years) distribution of Subjects taking Dangerous Selfie (n=220)					
17-20	85	08	9.4%	X2=06.972	P=.031
21-25	105	05	4.8 %		
More than 25	30	06	20.0%		
Association of Different Frequency (Gp)of Selfie taking(daily) with dangerous selfie (n=220)					
Less than or equal to 3 Freq.	208	11	5.3%	OR=35.82; CI(9.33, 137.49) if confidence Level 95%	X2=54.168 P=.001
More than 3	12	8	66.7%		
Association of Social posting with dangerous selfie taking					
No Posting	176	03	15.8%	OR=32.92; CI(9.02, 120.45) if confidence Level 95%	X2=53.89 P=.001
Posting	44	16	84.2%		
Association of Selfitis Behavior Scale(SBS) scoring with dangerous selfie					
SBS score 0-75	211	16	7.6%	OR=6.09; CI(1.39, 26.68) if confidence Level 95%	X2=7.254 P=.007
SBS score 76-100	09	03	33.3%		
Association of Frequency of Selfie taking per day/Social posting with dangerous selfie					
Less than 3 selfie taking & no posting	146	03	2.1%	X2=25.40	P=.001
Taking 3-5 Selfie but not posted	30	05	26.3%		
3-5 selfie taking and social posting	44	11	57.9%		
Association of Selfitis Behavior Scale(SBS) scoring with dangerous selfie					
Normal(Score 20-39)	82	03	03.%	X2=13.645	P=.001
BorderlineSelfitis (Score 40—59)	112	09	08.0%		
Acute Selfitis(60-79)	26	07	26.9%		
Chronic Selfitis (Score 80-100)	00	00	00		