

**“A EXPLORATORY STUDY TO ASSESS THE KNOWLEDGE ON SELFIE
ADDICTION DISORDER AMONG IN DEGREE COLLEGE STUDENTS,
BANGALORE.”**

By

Suparna Giri

&

Susma Rai

Research project work submitted to

Smt. Nagarathamma College Nursing, Bangalore



Under The Guidance Of

Mr. Dhanpal HN

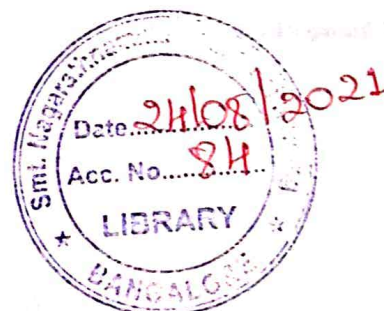
Head Of Department

Psychiatric Nursing

Smt. Nagarathamma College of Nursing

69/90, Dr.Sarvepalli Radhakrishnan Road,

Soldevenahalli, Bangalore-560107



ABSTRACT

Background

Undergraduates are the students who are yet to get their graduate degree or pursuing their graduate study. Most of the undergraduates fall under the age 18 to 25 years.

Undergraduates are mostly the late adolescents and early adulthood people. They start the thinking of building their career in this age period. It is a stable period of growth where gradual biology and social changes take place.

Between 2014 and 2016, 76 people died clicking selfies in India—more than half the total number of such deaths reported worldwide during the same period. In 2017, at least 11 lives have been lost in selfie related accidents in India. A compilation of news reports by FactorDaily found 107 selfie related deaths in less than 3 years in India.¹

Dr. Ponnurangam Kumaraguru, an associate professor at IIT-D, who was part of the team that analysed selfie related casualties. Titled, “Me, Myself and My Killfie” characterising and preventing selfie deaths, the study found that most people are dying worldwide due to two primary reasons: Height and water. The third most significant reason and one that is unique to India, is death by Trains.¹

The rise of selfie deaths can be linked to the rise in smart phone penetration and social media usage in India. In the last 4 years alone, smart phone penetration in India has witnessed a 12-fold growth with affordable prices, these phones are now accessible to 300 million Indians, including teenagers.¹

In 2016, the Union Tourism Ministry issued an advisory to all states asking them to identify tourist spots that are prone to accidents, installing signages warning visitors of the danger

involved in taking selfies, and barricading areas whenever possible dangers is identified. The Gujrat Forest Department had to issue an advisory against taking selfies with lions. A month after 2 deaths near Bandra bandsand in January 2016, Mumbai police declared 16 'No Selfie Zones'. Recently, Karnataka also declared 400 spots across the state as 'No Selfie' zones.¹

Objective

To assess the knowledge regarding selfie addiction among degree college students.

Assumption

There will be a less significant knowledge among the under graduates students in Bangalore.

In the present study, descriptive approach was selected. The structured questionnaire on Selfie Addiction was developed by the researcher to collect the data. The main study was conducted at Acharya college, Soldevanahalli, Bangalore, with the sample size of 60 undergraduates aged 18-25 years of age. The sample were selected by using purposive sampling technique and the collected data was analyzed and interpreted based in Descriptive statistics.

Results

The analysed data from the demographic information of the undergraduates reveals that; majority 55% of undergraduates belong to the age group 18-20 years, majority 78.33% were female, majority 55% were Hindu and majority 43.33% were studying in 1st year of graduation.

The analysed data from the overall knowledge on selfie addiction among degree college students,

Mean value: 9.55

Mean (%): 56.17%

Standard deviation value: 2.085

Conclusion

The present study attempted to assess the knowledge on Selfie Addiction Disorder among undergraduates students, Bangalore. A non experimental design and descriptive approach was used in the study. The data was collected from 60 samples through convenient sampling technique. The data collect was subjected to analysis using descriptive statistics in terms of frequencies, percentage and standard deviation.

The result shows a **moderate of knowledge** among students on Selfie Addiction Disorder. But there is a clear need for more prevention, face to face interaction, control and provide more education about this disorder.

Table of contents

Sl. No	Content	Pg No
1	Introduction	1-9
2	Objectives	10-12
3	Review of Literature	13-17
4	Methodology	18-25
5	Results	26-33
6	Discussion	34-36
7	Conclusion	37-39
8	Summary	40-42
9	Bibliography	43-46
10	Annexure	47-53
