EFFECTIVENESS OF A PLANNED TEACHING PROGRAM ON THE ILL EFFECTS OF SELFIE-TAKING BEHAVIOR ON HEALTH AMONG NURSING STUDENTS AT A SELECTED NURSING COLLEGE IN BANGALORE

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ABSTRACT

Background*: Smart phones are no longer only a communication device but serve as a substitute for the home computer and have internet related access as well as a camera that with its high resolution now substitutes the camera we call it as "Selfie camera". Selfie have now become a major trend and smart phone manufacturers are ensuring that they provide good front cameras in phone and technology is adapting this social trend of self portraits to rule the world.* ***Method:*** *For this study, an evaluative technique was applied. The data is collected using a one-group pre-test and post-test design. The planned teaching programme regarding ill effects selfie taking behavior on health was the study's independent variable, while the attitude of nursing students regarding Selfie taking behavior and its impact on health was the dependent variable. The study was conducted from June 2022 to august 2022 among 60 subjects; the collected data was analyzed and interpreted using descriptive and inferential statistics.* ***Results:*** *The present study reveals that the overall behavioral scores of respondents were found to be 51.33% with standard deviation 4.59 in pre test. The overall behavioral scores of respondents were found to be 40.1% with standard deviation 3.142 in post test. The obtained "t" value 17.385 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant. It means there is reduction in behavioral level of nursing student.* ***Conclusion:*** *Study demonstrated that the planned teaching programme on ill effects selfies taking behavior on health is effective in decreasing the behavioral level of nursing students.*

Key words*: Effectiveness; planned teaching program; ill effects selfie-taking behavior; health; nursing students.*

INTRODUCTION

Technology plays a significant role in our daily lives. Because it has been so beneficial to us, it has become an essential part of our lives. The demand for speedy and efficient information transmission has increased as a result of modern technologies.

The third rule of motion, however, states that "there is an equal and opposite response to every action." Technology is a wonderful blessing for us, but it also raises the rates of obesity, loneliness, depression, behavioral problems, and, in some cases, mortality.

The emergence of new medical problems called "Behavioral addiction" that are increasingly becoming mental disorders has been attributed to technology advancements. According to several studies conducted throughout the world, 420 million individuals worldwide are hooked to computers and the internet, making up 6% of the world's entire population.

Studies have shown that teenagers are more likely than adults and persons in their middle years to develop behavioral addictions. Over 1.5 billion people globally possess and use a smart phone, making it one of the most prevalent behavioral addictions.

According to a South Korean survey, 10.4% of those in their 20s and 30s and 11.4% of those aged 10 to 20 are addicted

to their smartphones. According to a meta-analytic research carried out in India, anything from 18.5% and 78.8% of individuals are addicted to their smartphones.

Smart phones are no longer just a means of communication; they also replace the home computer, provide internet access, and include a camera that, thanks to its high quality, has taken the place of the "selfie camera." The practice of taking selfies has grown significantly, and smart phone makers are making sure that their devices have strong front-facing cameras. Technology is catching up to this social phenomenon and will soon control the globe. A "selfie" is defined as a self portrait photograph that a person has taken oneself, typically with a smartphone or webcam and then shared via social media like whatsapp, facebook, twitter, etc.

The earliest usage of selfie can be imitated as far back as 2002. It first appeared in an Australian internet forum– karlKruaze. The term selfie was discussed by photographer Tim Krause in 2005. In the year 2013, the word "Selfie" was included in the Oxford Dictionary and the frequency of use of the word increased over the year. "Selfie" was announced as being the "Word of the year" by the Oxford English Dictionary. A self-portrait called "self-portrait in a convex mirror" was created by the Italian printer Parmigionian in 1524. Robert Cornelius, an American pioneer in photography, produced a self-portrait in 1839.

Despite the fact that individuals have long enjoyed snapping pictures of themselves and other people, the advent of the selfie camera has brought this practice to an extreme. It goes hand in hand with uploading selfie photos to social networking sites. They also eagerly await the opinions of their friends and other people. This set off a series of events that eventually resulted in a sophisticated addiction illness that we can simply refer to as "selfie addiction disorder."

The American Psychiatry Association (APA) has recognized that snapping selfies is a mental condition; they have coined the term "SELFITIS" for it since it is an addiction-like mental disorder that results in withdrawal symptoms if a person is unable to take images. According to the American Psychological Association, it is the "obsessive compulsive drive to snap images of one and publish them on social media as a method to make up for the loss of self-esteem and to fill a gap in intimacy."

Three stages of selfie addiction—borderline, acute, and chronic were established by two psychologists, Mark D. Griffiths and Janarthanan Balakrishnan, using interviews and observations of 225 college students at Indian institutions as they used social media.

Borderline: Those who take three selfies in a day but don't post them on social media.

Acute: Those who take photos of oneself at least three times a day and post them on social media are considered as acute.

Chronic: Uncontrollable urge" to take n number of selfies a day & posting them into social media at least six a day are considered as chronic.

The 225 participants in the study, the researchers found that over 25% suffered from chronic selfitis, 40.5% were considered as acute selfitis and 34.5s% have borderline selfitis.

Griffiths and Balakrishnan chose to poll students in India because the country has

the most Face book users as of 2014 and has the largest frequency of fatal selfie accidents. 76 of the 127 selfie-related fatalities documented globally happened in India. Researchers then conducted a poll of 400 more university students in November 2017 and discovered that those who often posted selfies were less confident and did so because they believed they had to compete with others for attention online.

Although the exact cause of the selfie-syndrome is unknown, it is thought to be caused by an imbalance between excitatory and inhibitory neurotransmitters. The serotonergic pathway may also be involved. Psychiatrists are starting to view the obsession with taking selfies as a serious mental health issue. However, further clarification is required for biochemical and neuropsychological testing. Doctors chose on counseling, self-motivation, and family treatment for selfitis prevention since there are around 14% more teens and adults in industrialized countries and a somewhat smaller number in underdeveloped countries that suffer from the selfie syndrome. According to several research, taking selfies is associated with psychopathologies such narcissism, body dysmorphic disorder, self-confidence, and grandiosity.

It is startling that some people lose their lives while trying to get the perfect shot, in addition to developing problems and addictions. Ex: Trying to take the most exotic photos while being hit by a train.8 People with light sensitive epilepsy may experience seizures after being exposed to phone camera lighting.

Selfitis is a modern condition, although not everyone is aware of its implications. Although the selfie has been called a worldwide phenomenon, it is still a new trend in India and has not yet achieved its full maturity. This project will explain the idea of selfie addiction, improve understanding of how it affects people, raise awareness, and provide information on possible solutions.

According to estimates from the US Department of Transportation, 33,000 injuries resulting from mobile phone use and driving occurred in 2014, the year of the selfie. According to Wikipedia, more people died while taking selfies in 2015 than were killed by shark attacks. According to The Washington Post, "nearly half" of at least 27 selfie deaths that happened in January 2016 took place in India. The Hindustan Times reports that at least 54 individuals in India died while snapping selfies between 2014 and August of 2016.

According to the research study from All India Institute of Medical Science and Technology Kanpur, 3 selfie–related deaths reported in 2011, 2 in 2013, 13 in 2014, 50 in 2015, 98 in 2016 & 93 in 2017 among which 72.5% were males, while 27.5% were females. A recently published study has found that almost 100 people died taking selfies in 2017, a phenomenon that has seen exponential growth in recent years. It is found that between 2011 & 2017, 259 people died taking selfies, with 159 such incidents reported in India.

The recent study, published in the journal of Family Medicine & Primary Care, says youngsters; Especially young males, are more likely to take dangerous selfie`s putting their life at risk. Almost two-third of the people between the age of 10 & 29 yrs died in 86% of such incidents. Drowning, falling from elevated areas & transport (clicking selfies near a train or

moving vehicle) were the leading causes of deaths while India has the highest selfie toll at 159 deaths, Russia the second highest with 16 reported deaths, US& Pakistan have reported 14 & 11 deaths respectively.

In general, the author was enlightened by facts and statistics to carry out a study on the selfie taking behavior and its impact on health, and so produced a problem statement efficacy of a video-assisted teaching program on the effects of selfie-taking on nursing students at a specific nursing institution in Bangalore, with the objectives 1.To evaluate the current selfie-taking habit among nursing students enrolled in a chosen nursing college and its effects on health.2.To implement a planned teaching program on the ill effects of selfie-taking on health among nursing students enrolled in a chosen nursing college.3. To evaluate for effectiveness for planned teaching programme.

HYPOTHESIS

H_1 – The mean post-test selfie taking behavior scores score of nursing student will be higher than pre test selfie taking behavior scores at 0.01 level of significance.

MATERIALS AND METHODS

The present study is evaluative research approach was adopted in ordered to assess the Effectiveness of a planned teaching program on the ill effects of selfie-taking behavior on health among nursing students at a selected nursing colleges in Bangalore, An one group pre-test post-test (pre-experimental) design has been used to attain the objectives of the present study. After obtaining Institutional ethical clearance, study was conducted at Surya College of nursing Bangalore. The Independent variable is planned teaching programme regarding ill effects of selfie taking behavior and its impact on health and Dependent variable is attitude of nursing students regarding ill effects of selfie taking behavior on health. The target population of the present study comprises of nursing students studying at selected nursing colleges in Bangalore. By adopting purposive sampling technique 60 nursing students studying at specific nursing institution in Bangalore was used to collect data. Data collection was carried out for a period of two months from June 2022 to august 2022. This data were entered into the excel sheets and analyzed using SPSS for windows, Version 16.0, Chi-square test was used for the evaluation of the level of significance.

The researcher adhered to several critical ethical considerations regarding obligations and responsibilities in the recruitment of participants and data collection. 1] Approval has obtained from Institutional human ethics committee. 2] Formal administrative permission was obtained from a nursing institute administration.3] Informed printed agreement was taken from the subjects. 4] Maintain the confidentiality of data.

Sampling criteria

The samples were selected with the following predetermined set of criteria.

Inclusion criteria:

1] Nursing students who are willing to participate in the study.

2] Nursing students who are present at the time of data collection.

3] Both male and female nursing students are included in this study.

Exclusion criteria:

1] Nursing students who refuse to participate in the study.

2] Nursing students who are not present at the time of data collection.
3] Nursing students who is sick on the day of data collection

Selection and development of the tool

The investigator has prepared the structured 4-point Likert scale to assess the Selfie taking behavior and its impact on health it is regarded as the most ideal device for eliciting responses for the present study. The tool was having two sections, Section -I: Socio-Demographic variables of the nursing students. Section -II: Structured 4-point Likert scale consists of the statement with 28 items related to Intellectual dimension, Physical dimension, Social dimension, Emotional dimension and Economic dimension.

Method of data collection

After receiving official authorization from the relevant authority, data was gathered from 60 participants, with the nursing students chosen using a purposive selection approach. The subject's willingness to engage in the study was determined after the investigator gave a self-introduction and described the objective of the investigation. The individuals have been guaranteed of their anonymity and the confidentiality of the information they have supplied, and signed informed permission has been acquired. The pre-test was administered on the first day, followed by the planned teaching, after one week, and the post-test was administered using the same tool, each subject took 30 minutes to answer the tool.

RESULT

The data were analyzed on the basis of the study objectives, using both descriptive and inferential statistics. Findings are organized in the following headings

Table – 1: frequency and percentage distribution of Demographic profile of nursing students

Age	Frequency	Percentage
18 years	13	21.7
19 years	26	43.3
20 years	15	25.0
21 years	6	10.0
Gender		
Boy	16	26.7
Girl	44	73.3
Religion		
Hindu	32	53.3
Christian	28	46.7
Hindu	32	53.3
Christian	28	46.7
Hindu	32	53.3
Type of family		
Nuclear Family	54	90.0
Joint Family	6	10.0
Type of mobile use		
Android	60	100.0
Others	0	0.0
Like to take selfies		
Yes	60	100.0
No	0	0.0
Reason for taking selfie		
Send to friends	8	13.3
Posting on social media	19	31.7
Boring	13	21.7
Get attention	7	11.7
Life style participation	7	11.7
Others	6	10.0
Place of taking selfie		
Class room	9	15.0
Home	14	23.3

Public places	31	51.7
Others	6	10.0
Consequences of taking selfie		
Addiction	41	68.3
Loss of attention	19	31.7
Total	**60**	**100%**

The distribution of the subjects by age revealed that the majority of nursing students (43.3%) belong to 19 years and only (10.0 %) were belongs to 21 years. Gender shows (73.3%) were females and only (26.7 %) were boys. Religion of nursing students (53.3%) was Hindus and only (46.7 %) were Christian. The nursing students (90%) belong to nuclear family and only (10.0 %) belongs to joint family. All nursing students (100%) were using android mobile all (100%) were like to take selfies, (31.7%) were taking selfie to Posting on social media and only (10.0 %) were taking selfie for other reason. Nursing students (51.7%) were taking selfie in public places and only (10%) were taking selfie in other places and majority of nursing students (68.3%) were addicted taking selfie in public places and only (31.7%) were had loss of attention due to taking selfie.

Table – 2: Pre test and post test selfie taking behavior and its impact on health level of nursing students N=60

Selfie taking behavior level	**Pre test**		**Post test**	
	Frequency	**Percent**	**Frequency**	**Percent**
Low Selfie taking behavior	27	45.0	60	100.0
Moderate Selfie taking behavior	33	55.0	0	0.0
High Selfie taking behavior	0	0.0	0	0.0
Total	60	100	60	100

According to the above table it is evident that majority 55.0% of nursing students had moderate behavior and 45.5% had low behavior in pre test and 100% had low behavior and in post test on selfie taking behavior and its impact on health.

Table – 3: mean, mean percentage and standard deviation for the pre test selfie taking behavior and its impact on health of students N=60

Sl. No.	**Selfie taking behavior and its impact on health aspects**	**No. of Items**	**Max Score**	**Mean**	**Mean %**	**SD**
1	Intellectual dimension	7	28	14.75	52.67	1.856
2	Physical dimension	7	28	14.7	52.5	1.759
3	Social dimension	8	32	16.98	53.06	2.266
4	Emotional dimension	3	12	5.67	47.25	0.968

5	Economic dimension	3	12	5.4	45.0	0.848
Overall		**28**	**112**	**57.5**	**51.33**	**4.597**

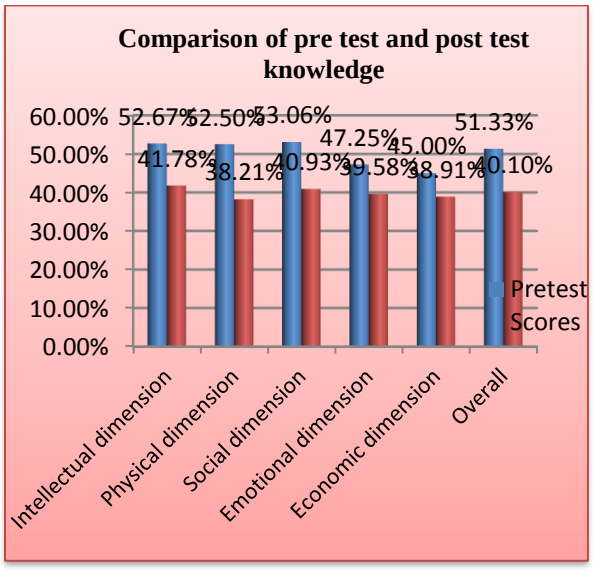
The maximum mean percentage obtained by the subjects is found in the aspect of Social dimension (53.06%) followed by Intellectual dimension (52.67%), Physical dimension (52.5%), Emotional dimension (47.25%) and least mean score (45.0%) found in the aspect of Economic dimension. The overall behavioral scores of respondents were found to be 51.33% with standard deviation 4.59 in pre test.

Table – 4: mean, mean percentage and standard deviation for the post test selfie taking behavior and its impact on health of students N=60

Sl. No.	Selfie taking behavior and its impact on health aspects	No. of Items	Max Score	Mean	Mean %	SD
1	Intellectual dimension	7	28	11.7	41.78	1.69
2	Physical dimension	7	28	10.7	38.21	1.629
3	Social dimension	8	32	13.1	40.93	1.492
4	Emotional dimension	3	12	4.75	39.58	0.704
5	Economic dimension	3	12	4.67	38.91	0.933
Overall		28	112	44.92	40.1	3.142

The maximum mean percentage obtained by the subjects is found in the aspect of Intellectual dimension (41.78%) followed by Social dimension (40.93%), Emotional dimension (39.58%), Economic dimension (38.91%) and least mean score (38.21%) found in the aspect of Physical dimension. The overall behavioral scores of respondents were found to be 40.1% with standard deviation 3.142 in post test.

Fig 1: Comparison of pre and post test selfie taking behavior and its impact on health scores of students.



The obtained "t" value 17.385 is greater than the table value at 0.01 level of significance. Therefore, "t" value is found to be significant. It means there is reduction in behavioral level of nursing student. This supports that Video teaching programme on selfies taking behavior and

its impact on health is effective in decreasing the behavioral level of nursing students.

Discussion

Based on the data analysis, the following findings were reached: The current study sought to determine the effectiveness of video assisted teaching programme regarding selfie taking behavior and its impact on health among nursing students

Findings revealed that that majority 55.0% of nursing students had moderate behavior and 45.5% had low behavior in pre test and 100% had low behavior and in post test on selfie taking behavior and its impact on health. The overall behavioral scores of respondents were found to be 51.33% with standard deviation 4.59 in pre test. The overall behavioral scores of respondents were found to be 40.1% with standard deviation 3.142 in post test.

This finding of the study was in consistent with study conducted by **Sathiavarthini 2018** on effectiveness of video assisted teaching programme on knowledge regarding prevention of child abuse among school teachers in capron hall girls higher secondary school at Madurai district and found after implementation of intervention in the form of video assisted teaching the post test score were gradually increased when compared to pre test scores.

The resulting't' value of 17.385 was larger than the table value at 0.01 level of significance. As a result, the research hypothesis that there would be a substantial difference in pre and post level knowledge on selfies taking behavior and its impact on health among nursing students was accepted. This demonstrated that the video assisted teaching programme was successful in reduction of behavioral level of nursing student about selfies taking behavior and its impact on health. These findings were in consistent with study conducted by **Ayushi singh & Dr. Sheela Upendra 2022** on effect of effectiveness of video assisted teaching on knowledge regarding self-body scan meditation among school teachers in Pune and finding showed there was improvement of knowledge among school teachers regarding self-body scan meditation is improved after video assisted teaching.

RECOMMENDATIONS

1. A similar study can be replicated on a large sample to generalize the findings.
2. A similar study may be conducted in different setting.

LIMITATIONS OF THE STUDY

1. Study was conducted in specific geographic area imposes limits on generalization
2. The findings could be generalized only to the population which fulfilled the criteria in the study.
3. The study limited to assessment of attitude
4. The sample was limited to 60 only
5. Long-term follow-up could not be carried out due to time constraints.

CONCLUSION

The goal of the current study was to evaluate the effectiveness of a video-assisted education program with relation to selfie-taking behaviour and its effects on nursing students' health. It was found that following exposure to the program, nursing students' behavioral levels decreased. This demonstrates the effectiveness of planned teaching programme in lowering nursing students' behavioral levels, which, in turn, lowers the number of accidents and addictions that result.

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