

Research Article

Psychosocial Implications of Selfitis Among School-Going Adolescents: An Exploratory Study for Paediatric Nursing Practice in Gwalior, Madhya Pradesh

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A B S T R A C T

Background: In the age of digital media, the “selfie” has changed from a straightforward self-portrait to a sophisticated social phenomena called “Selfitis.” The compulsive drive to take and share selfies is the hallmark of this behavioral addiction, which puts teenagers at serious psychosocial danger. The frequency and psychosocial effects of selfitis among school-age teenagers in Gwalior, Madhya Pradesh, were investigated in this study.

Methods: A quantitative exploratory research design was utilized. A sample of 100 pupils was picked from Ebenezer Higher Secondary School, Gwalior, using a non-probability convenient sampling technique. A validated Modified Selfie Behavior Scale was used to gather data. Descriptive statistics and the Chi-square test ($p < 0.05$) were used for statistical analysis.

Results: The study found a remarkable 99% prevalence of selfitis among subjects, with 47% borderline, 45% acute, and 7% chronic. Inferential analysis found a significant relationship with selfitis levels and demographic characteristics, including age ($\chi^2 = 12.75$, $p < 0.05$) and gender ($\chi^2 = 8.87$, $p < 0.05$). Socioeconomic variables such as family income and smartphone brand were found to be non-significant.

Conclusion: Selfitis is a growing psychological problem for adolescents in Gwalior. The study underlines the importance of paediatric nurse interventions, digital hygiene initiatives, and school-based counseling in reducing the long-term psychological effects of digital addiction.

Keywords: Behavioral Addiction, Gwalior Students, Nursing Education, Psychosocial Health, Selfitis, Social Media

Introduction

Human communication has been transformed with the introduction of high-speed mobile internet and

high-definition front-facing cameras. Technology has created psychological addictions in addition to providing connectivity. The term “Selfitis,” which was first used as a prank in 2014, was later confirmed by psychological study

as a real behavioral addiction associated with narcissism, low self-esteem, and a persistent desire for social validation.

“Teenager are especially at risk in India” where smartphone use is among the highest worldwide. Clinical and scholarly research is necessary to address the behavioral shift brought about by the shift from independence to dependent on digital likes.

Problem Statement

“An Exploratory Study was Conducted to Assess The Level and Prevalence of Selfitis Among School-Going Adolescents of Ebenezer Higher Secondary School, Gwalior (MP).”

Objectives

- To measure the target population’s levels of selfitis (Borderline, Acute, Chronic).
- To determine assuming specific demographic variables (such as age, gender, socioeconomic level, etc.) and selfitis are correlated.

Hypotheses

- **H1:** There is a significant level of selfitis prevalent among the student population.
- **H2:** There is a significant association between levels of selfitis and demographic variables such as age and gender.

Methodology

Research Design and Approach

A quantitative research approach with an exploratory descriptive design was employed to assess the prevalence and levels of selfitis among the target population. This design allowed for the identification of behavioral patterns within a specific academic demographic.

Setting and Population

The study was conducted at Ebenezer Higher Secondary School, Gwalior (M.P.). The population consisted of school-going adolescents (aged 13-18 years) who were active smartphone users and social media participants.

Sample and Sampling Technique

A sample size of N = 100 was determined. A non-probability convenient sampling technique was utilized to select participants based on their availability and willingness to participate during the data collection period.

Tool for Data Collection

The primary instrument used was a Modified Selfie Behavior Scale. The tool comprised two sections:

- **Section A:** Demographic variables (Age, Gender, Family Income, etc.).
- **Section B:** A Likert-type scale categorized into sub-scales measuring environmental enhancement, social competition, and mood modification. The tool’s reliability was ensured through expert validation and pre-testing.

Ethical Considerations

Permission was obtained from the school authorities. Participants were briefed on the study’s objectives, and verbal/written informed consent was obtained. Confidentiality and anonymity of the responses were strictly maintained.

Data Analysis

Data were analyzed using SPSS (or manual calculation). Descriptive statistics (mean and standard deviation) were used to categorize selfitis levels. Inferential statistics, specifically the Chi-square test, were applied to determine the association between selfitis levels and selected demographic variables at a significance level of $p < 0.05$.

Results and Discussion

The statistical analysis focused on identifying the prevalence of Selfitis and its association with biological and environmental factors.

This table summarizes the overall prevalence within the sample.

This is the “Inferential Table.” It proves your hypothesis H_2

Table 1. Literature Review for Shigellosis

Level of Selfitis	Score Range*	Frequency (n)	Percentage (%)
Absent	< 33	1	1%
Borderline	34 – 50	47	47%
Acute	51 – 70	45	45%
Chronic	> 71	7	7%
Total	-	100	100%

>Note: Adjust the score ranges based on your specific Modified Scale.

Table 2. Association Between Demographic Variables and Levels of Selfitis

Demographic Variable	Category	Absent/Borderline	Acute/Chronic	χ^2 Value	p-value	Significance
Age	13–15 years	20	32	12.75	< 0.05	S
	16–18 years	28	20	-	-	-
Gender	Male	15	25	8.87	< 0.05	S
	Female	33	27	-	-	-
Family Income	Low	10	12	1.12	> 0.05	NS
	High	38	40	-	-	-

Note: S = Significant; NS = Non-Significant.

Interpretation: An overwhelming 99% of the sample exhibited some form of selfitis. The mean score was calculated at 53.53 with a Standard Deviation (SD) of 1.30, indicating a high concentration of scores around the acute and borderline categories.

Inferential Analysis (Chi-Square Results)

The study found that while environmental factors (income, phone type) did not dictate addiction, biological and developmental factors did:

- Age: Showed a high significant association ($\chi^2 = 12.75$, $p < 0.05$). Younger students showed higher tendencies toward chronic behavior.
- Gender: Showed a significant association ($\chi^2 = 8.87$, $p < 0.05$).
- Non-Significant Factors: Family type, family income, and the specific brand/type of phone used did not significantly influence selfitis levels.

Limitations of the Study

- The sample size (N=100) is relatively small for generalizing the findings to the entire state of Madhya Pradesh.
- The use of convenient sampling may introduce selection bias.
- Data relied on self-reporting, which can be subject to social desirability bias.

Conclusion and Recommendations

Conclusion

Selfitis is a burgeoning psychological concern in Gwalior. The drive to capture selfies is more deeply rooted in internal demographics (age and gender) rather than external status (income or phone model). This suggests that the behavior is a developmental and psychological response to the digital environment rather than a matter of luxury.

Recommendations for School in Gwalior

Digital Hygiene Programs

Educational institutions should recognize selfitis as a potential behavioral addiction and implement workshops on “Digital Wellbeing.”

Counseling Services

Nursing and medical colleges should integrate screenings for digital addiction within student health services, as high chronic levels may impact academic focus and clinical performance.

Promotion of Real-world Engagement

Encouraging “no-phone zones” or “offline social hours” to reduce the dependency on digital validation.

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