



A study to assess the level of selfie addiction among the college students at selected college, Coimbatore

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Abstract

Selfies are self-portraits taken to admire one's own appearance excessively. When selfies are taken persistently in increased numbers with futile efforts to stop, it is termed as "selfie addiction." There is an uncontrollable craving for taking selfies, which greatly affects lifestyle modifications, particularly among adolescents. A quantitative descriptive study was conducted using a non-probability convenience sampling technique to assess the level of selfie addiction among college students. Griffith's standardized Selfie Addiction Scale, consisting of 20 questionnaires, was used to collect data from 423 students. The results of the study revealed that 26.7% (113) of the students had low selfie addiction, 58.1% (246) had moderate selfie addiction, 13% (55) had high selfie addiction, and 2.2% (9) had severe selfie addiction. The study concluded that the majority of college students had a moderate level of selfie addiction.

Keywords: Adolescents, college students, selfie addiction

Introduction

Selfie addiction, also known as "selfitis," is a behavioral addiction characterized by the compulsive taking and sharing of selfies on social media platforms for attention, validation, and self-esteem enhancement. Mark Griffiths (2014) ^[1] described selfie addiction as a behavioral disorder associated with excessive smartphone and social media usage. Further, Mark D. Griffiths (2018) ^[2] reported that excessive selfie-taking behavior may lead to psychological problems such as anxiety, depression, narcissistic traits, low self-esteem, and body image disturbances.

In recent years, the widespread use of smartphones and social media applications such as Instagram, Snapchat, and Facebook has significantly increased selfie-taking behavior among college students. Selfies have become a common form of self-expression and social interaction. Studies by Valentina Boursier *et al.* (2020) ^[3] found that problematic social media use and selfie-posting behavior were associated with body image concerns and psychological distress among young adults. Similarly, Ayesha Malik *et al.* (2021) ^[4] reported that excessive selfie-taking behavior among college students was linked with anxiety, low self-confidence, and social media dependency. Pimpa Charoensukmongkol (2022) ^[5] also stated that excessive smartphone use negatively affected emotional wellbeing and academic performance among university students.

In India, college students spend considerable time on smartphones and social networking sites, increasing their risk of selfie addiction and its related psychological effects. However, only limited studies have been conducted among college students in Coimbatore. Therefore, the present study was undertaken to assess the level of selfie addiction among college students and its association with selected demographic variables. The findings of the study may help create awareness regarding responsible smartphone usage, healthy social media behavior, and digital wellbeing among young adults.

Statement of the Study

A study to assess the level of selfie addiction among the college students at selected college, Coimbatore.

Objectives

1. To assess the level of selfie addiction among the college students.
2. To associate the level of selfie addiction with selected demographic variables.

Methodology

A quantitative descriptive study was conducted among the college students at the selected colleges in Coimbatore. The study was conducted from 2024-2025. Data was collected from the students in the different department like BSc(nursing), Physiotherapy, Pharmacy and AHS using Griffith's selfie addiction assessment scale through a google form. The data was collected using a Stratified random sampling technique.

1. Research Approach

A quantitative research approach was adopted to assess the level of selfie addiction among college students.

2. Research Design

A descriptive cross-sectional research design.

3. Research Setting

This study was conducted at selected private colleges in Coimbatore.

4. Population

Target population

All college students studying in colleges at Coimbatore.

Accessible population

College students who are studying in the selected college(s) in Coimbatore and are available during the period of data collection.

5. Sampling Technique

Stratified Random Sampling Technique.

6. Criteria For Sample Selection

Inclusion Criteria

Students aged between 19 and 23 years
 Students who possess mobile phones or smartphones
 Students who can understand the English language
 Students who are willing to participate in the study

Exclusion Criteria

Students who are not willing to participate in the study
 Students who do not possess a mobile phone or smartphone

7. Study Participant

The study participants consisted of students aged between 19 and 24 years who owned a mobile phone, understood the English language, and were willing to participate in the study. A total of 423 students from various departments were selected from the selected college in Coimbatore.

8. Data Collection Tool

A data collection tool consists of 2 parts;

Part 1

The demographical variable

Part 2

Selfitis behavior scale (Griffith's selfie addiction tool)

The standardized tool used in this study is a psychological questionnaire designed to measure "selfitis," developed in 2017 by Mark D. Griffith's and Janarthanan Balakrishnan. The instrument is based on a Likert scale, with response options like strongly disagree, disagree, neutral, agree, strongly agree and consists of 20 statements. The total score is 100, which is converted into percentages and interpreted across five levels: no selfie addiction (0–19), low (20–39), moderate (40–59), high (60–79), and severe selfie addiction (80–100).

9. Data Collection and Analysis

Permission was obtained from the concerned authorities to conduct the study. After obtaining approval, the investigators visited each class and explained the purpose of the study to the students. Informed consent was obtained from all participants prior to data collection. Data were collected using a structured questionnaire developed through Google Forms, and the form link was shared with the participants via WhatsApp. Participants were instructed to complete the questionnaire during their free time, either at home or in the hostel. The data collection process was carried out over a period of two weeks with regular follow-up to ensure an adequate response rate.

The data collected through Google Forms were exported to Microsoft Excel for organization and analysis. Both descriptive and inferential statistical methods were used to analyze the data. Descriptive statistics such as frequencies, percentages, tables, and charts were used to summarize the findings. Inferential statistics, including the chi-square test, were applied to determine the association between selected variables wherever applicable. The analyzed data were interpreted and presented in a clear and understandable manner.

Results

1. Distribution of Demographical Variables

Table 1: Frequency distribution of demographic variables (n=423)

S.no	Demographic variable	Frequency	Percentage
01	Age in years		
	19	76	18%
	20	114	27%
	21	131	31%
	22	85	20%
02	23	17	4%
	Sex		
02	Male	311	73.6%
	Female	112	26.4%
03	Religion		
	Hindu	317	75%
	Christian	85	20%
	Muslim	21	5%
04	Department		
	Nursing	152	36%
	Pharmacy	123	29%
	Allied health sciences	97	23%
	Physiotherapy	47	11%
05	Year of study		
	1 st year	63	15%
	2 nd year	25	6%
	3 rd year	195	46%
	4 th year	140	33%
06	Fathers education		
	Illiterate	30	7%
	Primary	157	37%
	Secondary	89	21%
	Degree	148	35%
07	Mothers education		
	Illiterate	67	67%
	Primary	37	37%
	Secondary	20	20%
	Degree	37	37%
08	Fathers occupation		
	Own business	199	47%
	Private sector	152	36%
	Government job	51	12%
	Unemployed	21	5%
09	Mothers occupation		
	Own business	38	9%
	Private sector	76	18%
	Government job	38	9%
	Unemployed	271	64%
10	Annual income		
	<50000	76	18%
	50000-100000	207	49%
	100000-150000	97	23%
	>150000	42	10%
11	Duration of phone use		
	<2 hours	51	12%
	2-4 hours	157	37%
	4-6 hours	118	28%
	>6 hours	97	23%
12	Social media usage		
	Instagram	366	87%
	Facebook	4	1%
	Twitter	4	1%
	All platforms	47	11%
13	Residence		
	Own house	195	46%
	Rented house	85	20%
	Hostel	144	34%

Among the 423 participants, the majority were young adults aged 20–21 years, male, and belonged to the Hindu religion. Most participants were from the Nursing department and studying in the 3rd year. A considerable proportion of fathers had primary or degree education, while many mothers were unemployed and some were illiterate. Most fathers were engaged in own business, and the majority of families had an annual income between ₹50,000–₹1,00,000. In terms of lifestyle factors, most participants used mobile phones for 2–4 hours daily and predominantly used Instagram as their social media platform. Regarding residence, nearly half of the participants lived in their own houses.

2. Level of Selfie Addiction

Table 2: Level of selfie addiction
(n=423)

S.no	Level of selfie addiction	Frequency (%)
1	No selfie addiction	0
2	Low selfie addiction	113(27%)
3	Moderate selfie addiction	246(58%)
4	High selfie addiction	55(13%)
5	Severe selfie addiction	9(2%)

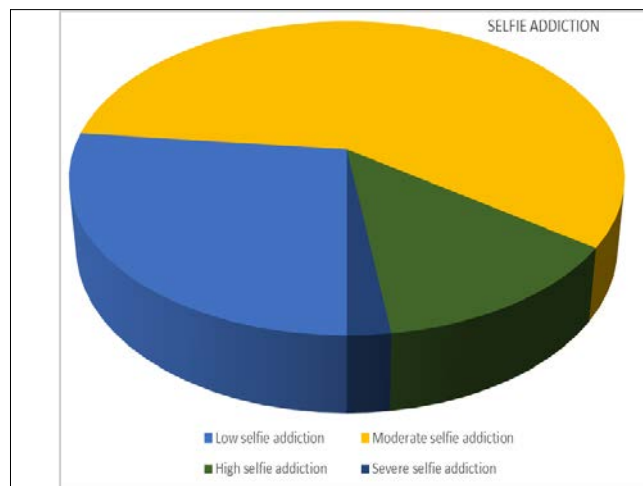


Fig 1

The results showed that the majority of respondents (246) had moderate selfie addiction, followed by 113 respondents with low selfie addiction, 55 with high selfie addiction, and 9 with severe selfie addiction, while none of the respondents had no selfie addiction.

Table 3: To associate the level of selfie addiction with selected demographical variables (N=423)

S.no	Demographic Variables	Low selfie addiction	Moderate selfie addiction	High selfie addiction	Severe selfie addiction	Degree of freedom	Chi square	Chi table value
01	Age					df=12	6.73	21.03
	19	18	49	8	3			
	20	25	69	15	3			
	21	40	70	18	2			
	22	27	47	11	1			
23	5	10	2	0				
02	Sex					df=3	5.49	7.815
	Male	76	186	44	5			
	Female	37	60	11	4			
03	Religion					df=6	15.52*	12.59
	Hindu	86	188	38	5			
	Christian	18	48	16	3			
	Muslim	5	7	8	1			
04	Department					df=9	9.15	16.92
	Bsc Nursing	46	78	26	2			
	Pharmacy	29	77	14	2			
	AHS	25	60	12	3			
	Physiotherapy	14	30	3	2			
05	Year					dF=9	9.87	16.92
	1 st year	15	36	11	3			
	2 nd year	5	16	2	1			
	3 rd year	47	116	28	3			
	4 th year	46	78	14	2			
06	Father Education					dF=9	18*	16.92
	Illiterate	8	18	4	2			
	Primary	35	44	6	2			
	Secondary	34	95	27	1			
	Degree	36	89	18	4			
07	Mother education					dF=9	10.19	16.92
	Primary	30	45	8	0			
	Secondary	44	86	23	3			
	Degree	33	99	21	5			
	Illiteracy	6	16	3	1			
08	Father occupation					dF=9	7.38	16.92
	Own	46	116	25	3			
	Private	47	83	20	3			
	Government	12	38	6	2			
	Jobless	8	9	4	1			
09	Mother occupation					dF=9	12.19	16.92
	Own	10	22	6	0			

	Private	14	47	12	3			
	Government	12	20	5	1			
	House wife	75	158	33	5			
10	Annual income							
	<50000	25	37	10	3	df=9	10.42	16.92
	50000-100000	48	131	25	3			
	100000-1,50000	27	52	17	2			
	>1,50000	9	30	3	1			
11	Duration and availability							
	of phone							
	Below 2 hours	23	38	26	22	df=9	23*	16.92
	2 to 4 hours	23	102	67	58			
	4 to 6 hours	4	15	24	12			
	Above 6 hours	1	2	1	3			
12	Social media							
	Instagram	94	222	47	10	dF=9	12.6	16.92
	Facebook	1	3	1	0			
	Twitter	2	1	1	0			
	All the above	16	16	6	3			
13	Residence							
	Own	57	103	33	3	df=6	6.85	12.59
	Rented	25	51	6	3			
	Hosteller	31	92	16	3			

The above table shows the association between the level of selfie addiction and selected demographic variables among the study participants (n=423). The findings revealed that there was a statistically significant association between selfie addiction and religion ($\chi^2 = 15.52$, $p < 0.05$), fathers' education ($\chi^2 = 18$, $p < 0.05$), and duration and availability of phone use ($\chi^2 = 23$, $p < 0.05$), as the calculated chi-square values were higher than the table values. This indicates that these demographic variables had a significant influence on the level of selfie addiction among participants.

However, no significant association was found between selfie addiction and other demographic variables such as age, sex, department, year of study, mothers' education, fathers' occupation, mothers' occupation, annual income, social media usage, and residence, since the calculated chi-square values were lower than the respective table values.

Discussion

The present study assessed the demographic characteristics and selfie addiction among undergraduate students. The findings revealed that the majority of participants belonged to the age group of 21 years (31%), indicating that selfie-taking behavior is more prevalent among young adults. Young adulthood is considered a developmental period characterized by increased social interaction, identity formation, and active engagement in social networking platforms. Similar findings were reported by Janarthanan Balakrishnan and Mark D. Griffiths, who observed that college students and young adults were more actively involved in selfie-taking practices due to peer influence and social media exposure (Balakrishnan & Griffiths, 2018) [6].

In the present study, males constituted the majority of participants (73.6%), whereas females accounted for 26.4%. This finding suggests that male students in the selected setting had greater participation and smartphone accessibility. However, previous studies by Larry D. Rosen reported that both male and female students extensively engage in smartphone and social media activities, though usage patterns may vary according to sociocultural background (Rosen *et al.*, 2013) [7].

The majority of participants in the present study were Hindus (75%), followed by Christians (20%) and Muslims

(5%). Religion may indirectly influence lifestyle practices, social interaction, and media usage patterns among students. Although religion showed a significant association with selfie addiction in the present study, only limited literature is available regarding the influence of religion on selfie-taking behavior, suggesting the need for further research in multicultural populations.

Regarding educational background, the majority of participants belonged to the Nursing department (36%) and were studying in the 3rd year (46%). This may be because senior students experience greater academic interaction, peer communication, and social networking exposure. Similar findings were reported in studies among healthcare students where increased smartphone use was common among professional course students (Andreassen, 2015) [8]. The present study also revealed that most fathers had primary education (37%) and degree education (35%), while many mothers were unemployed (64%). Parental education and occupation are important factors influencing behavioral supervision and technology usage among adolescents and young adults. Studies by Cecilie Schou Andreassen reported that family environment and parental educational status can influence problematic smartphone and social media behaviors among students (Andreassen, 2015) [8].

The findings further showed that the majority of participants belonged to families earning ₹50,000–₹1,00,000 annually (49%). Socioeconomic status may affect access to smartphones, internet facilities, and social networking applications. Students from middle-income families are more likely to possess smartphones with continuous internet access, thereby increasing exposure to selfie-taking practices.

With regard to duration of phone use, most participants used mobile phones for 2–4 hours daily (37%), while 23% used phones for more than 6 hours. Excessive smartphone usage is recognized as an important contributing factor to behavioral addiction. Similar findings were reported by Mark D. Griffiths, who explained that prolonged engagement with smartphones and online platforms may lead to compulsive behaviors such as selfie addiction and social media dependency (Griffiths, 2005) [9].

In relation to social media usage, Instagram was the most commonly used platform (87%). Instagram is a visually oriented social networking application that promotes photo sharing, online validation, and peer interaction. Previous studies conducted by Janarthanan Balakrishnan identified Instagram usage as one of the major contributors to selfie-taking behavior among college students (Balakrishnan & Griffiths, 2018) [6].

Regarding residence, 46% of participants lived in their own houses, while 34% stayed in hostels. Hostel students may experience increased peer interaction and social media engagement, which can influence selfie-taking practices. However, the present study did not identify residence as a statistically significant factor associated with selfie addiction.

Overall, the findings of the present study indicate that demographic characteristics, smartphone usage duration, parental educational background, and social media exposure play an important role in influencing selfie addiction among undergraduate students. The findings emphasize the importance of promoting awareness regarding healthy smartphone usage, digital wellbeing, and responsible social media practices among young adults.

1. Major Findings of the Study

- The majority of students (58.1%) had moderate selfie addiction, while 26.7% had low addiction, 13% had high addiction, and 2.2% had severe addiction. None of the participants were free from selfie addiction.
- Most participants were 21 years old (31%) and male students constituted the majority (73.6%).
- Instagram was the most commonly used social media platform (87%).
- Most students used mobile phones for 2–4 hours daily (37%).
- Significant association was found between selfie addiction and religion, father's educational status, and duration of phone use.
- No significant association was found with age, sex, and department, year of study, mother's education, occupation, annual income, social media usage, or residence.
- Excessive smartphone use and social media exposure contributed to increased selfie addiction among college students.

2. Strengths of the Study

- The study included a large sample size of 423 participants.
- A standardized and validated tool (Griffith's Selfitis Behavior Scale) was used.
- Students from different departments participated in the study, improving sample diversity.
- Both descriptive and inferential statistical methods were used for analysis.
- The study focused on an important emerging behavioral issue among young adults.

3. Limitations of the Study

- The study was limited to selected colleges in Coimbatore, so findings cannot be generalized.
- Data were collected using self-reported questionnaires, which may lead to response bias.

- The cross-sectional design could not establish cause-and-effect relationships.
- Psychological factors such as stress, anxiety, and depression were not assessed in detail.
- The study focused only on quantitative data and did not explore personal experiences of students.

Conclusion

The present study assessed the level of selfie addiction among college students at the selected colleges in Coimbatore. The findings revealed that the majority of students had a moderate level of selfie addiction, while a smaller proportion showed high and severe levels of addiction. The study also identified significant associations between selfie addiction and selected demographic variables such as religion, father's education, and duration of phone use. Increased smartphone usage and frequent engagement with social media platforms, especially Instagram, were found to contribute to selfie-taking behavior among young adults. Excessive selfie addiction may negatively affect mental health, self-esteem, academic performance, and social wellbeing. Therefore, there is a need to create awareness among students regarding healthy smartphone usage, digital wellbeing, and responsible social media practices. Educational institutions and parents should encourage balanced online behavior and promote activities that improve self-confidence and mental health among adolescents and young adults.

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