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Original article

Comparison of internet addiction, pattern and psychopathology between medical and dental students



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ABSTRACT

Background: There has been an enormous use of internet among health professionals in the last decade. It has made significant changes in the health care system. Besides its several benefits, the excessive undisciplined use has led to the emergence of concept of internet addiction.

Objectives: The objectives of our study were to estimate prevalence of internet addiction among medical and dental students; to determine association of internet use pattern and psychopathology between medical and dental internet addicted (IA) students.

Materials and methods: A cross-sectional study was conducted among 597 students from medical and dental colleges. They completed semi-structured data, internet addiction test and mental health inventory questionnaires as per instructions provided. Students were divided into medical internet addicts and dental internet addicts for comparison.

Results: The prevalence of severe internet addiction was more among dental students (2.3%) than that among medical students (1.2%). There was significant difference between the students of medical and dental faculties, who fall under the category of addiction on the basis of-gender, computer ownership and purpose of internet use (P < 0.05). The psychiatric symptoms such as depression and emotional ties also had statistically significant difference (P < 0.05).

Conclusion: Significant differences were seen in some of the parameters of internet use pattern and psychopathology among the two groups of internet addict from health professionals. So, further studies need to be conducted among different groups of internet addicts to evaluate different parameters. Specific measures should be taken to prevent internet addiction and its complications.

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1. Introduction

The internet use has increased very rapidly around the world in the recent past and contributing to qualify the world as a 'global village' (Chinatu-Nwankwo, 2015). The most important problem that we face with internet is the internet addiction that is associated with loss of control of the user (Przepiorka et al., 2014; Brand et al., 2014). The use of technology by health professionals for education and clinical care is a topic of evolving interest. They use internet for social media, email and online medical records (Torous et al., 2014). Egle and colleagues demonstrated that 58% of medical students preferred electronic resources and utilized a variety of websites for medical information (Egle et al., 2015). In

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E-mail addresses: sachinrgedam@gmail.com (S.R. Gedam),

imranshivji@gmail.com (I.A. Shivji), arvindgoyal08@gmail.com (A. Goyal), vickymodi1989@ymail.com (L. Modi), drsantanu_healthyplanet@yahoo.co.in (S. Ghosh). India, internet users have increased from 5 million in 2000 to 190 million in 2013 (IWS, 2012; IAMAI, 2013). Internet behaviors have been described as "problematic", "excessive", "addiction", "dependence", "pathological", "impulsive", "compulsive", or "abnormal", or prefixed as "hyper-" to delineate disease states. Several diagnostic criteria for internet addiction have been proposed and evaluated which were compared by Rooij and Prause, but they came to a conclusion that currently evidence base is not strong enough to support Internet Addiction Disorder. Internet use can be characterized as varying on social involvement (e.g., Facebook versus solitaire), immediate financial risk (e.g., online poker with bitcoin versus blogs), or social acceptability (e.g., perusing sexual videos versus nature photography). It may be that, specific Internet behaviors follow addictive patterns, whereas Internet behaviors in general do not (Rooij and Prause, 2014).

According to Young, internet addiction is characterized by preoccupation with the internet, an inability to control the use, hiding about the behavior, psychological withdrawal, and continued use despite behavioral consequences (Young, 2007).

Problematic internet use has negative impacts on different aspects of life such as academic, financial, occupational and relationships. (Chou and Hsiao, 2000; Griffiths, 2000). It is also associated with some social and psychological variables such as declines in size of social circle, depression, loneliness, lower self-esteem and life satisfaction, sensation seeking, poor mental health and low family functioning (Kraut et al., 1998; Ko et al., 2005; Lin and Tsai, 2002; Yang, 2001; Young and Rogers, 1998; Armstrong et al., 2000).

The prevalence of internet addiction was 0.4% among Indian medical students in a study done by Srijampana and colleagues (Raju Srijampana et al., 2014). Whereas, Jain reported the prevalence of internet addiction to be 0.7% among medical students and 4.7% among dental students (Jain et al., 2014). The prevalence of internet addiction varies from 1.5% to 25% in different populations (Deng et al., 2007; Johansson and Götestam, 2004; June et al., 2007; Tsai et al., 2009). In their studies, Jain et al. included only medical students and inclusion criteria of using internet from past 1-year or more whereas Srijampana et al. included students from various disciplines (Medical, Engineer, Dental, Nursing and Physiotherapy colleges) and didn't consider the criteria for duration of internet use (Jain et al., 2014; Raju Srijampana et al., 2014;). The reasons for differences in prevalence rates may be due to difficulty in conceptualizing internet addiction i.e., differences in the duration criteria of internet use despite using the same measurement tools, heterogeneity of population studied, lack of availability of standard diagnostic criteria, non consideration of psychopathology and studies failing to differentiate between essential and non essential internet use (Morahan-Martin and Schumacher, 2000; Jang et al., 2008; Chou and Hsiao, 2000: Kaltiala-Heino et al., 2004: Johansson and Gotestam, 2004: Ghassemzadeh et al., 2008; Kim et al., 2006).

Considering the enormous use of internet among the university students, it is important to study internet addiction in this subset of population. Health professional students are a particularly vulnerable group on account of the time they spend on the internet. Several studies have focused on the prevalence of internet addiction, associated psychopathology and comparison among professionals of various disciplines (Siomos et al., 2008; Ghassemzadeh et al., 2008; Canbaz et al., 2009; Cao and Su, 2007; Ghamari et al., 2011). However, there is a paucity of such researches in India. This is a first study where comparison was done between medical and dental internet addict (IA) students. No such study was done previously. In this study, medical students vs dental students were picked to understand whether there are any differences between IA groups of both faculties from same profession sharing almost similar stressors and lifestyle.

The objectives of present study were as follows:

- 1. To estimate prevalence of internet addiction among medical and dental students.
- 2. To determine association of internet use pattern between medical and dental internet addicts.
- 3. To determine association of psychopathology between medical and dental internet addicts.

2. Materials and methods

A cross-sectional survey was conducted on Medical (3rd & 4th year) and Dental students (1st, 2nd, 3rd & 4th year) of Jawaharlal Nehru Medical College and Sharad Pawar Dental College respectively, in the city of Wardha, Maharashtra during the period August-September 2015. The study was conducted after obtaining permission from both college authorities and approval from the Ethics committee of concerned university. The written informed consent was obtained from students before collecting the data. It covered about 610 students aged 17–24 years using internet for at least since last 6 months were selected through simple random sampling. Of the total participants 13 student's data excluded from the study as they were incorrect or incomplete and among them only one student rejected to participate in the survey due to unknown reason. There was no reward for participation. Thus a total of 597 students included in our study. The students were evaluated as groups in classrooms and necessary instructions were given.

2.1. Tools

The following tools were used in the study:

- Semi-structured data that contained the details of age, gender, educational qualification, gadgets, duration of internet use, preferred time of internet use, login status, type of internet connection access, location of internet access and purpose of internet use.
- 2. The Internet Addiction Test: It is a 20-item 5-point likert scale, developed by Dr. Kimberly Young. It is self-reported question-naire and measures the severity of internet addictive behavior. Cronbach's computed of this scale was 0.889 by Frangos. The total scores of questionnaire range from 20 to 100. The students were divided into three levels based on their scores, i.e., less than 50 as normal, 50–69 as moderate and more than 70 as severe addicts. In the present study, participants divided into two group's Medical internet addict and Dental internet addict for comparison (Young, 1998).
- 3. Mental health inventory: It is a self report questionnaire which includes 38 items in the respondent and uses a 6-point likertstyle response. It evaluates mental health issues such as anxiety, depression, behavioral control, positive affect and general distress. The test has a reported 0.93 Cronbach alpha rating. The MHI may be aggregated into: Six subscales - Anxiety, Depression, Loss of Behavioural/Emotional Control, General Positive Affect, Emotional Ties and Life Satisfaction; Two global scales - Psychological Distress and Psychological Well-being. All subscales are scored so higher scores indicate more of the construct named by the subscale label. Thus, higher scores on three subscales indicate positive states of mental health (General Positive Affect, Emotional Ties, Life Satisfaction); higher scores on the other three subscales indicate negative states of mental health (Anxiety, Depression, Loss of Behavioral/ Emotional Control). The Psychological Distress indicates negative states of mental health and Psychological Well-being indicates positive states (Mental Health National Outcomes and Casemix Collection, 2003).

2.2. Statistical analysis

The SPSS version 17.0 and EPI INFO 5.0 version were used for statistical analysis of the data collected. The analysis was done by chi-square test and P-value calculated considering significant level at 0.05.

3. Results

The overall prevalence of internet addiction among medical students was 18.5%, with moderate and severe addiction being 17.3% and 1.2% respectively. Whereas the overall prevalence of internet addiction among dental students was found to be 23.9%, with moderate and severe addiction being 21.6% and 2.3% respectively. (Table 1)

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