Awareness, Self-Assessment and Help Seeking Behavior for Behavioral Addictions Related to Use of Mobile Technology Among Attendees of a Health Camp

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Abstract

Introduction: Behavioral addictions are increasingly being recognized as a major public health problem. While this issue continues to hog the limelight in the media, there is limited scientific research on this theme from India.

Objectives: We aimed at presenting the findings on assessment of the awareness, self-assessment and help seeking behavior for behavioral addictions related to use of mobile technology among attendees of a trade promotion event.

Methods: We report findings from a health camp organized as part of a large trade promotion event in the northern part of India. The trade promotion event was open to the general public. As part of the screening services offered at the health camp, the visitors were offered to screen themselves on the theme of behavioral addictions related to use of mobile technology using a self-administered questionnaire. We carried out a chart review of the data gathered at the health camp.

Results: We assessed records of a total of 817 respondents who completed the screening using the self-administered questionnaire. The mean age of the respondents was 32.35 years (SD ± 13.62). Approximately 56% of the respondents rated themselves to be having at least one of the nine features of behavioral addictions. Around 15% of the respondents endorsed five or more features. Around 41% of the respondents mentioned that they shall agree to the professional help in case they are having behavioral addiction related to use of mobile technology. Fifteen percent of the respondents agreed to have sought some help in the past. The logistic regression analysis revealed that the odds of help seeking increased significantly with every single increase in the number of self-assessed feature of behavioral addiction.

Editorial Viewpoint

• Behavioral addictions for use of mobile is increasing.
• This survey from health camp reports that 56% of respondents had at least 1 feature of behavioral addiction.

Introduction

Behavioral addictions are increasingly being recognized as a major public health problem. Penetration of mobile technology has grown steadily over the last decade and an increasing proportion of Indian population has access to the smartphones and internet enabled hand held devices.

Behavioral addictions related to use of mobile technology is a major area of concern. In spite of this growing concern, most of the discourse on this theme continues to be outside the scientific domain. While this issue continues to hog the limelight in the media, there is limited scientific research on this theme from India. Majority of the existing research has focused on

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We report findings from a large trade promotion event in the northern part of India. The trade promotion event was open to the general public. The health camp was organized with an aim to offer screening services for various medical conditions. Also, it was aimed at promoting the awareness on various health conditions among the general public. The visitors of the trade promotion event could avail the facilities at the health camp voluntarily and at no additional cost.

As part of the screening services offered at the health camp, the visitors were offered to screen themselves for their level of awareness on behavioral addictions related to use of mobile technology. Also, it offered an opportunity to understand their level of awareness and help seeking behavior.

Subjects and Methods

We report findings from a health camp organized as part of a large trade promotion event in the northern part of India. The trade promotion event was open to the general public. The health camp was organized with an aim to offer screening services for various medical conditions. Also, it was aimed at promoting the awareness on various health conditions among the general public. The visitors of the trade promotion event could avail the facilities at the health camp voluntarily and at no additional cost.

As part of the screening services offered at the health camp, the visitors were offered to screen themselves for their level of awareness on behavioral addictions related to use of mobile technology using a self-administered questionnaire. The term ‘behavioral addiction’ referred to various non-chemical (psychoactive substance) addictions. The behaviors related to use of mobile technology such as gaming, internet use, social media, etc. were assessed as part of this screening.

Study questionnaire comprised of a total of nine items that explored socio-demographic details (age, educational qualification, occupation) and awareness on behavioral addictions related to mobile technology. The responders self-assessed themselves for behavioral addictions related to mobile technology using the items from the DSM 5 criteria for internet gaming disorder (total nine items) that were adapted for behavioral addictions related to mobile technology.9 Also, the respondents were enquired about the help seeking behavior for the behavioral addictions related to use of mobile technology. The study questionnaire was kept brief in view of the high workload at the health camp and to ensure high completion rate.

The current article reports the findings from this screening. We carried out a chart review of the data gathered at the health camp. The data were analyzed using the SPSS ver 21 (IBM Inc, New York). Descriptive statics included the frequency distribution of responses and chi square test. Logistic regression was carried out to assess the relationship of severity of self-assessed behavioral addiction and socio-demographic variables with help seeking behavior. The level of statistical significance was kept at p < .05 for all the tests.

Results

We assessed records of a total of 817 respondents who completed the screening using the self-
Table 2: Findings from logistic regression for help seeking behavior

<table>
<thead>
<tr>
<th>Covariates for ‘ever sought help’ (n- 808)</th>
<th>Exp (B) / Odds ratio</th>
<th>95% Confidence interval</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.99</td>
<td>1.15</td>
<td>1.16</td>
</tr>
<tr>
<td>Educational qualification (in years)</td>
<td>0.98 – 1.01</td>
<td>0.89 – 1.48</td>
<td>1.06 – 1.26</td>
</tr>
<tr>
<td>Self rated symptoms present</td>
<td>SE</td>
<td>0.01</td>
<td>0.13</td>
</tr>
<tr>
<td></td>
<td>p value</td>
<td>0.48</td>
<td>0.28</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Covariates for ‘acceptability of help’ (n- 808)</th>
<th>Exp (B) / Odds ratio</th>
<th>95% Confidence interval</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>0.98</td>
<td>1.00</td>
<td>1.25</td>
</tr>
<tr>
<td>Educational qualification (in years)</td>
<td>0.97 – 0.99</td>
<td>0.99 – 1.00</td>
<td>1.16 – 1.34</td>
</tr>
<tr>
<td>Self rated symptoms present present</td>
<td>SE</td>
<td>0.01</td>
<td>0.00</td>
</tr>
<tr>
<td></td>
<td>p value</td>
<td>&lt;.01</td>
<td>0.64</td>
</tr>
</tbody>
</table>

^95% Confidence interval close to 1

administered questionnaire. The mean age of the respondents was 32.35 years (SD ± 13.62). More than two-third of the participants were graduate or postgraduates. More than half of the participants were gainfully employed. Students and those unemployed constituted 39.13% of the respondents (Table 1).

Approximately 56% of the respondents rated themselves to be having at least one of the nine features of behavioral addictions (Table 1). Of these 35.41% endorsed 1-2 features; 14.23% endorsed 3-6 features; and 5.52% endorsed 7-9 features of behavioral addiction. Around 15% of the respondents endorsed five or more features. Close to one third (34.87%) of the participants reported limited or poor awareness of behavioral addictions related to use of mobile technology.

Around 41% of the respondents mentioned that they shall agree to the professional help in case they are having behavioral addiction related to use of mobile technology. Within this sub-group, 97 respondents endorsed five or more self-assessed features of behavioral addiction and 363 endorsed less than five features. A significantly greater (Chi square-23.8, df- 1, p< .01) proportion of respondents who endorsed five or more features (63.2%) agreed to idea of professional help as compared to those who endorsed less than five features (38.4%). However, the two groups did not differ significantly with regards to actual help been sought in the past (19.6% v/s 14.2%; chi square- 2.5, df- 1, p=. 0.12).

Fifteen percent of the respondents agreed to have sought some help in the past. Twenty eight percent of those who agreed to idea of being offered help had already sought some help in the past.

The logistic regression analysis revealed that the odds of help seeking increased significantly with every single increase in the number of self-assessed feature of behavioral addiction. Age and education level did not significantly predict the odds of help seeking (Table 2).

Discussion

The existing information on the perception and awareness of the general public on behavioral addictions related to use of mobile technology is largely based on media reports. The limited scientific literature on behavioral addictions in the country has focused on specific population groups. Consequently, the treatment needs and help seeking behavior of the general public on behavioral addictions remain mostly speculative.

The findings of the current study offer insights into the presence of self-assessed clinical features of behavioral addictions related to use of mobile technology. It also offers insights into the help seeking behavior of the general public for behavioral addictions related to use of mobile technology. The self-assessed features were adapted from the DSM-5 criteria for internet gaming disorders.

In our study having five or more self-assessed features was found to be a significant predictor of acceptance of help seeking. This type of correlation has not been reported previously from India. It is difficult to draw comparison of the current work with the previous published research on this theme from the country, as there are no published reports that have been carried out among such population and used similar methodology. A previously published report of a household survey in certain urban localities of Bengaluru reported a prevalence of 5.4% for ‘internet addiction’ and ‘cell phone addiction’.

Close to half of the respondents in the current study reported that they believed to be having at least one of the nine features of behavioral addictions with around 15% of the respondents endorsing five or more features. The DSM 5 criteria for internet gaming disorder recommends presence of at least five of the nine criteria to consider the diagnosis. However, less than half of the respondents mentioned that they shall agree to the professional help in case they are having behavioral addiction related to use of mobile technology. Also, around one-third of the participants reported limited or poor awareness of behavioral addictions related to use of mobile technology.

There is a need to formulate a comprehensive blue print to address behavioral addictions in the country. The focus of the clinical services has to be on various aspects related to screening, diagnosis, management and prevention. The urgent requirement to spread awareness and establishment of specialized clinics countrywide has been identified. Also, there is a need to have a comprehensive
policy that addresses behavioral addictions. While behavioral addictions share many commonalities with the addictions to psychoactive substances, there are certain differences as well. Internet is a modern day necessity for many. With the increasing penetration of internet and availability of affordable and more powerful hand held mobile devices an increasing proportion of Indian population is likely to get exposed to the agent- ‘the internet’ and ‘the mobile device’. There is a need to focus on ‘the host’ as well as ‘the environment’ (along with ‘the agent’) to have realistic action plan to address this issue.

Further research is needed to identify the barriers that impact help seeking in individuals suffering from behavioral addictions. The development of health screens and formal diagnostic instruments to assess the full range of behavioral addictions may help with early identification and intervention.

There are certain limitations of the current study. It was based on review of records of a pre-concluded screening. The screening questionnaire was self-administered and was deliberately kept brief to ensure high completion rate. The prevalence of behavioral addictions among the respondents can be ascertained following assessment by qualified mental health professionals. Also, since the screening was based on self-assessment, there is a possibility of recall bias.

**Conclusion**

A significant proportion of individuals attending the health camp reported to have at least one feature of behavioral addiction related to use of mobile technology, with close to 15% endorsing five or more features. Less than half of the respondents were agreeable to the idea of seeking help in case they were screened positive for behavioral addiction. The awareness on behavioral addictions was limited among a third of the respondents. There is a need to formulate a comprehensive blue print to address the behavioral addictions in the country.

**Author contribution**

YPSB was involved in conceptualization, writing and review of manuscript. ND was involved in conceptualization, data collection and writing of manuscript. MV was involved in data analysis and writing the manuscript. SG was involved in conceptualization of the manuscript. RB was involved in the conceptualization and review of manuscript.

**References**