

A Descriptive Study to Assess Level of Risk Related to Oniomania among Women Age Group 18 to 35 Young Adult

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Abstract

A descriptive study was carried out to assess the level of risk related to oniomania among women age group 18 to 35 young adult. In this study a non- experimental descriptive design was used. 100 sample size. This section deals with percentage wise distribution of women of age group from 18–35 years with regards to their demographic characteristics. A convenient sample of 100 subjects was drawn from the study population, who were from selected areas. The data obtained to describe the sample characteristics including age, marital status, occupation, monthly family income and average expenses exclusive for shopping respectively. 9% of the women age 18–35 years had low level of risk, 35% of them had average and 56% of them had high level of risk.

Keywords: Oniomania; Convenient; Demographic.

Introduction

Compulsive buyers feel a continual urge to buy things, irrespective of their financial means. Interest in compulsive buying has increased in the last 30 to 40 years. Since excessive buying is a regularly occurring feature of various illnesses encountered in clinical practice, one wonders whether it should be regarded as a sign of the times, as a symptom of a psychiatric illness or as a distinct psychiatric syndrome.¹

To gain insight into the concept of compulsive buying We searched the literature via Medline, PubMed and PsycInfo for the period from 1966 to August 2008. Results compulsive buying is a relatively unknown and poorly defined phenomenon, despite its high incidence and high comorbidity. It is characterised by chronic, repetitive behaviour; it occurs mainly among women and should be classified as an impulsive-control disorder nos.²

Need of the Study

According to Ruth Engs from Indian a University, some people develop shopping addictions because in use they essentially get addicted to how their brain feels while shopping. As they shop, their brain releases endorphins and dopamine, and over time, these feelings become addictive. A professor in applied health sciences, Engs claims that 10 to 15 percentage of the population may be predisposed to these feelings.

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Objectives

1. To assess the existing level of risk regarding Oniomania among women.
2. To associate finding with selected data.

Materials and Methods

Research Design

Research design adopted for this study was non experimental descriptive research design.

Population

The study population comprise people present in the outside the big shops and mall.

Sample

Hundred women who satisfy the inclusive criteria of the study was selected as sample for the study.

Results

Section A: Assessment of Level of Risk Regarding Oniomania among Women of Age Group From 18-35 Years

This section deals with the assessment of level of risk regarding Oniomania among women of age group from 18-35 years. The level of stress score is divided under following heading of low, average, and high.

Table 1: Assessment with level of risk among women age 18-35 years n=100

Level of Risk	Score Range	Level of Risks Score	
		No of women	Percentage
Low	0-30%	9	9
Average	31-70%	35	35
high	71-100%	56	56
Minimum score		1	
Maximum score		26	
Mean risk score		17.07 ± 5.39	

The table 1 shows that 9% of the women age 18-35 years had low level of risk, 35% of them had average and 56% of them had high level of risk.

Minimum risk score was 1 and maximum was

26, mean risk score was 17.07 ± 5.39.

Section B: Association of Level of Risk Regarding Oniomania among Women of Age Group 18-35 Year elation to Demographic Variables

Table 2: Association of level of risk among women in relation to age. n=100

Age (yrs)	No. of women	Mean level of risk score	f-value	p-value
18-22 yrs	14	14.14 ± 7.19	2.62	0.055
23-26 yrs	21	15.85 ± 6.13		NS,
27-30 yrs	38	18.07 ± 4.72		p>0.05
31-35 yrs	27	18.11 ± 3.98		

This table 2 shows the association of risk score with age in years of women age group 18-45 years. The tabulated 'F' values was 2.68 (df=3,96) which is much higher than the calculated 'F' i.e. 2.62 at 5% level of significance. Also the calculated 'p' = 0.055 which was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that age in years of women age 18-35 years is statistically not associated with their level of risk score.

Table 3: Association of level of risk among women in relation to marital status n=100

Marital Status	No. of women	Mean level of risk score	t-value	p-value
Married	72	17.84 ± 4.87	2.36	0.020
Unmarried	28	15.07 ± 6.21		S,
Divorced	0	0 ± 0		p < 0.05
Widow	0	0 ± 0		

This table 3 shows the association of risk score with marital status of women age group 18-35 years. The tabulated 't' values was 2.00 (df=98) which is less than the calculated 't' i.e. 2.36 at 5% level of significance. Also the calculated 'p' = 0.020 which was less than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that marital status of women age 18-35 years is statistically associated with their level of risk score.

Table 4: Association of level of risk among women in relation to occupation n=100

Occupation	No. of women	Mean level of risk score	F-value	p-value
Govt. Employee	33	18.06 ± 4.79	4.92	0.003
Semi Govt. Employee	19	20.10 ± 3.10		S,
Pvt. Employee	42	15.33 ± 6.14		p < 0.05
Corporate Employee	6	14.16 ± 2.92		

This table 4 shows the association of risk score with occupation of women age group 18-35 years.

The tabulated 'F' values was 2.68 (df=3,96) which is less than the calculated 'F' i.e. 4.92 at 5% level of significance. Also the calculated 'p'=0.003 which was less than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that occupation of women age 18-35 years is statistically associated with their level of risk score.

Table 6: Association of level of risk among women in relation to monthly family income (Rs) n=100

Monthly family income (Rs)	No. of women	Mean level of risk score	F-value	p-value
<20000 Rs	3	14 ± 11.35	0.62	0.59
20000-30000 Rs	12	16.08 ± 5.19		NS,
31000-40000 Rs	48	17.62 ± 5.34		p>0.05
>40000 Rs	37	16.91 ± 5.09		

This table shows the association of risk score with monthly family income (Rs) of women age group 18-35 years. The tabulated 'F' values was 2.68(df=3,96) which is much higher than the calculated 'F' i.e. 0.62 at 5% level of significance. Also the calculated 'p'=0.59 which was much higher than the acceptable level of significance i.e. 'p'=0.05. Hence it is interpreted that monthly family income (Rs) of women age 18-35 years is statistically not associated with their level of risk score.

Table 7: Association of level of risk among women in relation to average expenditure other than shopping n=100

Average expenditure other than shopping	No. of women	Mean level of risk score	F-value	p-value
<5000 Rs	21	15.04 ± 6.62	1.31	0.27
5000-10000 Rs	35	17.65 ± 5.01		NS,
10001-15000 Rs	36	17.72 ± 4.84		p>0.05
15000-20000 Rs	8	16.87 ± 5.54		

This table shows the association of risk score with average expenditure other than shopping of women age group 18-35 years. The tabulated 'F' values was 2.68(df=3,96) which is much higher than the calculated 'F' i.e. 1.31 at 5% level of significance. Also the calculated 'p' = 0.27 which was much higher than the acceptable level of significance i.e. 'p' = 0.05. Hence it is interpreted that average income other than shopping of women age 18-35 years is statistically not associated with their level of risk score.

Implications

Some of the implications derived from the present study in various area of nursing are as following:

Nursing Practice

- A nurse who is a key person in health care system has variety of role to play and vital role among there is that of a health educator.
- This study can be helpful for her to develop activities such as mass education, health campaign etc. Under the health care services coverage in order to promote knowledge among the women age group about consequences of shopping.
- The nurse as a service provider must educate about the excessive shopping and spend extra waste money.

Nursing Education

- The preventive health care oriented curriculum imparted to nursing student should emphasis more on varied approaches of health education.
- Students should be given opportunities to received knowledge regarding oniomania which could help them to prevent oniomania and learn more information thus improves the standard of nursing education.

Nursing Administration

- The nursing administrator can evaluate the situation to the using excess money and make suggestion to authority.
- The nurse administrator should play a major role in the early detection and given tips on Oniomania.

Nursing Research

- The findings of the study can be disseminated to clinical nursing, student's nurses through website, literature, research etc.
- The findings of the study help the professional nurses and nursing students to develop enquiry on oniomania. This study can be a baseline for future studies.

Recommendations

1. Window shop only after hours so that you are not tempted to walk into the store.
2. Use the internet only for work purposes or to complete errands-do not surf online.

3. Go shopping with a friend, who can help keep tabs on how much you are buying-avoid shopping alone.
4. Get rid of your credit cards or leave them at home when you go shopping to avoid the temptation to spend.
5. Find other routine activities to replace the times you used to spend shopping.

Conclusion

1. The present study assessed the prevalence of oniomania among women in Shopping Mall and Big Bazaar, Dhantoli, Nagpur. The study revealed that most of the women were suffered from mild and moderate oniomania.
2. Hence, the investigators concluded that women's need to be taken care more for lessen the use of money and time to prevent and control oniomania.

3. Prevalence of Oniomania among the women of age group (18-35) young adult was measured using rating scale, the findings revealed that Low (0-30%) Average (31-70%) High (71-100). There is no significant association with their selected demographic variables.

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