

Assessing The Prevalence and Patterns of Internet Addiction Among Medical Post Graduate Students – A Cross-Sectional Analytical Study

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Abstract

Background: Internet addiction is a significant social health challenge that the world faces with ease, with particular interest shown to the medical students who suffer abnormal academic and professional pressure. Despite the heightened consciousness on the subject matter, very little has been written on the topic of internet addiction among the post graduate medical students in India. The objective is to estimate and measure internet addiction and usage pattern and the related demographics and behavioural aspects among postgraduate medical students. **Material and Methods:** The study comprised a cross-sectional study among 179 postgraduate students studying medicine at five medical colleges in Maharashtra in 2024 and up to January 2025. The data were collected via a self-administered questionnaire containing socio-demographic data, internet usage behaviour, and the Young Internet Addiction Test (IAT). The chi-square test was to be used in the statistical analysis. **Results:** Internet addiction was also discovered to be major (62) the (43) being mild with 17.9-1.1 respectively moderate and severe. The majority of individuals (93.2%) used smartphones to access academic content, and 93.3% used social media. Internet addiction was strongly correlated with daily hours of screen time ($p=0.02$), and 77.27% and 30.77% of those hours were 1-2 hours, respectively. No important associations with gender, marital status, year of training, or the purpose of use were present. **Conclusion:** In summary, Internet addiction is widespread, and it has been associated with increased screen time among postgraduate medical students, which is why this problem must be well-discussed through institutional interventions and digital wellness programs that occur within the framework of medical education.

Keywords: Internet addiction, postgraduate medical students, screen time, digital wellness.

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INTRODUCTION

The internet has become part of the modern society, and it is basically transforming the way in which individuals communicate, search information and even associate with one another.^[1] The use of digital platforms has revolutionized the learning process in healthcare and medical education, including e-resources, virtual simulation, telemedicine, and collaborative course networks, as connectivity is the most important element in building the professional sector.^[2,3] However, these digital advances have been accompanied by concerns about excessive and uncontrollable use, particularly among vulnerable populations, including students and youth workforces.^[4,5]

Internet Addiction is a tendency or behavioural pattern in which an individual becomes compulsively and obsessively preoccupied with online activities, leading to excessive Internet use at the expense of Self Control, and becomes crippled by day-to-day operations.^[6,7] It has neurobiological and clinical analogies of substance use disorders (tolerance, withdrawal symptoms and loss of control).^[8,9] It was originally conceived by Dr. Ivan Goldberg, who first introduced the concept way back in 1995, which has since been applied in the world of psychiatric and psychological research.^[10] Internet-related behavioural disorders were not yet recognised as legitimate clinical entities, and recognition

of Gaming Disorder as a clinical entity occurred in the 11th Revision of the International Classification of Diseases (ICD-11) in 2019.^[11] Numerous assessment tool variations have been considered to evaluate and ascertain PIU; however, the best assessment instrument is the Internet Addiction Test (IAT) by Young, which has undergone the most extensive validity testing and is the most widely used tool worldwide.^[12,13] Other scales that have contributed to identifying the multidimensional nature of this condition are the Internet Addiction Diagnostic Questionnaire (IADQ), the Compulsive Internet Use Scale (CIUS), and the Problematic Internet Use Questionnaire (PIUQ).^[14]

The proportion of problematic internet users has increased rapidly, and it has been estimated that over 5.4 billion internet users, amounting to approximately 67 percent of the planet, were

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found in 2024.^[15] The COVID-19 pandemic significantly increased the popularity of online activity across all social strata of citizens because remote work, distance education, and online communication became the norm rather than a choice.^[16,17] It is a paradigm shift, and it is the reason why it has led to the rise of the amount of screen time and internet addiction, and it has become a significant problem of worldwide concern and health.^[18] Students of medicine can represent a highly vulnerable group due to the specifics of their study process, which include a rigorous curriculum, a large number of studies, rigorous tests, and the absence of free time.^[19,20] An increase in technological applications within medical education, online higher education through lectures and online libraries, and virtual patients and their support systems in arriving at clinical judgment has blurred the boundary between healthy and unhealthy internet use.^[21,22] For the medical trainee, the stress has been compounded because, once they have graduated, they encounter tough clinical assignments and research activities, tough examinations, professional requirements, and necessities, which are causally related to chronic stress and lead to maladaptive coping behaviours such as excessive internet use.^[23,24] Studies of international students have indicated that there is a positive relationship between internet addiction among medical students and poor performance in the form of poor grades, sleep disorders, depression, anxiety, depression, and social isolation.^[25-27]

Digital connectivity has become part of life in India, where more than 759 million people have access to the internet and inexpensive internet connectivity and smartphone technology are ubiquitous (especially among students). Even though currently significant focus is being given to internet addiction as a community health issue, little empirical evidence is available that specifically examines the prevalence and correlates of internet addiction among the Indian postgraduate medical students.^[29-31] Most studies conducted included only undergraduate students or adolescent cases, and the gap in the literature remains strong, as there is an evident lack of clarity in defining the specifics of postgraduate medical trainees, who face unique academic, clinical, and personal stressors.^[32,33] Given the growing prevalence of problematic internet use worldwide, and particularly its susceptibility among postgraduate medical students, there is an immediate need to comprehensively assess the magnitude and characteristics of the issue in the intended population. Therefore, this study aims to evaluate the prevalence of internet addiction, identify patterns of internet usage, examine associated demographic and academic factors, and assess psychological correlates among medical postgraduate students using standardised assessment tools.

Aim and Objectives

Aim: To assess the prevalence and patterns of internet addiction among medical postgraduate students across multiple centres

Objectives:

1. To determine the prevalence of internet addiction among medical post graduate students
2. To assess the pattern of internet addiction among the

medical post graduate students

MATERIALS AND METHODS

This cross-sectional analytical study was conducted over three months, October 2024- January 2025, among postgraduate medical students from five medical colleges—three in Pune and two outside (Loni and Ahmednagar). Random sampling ensured fair representation across institutions and specialties.

Study Population and Sampling: The study included postgraduate students aged 22–45 years who had completed at least six months of residency. Incomplete responses and those with less than six months of training were excluded. Based on a previous study reporting a 92% prevalence of internet addiction among postgraduate students and allowing a 4% absolute error, the minimum sample size was calculated as 177 using the standard formula for proportions.

Data Collection Tool: Data were collected using a self-administered, pre-tested, semi-structured questionnaire developed in the English language and distributed electronically via Google Forms. The questionnaire will be self-explanatory, which means it will not require an interviewer, and participants will be able to fill it in at their convenience on their smartphones, tablets, or computers. The questionnaire was divided into three parts:

Section 1: Socio-demographic Profile

This section captured baseline demographic and academic characteristics including:

- Age (in completed years)
- Gender (Male/Female/Prefer not to say)
- Year of postgraduate training (First year/Second year/Third year)
- Specialization/Department (Clinical/Non-clinical/Para-clinical)
- Marital status (Married/Unmarried)
- Type of institution (Government/Private/Deemed University)
- Residential status (Hostel/Home/Paying guest accommodation)

Section 2: Internet and Mobile Phone Usage Patterns

This section assessed digital device usage behaviors including:

- Primary purpose of internet use (Academic resources/social media/Clinical applications/Entertainment/Gaming/Multiple purposes)
- Peak usage time (Morning/ Afternoon/ Evening/ Night/ Throughout the day)
- Average daily screen time categorized as: <2 hours, 2–4 hours, 4–6 hours, or >6 hours
- Number of internet-enabled devices owned (Smartphone/ Laptop/ Tablet/ Desktop/Multiple devices)
- Monthly mobile recharge/data expenditure (in Indian Rupees)
- Preferred social media platforms (WhatsApp/ Instagram/ Facebook/ Twitter/YouTube/Others)
- Frequency of checking phone/internet (Every 15 minutes/ Hourly/ Several times daily/Occasionally)

Section 3: Internet Addiction Scale (IAS)

Internet addiction was assessed using Young's Internet Addiction Test (IAT), also referred to as the Internet Addiction Scale, which is the most widely validated and reliable instrument for

measuring problematic internet use (1,2). The scale consists of 20 items that evaluate various dimensions of internet addiction including:

1. Time management and control (Items assessing time spent online, attempts to cut down usage)
2. Preoccupation (Thoughts about internet when offline, anticipation of next online session)
3. Performance and productivity (Impact on academic performance, work efficiency, daily responsibilities)
4. Social and relationship issues (Neglect of relationships, preference for online interaction)
5. Withdrawal symptoms (Feelings when unable to access internet, irritability, restlessness)
6. Tolerance (Need for increased internet time, use of internet for mood modification)

Each item is rated on a six-point Likert scale ranging from:

- 0 = Not applicable/Does not apply
- 1 = Rarely
- 2 = Occasionally
- 3 = Frequently
- 4 = Often
- 5 = Always

Scoring and Interpretation: The IAT total score is the sum of the ratings given by the examinee to the 20 items.

Each item is rated on a 5-point scale ranging from 0 to 5. The maximum score is 100 points. The higher the score, the more severe your problem is. Total scores that range from 0 to 30 points are considered to reflect a normal level of Internet usage; scores of 31 to 49 indicate a mild level of Internet addiction; 50 to 79 reflect a moderate level; and scores of 80 to 100 indicate a severe dependence upon the Internet.

Data Collection Procedure: Ethical approval was obtained from the Institutional Ethics Committee before initiating the study. To ensure content and other validity, the questionnaire has been reviewed by an expert panel of psychiatrists,

community medicine workers, and medical education experts to ensure it has appropriate content to answer the questions.

The questionnaire that was validated was put into an electronic version using Google forms which contained:

1. An information sheet describing the objectives and the procedures used as well as the rights of the participants.
2. A place where one has to sign an informed consent electronically.
3. Sequentially, fill in all the three sections of the questionnaire.
4. Key questions with their mandatory field settings are used to get rid of missing data.

The Google Forms link was released to the group of qualified postgraduate medical students in various ways:

Official institutional email addresses

- Department WhatsApp groups (with permission from heads of departments)
- Social media groups of postgraduate students
- Direct messaging through student coordinators

Widely reaching and remaining anonymous went by the distribution strategy. The participants were brought to the form on their personal devices (smartphones, tablets, or computers) and filled it out themselves, without the help of an interviewer. It took an average of 10-15 minutes.

The study was ethically approved and the questionnaire used was validated by the experts and it was distributed by the researcher via the Google Forms that included a consent section, demographic section and the IAS. The questionnaire was distributed to postgraduate students via email and WhatsApp.

All the data were coded in Microsoft Excel and analysed using SPSS version 29.0, with descriptive statistics and the Chi-square test, and the results were presented in the form of tables and graphs. The participation was voluntary, with informed consent, no anonymity, and the right of the subject to refuse. Quality controls included pilot testing, coordinator training, the occurrence of two data entries, and the safe backup of any data.

RESULTS

Table 1: Sociodemographic and Academic Characteristics of Study Participants

Variable	Category	Frequency (n)	Percentage (%)
Age	< 30 years	122	68.16
	≥ 31 years	57	31.84
Gender	Female	80	44.7
	Male	99	55.3
Marital Status	Married	64	35.8
	Separated / Divorcee	2	1.1
	Unmarried	113	63.1
Current Year of Post-Graduation	1st year PG	35	19.6
	2nd year PG	89	49.7
	3rd year PG	55	30.7

This table is the synthesis of the information obtained about 179 postgraduates. Age-wise, over two in every three (68.16) respondents are under 30 years old, indicating that the sample will be mostly young people. It has a moderate majority of male participants (55.3%) compared to female participants (44.7%). Regarding relationship status, the unmarried age group has the largest proportion (63.1), reflecting a younger

age group; married subjects constitute approximately one-third (35.8), and the proportion of separated or divorced group members is relatively small (1.1). The second-year students make the largest percentage (49.7%), the third-year students make the second largest (30.7%), and the first-year students make the smallest (19.6%).

Table 2: Smartphone Usage Patterns and Digital Behaviour Characteristics Among Study Participants (N=179)

Domain	Variable / Response Category	Frequency (n)	Percentage (%)
Monthly Phone / Internet Expenditure (₹)	< 300	64	35.8
	301-500	68	38
	501-700	27	15.1
	> 700	20	11.2
Usage Purpose (besides calls)			
Academic use	Yes	167	93.2
	No	12	6.8
Gaming	Yes	24	13.4
	No	155	86.6
Social media	Yes	167	93.3
	No	12	6.7
Other purposes	Yes	19	10.6
	No	160	89.4
Daily Screen Time	1-2 hours	13	7.3
	2-4 hours	56	31.3
	4-6 hours	66	36.9
	> 6 hours	44	24.6
Peak Usage Time	Anytime	48	26.8
	During working hours	14	7.8
	Evening (post working hours)	81	45.3
	Late night	36	20.1

The following table discusses smartphone habits among 179 postgraduate students. Most spenders, in terms of monthly expenditure, are average, with a quarter spending 300 or less and three-quarters spending 301-500. The remaining 35.8 percent spend 301-500. Academic and social media are the most widely used (more than 93 percent of students), followed by gaming (13.4), and other purposes are less popular (10.6). The duration of time at the screen is high

daily, with the maximum frequency of 4-6 hours (36.9%), followed by 2-4 hours (31.3%), and, as it has always been, the largest percentage of time at the device, indicating considerable dependence on the device. The peak time of use is primarily the evening after work (45.3), and the lowest was during working hours (7.8), implying that students use smartphones when they are not busy.

Table 3: Distribution of Study Participants According to Internet Addiction Status and Severity (n = 179)

		Frequency(n=179)	Percentage(%)
Internet Addition	Yes	111	62
	No	68	38
Internet Addition Category	Mild	77	43
	Moderate	32	17.9
	Severe	2	1.1
	Normal range	68	38

This table presents the prevalence and severity of internet addiction among 179 postgraduate students. It is depicted in the data that nearly two out of three people (62) are somehow addicted to the internet and only slightly more than a third of them (38) do not show addictions. When taking the severity

levels, the most common is mild internet addiction where 43% of the total sample is affected as a result, there are moderate cases of addiction with 17.9 and severe cases of addiction with cases of the same being only 1.1. The normal range of 38 percent indicates the non-addicts to the internet.

Table 4: Association Between Internet Addiction and Socio-Demographic as well as Behavioural Characteristics of Study Participants (n = 179)

		Internet Addition		Total	Chi-square value	p-value
		Yes (n=111)	No (n=68)			
Gender	Female	44(55.00)	36(45.00)	80(100.00)	3.02	0.08
	Male	67(67.68)	32(32.32)	99(100.00)		
Marital status	Married	38(59.38)	26(40.63)	64(100.00)	0.45	0.8
	Separated/ Divorcee	1(50.00)	1(50.00)	2(100.00)		
	Unmarried	72(63.72)	41(36.28)	113(100.00)		
Current year of Post graduation	1st year PG	24(68.57)	11(31.43)	35(100.00)	0.87	0.65
	2nd year PG	53(59.55)	36(40.45)	89(100.00)		
	3rd year PG	34(61.82)	21(38.18)	55(100.00)		
How much do you spend on Phone/ Internet recharge monthly (in Rupees)?	> 700	13(65.00)	7(35.00)	20(100.00)	5.62	0.13
	300	36(56.25)	28(43.75)	64(100.00)		
	301-500	40(58.82)	28(41.18)	68(100.00)		
	501-700	22(81.48)	5(18.52)	27(100.00)		

Academic purpose- Purpose of using phone besides calls	Yes	102(61.08)	65(38.92)	167(100.00)	0.92	0.33
	No	9(75.00)	3(25.00)	12(100.00)		
According to you, when is the maximum usage of your phone?	Anytime	34(70.83)	14(29.17)	48(100.00)	3.71	0.3
	During working hours	7(50.00)	7(50.00)	14(100.00)		
	In evening time	46(56.79)	35(43.21)	81(100.00)		
	Late night	24(66.67)	12(33.33)	36(100.00)		
Per day screen time of phone usage as displayed in your phone:	4-6 hours	40(60.61)	26(39.39)	66(100.00)	10.02	0.02
	> 6 hours	34(77.27)	10(22.73)	44(100.00)		
	1-2 hours	4(30.77)	9(69.23)	13(100.00)		
	2-4 hours	33(58.93)	23(41.07)	56(100.00)		

Chi-square analysis was conducted to examine associations between internet addiction and various sociodemographic and behavioural factors among the study participants. The distribution of genders showed that males had a somewhat higher prevalence of internet addiction (67.68%) than females (55.00%), but this difference was not statistically significant ($p=0.08$, $22=3.02$). There was no significant correlation between marital status and internet addiction ($p=0.8$), and the same level of addiction was recorded amongst people who are married (59.38%), unmarried (63.72%), and separate or divorced (50.00%). In the same way, the postgraduate year of study also did not have a significant correlation with addiction status ($p=0.65$), with the first-year (68.57%), the second year (59.55%), and the third year (61.82) having fairly comparable addiction prevalence rates.

The monthly costs for phone and internet showed no significant difference ($p=0.13$). Yet the participants who recharged between 501-700 showed significantly high addiction rates (81.48) in comparison with lower amounts of expenditure, such as spending less than 300 (56.25), 301-500 (58.82), or more than 700 (65.00). The partiality between phones and academic use was found not to be significantly related to internet addiction ($p=0.33$), and there was no difference in terms of the prevalence of addiction between the phones and non-phone users (61.08% and 75.00%, respectively). Maximum phone use also did not show a significant correlation ($p=0.3$), implying that the time of the day that students used their phones (70.83 percent), during working hours (50.00 percent), in the evening (56.79 percent), or late at night (66.67 percent) did not have a significant impact on the addictive condition of students.

Most importantly, a significant correlation was observed between internet addiction and daily screen time ($p=0.02$, $\chi^2=10.02$). It was also found that there was a clear dose-response correlation, where the highest prevalence of addiction was found in participants with over 6 hours of screen time per day (77.27%), then moved to those with 4-6 hours (60.61%), 2-4 hours (58.93), and those with less addiction (30.77).

DISCUSSION

The current research explored how internet addiction is prevalent among postgraduate medical students across various institutions and identified several important findings that warrant further exploration within the existing literature. In our study, 62 percent of respondents were shown to be slightly addicted to the internet, 43 percent of those who were

mildly addicted, 17.9 percent moderate, and 1.1 percent severe cases. This prevalence is consistent with emerging evidence that medical trainees are an especially susceptible group to the development of problematic internet use.^[19,20] Our results indicate significant overlap with those of past researchers among medical students in India. Still, there are certain differences depending on the study population and the methods used. In their study, Chaudhari et al. found the internet addiction status of 57.1. to be reported among medical students, which is similar to our level of internet addiction reported to be 62.0%.^[25] On the same note, Sharma et al. reported that half of the students in professional courses in Central India showed problematic internet use patterns, indicating that our results are within the range of expectations for such a population.^[27] Nevertheless, we report slightly lower prevalence rates than the remarkably high rates of 92 reported in some institutional studies, and this difference may be due to differences in sample composition, measures, or institutional settings.^[30]

The fact that mild cases of addiction are prevalent in our study (43 percent of the complete sample) implies that the majority of the victims are at the initial phase of problematic internet use. Therefore, there is a significant opportunity to take preventive action against the latter before they escalate to a higher level. The distribution pattern is acceptable and consistent with the findings of Goel et al., who also reported that the mild-to-moderate groups were the most prevalent among adolescents and young adults living in India.^[26] The relatively low percentage of acute cases (1.1) in our sample could either be because of an effective process of self-regulation in the postgraduate students, or it could be because there are chances of severely addicted persons having already experienced academic penalty resulting in an exit from the training programs.

In analysing smartphone ownership, it was found that 2 out of every 3 people owned a single smartphone, with 15.6 percent owning 2 and 4.5 percent owning more than 2. The popularity of the devices reflects the current state of medical education, where smartphones are indispensable aids for clinical decision-making, accessing medical information, and professional interactions. There was significant standard deviation in the financial spending on mobile and internet services, with 38 percent spending between 301-500 rupees and 35.8 percent spending less than 300 rupees, indicating that internet penetration among the majority of the medical trainees has become affordable. These trends are juxtaposed with prior research conducted before the extensive provision of data services at low rates in India, as reported by the Telecom Regulatory Authority of India, which has essentially changed internet availability trends across various population groups.^[28]

The usage patterns recorded in our study indicate that smartphone use is mainly academic and social, with 93.2% using the devices for academic tasks and 93.3% using social media (Social Networking). Such a twofold use is a manifestation of the essential role of technology in contemporary medical education, a point underscored by Ruiz et al. and Sandars et al., who noted that digital platforms are now recognised as irreplaceable in medical education and professional development.^[2,21] However, there is a challenge in distinguishing between positive academic use and over-extensive or dysfunctional involvement, as Kaur and Singh note in their assessment of technological trends in medical education.^[3] Gaming was a minority report with 13.4 percent, indicating that internet use that is more oriented towards entertainment is less common in this academically oriented population compared to non-postgraduate student populations in general, which is in line with findings that Gaming Disorder, as identified by WHO in ICD-11, is potentially less prominent among postgraduate medical students.^[11]

The analysis of time on the screens showed a moderate tendency to use the screen (moderate/heavy usage), as 36.9% of participants reported spending 4-6 hours a day with the screen, and 24.6% reported spending more than 6 hours a day. These timeframes align with the results of studies conducted in other countries exploring internet use among medical workers and students. These increased screen times could be partially due to the COVID-19 pandemic, which hastened digital adoption, as Siste et al. and Dong et al. report, with remote learning, virtual conferences, and telemedicine becoming part of medical training during the pandemic and afterward.^[16,17] Sultana et al. also expressed concern about the rising amount of screen time during the pandemic and its long-term health effects, which would have both physical and psychological effects.^[18]

The time of smartphone use revealed that the evening after work or academic obligations was the most active time, reported by 45.3 percent of respondents, with late-night usage reported by 20.1 percent. This trend is probably indicative of the hectic daytime work schedules of postgraduate medical trainees, who, to unwind, maintain closeness and encompass personal as well as professional interactions during periods of being off duty. Interestingly, 7.8% of them said they maximised it during working hours, indicating knowledge of clinical responsibilities and professional boundaries. Nevertheless, the significant percentage that uses the late-night poses a concern of disrupted sleep that is always linked to internet addiction when medical school students in several studies are used to analyse the problem.^[25,31]

The chi-square test showed that there are some noteworthy relationships between internet addiction and several demographic and behavioural factors. The prevalence of internet addiction was higher in males of 67.68% than in females of 55%, but did not achieve any statistical significance ($p=0.08$). This gender trend has been inconsistently reported in the literature, with some studies indicating that males dominate, whereas others report no significant gender variance.^[32,33] The statistical significance

of our research may be weak because of the evolving trend among women in the medical field toward using digital platforms more often to obtain professional contacts and academic resources, at frequencies similar to those of men.

However, contrary to expectations, we did not find any significant correlations between internet addiction and marital status, the year of post-graduation, the number of smartphones owned, or the specific purposes for which participants used their phones, such as academic activities, gaming, or social media use. This observation contrasts with previous studies showing that certain usage functions, especially gaming and social media, are more strongly linked to problematic use patterns. Similar results were reported by Malviya et al., who found no consistent correlations between demographic attributes and internet addiction among medical students in Central India, suggesting that the correlation between the two may not be easy to predict, as previously assumed.^[34] The independent variable of year of training does not support the hypothesis that residents' juniors may be more vulnerable due to challenges in adjusting to training (and vice versa). This indicates the possibility of a relative training year homogeneity of vulnerability to internet addiction or that varying stressor levels at varying training levels would generate equal risk.

The most significant result of our analysis was the high statistical significance of internet addiction and daily screen time ($P=0.02$). Those with over 6 hours of screen time had the highest rate of internet addiction, at 77.27, whereas 60.61, 58.93, and 30.77 years were at 4-6, 2-4, and 1-2 hours of screen time, respectively. This dose-response association provides the validity of screen time as an objective measure of problematic internet use, and by collating the findings by Krishnamurthy and Chetlapalli, who detected the duration of using the internet as a major risk factor of getting addicted to it in college students in India.^[32] The fact that the prevalence of addiction in people without more than 2 hours of daily screen time has significantly dropped implies that this limit can be a protective factor against use, and it is beyond the boundaries in which the probability of developing addictive symptoms can be considered significantly lower.

Interestingly, the amount spent on phone and internet recharges showed a near-significant trend ($p=0.13$), with the most addicted spending 501-700 rupees (81.48). This observation indicates that spending on internet services can be used as an unstable indicator of the level of use and addiction. Nevertheless, the correlation could not be fully linear, with those who spend above 700 rupees depicting a slightly lower addiction rate of 65, which may be an indication that such people use costly data plans for legitimate business uses like telemedicine or research. There is a complicated interplay between spending and addiction that deserves to be explored in future literature.

There was no significant relationship between the timing of the maximum phone use and internet addiction ($p=0.3$), indicating that the patterns of addiction depend on the duration, and not the timing of the use. Such a finding challenges the assumption that evening use is more problematic than daytime use and suggests that interventions should aim to minimize overall screen time, not just a specific time of day. Nonetheless, it must not override any doubts about the impact of the time of night on internet use on the quality of sleep because the line between the time of use and the condition of health can be in independent proportion to the

addiction.

Limitations:

1. The cross-sectional design does not allow the causal relationship to be evaluated.
2. Online responses can create a recall or response bias since data is self-reported.
3. The sampling was restricted to a postgraduate student body of selected colleges, weakening the external validity.

CONCLUSION

It was found in this study that the prevalence and pattern of internet addiction were high among the medical postgraduate students, with mild addiction being the most predominant, and a strong correlation between screen time and internet addiction, with almost all showing strong use of smartphones both academically and socially. The issue of enforcing digital wellness in modern medical education is complex.

The results highlight the importance of institutional interventions regarding internet addiction as one of the key health issues of the population, as an essential part of medical education. Although the majority of the affected students express mild to moderate levels, early interventions are paramount in avoiding progression and other effects linked to it in the context of mental health, academic performance, and general well-being.

With the growing integration of digital technologies into medical education, the question of how to balance the advantages of connectivity and the dangers of addiction is also a burning topic to which teachers, professionals in the mental health field, and students themselves should apply their efforts. The present research adds interesting evidence to such initiatives and points to the necessity. Ongoing studies on this changing phenomenon within the realms of medical education.

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Conflicts of interest

There are no conflicts of interest.

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