

Students' voices on the involvement of social workers in services related to Problematic Internet Use¹

Worldwide the internet is increasingly used for personal, academic and work-related purposes. Extensive internet use could result in Problematic Internet Use (PIU). Students, often young adults, are identified as a potential risk group for PIU. Social work has a long history of involvement with services related to addiction and PIU falls within this domain. A hiatus was identified in terms of the voice of students, as service users, on the involvement of social workers in services related to PIU within the university environment. Based on convenience sampling, a survey was undertaken with 498 second-year students enrolled for a basic social science course at a South African university. Data were collected by means of a survey, including an open-ended question, with the aim to explore students' perceptions of and suggestions for the involvement of social workers in services related to PIU. Based on the findings, integrated primary and secondary social work methods on the levels of prevention, early intervention, treatment and aftercare are recommended. Recommendations include awareness campaigns, community education, policy development, skills training, individual counselling, therapy groups, and aftercare services to ensure the sustainability of the gains from previous interventions.

Keywords: Problematic Internet Use; Internet Addiction; tertiary institutions; students; young adults; social work services

Introduction

In recent times the internet tends to fulfil a significant function in people's lives (Zafar 2016; Kapahi et al. 2013). Although the internet holds many benefits, research indicates that it could lead to excessive internet use, often referred to as Problematic Internet Use (PIU) or Internet Addiction (Thatcher and Goolam 2005). PIU refers to the excessive use of the internet, which includes sub-types such as cyber-relational

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addiction/cybernetic adultery, excessive gaming, information overload, online gambling, online sexual preoccupations, unmanageable online shopping, and emailing/texting, and could lead to bio-psychosocial problems (Kapahi et al. 2013; Young 2009; Shaw and Black 2008). Although PIU is not yet recognised as a psychiatric disorder in the *Diagnostic and Statistical Manual of Mental Disorders 5*, it could be regarded as a form of addiction and a hidden problem (Kardefelt-Winther 2016; Christakis 2010). Social work has a long tradition of involvement in services in the field of addiction, often in secondary settings such as treatment centres and educational institutions (Patel 2015; Department of Social Development 2013); PIU falls within this domain.

Epidemiological surveys suggest that PIU is a growing mental health problem (Kuss, Griffiths, and Binder 2013) with the prevalence across the globe being reported as between 1% and 21% (Tran et al. 2017; Kuss et al. 2013; Tang et al. 2014). Vulnerable groups for PIU encompass young people (ranging from children to young adults, including students), males, middle-aged females, single persons and sexual minorities (Kuss et al. 2013; Wang et al. 2013; Lin, Ko, and Wu 2011). Both their life stage and the social context of student life might predispose students to vulnerability for PIU. Developmental challenges that lead to increased vulnerability include the tasks to develop a sense of identity and meaningful and intimate relationships, whereas the contextual factors relate to free and unlimited access to the internet, large amounts of unstructured time, absence of parental control, social isolation within the greater student community, and the fact that internet use is encouraged for academic purposes, such as online teaching and learning (Yilmaz et al. 2014; Chou, Condrón, and Belland 2005; Young 2004). Chou et al. (2005, 382) therefore warn that '[t]he danger for [university] students lies in the possibility that their Internet use may become the central focus of

their campus lives ...’

PIU negatively affects the bio-psychosocial well-being of people, resulting in among others sleep disorders, head and backaches, anxiety, depression, poor interpersonal relationships, meagre academic/work performance, and social withdrawal (Zafar 2016; Kapahi et al. 2013; Wang et al. 2013; Young 2009).

The fact that numerous studies identified students (mostly young adults between 18 and 25 years) to be a risk group for PIU warrants the attention of helping professions, such as social workers (Kuss et al. 2013; Young 2009). Previous studies focused on PIU among students populations in various countries, such as China, Greece, India, Iran, Malaysia, Mexico, Nigeria, and Vietnam (*cf.* Khazaei, Khazaei, and Ghanbari-H 2017; Tran et al. 2017; Yeap et al. 2016; Capetillo-Ventura and Juárez-Treviño 2015; Kawa and Shafi 2015; Mercy and Oluwatosin 2015; Tsimitsiou et al. 2015; Kalaitzaki and Birtchnell 2014; Salehi et al. 2014). However, to the best of our knowledge, the South African student population has not yet been surveyed in terms of PIU. Furthermore, no study could be identified that explored the perceptions of students on the involvement of social workers in addressing PIU. In this context, ‘addressing’ refers to both the levels and methods of social work service delivery.

According to the Global Definition of Social Work, ‘Social work is a practice-based profession and an academic discipline that ... engages people and structures to address life challenges and enhance wellbeing’ (International Federation of Social Workers 2017). In line with the ethical values and principles which guides social workers in South Africa, the self-determination and autonomy of services users should be respected (South African Council for Social Service Professions 2012). Therefore,

social workers practice in partnership with service users to plan for appropriate interventions (Kirst-Ashman 2013).

Subsequently, it was the aim of this study to explore students' perceptions of and suggestions for the involvement of social workers in services related to PIU, and based on their suggestions, to recommend social work services to address PIU among students¹.

Method

This study implemented a survey design (Creswell 2014) and was underpinned by a *contextualist* research paradigm as the authors are firmly aware that the inputs and words of participants offer access to their view of reality and researchers are merely interpreters of that particular reality (Clarke, Braun, and Hayfield 2015). A group-administered questionnaire was distributed to undergraduate students (i.e., participants) to complete individually, while the authors were present to clarify any questions or uncertainties (Adler and Clark 2015). The response systems of the questionnaire included closed-ended, dichotomous and multiple-choice questions to compile a bio-psychosocial profile of the participants and to explore their views on the involvement of social workers in services related to PIU (Delpont and Roestenburg 2011). An open-ended question was included which probed the participants' perceptions on the following: 'Explain how you think social workers could help students at universities to manage/treat/overcome problematic internet use.' The open-ended question allowed the participants to voice their perceptions on the involvement of social workers in services related to PIU and thus enabled the authors to collect rich qualitative inputs (Braun and Clarke 2013).

Quantitative data were edge coded and descriptive statistics calculated, while the

qualitative inputs on the open question were thematically analysed according to the process proposed by Clarke et al. (2015). The trustworthiness of the thematic analysis was ensured through observer triangulation where all the authors independently analysed the data and reached an agreement, whereafter an independent coder analysed the data and a consensus discussion was held. In addition, the authors isolated thick descriptions in order to offer an authentic voice to the participants and to report rich data (*cf.* Lietz and Zayas 2010).

The study population was second-year undergraduate students (18-25 years old) enrolled for a basic social science course (e.g. Criminology and Sociology) in partial fulfilment of a *Baccalaureus* degree at an urban-based South African university. Convenience sampling was used and 498 (n = 498) participants who met the inclusion criteria voluntarily participated (Babbie 2016). The response rate was 54.5%.

The study observed ethical considerations such as avoidance of harm (should a participant report harm, he/she would have been referred to the Student Support Service); participants were not coerced to participate; written informed consent preceded the completion of the questionnaire, and confidentiality was ensured (Babbie 2016). It is confirmed that neither of the authors lectured the module from which the participants were recruited. The study received ethical clearance from the Research Ethics Committee (Ref no.: GW20150312HS).

Findings

The findings report the bio-psychosocial profile of the participants and are followed by an overview of their preferences for services related to PIU.

Bio-psychosocial profile of participants

More female (82.34%) than male (17.34%) participants participated in the study which resembles the actual student population in South Africa. The mean age of the participants was 20.26 years (SD = 1.17) at the time of the study. In line with South Africa's rich cultural diversity, most participants identified themselves as either White (47.88%) or Black African (45.45%), with Indian/Asian (3.43%) and Coloured (2.42%) in the minority.

The participants declared that they experience a number of emotional challenges on a regular basis, such as stress (37.31%), anxiety (25.19%), shyness (17.61%) and poor-self-esteem (11.36%). Furthermore, the participants also reported psychological problems for which they receive medication, including depression (54.24%), ADHD/ADD (15.25%) or an anxiety disorder (13.56%).

As young adults, most of the participants were in a romantic relationship (52.41%), with 47.59% single. The majority of the participants grew up in urban areas (56.57%) or semi-urban areas (28.48%). Participants often lived with parent(s)/caregiver(s) (29.03%), or on their own (19.35%), followed closely by those who lived with friends (17.54%) or at university residences (17.34%).

Services related to PIU

The participants were asked whom they would consider consulting should they present with PIU. In terms of professional help, the majority of participants opted for psychologists (32.05%), followed by social workers (10.39%), medical doctors (2.08%), or psychiatrists (1.78%).

A significant number of participants preferred to consult people in their close social network, for example, friends (24.93%), parents/caregivers (13.06%), or a partner (9.79%).

In a follow-up question, the participants were pertinently asked whether they would consider consulting with a social worker should they experience PIU. The participants had an almost equal split in opinion with 50.72% indicating 'yes' and 49.28% selecting 'no'. Those who indicated that they will consider a social worker indicated their preference for different forms of support as follows: individual counselling (61.98%), group-based support (35.54%), and rehabilitation centres (2.07%).

From the open question, four themes emerged giving a voice to the participants' view on how they think social workers could help students at universities to manage PIU.

Social workers' visibility and accessibility on campus

Participants were of the view that students will consult with social workers about PIU provided that the social workers are visible and accessible on campus. One respondent aptly stated 'Make themselves more available, visible or apparent. Maybe once they put themselves out there more, the stigma that comes with seeing them will reduce and more people will be willing to freely see them.' In addition, the participants suggested that social workers should be perceived as approachable by '... firstly ... interacting with students on an interpersonal basis and not as "social workers" on a mission to help or cure the "addiction".' Moreover, the participants suggested that social workers should market their

services to attract service use, for example ‘They should be advertising/promoting their services on campus.’

Prevention and early intervention services through the primary methods of social work

Although the participants represented a variety of degree programmes, they had quite succinct ideas about the type of intervention they would recommend. The following quotation epitomises the point of departure suggested by the participants, namely ‘... it would help to let the students know that if they have a problem it is nothing to be ashamed about. The social workers can provide support and basic steps ... to overcome the issue.’

In terms of preventative services, participants suggested strategies to maintain friendships/interpersonal relationships, alternative activities and general life skills. Their suggestions included that ‘I think they could encourage students to engage with others and speak about the importance of building relationships with people ... introducing [activities] that can be done to lessen the time spent on the internet’; ‘Help students realise their other hobbies or interest besides internet’; ‘Give them the opportunity to experience face-to-face contact and friendships’ and ‘By helping them learn to cope with daily life activities in a more constructive and better-planned way.’

Numerous participants suggested individual counselling as a preferred form of early intervention. Suggestions forwarded included ‘Talk to them one-on-one, find out why they spend so much time on the internet, ask them if they want to stop/can stop, and if “yes”, together with the student find positive solutions to the problem’ and ‘People would rather share their problems one-on-one than in a group.’

Nonetheless, more participants believed that group work intervention is essential, especially support groups. ‘Group counselling can show people that they are

not alone in their struggle with internet-based issues; groups can also offer support from more than one person'; '... offer group counselling, because individuals who are addicted to the internet are usually isolated, this might assist in developing friendships' and '... start support groups on campus.'

Additionally, participants suggested community-based interventions focusing primarily on community education and social marketing. Participants believed that the university environment should be characterised by a culture of mutual support and openness. One participant summarises this: 'Creating an environment of openness, where students can feel comfortable to talk about their issues.' More specifically, participants were of the opinion that the university community should be educated on PIU and strategies to be resilient to its bio-psychosocial effects. The participants recommended that 'Workshops can be used that help students understand the dangers of being too dependent on social networks. While looking at the dangers (disadvantages) of the internet, advantages should also consider for example how it helps with [university] work.' as well as 'Teaching individuals how to use the internet as a way that prevents it from becoming an addiction. Pointing out warning signs of how one develops an internet addiction and how to use certain strategies to decrease internet use.'

Other participants focused on awareness campaigns on campus, including the use of flyers, pamphlets, posters, talks on university radio and open-air arenas, and advertisements through social media. Their suggestions included '... having awareness campaigns, or even putting up posters ...'; '... advertise the problems because I don't think people are aware that it can become a problem using the internet too much' and 'I do think that awareness on campus about PIU can be promoted. Many students use a lot

of facilities on campus to access the internet without proper knowledge about the dangers or problems associated with it.’

PIU: Not social workers’ business, not a problem

A number of the participants were of the view that interventions related to PIU do not fall within the domain of social work. The following quote eloquently captures this sentiment: ‘I have absolutely no idea what the connection is between social workers and PIU. I would consult a psychologist for such an addiction.’ Some participants out-rightly dismissed the involvement of professionals in the treatment of PIU, by stating ‘I think it’s out their [professionals’] hands. The students themselves have control of their own destiny. They can choose to overcome, manage or treat their PIU.’

Some participants declared that they do not regard excessive internet use as an addiction. Opinions included ‘I don’t think social workers can help that much. It isn’t a detrimental addiction in my opinion’ and ‘I wouldn’t consult one [social worker] and I would believe that most people will not admit to having such a problem ...’

Of interest, is that a number of participants have misconceptions about the scope of social work with a statement such as ‘I think social workers are supposed to help children with real-life problems and not students with an internet problem ...’ and ‘I never really thought that social workers could help in terms of internet addiction ... it has never crossed my mind and I have never heard of a case where the social worker helped someone with internet addiction ...’

Suggestions for university management

Apart from suggestions for social work services, the participants also used the opportunity to make their views heard by the university management. The practical

recommendations included the limitation of Wi-fi access, such as ‘... there should be a limited time period where students are allowed to be online and then afterwards the Wi-fi could be shut down’ and ‘Limit Wi-fi usage per student.’ Others had more radical suggestions, for example, ‘Set specific times which students can access certain websites / social networks, and only allow them to do research / university work during those allocated times’ as well as ‘By having a downtime of internet, for example, turning-off Wi-fi, except for people in the library. Stopping other sites from being accessed.’

Discussion

Social workers have a commitment to improve the psychosocial well-being of service users. Among the fields of service delivery, addiction (in all its forms) requires the involvement of social workers. However, both the quantitative and qualitative findings revealed that a substantial number of the participants did not recognise that social workers should be involved in services related to an addiction, such as PIU. The majority indicated that they would seek the assistance of either a psychologist or people within their close social circle. Furthermore, many participants expressed disbelief whether social workers should be involved in services related to PIU. However, when prompted for their views specifically on consulting with a social worker, slightly more than half of the participants indicated that they would indeed consult with a social worker when presenting with PIU. This finding signals that social workers should, as a point of departure, educate the student community about the scope of social work service delivery and establish relationships that promote both voluntary service use and referrals for services.

The participants emphasised that social workers should be accessible and visible on campus. Therefore, social work should be marketed as a service that is available to students on university campus. In this regard, the power of community education and social marketing should not be underestimated. Students could be informed about the support services available to them, including services related to addiction. Additionally, service users could be sensitised regarding hidden social problems for which support exists, such as PIU. The literature suggests, and it is confirmed in the participants' quotes that students need to be informed about the existence, characteristics and adverse consequences of PIU and how to establish a culture of responsible internet use (Dhok, Kadarkar, and Doibale 2016; Vondráčková and Gabrhelík 2016).

Prevention services are closely linked to awareness campaigns. Participants indicated that they would prefer prevention services that focus on strategies to maintain friendships and interpersonal relationships, alternative activities and general life skills. These suggestions are in line with the psychosocial causes and effects of PIU as described in the literature (*cf.* Vondráčková and Gabrhelík 2016; Wang et al. 2013).

Poor interpersonal relationships put students at risk for PIU; therefore, the promotion of relationships, and the associated social skills, among students, their peers and significant others should be a priority as it has the potential to counteract social isolation and to prevent PIU (Vondráčková and Gabrhelík 2016; Kalaitzaki and Birtchnell 2014). Opportunities should exist for participation in sports and cultural activities so as to prevent students from being 'fully wired' the whole day. The marketing of social clubs, student bodies and sporting events, though not necessarily by social workers, could establish an environment for alternative activities. A broad range of skills could cushion students from PIU. Social workers could focus on skills training encompassing abstaining from extensive internet use; training in assertive behaviour

and conflict resolution; introduction to hobbies; and enhancing emotional intelligence, self-control, stress management, time management, as well as verbal and non-verbal communication (Vondráčková and Gabrhelík 2016; Wang et al. 2013; Young 2009). All these suggestions fall within the domain of social work.

It should be noted that the quantitative findings indicated that the participants prefer either individual counselling or group-based intervention. In terms of individual counselling, the voice of psychologists are prominent in publications and their approbation for the use of Cognitive-Behavioural Therapy is a *leitmotif* (Rowicka 2016; Young 2009; Watson 2005). In addition, brief interventions, harm reduction therapy, mindfulness-based approaches, and motivational interviewing are recommended; however, the effectiveness thereof is inconclusive (Rowicka 2016; Van Wormer and Davis 2013; Chou et al. 2005).

Most of the participants were of the view that support groups could be effective in addressing PIU. Support groups have the potential to enable students to share information about PIU and possible service providers, while at the same time offer an opportunity for face-to-face interaction with peers in a caring and supportive environment (Berejena Mhongera and Lombard 2017). Apart from support groups, Zafar (2016) reports that therapy groups are particularly successful to reduce the time online and to boost the self-esteem of group members. Khazaei et al. (2017) developed a group work programme, based on the principles of positive psychology for students in Iran and found that the experimental group's social relationships, including conflict management, improved and mitigated internet use.

The use of community education featured prominently among the participants' recommendations for social work services. Community education is a relevant intervention, given the hidden nature of PIU. More pertinently, community educational

projects could include workshops to enlighten students about the signs and symptoms of PIU, and where and how to seek help. Such a project could include a pop-up message whenever the internet is accessed via the university's Wi-fi. Simultaneously such a message could address the misconceptions among some students, as illustrated in the quotes, that PIU is not a real problem and not an addiction. Although it could be costly, the participants also suggested the use of flyers, pamphlets, posters, talks on university radio and open-air arenas, and advertisements. All these platforms provide an ideal opportunity to reach and influence the student community regarding PIU. However, the authors are of the view that these suggestions could only materialise with the financial and structural support of university management, provided that they support initiatives to manage PIU.

Amidst the worldwide trend for increased online teaching and learning (e.g. Blackboard platforms, Mooks, etc.), the participants recommended that university management should cap online time and Wi-fi access on campus. It is acknowledged that these suggestions are quite radical and could impede the human rights of students to access information and the internet. Nevertheless, social workers could be involved in student inquiries that assess student needs and with the development of institution-specific policy to manage internet use in the university environment. The voices of services users should be heard and incorporated in policy so as to cherish social work's commitment to social justice and the promotion of human rights (Ife 2012). Students have a right to education and educational institutions have a responsibility for establishing a conducive educational environment in which students could develop their full potential (Marks 2003).

Limitations of study

The study population is not representative of the overall student population across tertiary institutions in South Africa. In addition, the research design produces findings at a specific point in time and does not have the power to elucidate trends over time. As such, the findings cannot be generalised. However, the authors took care to ensure the trustworthiness of the findings. It is therefore envisaged that the findings have the potential for transferability to students in South Africa and the rest of the developing world. Similarities among age groups across the global village may furthermore enable social workers to identify with the findings and to translate the recommendations of this research into their own unique contexts.

Conclusions and recommendations

PIU is a growing phenomenon with potential widespread bio-psychosocial implications. It is widely acknowledged that students are a risk group for developing PIU. In this regard it is imperative to note the views of students on the services they might require to manage PIU as a form of addictive behaviour. The social work profession has a pertinent role to play in the mitigation of PIU. This article attempts to highlight both the views of students on the involvement of social workers in services related to PIU and the concomitant social work roles and interventions that could be offered in a university context.

Although the students might not be informed about PIU, and are unsure about the involvement of social workers in addressing PIU, the qualitative data enabled the authors to extract specific ideas to formulate recommendations for social work services to manage PIU among tertiary education students. Through the integrated implementation of the primary and secondary methods of social work, PIU could be managed on the levels of prevention, early intervention, treatment and aftercare

services.

Based on the nature and potential impact of PIU, the authors are of the view that prevention service should be prioritised. Such services could include awareness campaigns by means of miscellaneous media, for example, pamphlets, flyers, public talks on radio and student drives in open-air arenas. In addition, workshops could be organised to equip students with knowledge about the phenomenon, its manifestations and how and where to seek assistance. Simultaneously teaching staff should be equipped to identify teaching and learning practices to mitigate students' vulnerability for PIU. Social workers could initiate inquiries among students and staff to support university management in drafting institution-specific policy related to internet use for both personal and academic motivations, and to offer a mandate for appropriate services which resonate with the needs expressed by students and staff.

Early intervention services should ideally target students who are at risk of PIU, such as socially isolated students, as well as those diagnosed with a comorbid disorder (e.g. ADHD, anxiety disorders, depression). Group work offers an opportune platform for training in pro-social, interpersonal and life skills. Growth and peer self-help groups could be established to enable students to improve their bio-psychosocial well-being in order to circumvent the risks involved in PIU.

Treatment could include both individual counselling and therapy groups. Based on the context and needs of the service users, social workers could implement strategies such as Cognitive Behavioural Therapy where students are made aware of the triggers for extensive internet use and the management thereof. Strengths-based interventions, for example, solution-focused brief interventions and motivational interviewing, could be offered to teach students strategies to manage online behaviour and balance their online and real-life interactions. In light of the fact that abstinence from the internet is

not feasible, harm reduction strategies could offer a more viable solution. Such strategies include controlled use of the internet, capped Wi-fi access, the use of timers, log-off mechanisms and unsubscribing from e-mail list memberships.

Aftercare services should not be underestimated in terms of the sustainability of earlier interventions. Aftercare strategies could include face-to-face interactions with peers and significant others, sharing of success stories, the identification and practice of hobbies, sports and cultural activities away from the online environment.

The recommendations above could only materialise provided that both the university management and the university community are not complacent about the reality of PIU, its consequences and the necessity of pro-active and focused social work services.

¹ The nature, extent and impact of internet use on students are beyond the focus of this article and published elsewhere.

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