ijlpr 2023; doi 10.22376/ijlpr.2023.13.1.L42-49

International Journal of Life science and Pharma Research

ISSN 2250-0480

Research Article

Oniomania in Men and Women

Oniomania (Compulsive Buying Disorders) Among Working Women and Men in North Gujarat

N. Siva Subramanian[1], ParmarJuliben Niranjankumar[1], B. Mahalakshmi[2*] and Prakash. D[3]

[1] *Department of Psychiatric Nursing, Nootan College of Nursing, Sankalchand Patel University, Visnagar, Gujarat -384315, India.*

[2] *Department of Paediatric Nursing, Nootan College of Nursing, Sankalchand Patel University, Visnagar, Gujarat -384315, India.*

[3] *Department of Medical Surgical Nursing, Nootan College of Nursing, Sankalchand Patel University, Visnagar, Gujarat-384315, India.*

Abstract: Oniomania, often known as the "compulsive buying disorder," is characterised by excessive shopping thoughts and actions that cause discomfort or damage. The main aim and objectives of the study were to assess and compare the oniomania among working women and men, and find out the association between oniomania with selected demographic variables among working women and men. The research design selected for the study was non-experimental comparative descriptive research design. A non-probability convenience sampling technique was used to obtain sample of 120 (60-women and 60-men) working women and men who satisfied the inclusion criteria. The modified compulsive buying scale is used to assess oniomania, this is a 5-point scale and the total score is 45. After assessing the pre-test of oniomania, it is higher in working women compared to men. The mean of the working women and working men was (30.36) and (14.66) and the Standard Deviation of the working women and working men was (9.74) and (5.24). The Mean difference was (15.7). Working women mean was more than working men mean. This showed a significant difference between working women and working men on oniomania. The calculated chi square value was significant with education and monthly income, and other variables were insignificant. This study concluded that the prevalence rate of oniomania was higher in working women than men.

Keywords: Oniomania, Working Women, Disorders and Men

***Corresponding Author**

B. Mahalakshmi , Department of Paediatric Nursing, Nootan College of Nursing, Sankalchand Patel University, Visnagar, Gujarat -384315, India

Received On 10 August, 2022

Revised On 30 September, 2022

Accepted On 15 October, 2022

Published On 2 January, 2023

Funding This research did not receive any specific grant from any funding agencies in the public, commercial or not for profit sectors.

Citation N. Siva Subramanian, ParmarJuliben Niranjankumar, B. Mahalakshmi and Prakash. D , Oniomania (Compulsive Buying Disorders) Among Working Women and Men in North Gujarat.(2023).Int. J. Life Sci. Pharma Res.13(1), L42-49 http://dx.doi.org/10.22376/ijlpr.2023.13.1.L42-49

This article is under the CC BY- NC-ND Licence (https://creativecommons.org/licenses/by-nc-nd/4.0)

Copyright @ International Journal of Life Science and Pharma Research, available at www.ijlpr.com

1. INTRODUCTION

Shopping addiction, pathological buying, or compulsive buying disorder are other names for compulsive buying behavior (CBB). This mental health condition is characterized by persistent, excessive, impulsive, and uncontrollable product purchases despite serious psychological, social, occupational, and financial repercussions [1]. Ordinary, non-addicted consumers cite value and utility as their top reasons for purchasing. In contrast, compulsive shoppers buy things to boost their mood, manage stress, get attention from others, and improve their self-image [2]. Even though prolonged compulsive buying behavior CBB can lead to emotions of regret or remorse about purchases, embarrassment, guilt, legal and financial issues, and interpersonal challenges, people with CBB cannot control their compulsive spending [3]. Over the past two decades, CBB has become more commonplace worldwide. A recent meta-analysis found a pooled prevalence of 4.9% in adult representative samples for CBB, with higher ratios for university students, people of non-community origin, and shoppers [4]. However, depending on the sample type examined, epidemiological study prevalence estimates might range from 1 to 30% [5]. There is still disagreement over how to classify this psychopathological illness in worldwide classification systems and that consensus on diagnostic criteria has not been obtained makes it impossible to estimate the prevalence of CBB. In fact, when the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders was being developed, the idea of "addiction" itself was a disputed topic [6]. Currently, the available operational definitions for CBB have similarities with disorders in the impulsive control spectrum [7], mainly linked to substance use disorders, obsessive-compulsive disorder, eating disorders and other behavioral addictions such as gambling disorder, Internet gaming disorder, Internet addiction and sexual addiction. CBB's precise etiology is still a mystery. Numerous factors have been suggested as potential contributors, and the scant CBB research has focused chiefly on neurological aspects, with no studies on genetic factors and CBB. In brain imaging studies, those with CBB and other behavioral addictions have repeatedly shown anomalies in frontoparietal regions, reward processing, and limbic systems, similar to those with substance use disorders [8]. However, the currently available neurological research does not fully explain how specific brain mechanisms and cognitive processes can lead to the development of addictive behavior in routine purchasing behavior without the need for exogenous chemical stimulation [9]. It has been claimed that, unlike other addictive situations, the emergence of CBB depends on specific cultural processes, such as a market-based economy, a large range of readily available items, disposable income, and materialistic ideals [10].

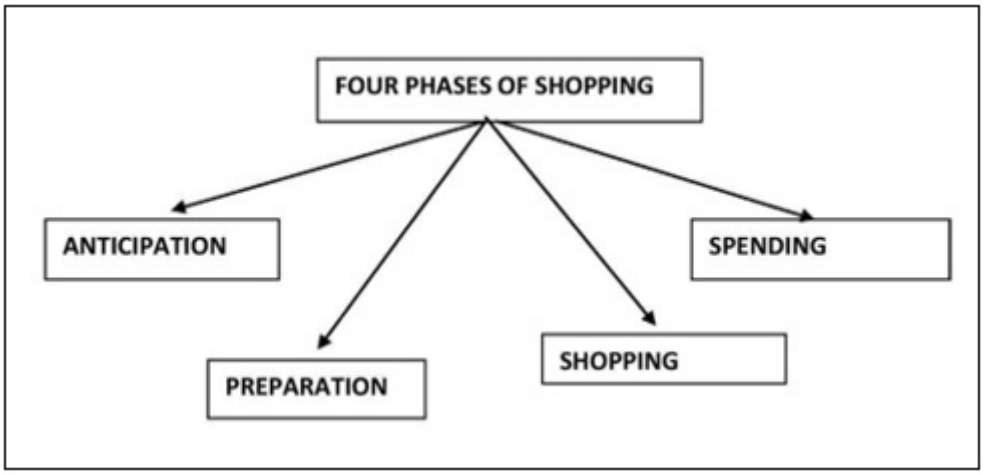

Fig 1: Thematic map

2. MATERIALS AND METHODS

2.1 Hyothesis

H_1: There will be a significant difference between working women and men regarding oniomania.
H_2: There will be a significant association between working women and men with selected demographic variables.

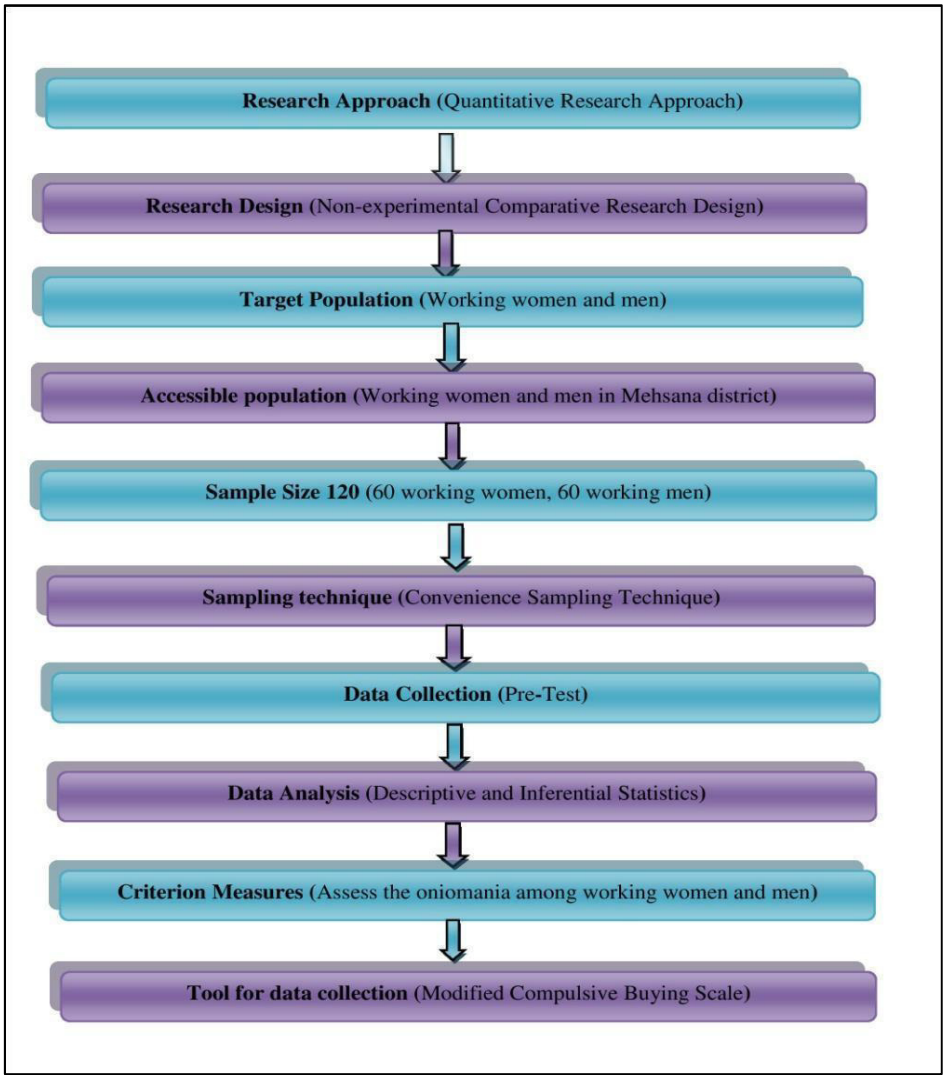

Fig 2: Methodology

2.2 *Research Approach*

Research approach used for this study was quantitative research approach.

2.3 *Research Design*

The research design selected for the present study was a Non-experimental comparative descriptive design.

2.4 *Sampling Technique*

A convenience sampling technique was used for this study.

2.5 *Sample Size*

The sample size consists of 120 working women and men who fulfilled the inclusion criteria among those 60 women and 60 men in Mehsana district.

2.6 *Sampling Criteria*

Table 1: Inclusion and Exclusion criteria

Inclusion criteria	Exclusion criteria
• Those who are present at the time of data collection. • Women and men who have salary of above > 10000 per month. • Women and men who can read and write English. • Women and men who are willing to participate in this study	• Women and men who are in age group of >50 years. • Women and men who are not willing to participate in this study.

2.7 *Limitation*

- Unavailability of sample
- Lack of cooperation from the sample
- Relatives of the sample not willing to reveal the problems of the patient
- Fear to participate in study due to lack of awareness regarding oniomania

2.8 Description of The Instruments

The tool which is used in this study consist of two parts.

2.8.1 Part- I

The first part of the instrument demographic data consisted of questions related to demographic variables such as age, gender, religion, marital status, family types of residence, education, occupation, monthly income, and family monthly income.

2.8.2 PART- II

It consists of The Modified Compulsive Buying Scale (Valance, D' Astrous& Fortier) Valance developed this scale, D' Astrous& Fortier (1990) to study on oniomania. (11). The modified compulsive buying scale assesses oniomania. The tool consists nine items, and were scores ranged from 9 – 45. Each item was answered on a 5-point scale. Items were scored as,

Strongly disagree = 1
Somewhat disagree = 2
Neither agree/ Disagree = 3
Somewhat agree = 4
Strongly agree = 5

2.9 Data Collection Process

Before starting the study, the researcher met the authorities of the selected areas of Mehsana district and obtained permission to conduct the study. The final study was conducted from Mehsana, Vijapur, and Visnagar. The investigator introduced self and informed the sample about the nature of the study to ensure better cooperation during the data collection. Written informed consent was obtained from them for their willingness to participate in the study. They were assured that their response and details will be kept confidential and used only for research purposes. Before the tool was administered some informal discussions were made with participants to establish rapport so they would be relaxed. A non-probability convenience sampling technique was used to obtain sample of 120 (60-women and 60-men) working women and men who satisfied the inclusion criteria. The modified compulsive buying scale is used to assess oniomania, this is a 5-point scale and the total score is 45. The data were examined using the mean, standard deviation, correlation, and chi square test.

2.10 Data Analysis

Data was analyzed manually using descriptive and inferential statistics. All the subjects who fulfilled the inclusion criteria were included in the study. The collected data were tabulated by using mean and standard deviation. The chi-square test was used to associate working women and men's oniomania and demographic variables. A correlation test was used to determine the correlation between oniomania between working women and men.

3. RESULTS

Table: 2 Frequency and percentage distribution of women and men of oniomania among working women and men.

Score	Women		Men	
	F	%	F	%
Mild oniomania(9-15)	00	0%	41	68.33%
Moderate oniomania(16-30)	26	43.33%	19	31.66%
Severe oniomania(31-45)	34	56.66%	00	0%

Table2 shows that working women (36.66%) had moderate oniomania, and (63.33%) had severe oniomania. In working men, (68.33%) had mild oniomania, (31.66%) had moderate oniomania, and (00%) had severe oniomania.

Table: 3 Mean, S.D, Mean difference and standard deviation, the Correlation coefficient of working women and men of oniomania scores.

Parameter	Number	Mean	Standard deviation	Mean difference	Correlation Coefficient (karlpearson)
Working women	60	30.36	9.74	15.7	0.5
WorkingMen	60	14.66	5.24		

Table 3 shows that the mean of the working women and working men was (30.36%) and (14.66%) and the standard deviation of working women and working men was (9.74%) and (5.24%). The mean difference was (15.7%) and the correlation coefficient was r = 0.5 (positive poor correlation). This showed a significant difference between working women and working men on oniomania. This study concluded that the prevalence rate of oniomania was higher in working women then men.

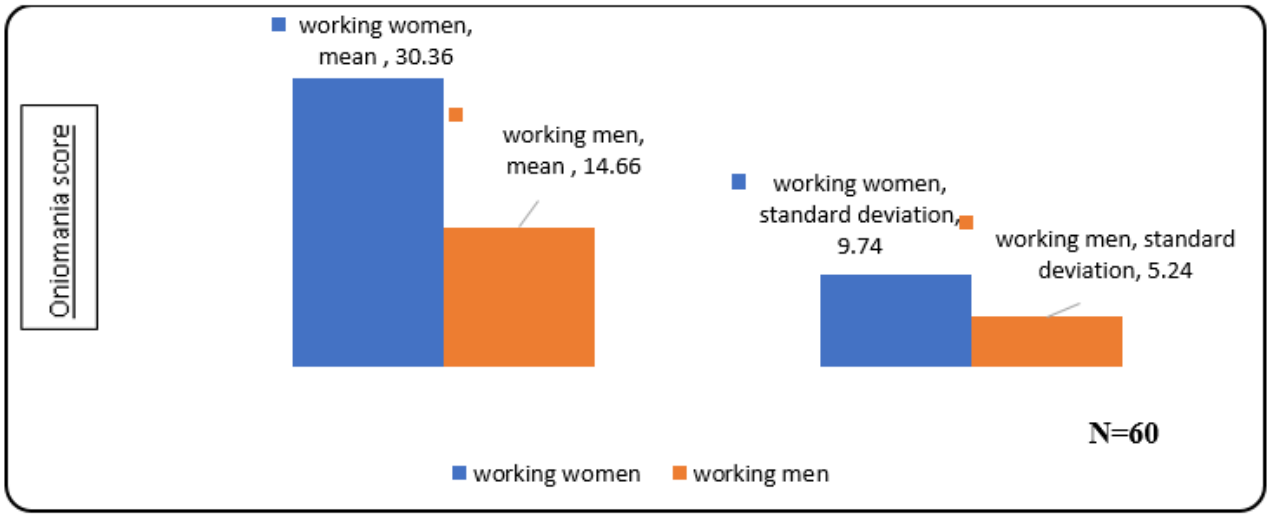

Fig- 3: Comparison of oniomania among working women and men.

Table- 4 Association of working women with their selected demographic variables.

Sr. No	Demographic Variables		Frequency (Women)	Oniomania		D.F	Table value	Chi-square	Significant >0.05%
				Moderate	Severe				
1.	Age	21-30	35	13	22	2	5.99	2.0	NS
		31-40	19	09	10				
		41-50	06	04	02				
2.	Marital status	Unmarried	30	13	17	2	5.99	0.52	NS
		Married	21	10	11				
		Divorced	09	03	06				
		Widowed	00	00	00				
		Separated	00	00	00				
3.	Religion	Hindu	49	19	30	3	7.82	6.31	NS
		Muslim	04	03	01				
		Christian	05	04	01				
		Others	02	00	02				
4.	Types of family	Living alone	00	00	00	1	3.84	0.23	NS
		Nuclear	27	11	16				
		Joint	33	15	18				
5.	Types of residence	Urban	35	12	23	1	3.84	2.80	NS
		Rural	25	14	11				
6.	Education	Graduation	23	04	19	2	5.99	10.47	S
		Post- graduation	28	16	12				
		Others	09	06	03				
7.	Occupation	Government	24	10	14	2	5.99	0.15	NS
		Semi-government	26	12	14				
		Private	10	04	06				
		Others	00	00	00				
8.	Monthly income	10,000-20,000Rs.	12	04	08	3	7.82	10.7	S
		20,001-30,000Rs.	18	13	05				
		30,001-40,000Rs.	14	04	10				
		Above 40,001Rs.	16	04	12				
9.	Monthly family income	20,000-30,000Rs.	13	06	07	3	7.82	1.08	NS
		30,001-40,000Rs.	19	09	10				
		40,001-50,000Rs.	10	05	05				
		Above 50,001Rs.	18	06	12				

S- Significant NS- Non Significant

Table 4 According to chi-square analysis, there was a correlation between education and monthly income in working women scores. The study came to the conclusion that there was a strong correlation on oniomania among working women and men demographic factors. Table 2 reveals that in working women (56.66%) of the entire sample had severe oniomania and (43.33%) had moderate oniomania. In men, oniomania level is (31.66%) had moderate oniomania and light oniomania levels (68.33%).

Table-5 Association of working men with their selected demographic variables

Sr. No.	Demographic Variables		Frequency (Men)	Oniomania		D.F	Table value	Chi-square	Significant >0.05%
				Mild	Moderate				
1.	Age	21-30	24	13	11	2	5.99	3.71	NS
		31-40	22	17	05				
		41-50	14	11	03				
2.	Marital status	Unmarried	25	16	09	3	7.82	4.60	NS
		Married	22	13	09				
		Divorced	11	10	01				
		Widowed	02	02	00				
		Separated	00	00	00				
3.	Religion	Hindu	45	30	15	3	7.82	0.46	NS
		Muslim	06	04	02				
		Christian	04	03	01				
		Others	05	04	01				
4.	Types of family	Living alone	00	00	00	1	3.84	0.82	NS
		Nuclear	29	12	18				
		Joint	31	16	15				
5.	Types of residence	Urban	33	18	15	1	3.84	0.24	NS
		Rural	27	13	14				
6.	Education	Graduation	27	17	10	2	5.99	2.48	NS
		Post- graduation	24	19	05				
		Others	09	06	03				
7.	Occupation	Government	21	10	11	2	5.99	6.41	NS
		Semi-government	20	16	04				
		Private	19	15	04				
		Others	00	00	00				
8.	Monthly income	10,000-20,000 Rs.	09	06	03	3	7.82	4.39	NS
		20,001-30,000 Rs.	20	17	03				
		30,001-40,000 Rs.	15	08	07				
		Above 40,001 Rs.	16	10	06				
9.	Monthly family income	20,000-30,000 Rs.	12	07	05	3	7.82	6.18	NS
		30,001-40,000 Rs.	22	12	10				
		40,001-50,000 Rs.	12	11	01				
		Above 50,001 Rs.	14	11	03				

NS- Non Significant

Table5. There was no consistent association on oniomania and the selected demographic variables such as age, marital status, religion, types of family, type of residence, education, occupation, monthly income, and monthly family income at the level of $p>0.05$. The above findings accept the null hypothesis.

4. DISCUSSION

The study aimed to compare the oniomania among working women and men. The study results show that oniomania is higher in women than men. Our study's findings are supported by Astrid Muller et al. 2021 titled "Associations of Buying-Shopping Disorder Symptoms with Identity Confusion, Materialism, and Socially Undesirable Personality Features in a Community Sample."Aged between 18 and 67, the participants were a convenience sample (N = 272, 72.4% women). Standard questionnaires for BSD, identity issues, materialism, and the dark triad of personality were used in the assessment.After adjusting for identity confusion/synthesis, the single dark triad features, and BSD symptoms as the dependent variable, a moderated regression analysis showed substantial main effects for materialism, female gender, and a significant "narcissism by materialism" impact[12]. Our findings are supported by a study by BasakUnubol et al. 2022 titled "The prevalence and psychological relevance of problem shopping: data from a large-scale sample from Turkey."Participants filled out a questionnaire that was part of the Shopping Addiction Risk Questionnaire (N=24,380, 50% men, M age=31.79 years, age range=18-81 years).According to the findings, 1.8% of the individuals may have had a shopping addiction.Positive correlations of problem buying included being female, being younger, experiencing mental distress, positive effect, negative effect, anxious attachment, and avoidant attachment.The findings of this extensive study with a large sample size indicate that shopping addiction is a common ailment in Turkey[13].Jose Manuel Otero-Lopez et alstudy .'s from 2021, "Big Five Personality Traits, Coping Strategies, and Compulsive Buying among Spanish University Students," lends credence to our study's conclusions.1093 individuals made up the sample, and they were divided into compulsive and non-compulsive buyers.The findings indicated that neuroticism and the use of coping mechanisms such as problem avoidance and wishful thinking, in addition to gender (particularly, being female), are risk factors that raise the likelihood of compulsive buying.Finally, based on the results, potential recommendations are made to help young adults who engage in compulsive shopping avoid it or successfully treat elderly and male populations [14]. The findings of our

study are supported by a study by Jose Manuel Otero-Lopez et al. (2021) titled "Life Aspirations, Generativity, and Compulsive Buying among University Students."The sample included 1093 university students from Spain.In addition to gender (women express a higher tendency to the phenomena), the findings of Student's test demonstrate that compulsive buyers score higher and exhibit statistically significant differences concerning non-compulsive purchasers in all extrinsic goals and hedonism.The logistic regression analysis confirms that genitivity and the weight placed on the intrinsic goals of self-acceptance and affiliation are protective factors against compulsive buying among university students, whereas being female and the life aspirations of image, popularity, and hedonism act as risk factors[15].A study on "The current state of college students' addiction to internet shopping and its coping mechanisms "The research by Jiahui Zhang, Zhiqiang Bai, et al. from 2019 supports our findings.This study looks at the likelihood and variation of 183 college students becoming addicted to internet shopping and suggests coping mechanisms from individual, family, school, and societal viewpoints.The findings indicated that 62.8% of college students had an online shopping addiction.The sub-dimensions of excessive consumption, decreased function, truncated reaction, and online shopping enjoyment showed substantial gender differences, with women scoring higher than men[16]. According to a study, "The descriptive study was conducted to determine the level of risk connected to oniomania among the women age group 18 to 35 young adult."The research by Divyani Vaidya, HarshaHiwarkar, et al. from 2019 supports the conclusions of our study.A non-experimental descriptive design was employed in this investigation of a sample size of 100.The percentage-wise distribution of women in the 18–35 age range about their demographic traits is covered in this section.From the study's overall population, which came from a few different regions, a practical sample of 100 people was taken.9% of the women between the ages of 18 and 35 had low, 35% average, and 56% high levels of oniomania-related risk[17]. A meta-analysis on "The prevalence of compulsive buying"The research of AnikoMaraz, Mark D. Griffiths, et al. (2016) supports the conclusions of our study.From 16 nations, 40 studies with 49 prevalence estimates were found (n = 32 000).Data from non-clinical trials were gathered by numerous independent observers, who then used a random effects model to analyze the mean age and gender proportions, geographic study area, and screening instrument used to assess CBB.Although estimates were higher among university students: 8.3% in adult non-representative samples: 12.3%, and in shopping-specific samples: 16.2%, the CBB pooled prevalence of adult representative studies was 4.9%.Increased inclination was linked to being young and female, but not location[18].An investigation on the "Online shopping addiction and compulsive purchase behavior among health science professors"The research of MandeepKaure et al. (2019), supports the conclusions of our investigation.The compulsive buying measurement scale and the Bergen shopping addiction scale were utilized in a quantitative, descriptive, cross-sectional survey to evaluate compulsive buying behavior and online shopping addiction among 200 conveniently chosen health science professors.Thirty-one percent (31.5%) of the teachers could not resist the sales, and forty-five percent made a purchase rather than saving money.Despite having debt, 21.5% of the instructors still went shopping.The results show that women (87.5%) had higher rates of shopaholism than men (12.5%)[19]. The findings of our study are supported by a study by GrzegorzAdamczyk (2021) on "compulsive and compensative buying among internet buyers."The research was based on a nationwide statistically representative sample of 1,000 Poles aged 15 and older. The survey was performed in 2019.About 3% of people report compulsive shopping, while 12% report compensatory buying.When the general public is divided into online and offline consumers, there are significant disparities between the two target markets; the proportion of compulsive and compensative consumers in the online consumer category is 3.6% and 16.9%, compared to 3.3% and 10.1% among non-online consumers.Female online buyers have very positive[20].

5. CONCLUSION

This study concluded that the oniomania among working women was higher than working men. The calculated chi square value was significant with education and monthly income, and other variables were insignificant.

6. AUTHORS CONTRIBUTION STATEMENT

ParmarJulibenNiranjankumar conceptualized, designed and gathered data. N Siva Subramanian analyzed these data, and inputs were given B. Mahalakshmi. Prakash. D discussed the methodology, and results and contributed to the final manuscript

7. ACKNOWLEDGEMENT

We thank President, Sankalchand Patel university for giving me an opportunity to conduct the research work

8. CONFLICT OF INTEREST

Conflict of interest declared none.

9. REFERENCES

1. Müller A, Loeber S, Söchtig J, TeWildt B, De Zwaan M. Risk for exercise dependence, eating disorder pathology, alcohol use disorder and addictive behaviors among clients of fitness centers. JBehavAddict. 2015a;4(4):273-80. (PMCFree article). doi: 10.1556/2006.4.2015.044, PMID 26690622, Google Scholar.
2. Lejoyeux M, Weinstein A. Compulsive buying. AmJ Drug Alcohol Abuse. 2010;36(5):248-53. doi: 10.3109/00952990.2010.493590, PMID 20560822, Google Scholar.
3. KonkolÿThege B, Woodin EM, Hodgins DC, Williams RJ. Natural course of behavioral addictions: a 5-year longitudinal study. BMC Psychiatry. 2015;15:4. (PMCFree article). doi: 10.1186/s12888-015-0383-3, PMID 25608605, Google Scholar.
4. Maraz A, Griffiths MD, Demetrovics Z. The prevalence of compulsive buying: a meta-analysis. Addiction. 2016;111(3):408-19. doi: 10.1111/add.13223, PMID 26517309, Google Scholar.
5. Basu B, Basu S, Basu J. Compulsive buying: an overlooked entity. J Indian MedAssoc. 2011;109(8):582-5. PMID 22315867, Google Scholar.

6. American Psychiatric Association. Diagnostic and statisticalmanual of mentaldisorders.5thed.Washington, DC: American Psychiatric Association; 2013. Google Scholar.
7. Potenza MN. Non-substance addictive behaviors in the context of DSM-5. AddictBehav. 2014;39(1):1-2. (PMCFree article). doi: 10.1016/j.addbeh.2013.09.004, PMID 24119712, Google Scholar.
8. Raab G, Elger CE, Neuner M, Weber B. A neurological study of compulsive buying behaviour. JConsum Policy. 2011;34(4):401-13. doi: 10.1007/s10603-011-9168-3, Google Scholar.
9. Clark L. Disordered gambling: the evolving concept of behavioral addiction. Ann NY AcadSci. 2014;1327:46-61. doi: 10.1111/nyas.12558. (PMCFree article). PMID [CrossRef]. Google Scholar.
10. Unger A, Papastamatelou J, YolbulanOkan E, Aytas S. How the economic situation moderates the influence of available money on compulsive buying of students - A comparative study between Turkey and Greece. JBehavAddict. 2014;3(3):173-81. (PMCFree article). doi: 10.1556/JBA.3.2014.018, PMID 25317341, Google Scholar.
11. FarzanaQuoquab2015. Compulsive buying: what isbehind the curtain?international journal of innovation and business strategy: Vol. 03.
12. Müller A, Claes L, Birlin A, Georgiadou E, Laskowski NM, Steins-Loeber S, et al.Associations of buying-shoppingdisordersymptoms with identityconfusion, materialism, and sociallyundesirablepersonalityfeatures in a communitysample. Eur Addict Res.2021;27(2):142-50. doi: 10.1159/000511078, PMID 33120395.
13. BasakUnubolet al.The prevalence and psychological relation of problems shopping: data from a large-scale sample from turkey. BMC Pschol. 2022Jan3;13:10(1):1. Otero-López JM, Santiago MJ, Castro MC. Big fivepersonalitytraits, copingstrategies and compulsivebuying in Spanishuniversitystudents. Int J Environ Res Public Health. 2021Jan19;18(2):821. doi: 10.3390/ijerph18020821, PMID 33477931.
14. 16. Otero-López JM. et al.Life aspirations, generativity and compulsivebuying in universitystudents. Int J Environ Res Public Health. 2021Jul29;18(15). doi: 10.3390/ijerph18158060, PMID 34360350:8060. ZhangJ, BaiZ, Wei J, Yang M, Fu G. The status quo of college students' online shopping addiction and its coping strategies.IntJ PsycholStud. May2019;11(2):88. doi: 10.5539/ijps.v11n2p88.
15. 17. VaidyaD, HarshaHiwarkaret al.To assess level of risk related to oniomania among women age group 18-35 young adult.Community PublicHealthNurs. 2019;4(2, may-Aug).
16. 19. Maraz A, Griffiths MD, Demetrovics Z.The prevalence of compulsive buying: a meta-analysis. Addiction. 2016Mar;111(3):408-19. doi: 10.1111/add.13223, PMID 26517309. MandeepKauret al.Compulsive buying behaviour and online shopping addiction among health science teachers. International. NursCare,January-June2019. 2019;7(1).
17. 20. GrzegorzAdamczyk Compulsive and compensative buying among online shopper: national library medicine,16 (60).