Validation Study of the Indonesian Internet Addiction Test among Adolescents

CURRENT STATUS: POSTED

Kristiana - Siste
Faculty of Medicine Univeristas Indonesia - dr. Cipto Mangunkusumo General Hospital

Christiany Suwartono
Universitas Katolik Indonesia Atma Jaya

Martina Wiwie Nasrun
Faculty of Medicine Universitas Indonesia -Hospital General de Agudos Dr Ignacio Pirovano

Saptawati Bardosono
Univeristas Indonesia

Rini Sekartini
Universitas Indonesia-dr. Cipto Mangunkusumo General Hospital

Jacub Pandelaki
Faculty of Medicine Univeristas Indonesia-dr. Cipto Mangunkusumo General Hospital

Riza Sarasvita
Indonesia National Narcotics Board

Belinda Julivia Murtani
Faculty of medicine Universitas Indonesia

Reza Damayanti
Faculty of Medicine Universitas Indonesia-dr. Cipto Mangunkusumo General Hospital

Tjhin Wiguna
Universitas Indonesia - Rumah Sakit Dr Cipto Mangunkusumo

twiga00@yahoo.comCorresponding Author
ORCiD: https://orcid.org/0000-0002-7524-5868

DOI: 10.21203/rs.2.18413/v1
SUBJECT AREAS
  Pediatrics

KEYWORDS
  Internet addiction, internet addiction test, psychometric, Indonesian, adolescents
Abstract
Background: Internet addiction is a serious problem that can negatively impact both the physical and mental health of individuals. The Internet Addiction Test (IAT) is the most common and worldwide used instrument to screen internet addiction. This study sought to investigate the psychometric properties of an Indonesian version of the IAT.

Methods: A total of 643 high school students participated in the study. The IAT questionnaire was made the focus of forward translation, expert panel discussions, back translation, a face validity study, a pilot study, and a psychometric properties evaluation. Factor structure was analysed by exploratory (EFA) and confirmatory factor (CFA) analyses, whereas reliability was measured with Cronbach’s alpha coefficient.

Results: The factor analysis revealed that a three-factor model of the Indonesian version of the IAT identified in the EFA displays better psychometric properties than a one-factor model of the same. The Cronbach’s alpha score is 0.855. A significant association was also observed between the level of internet addiction with gender (p = 0.027) and the duration of internet use per day (p = 0.001).

Conclusion: The Indonesian version of the IAT provides good validity and reliability in a three-dimensional model. Therefore, it can be utilised as a tool for screening internet addiction in the Indonesian population.

Background
The internet has become a necessity in everyday life and is immensely utilised in almost all aspects of people’s lives. There was a dramatic increase in the proportion of individuals using the internet from 0.9% in 2000 to 17.1% in 2014 [1]. Based on data from the Indonesia Internet Service Provider Association, the number of internet users in Indonesia has reached 143 million people, becoming the highest number of internet users in the South East Asia region [2]. Despite the benefits that the internet offers such as easy access to unlimited information, limitless communication, and entertainment, its excessive use can lead to addiction [3,4]. Internet addiction (IA) is defined as a pattern of excessive use of internet networks accompanied by poor self-control and constant obsessive thoughts of maladaptive internet use. The term ‘internet addiction’ was
agreed upon for use by psychiatrists given the similarities between its symptoms and symptoms of addiction caused by substances [5]. A previous study indicated that 6% of the world’s population or approximately 182 million people experience internet addiction [6]. Internet addiction can develop into a serious problem since it affects both the physical and mental health of individuals [3,4]. Thus, prompt diagnosis and immediate treatment should be effectively ensured.

Several instruments have been used for identifying internet addiction, the most common and widely used one being the Internet Addiction Test (IAT). The IAT was created by Kimberly Young in 1998 as an instrument to diagnose internet addiction [7,8]. It was developed from the pathological diagnosis criteria for gambling listed in the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV). This questionnaire consists of 20 questions in English regarding problematic behaviors that occur due to excessive internet use. It adopts a Likert scale from 0–5 with Cronbach’s alpha value 0.83–0.91 [7,8]. Scores obtained from the IAT are grouped into four categories: normal (0–30), mild IA (31–49), moderate IA (50–79), and severe IA (80–100). The IAT has been widely translated and validated by various countries and has proved to consist of good internal validation values [9–17]. The IAT has also been used in Indonesia; unfortunately, however, the questionnaire has only been translated into the Indonesian language and has not been examined for its psychometric properties. Thus, this study seeks to bridge this gap by assessing the reliability and validity of the Indonesian version of the IAT by analysing its factor structure.

**Methods**

**Participants**

This study was conducted at nine randomly selected schools from 39 secondary schools in Jakarta that extensively cooperated with the Department of Psychiatry, Cipto Mangunkusumo Hospital, Faculty of Medicine University of Indonesia. The schools consisted of junior high schools (JHS) and senior high schools (SHS) and were also varied in terms of being public, private, vocational, and religious schools. Cluster random sampling was used to select the representative of each group of schools to participate in this research. Various types of schools were used in this study to represent all possible student type diversities.
This study involved students aged 12–18 years old from several JHS and HS in Jakarta. The number of samples available for the IAT face validity study was 30 (15 JHS students and 15 SHS students). The pilot study of the IAT, however, used 385 subjects (145 JHS students and 240 SHS students) and 643 subjects (333 JHS students and 310 SHS students) for the psychometric evaluation study. All participants and their parents or legal guardians in this study have been informed the study protocol verbally and signed an informed consent form.

This study was approved by the Research Ethics Committee of the Faculty of Medicine of Universitas Indonesia - Cipto Mangkusumo Hospital, Jakarta, Indonesia.

**Instruments**

The instrument used in this study is the Internet Addiction Test (IAT) developed by Kimberly Young to assess the problems resulting from excessive internet use. The IAT is a self-report instrument consisting of 20 items and uses a five-point Likert scale. The total scores of IAT are subsequently categorised into four groups to determine the severity of internet addiction: normal (0—30), mild internet addiction (31—49), moderate internet addiction (50—79), and severe internet addiction (80—100) [7,8].

**Procedures**

The IAT was adopted by considering transcultural aspects. The process of this study was in accordance with the process from the guidelines of the World Health Organization (WHO) [18]. The adaptation steps commenced with forward translation, in which the instrument was translated from English into Indonesian by two independent translators whose mother tongue is Indonesian. The English version of the instrument was subsequently assessed by three experts, including an addiction psychiatrist, a child and adolescent psychiatrist, and an addiction psychologist in order to determine whether the translation results’ content is suitable for being adapted into local conditions. The result was then translated into English (back translation) by an independent translator whose mother tongue is English. It was ensured that the translator has not been exposed to the original questionnaire before. Following this, the result of the back translation was shared with the original questionnaire creator, Dr. Kimberly Young from Net Addiction, the Center of Internet Addiction, for
reviewing the contents of the questionnaire. The face validity study was then conducted on 15 JHS students and 15 SHS from seven selected schools through the focus group discussion method to determine the comprehensibility and efficiency of the instructions and terms used in the questionnaire. Experts’ judgment was requested later. Next, a pilot study was conducted from the instrument produced in the previous stage; in this, the instrument was distributed among 145 JHS students and 240 SHS students from eight selected schools. At this stage, the internal consistency value (the value of Cronbach’s alpha) was obtained from the IAT. Following this, psychometric properties’ evaluation was conducted with 643 students from nine selected schools in a field test. Exploratory Factor Analysis (EFA) and Confirmatory Factor Analysis (CFA) was also conducted to examine the factor structure and the appropriateness of the factors respectively. Additionally, we also posed questions regarding the initial stages of internet use, the duration of time spent using the internet every day, and the aims of using the internet. Thus, the relationship between the level of internet addiction that was determined by IAT scores and these factors can be determined as well.

**Statistical Analysis**

The validity of the IAT’s contents was calculated using the internal consistency value (Cronbach’s alpha) by utilising the Statistical Package for the Social Sciences (SPSS) version 22 for Windows software. Meanwhile, the EFA and CFA were assessed using Linear Structure Relations (Lisrel) version 8.8. In the study, CFA was conducted to confirm the suitability of the IAT’s factor structures obtained in the previous EFA. The suitability of the models was based on several parameters such as the p-value of the chi-square test > 0.05, Root Mean Square Error of Approximation (RMSEA) < 0.06, Comparative Fit Index (CFI) ≥ 0.9 and Standardised Root Mean Square Residual (SRMR) < 0.08 [19]. Chi-square analysis was also carried out using SPSS to identify the association between the addiction level and several factors such as age, gender, onset of internet use, and duration and aim of internet use. A significant association was determined as p-values 0.05.

**Results**

**Forward Translation, Expert Panel Discussion, and Back Translation**

After the IAT questionnaire was translated into Indonesian, it was reviewed by three experts in a
panel discussion. The terms “online” and “offline” that had been preserved in the English language by the translators were replaced with their parallel Indonesian counterparts. The term “depression,” however, was retained since it is a considerably well-known term among teenagers. The revised questionnaire from the expert panel discussion was translated back into English. The results of the backward translation were then shared with the original questionnaire creator, Dr. Kimberly Young from Net Addiction, the Center of Internet Addiction and approval was obtained.

**Face Validity Study**

A face validity study was conducted to gather the construct validity and reliability of the IAT questionnaire through a focus group discussion (FGD). A total of 30 students (15 JHS students and 15 SHS) participated in the study. Nine females and 21 males took part in the study with ages ranging from 12–18 years. The characteristics of the subjects are listed in Table 1.

All participants were asked to fill in the Indonesian version of the IAT that consisted of 20 items before the FGD. During the FGD, the students made some suggestions pertaining to the terms used in the questionnaire to make them more familiar to teenagers. Changes were made in several statements without altering their intended meaning. The students also did not know about the term “log in” because currently, electronic devices do not require to be logged into. The term “log in” was therefore changed to “online.” The term “online” was also considered for replacement with the term “playing internet” since being online does not necessarily indicate active internet use. The word “couple” is also not suitable for teenagers; therefore, it was replaced with “family,” “friends,” or “closest person.” The term “pasangan” (lit. couple) is also considered to imply a romantic relationship and therefore was replaced with “orang - orang terdekat” (lit. relatives). “Work productivity” is also not applicable to teenagers and was replaced with “academic achievement.”

The Pearson correlation test was carried out between each item with the total score to assess the validity of the IAT questionnaire. It was observed that all items were valid since the correlation between items was above 0.3 (ranging from 0.419 to 0.788). The questionnaire also exhibited very good reliability with an α-Cronbach value of 0.913.
Following the face validity study, the results were discussed by the three experts. The altered terms are listed in Table 2. Next, a consultation was held with Indonesian language experts from the Faculty of Literature, University of Indonesia. Minor modifications were made in some sentences in accordance with adolescents’ understanding level and in order to emphasise the idea better.

**Pilot Study**

In the pilot study, the assessment of IAT validity and reliability was conducted on 385 subjects (145 JHS and 240 HS students). The subjects in the field test were different from those involved in the focus group discussion. The ratio of male and female participants was 47.5%:52.5%. The field test revealed that most participants used the internet anywhere and by using a modem (54.8%). The majority surfed the internet for 4–8 hours per day (61%); however, 5.7% of the participants used the internet more than 8 hours per day. The aim of using the internet was mostly to play online games (81.8%). From 20 items in the IAT questionnaire, the corrected item-total correction test was conducted. It was revealed that the values for item-total correlations ranged from (0.206–0.577). Item number 7—“How often do you check your email before doing the other activities that you need to do?”—was found to have a correlation value of 0.206, thereby indicating poor reliability. Hence, the item was deleted. The internal correlation was retested and the result showed a good correlation (above 0.3) for each of the 19 questionnaire items. Values for the item-total correlations ranged from 0.316 to 0.576. Moreover, the internal reliability coefficient was 0.862.

**Psychometric Evaluation Study**

Following the pilot study, a total of 643 subjects (333 JHS students and 310 SHS students) participated in the field test for the psychometric evaluation study. The characteristics of the participants are described in Table 1.

An EFA was next performed in the 19-item IAT questionnaire. From the first EFA, item number 5—“How often do people in your life complain about the amount of time that you spend to play on the Internet?”—was found to have loading factors < 0.4, thereby indicating poor validity. This item was hence deleted.

Next, the second *EFA* for the 18-item IAT was conducted. It showed four factors or domains with
eigenvalues more than one and explained 52.557% of the total variance. The grouping of the factors was based on the highest loading factor within the particular domain with a minimal value of the loading factor equal to or more than 0.4. The results showed that each item has a satisfactory loading factor (> 0.4). However, domain 3 consisted of only two items and did not fulfill the minimum requirement of three items. Consequently, we performed a re-run of the analysis and specifically asked for three components.

Subsequently, the third EFA was run. Unlike the first and second EFA, eigenvalue was not used to determine the domain in the third EFA since the domains had been decided from the beginning by the determining extract factor. The third EFA revealed three domains and all items had a loading factor > 0.4. The factor loads related to the 18 items ranged from 0.449 to 0.850, thereby indicating that these questions were sufficiently qualified to be included in the test. The three domains, along with the factor loadings, are listed in Table 2. The three domains were named salience, neglect of duty, and loss of control.

Cronbach’s alpha coefficient was also calculated to measure the reliability of the instrument. The reliability of model 2, which consisted of three domains and 18 items, was analysed. Values for item-total correlations ranged from 0.317 to 0.574 with the internal consistency value of the Cronbach alpha coefficient being 0.855. The values of the reliability coefficient for each domain are listed in Table 3.

Two models were assessed in this study: the first model used the original version of IAT (one domain, 20 items) while the second model is in accordance with the EFA results (three domains, 18 items).

CFA’s first model resulted $\chi^2$ (df = 152, $p < 0.001$) = 488.05 and $\chi^2$/df = 3.21 with RMSEA = 0.059, CFI = 0.97, SRMR = 0.046, and AIC = 604.05. While the second model generated $\chi^2$ (df = 148, $p < 0.001$) = 700.63 and $\chi^2$/df = 4.73 with RMSEA = 0.076, CFI = 0.95, SRMR = 0.057, and AIC = 784.63 (Table 4). The results of each model were subsequently compared.

The first parameter that should be evaluated is the Akaike Information Criterion (AIC). The more efficient model has a lower AIC score [18] and, in this case, was the second model. Following this, other parameters were also compared and it was discovered that the second model exhibited a
higher value than the first model in all goodness of fit indices. Hence, the second model was the preferred model in this study. The results of the CFA of the second model are given in Figure 1.

This study also analysed the relationship between the extent of internet addiction, age, gender, and onset, duration, and aim of internet use. The level of internet addiction was determined through IAT scores (normal, mild, moderate, and severe addiction) [7]. The cut-off scores for categorising internet addiction were formulated in the 18-item Indonesian version of the IAT since it exhibited better psychometric properties than the 20-item one. We used the same method adopted by Karim et al. in Bangladesh (2014) [19] as a reference to categorise the Indonesian version of the IAT (Table 5).

For our data analysis, the internet addiction level was simplified into two categories: normal and mild addiction subjects grouped together and moderate internet addiction group. A severe addiction group was not included since none of the subjects exhibit severe addiction as per our study. A significant association was revealed between the extent of internet addiction and gender ($X^2(df) = 4.921(1), p = 0.027, OR = 1.669, CI = 1.081-2.577$) and duration of internet use per week ($X^2(df) = 5.094(1), p = 0.024, OR = 0.545, CI = 0.329-0.905$). Meanwhile, no significant association was observed between the extent of internet addiction and age, aim, and onset of internet use ($p > 0.05$).

**Discussion**

The primary objective of this study was to examine the psychometric properties of the Indonesian version of IAT. As a part of the validation process, translation and cultural adaptation were undertaken at the beginning to ensure that all items in the Indonesian version of the IAT questionnaire can be understood and effectively perceived by members of the Indonesian community. All inputs from experts and respondents were thoroughly considered, resulting in the final version of the Indonesian IAT that was further exposed to validity and reliability testing.

The first validity and reliability tests were performed in the pilot study. The test was conducted with 385 subjects. Item number 7, which pertained to how often the subject checks their email before doing other activities, was subsequently excluded due to its poor validity ($r < 0.3$); this was similar to the findings of a prior study in Spanish and can perhaps be explained by the fact that the subjects of the study are junior and senior high school students who rarely use their email accounts for daily
activities such as for academic purposes. Moreover, the behavior of checking email can be regarded as normal in the current era due to easier access to email by smartphones—a feature that was not available during the time of the original IAT questionnaire creation [12].

As per the EFA results, item number 5—pertaining to whether people in the subject’s life complain about the amount of time that the subject spends online—has a factor loading < 0.4. This result is in accordance with a study conducted in China that claimed that item number 5 has a low diagnostic accuracy value compared to the other items [20]. This could be due to some subjects continuing to browse the internet without the knowledge of the people surrounding them to avoid complaints or prohibition. The majority of respondents in this study live with their parents and utilise the internet connection available in the house. Interviews with several subjects’ parents revealed that they did not prohibit their children from using the internet in the house because they feel safer when the children stay within the house rather than when they play outside. Previous studies also revealed that deceptive behavior by adolescents depends on their parents’ attitude towards their playing behavior. A condemning attitude from parents tends to make children lie about their internet use [21].

Our EFA results suggested that the three-factor model of IAT with 18 items has a total variance of 46.392%. Hence, in CFA, we compared this three-factor model with the original version of IAT with a single factor of 20 original items of IAT. Our analysis revealed that three-dimensional IAT displays better psychometric properties than the one-factor model. Prior studies indicated that several IAT models are one-factor to six-factor models [8-17]. The variability of the models could be due to diversity in the subjects’ characteristics and cultural backgrounds [9,11,13]. However, the same results were also found in other populations; the three-factor solution model was found to be most suitable among Thai, British, Greek, and Iranian samples [9,17,22-23]. For our three-dimensional Indonesian IAT model, internal reliability was evaluated using Cronbach’s alpha. The internal consistency score was 0.855 and thereby indicated the high reliability of the questionnaire. Items within the salience domain in this study mostly covered items included in the withdrawal symptoms domain in the Thailand study [17]. The diversity in this domain can be attributed to the variations in respondent characteristics in the study. However, previous studies indicate a relationship
between salience and withdrawal. Internet addicts have salience symptoms with a pre-occupation with using the internet. Thus, if they stop browsing the internet, the withdrawal symptoms will occur within hours to days [21]. On the other hand, other studies have shown that the items belonged to different domains such as the psychological and emotional conflict domain and time management issue domain in Britain and the psychological and emotional conflict and neglected work domain in Greece. In Iran, the items in the salience domain were included in the emotional and mood disorder domain and the personal activities disorder domain [9,22]. The second domain in this study is neglect of duty. This result is in accordance with the findings of a previous study in which the items contained in the neglect of duty domain in the study were also included underperformance problems, neglecting work, and personal activities disorder [17,22,23]. Interestingly, this domain can also be combined with time management, relationship problems, and social problems [12-14,16,17]. The third domain in the study is loss of control and the items included in it belonged to the performance problems, relationship problems, and withdrawal symptoms domains in studies in other countries [16,17]. The link between the domains can be explained by the fact that individuals with internet addiction can also exhibit tolerance and withdrawal symptoms that result in uncontrolled internet use behavior and can eventually lead to the neglect of their work and damage interpersonal relationships [21,24-25].

The IAT scores were used to assess the severity of internet addiction. There are four levels of internet addiction based on the IAT scores: normal, mild, moderate, and severe addiction [7]. Previous neuroimaging studies have revealed that there is significant structural and functional alteration of the brain in moderate or severe internet addiction subjects with IAT scores \( \geq 50 \) [26,2]. Thus, in this study, we grouped the internet addiction level under two categories: IAT scores < 50 (normal and mild internet addiction) and IAT scores \( \geq 50 \) (moderate and severe internet addiction).

Additionally, in this study, we also found a significant association between the level of internet addiction and both gender and duration of daily internet use. The association found between the extent of internet addiction and gender was in accordance with the conclusion of previous studies. More men were reported in the internet addiction group [9,28,29]. However, in other studies, contrasting results were suggested [10,11,30,31]. The differences in the findings across the studies
might be due to the variability of the subjects’ characteristics in each study [9,11,13]. On the other hand, a significant association between IAT scores and the duration of daily internet use was revealed in this study; this complements previous research findings [9,11,16,28]. We found that 27.5% of the subjects with internet addiction used the internet for more than two hours per day, which exceeds the recommendations of the American Academy of Pediatrics (AAP) that defined two hours as the cut-off for excessive daily media use among children and adolescents [32]. Whether the longer duration of internet use causes the subject’s internet addiction or conversely, whether the subject’s internet addiction results in longer durations of internet use is still questionable. Thus, further studies are required to determine the causal point of this relationship.

The mean age of the subjects in this study is 14.5 (SD ± 1.67) years. No significant relationship between IAT scores and age was observed, and this is in accordance with prior studies [9,12,28]. The subjects were categorised based on age into early (11 – 16 years old) and late adolescence (17 – 25 years old) according to the Indonesian Ministry of Health classification [33]. A majority of our respondents belonged to the early adolescent group, thereby leading to an uneven distribution of subjects based on age groups. Hence, future research can be conducted with a more even number of participants for both age groups to gauge the efficiency of this aspect.

A majority of the respondents from the addiction group in the study used the internet for playing online games and using social media platforms (28.4% and 12.8% respectively). This trend was similar to a prior study in Finland, which reported that online gaming is the leading reason for subjects using the internet [10]. The study suggested that people will become more addictive towards an online activity that is challenging and interactive compared to other activities, which in this case can be represented by online games [34]. Furthermore, our study did not find any significant association between the total IAT scores and the aim of internet use, which was in contrast with previous research in Finland and Hong Kong [10,16].

The average age at which subjects in the study used the internet for the first time was 10 (SD ± 2.35) years. This was similar to the findings of studies in European countries that reported the onset of internet use at 8 years old [35]. Such early onset of internet use has been associated
with severe internet addiction [36]. Incongruent with previous findings, the total IAT score in our research did not indicate any significant association with the onset of internet use.

A limitation of this study is that the subjects all grew into adolescence in one city—Jakarta. As the capital city of Indonesia, populations in Jakarta can be considered as the best representative of all of the Indonesian population due to its diversity. In the long run it would be better if future research is conducted in other regions of Indonesia as well. Nevertheless, as per our preliminary investigations, this study is a novel study that investigated the psychometric properties of the Indonesian version of IAT.

Conclusion

In conclusion, the Indonesian version of the IAT demonstrated good validity and reliability in the three-dimensional model. The IAT can be used as a tool for screening internet addiction in the Indonesian population. A significant association between the level of internet addiction and gender and daily internet use duration was also revealed in the study.

Declarations

Ethics approval and consent to participate

Research Ethics Committee of the Faculty of Medicine of Universitas Indonesia - Cipto Mangkusumo Hospital, Jakarta, Indonesia (Reference Number: 318/UN2.F1/ETIK/2016).

Written informed consent was obtained from each of the study participants and their parents or legal guardians.

Consent for publication

Not applicable in this study.

Availability of Data and Materials

The data that support the findings of this study are available from the Faculty of Medicine, Universitas Indonesia but restrictions apply to the availability of these data, which were used under license for the current study, and so are not publicly available. Data are however available from the authors upon reasonable request and with permission of Faculty of Medicine, Universitas Indonesia.

Competing interests
The authors declare that they have no competing interests.

**Funding**

This study received financial support from DRPM Grant for TADOK (Grant for student's research). The funders had no role in the design, data collection, analysis, interpretation or write-up in this study.

**Author’s contributions**

K.S, M.W.N., S.B., R.Sekartini, J.P., R.Sarasvita and T.W. conceived and designed the analysis. K.S., C.S., M.W.N., S.B., and T.W. contributed data or analysis tools. K.S., C.S., M.W.N., S.B., R.Sekartini, J.P., R.Sarasvita, and T.W. performed the analysis. K.S., B.J.M. and R.D. collected the data. K.S., M.W.N., S.B., R.Sekartini, J.P., R.Sarasvita and T.W. helped supervise the project. K.S., C.S., M.W.N., S.B., R.Sekartini, J.P., R.Sarasvita, B.J.M., R.D., and T.W. wrote the paper. K.S. conceived the study and were in charge of overall direction and planning. All authors provided critical feedback, discussed the results and contributed to the final manuscript.

**Acknowledgements**

The authors would like to thank all of the participants in this study.

**Author information**

**Affiliations**

_Department of Psychiatry, Faculty of Medicine, Universitas Indonesia-Cipto Mangkusumo Hospital_

Kristiana Siste, Belinda Julivia Murtani, Reza Damayanti, Tjhin Wiguna

_Faculty of Psychology, Atma Jaya Catholic University of Indonesia_

Christiany Suwartono

_Department of Nutrition, Faculty of Medicine, Universitas Indonesia_

Saptawati Bardosono

_Department of Pediatrics, Faculty of Medicine, Universitas Indonesia-Cipto Mangkusumo Hospital_

Rini Sekartini

_Department of Radiology, Faculty of Medicine, Universitas Indonesia-Cipto Mangkusumo Hospital_

Jacub Pandelaki
Indonesia National Narcotics Board

Riza Sarasvita

Department of Psychology, Soegijapranata Catholic University

Riza Sarasvita

**Corresponding author**

Correspondence to Tjhin Wiguna

**Abbreviations**

AAP: American Academy of Pediatrics

AGFI: Adjusted Goodness of Fit Index

AIC: Akaike Information Criterion

CFA: Confirmatory Factor Analysis

CFI: Comparative Fit Index

df: Degree of Freedom

DSM-IV: The Diagnostic and Statistical Manual of Mental Disorders, 4th edition

EFA: Exploratory Factor Analysis

FGD: Focus Group Discussion

JHS: Junior High School

IA: Internet Addiction

IAT: Internet Addiction Test

NNFI: Non-Normed Fit Index

RMSEA: Root Mean Square Error of Approximation

SD: Standard Deviation

SEM: Standard Error of Measurement

SHS: Senior High School

SRMR: Standardised Root Mean Square Residual

SPSS: Statistical Package for the Social Sciences

WHO: World Health Organization
$X^2$: Chi-square

$X^2$: Chi-square divided by degrees of freedom

References

1. ITU. Percentage of individuals using the internet: un system data catalog [Internet].
   2015 Dec 22 [cited 2019 Jul 23]. Available from:
   https://undatacatalog.org/dataset/percentage-individuals-using-internet.

2. Survei APJII: penetrasi internet di Indonesia capai 143 juta jiwa [Internet].
   2018 Mar 22 [cited 2019 May 6]. Available from:
   https://apjii.or.id/content/read/104/348/BULETIN-APJII-EDISI-22---Maret-2018.

3. Valkenburg PM, Peter J. Online communication among adolescents: an integrated
   model of its attraction, opportunities, and risks. J Adolesc Health Off Publ Soc
   Adolesc Med. 2011 Feb;48(2):121–7.

4. Kuss DJ, van Rooij AJ, Shorter GW, Griffiths MD, van de Mheen D. Internet addiction in
   adolescents: prevalence and risk factors. Computers in Human Behavior.
   2013;29(5):1987–96.

5. Mak KK, Lai CM, Watanabe H, Kim DI, Bahar N, Ramos M, et al. Epidemiology of
   internet behaviors and addiction among adolescents in six asian countries.
   Cyberpsychology Behav Soc Netw. 2014;17(11):720–8.

6. Cheng C, Li A. Internet addiction prevalence and quality of (real) life: a meta-analysis
   of 31 nations across seven world regions. Cyberpsychol Behav Soc Netw.
   2014;17(12):755–60.

7. Young KS, Abreu CN. Internet addiction: a handbook and guide to evaluation and
   treatment. New Jersey: John Wiley & Sons; 2010.

8. Young KS. Internet addiction: The emergence of a new clinical disorder. Cyberpsychol
   Behav. 1998;1(3):237–44.
9. Widyanto L, McMurran M. The psychometric properties of the internet addiction test. Cyberpsychology Behav Impact Internet Multimed Virtual Real Behav Soc. 2004 Sep 1;7:443-50.

10. Korkeila J, Kaarlas S, Jääskeläinen M, Vahlberg T, Taïminen T. Attached to the web — harmful use of the internet and its correlates. Eur Psychiatry J Assoc Eur Psychiatr. 2010 May;25(4):236-41.

11. Khazaal Y, Billieux J, Thorens G, Khan R, Louati Y, Scarlatti E, et al. French validation of the internet addiction test. Cyberpsychology Behav Impact Internet Multimed Virtual Real Behav Soc. 2008 Dec;11(6):703-6.

12. Fernández-Villa T, Molina AJ, García-Martín M, Llorca J, Delgado-Rodríguez M, Martín V. Validation and psychometric analysis of the internet addiction test in spanish among college students. BMC Public Health. 2015 Sep 24;15:953.

13. Samaha AA, Fawaz M, Yahfoufi NE, Gebbawi M, Abdallah H, Baydoun SA, et al. Assessing the psychometric properties of the internet addiction test (IAT) among lebanese college students. Front Public Health. 2018; 6: 365.

14. Kaya F, Delen E, Young KS. Psychometric properties of the internet addiction test in turkish. J Behav Addict.2016 Mar;5(1):130-134.

15. Guan NC, Isa SM, Hashim AH, Pillai SK, Harbajan Singh MK. Validity of the malay version of the internet addiction test. Asia Pac J Public Health2015 Mar;27(2):NP2210-9. doi: 10.1177/1010539512447808.

16. Chang MK, Law SPM. Factor structure for young’s internet addiction test: a confirmatory study. Comput Hum Behav. 2008;24(6): 2597-2619. doi : 1016/j.chb.2008.03.001.

17. Neelapaijit A, Pinyopornpanish M, Simcharoen S, Kuntawong P, Wongpakaran N, Wongpakaran T. Psychometric properties of a thai version internet addiction test.
18. World Health Organization. WHO process of translation and adaptation of instruments [Internet]. 2019 [cited 2019 May 6]. Available from: https://www.who.int/substance_abuse/research_tools/translation/en/.

19. Hooper D, Coughlan J, & Mullen MR. Structural equation modelling: Guidelines for determining model fit. Electronic Journal of Business Research Methods. 2007 Nov;6(1): 53–60.

20. Ko CH, Yen JY, Chen SH, Wang PW, Chen CS, Yen CF. Evaluation of the diagnostic criteria of Internet gaming disorder in the DSM-5 among young adults in Taiwan. J Psychiatr Res. 2014 Jun;53:103-10. doi: 10.1016/j.jpsychires.2014.02.008.

21. Griffiths MD, van Rooij AJ, Kardefelt-Winther D, Starcevic V, Király O, Pallesen S, et al. Working towards an international consensus on criteria for assessing internet gaming disorder: a critical commentary on petry et al. (2014). Addict Abingdon Engl. 2016 Jan;111(1):167–75.

22. Tsimtsiou Z, Haidich A-B, Kokkali S, Dardavesis T, Young KS, Arvanitidou M. Greek version of the internet addiction test: a validation study. Psychiatr Q. 2014 Jun;85(2):187–95.

23. Mohammadsalehi N, Mohammadbeigi A, Jadidi R, Anbari Z, Ghaderi E, Akbari M. Psychometric properties of the persian language version of yang internet addiction questionnaire: an explanatory factor analysis. Int J High Risk Behav Addict 2015 Sep 26;4(3):e21560. doi: 10.5812/ijhrba.21560.

24. King DL, Delfabbro PH, Zwaans T, Kaptsis D. Clinical features and axis I comorbidity of australian adolescent pathological internet and video game users. Aust N Z J Psychiatry. 2013 Nov;47(11):1058-67. doi: 10.1177/0004867413491159.

25. Kuss DJ, Griffiths MD, Karila L, Billieux J. Internet addiction: a systematic review of
epidemiological research for the last decade. Curr Pharm Des. 2014;20(25):4026-52.

26. Sepede G, Tavino M, Santacroce R, Fiori F, Salerno R, Di Giannantonio M. Functional magnetic resonance imaging of internet addiction in young adults. World J Radiol. 2016 Feb 28; 8(2):210-25. doi: 4329/wjr.v8.i2.210.

27. Sharifat H, Rashid AA, Suppiah S. Systematic review of the utility of functional MRI to investigate internet addiction disorder: Recent updates on resting state and task-based fMRI. Malays J Med Sci. 2018;14(1):21-3.

28. Ha JH, Kim SY, Bae SC, Bae S, Kim H, Sim M, Lyoo IK, Cho SC. Depression and internet addiction in adolescents. 2007;40(6):424-30.

29. Tsai HF, Cheng SH, Yeh TL, Shih CC, Chen KC, Yang YC, Yang YK. The risk factors of internet addiction—a survey of university freshmen. Psychiatry Res.2009 May 30;167(3):294-9. doi: 10.1016/j.psychres.2008.01.015.

30. Ferraro G, Caci B, D’Amico A, Blasi MD. Internet Addiction Disorder: An Italian Study. Cyberpsychol Behav. 2007 Apr;10(2):170-5.

31. McCabe CJ, Thomas KJ, Brazier JE, Coleman P. Measuring the mental health status of a population: a comparison of the GHQ-12 and the SF-36 (MHI-5). Br J Psychiatry.1996 Oct;169(4):516-21.

32. Chassiakos YR, Radesky J, Christakis D, Moreno MA, Cross C. Children and adolescents and digital media. Pediatrics. 2016 Nov;138(5): e20162593.

33. Departemen Kesehatan Republik Indonesia. Kategori usia. Jakarta: Depkes RI; 2019.

34. Ngai SS. Exploring the validity of the internet addiction test for students in grades 5-9 in hong kong. Int J Adolesc Youth. 2007 Jan 1;13(3):221-37.

35. Ferrara P, Corsello G, Ianniello F, Sbordone A, Ehrich J, Giardino I, et al. Internet addiction: starting the debate on health and well-being of children overexposed to digital media. J Pediatr. 2017 Dec 1;191:28
Tables

Table 1. Characteristics of The Research Subjects

| Variable                                      | Face Validity Evaluation | Pilot Study Evaluation | Psychometric Properties Evaluation |
|-----------------------------------------------|--------------------------|------------------------|-----------------------------------|
|                                               | Frequency (%)            | Frequency (%)          | Frequency (%)                     |
| Gender                                        |                          |                        |                                   |
| Male                                          | 9 (30)                   | 183 (47.5)             | 298 (46.3)                        |
| Female                                        | 21 (70)                  | 202 (52.5)             | 345 (53.7)                        |
| Age                                           |                          |                        |                                   |
| Early adolescent (11-16 years old)            | 27 (90)                  | 329 (85.5)             | 561 (87.2)                        |
| Late adolescent (17-25 years old)             | 3 (10)                   | 56 (14.5)              | 82 (12.8)                         |
| Education                                     |                          |                        |                                   |
| Junior high school                            | 15 (50)                  | 145 (37.7)             | 318 (49.5)                        |
| Senior high school                            | 15 (50)                  | 240 (62.3)             | 325 (50.5)                        |
| Onset of internet use                         | N/A                      | 362 (94)               | 132 (20.5)                        |
| ≤ 8 years old                                 | N/A                      | 23 (6)                 | 511 (79.5)                        |
| > 8 years old                                 |                          |                        |                                   |
| Duration of internet use                      |                          |                        |                                   |
| ≤ 20 hours / week                             | 9 (30)                   | 83 (21.6)              | 212 (32.9)                        |
| > 20 hours / week                             | 21 (70)                  | 302 (78.4)             | 431 (66.9)                        |
| Aim of using internet                         |                          |                        |                                   |
| Education                                     | 7 (23.3)                 | 148 (23.0)             | 134 (20.8)                        |
| Entertainment                                 | 8 (26.7)                 | 124 (19.3)             | 56 (8.7)                          |
| Game online                                   | 7 (23.3)                 | 192 (29.8)             | 109 (17.0)                        |
| Social media                                  | 8 (26.7)                 | 176 (27.4)             | 343 (53.3)                        |
| Communication                                 | 0 (0)                    | 3 (0.5)                | 1 (0.2)                           |
| Internet addiction                            |                          |                        |                                   |
| Normal (IAT scores < 45)                      | 25 (83.3)                | 323 (83.9)             | 545 (84.8)                        |
| Addiction (IAT scores ≥ 45)                   | 5 (16.7)                 | 62 (16.1)              | 98 (15.2)                         |

Table 2. Results of Exploratory Factor Analysis
| Items | Items Description | Salience | Neglect of duty | Loss of control |
|-------|-------------------|-----------|-----------------|----------------|
| 3     | How often do you choose internet enjoyment over intimacy with your family, friends, or the person closest to you? | 0.644 | | |
| 11    | How often do you find yourself planning when you will play on the internet again? | 0.569 | | |
| 12    | How often do you fear that life without the internet would be boring, empty, and joyless? | 0.688 | | |
| 13    | How often do you get angry, yell, or act annoyed when someone disturbs you while you are playing on the internet? | 0.578 | | |
| 15    | How often do you continuously think about the internet while you are not playing on the internet or fantasize about playing on the internet? | 0.586 | | |
| 19    | How often do you choose to use more time to play on the internet over going out with other people? | 0.539 | | |
| 20    | How often do you feel depressed, unstable, or nervous when you are not playing on the internet and that disappears once you are back to playing on the internet? | 0.617 | | |
| 2     | How often do you neglect household chores to spend more time playing on the internet? | | 0.499 | |
| 6     | How often do your grades or school-work suffer due to the amount of time that you spend to play on the internet? | | 0.845 | |
| 8     | How often does your school performance or assignment suffer due to the internet? | | 0.850 | |
| 14    | How often do you not sleep due to playing on the internet all night long? | | 0.489 | |
| 17    | How often do you try to reduce the time you spend playing on the internet and then fail? | | 0.413 | |
| 1     | How often do you find that you play on the internet for longer than intended? | | 0.449 | |
| 4     | How often do you form new friendships with fellow people who play on the internet? | | 0.577 | |
| 9     | How often do you close yourself off or behave in a secretive manner when someone asks you what you do when playing on the internet? | | 0.676 | |
| 10    | How often do you cover disturbing thoughts with pleasant thoughts about the internet? | | 0.637 | |
| 16    | How often do you say “just a minute” when playing on the internet? | | 0.474 | |
| 18    | How often do you try to hide the amount of time you really spend playing on the internet? | | 0.552 | |

| Eigenvalues | Variance percentage | Reliability |
|-------------|---------------------|-------------|
| 5.412       | 30.069              | 0.761       |
| 1.708       | 9.487              | 0.691       |
| 1.231       | 6.836              | 0.686       |

Table 3. Reliability Coefficient of Each Domain
| Domain              | No. of Items | Alpha  | SEM   | Mean  | SD    | Corrected Item Total Correlations |
|---------------------|--------------|--------|-------|-------|-------|-----------------------------------|
| Salience            | 7            | 0.761  | 2.150 | 11.465| 4.399 | 0.418 - 0.570                    |
| Neglect of duty     | 5            | 0.691  | 1.944 | 9.073 | 3.498 | 0.369 - 0.541                    |
| Loss of control     | 6            | 0.686  | 7.054 | 12.589| 4.237 | 0.313 - 0.480                    |
| Total               | 18           | 0.855  | 3.870 | 33.127| 10.165| 0.317 - 0.574                    |

SEM = Standard Error of Measurement

| Model               | $x^2$   | df  | $x^2$/df | RMSEA | CFI  | AIC   | SRMR  | T  |
|---------------------|---------|------|----------|-------|------|-------|-------|----|
| Model 1 (20 items)  | 488.05  | 152  | 3.21     | 0.059 | 0.97 | 604.05| 0.046 | 0  |
| Model 2 (18 items, 3 domain) | 479.50  | 126  | 3.81     | 0.066 | 0.96 | 596.50| 0.048 | 0  |

$x^2 = Chi$-Square, df = Degree of Freedom, RMSEA = Root Mean Square Error of Approximation, CFI = Comparative Fit Index, AIC = Akaike Information Criterion, SRMR = Standardized Root Mean Square Residual, TLI = Non-Normed Fit Index (NNFI), and AGFI = Adjusted Goodness of Fit Index.

Table 4. Comparison of Goodness of Fit Indices in Two Models

Figures
Figure 1

CFA’s Result of Model 2