Binge Watching, Compensatory Health Beliefs and Academic Procrastination among University Students

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A correlational research study assessed the relationship between bingewatching, compensatory health beliefs and academic procrastination among university students. A purposive sample of 167 university students from different public and private universities of Lahore within the age range from 18-24 ($M_{age} = 21.11$, SD = 1.54) was assessed using Binge Watching Checklist (Walton-Pattison et al., 2016) adapted by Liaqat and Aziz (2018), Compensatory Health Beliefs Scale (Oberschmidt, 2017) and Academic Procrastination Scale (McCloskey & Scielzo, 2015). Data were analyzed by employing correlation and mediation analyses. The results revealed that binge-watching, compensatory health beliefs and academic procrastination are positively correlated. Further mediation analysis indicated that binge-watching and compensatory health beliefs predict academic procrastination while compensatory health beliefs act as a full mediator between binge-watching and academic procrastination among university students. Implications of the study will lend insight into the dynamics of binge-watching among university students and highlight that binge-watching by students hinder their academic productivity.

Keywords: Binge Watching, Compensatory Health Beliefs, Academic Procrastination.

The activity of watching television has evolved drastically over the past decade as watching television has become an utmost activity in people's life which demands time and commitment and in turn provides entertainment, pleasure and storytelling. The unregulated consumption of

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television has drawn attention towards a new form of addiction that is binge watching (Camart et al., 2018). The activity of binge-watching is a highly immersive behaviour that gives rapid satisfaction which may lead to a lack of self-control as the individual spends more time binge-watching episodes of their favourite show than they intended (Starosta & Izydorczyk, 2020). This study assessed this novel behavioural addiction of binge-watching concerning compensatory health beliefs and academic procrastination among university students.

Binge-watching is the phenomenon of watching more than two episodes of the same television series in a row and one sitting for an extended period (Camart et al., 2018). Due to advancements in technologies, preferences to watch a show or series depend upon mood modification involving escapism from negative mood (Govaert & Rangarajan, 2014) and gratification of viewers involving interpersonal factors such as a content choice like action or comedy (Moore, 2015). The recent advances in the learning theory (Bandura, 1997) suggested that binge-watching facilitates socialization role due to prolonged watching in one sitting, additionally, it inhibits work by spending much time watching television content (Walton-Pattison et al., 2016). Further, Oliver (1977, as cited in Merikivi et al., 2016)) stated in expectation confirmation theory that behaviour is motivated by the anticipation of positive outcomes related to that behaviour hence binge watching results due to favourable outcomes like entertainment. McQuail (2010) contended that for binge-watchers, watching multiple episodes is associated with satisfaction, need gratification, acquisition of knowledge, entertainment, escape, social interaction and identification with characters. However, over-gratifying and binging over media can lead to risky behaviour and within the range of risk perception lays the risk compensation. Therefore, binge-watchers develop compensatory health beliefs to counterbalance the negative outcomes of over-gratifying needs with alternative positive beliefs such as they are benefiting from watching television (Oberschmidt, 2017). Castro et al. (2021) implied that the activity of binge-watching is usually performed at the end of the day to achieve favourable consequences such as relaxation, escape from reality and relief from boredom. Consequently,

a high frequency of binge-watching is linked to poor health conditions such as fatigue, poor sleep quality and insomnia (Exelmans & Bulck, 2017).

Compensatory health beliefs are described as positive beliefs about an unhealthy behaviour developed to neutralize the negative effects of that behaviour. Holding compensatory health beliefs hinder people from acquiring healthy behaviours (Ogden, 2012). Ajzen's theory of planned behaviour (1991) posits that Binge watchers have a belief that bingewatching helps them to relax, gain knowledge and provides entertainment hence they develop positive beliefs that binge-watching is benefiting them in certain ways among peers. . On the other side, watching television excessively can have adverse effects on the health therefore by developing a positive belief that it is beneficial, a person intends to plan that behaviour (Thongworn & Sirisuk, 2018). As, perceived behavioural control, facilitates the performance and control of behaviour such as a binge watcher's belief that they may watch episodes the whole night while sleeping later. Moreover, Merrill and Rubenking (2019) found that activity of binge-watching is a sensation-seeking behaviour and adolescents are the most vulnerable population for this addiction as indicated by the number of researches, therefore, students lose track of their time while studying and thus engage in academic procrastination. Vaterlaus et al. (2019) reported that binge-watching by college students facilitates social connection among students while negatively impacting their physical activity and health. Gallagher (2019) illustrated that students' academic achievement is associated with their physical health. Compensatory health beliefs help students to feel good at the moment while they rationalize their harmful decisions, which in turn leads to negative consequences such as difficulties in academics.

Academic procrastination is the delay of academic tasks by students in conjunction with subjective discomfort with tasks (Ferrari et al., 2013). According to Steel (2007, as cited in Panda & Pandey, 2017) the motivation of an individual is a result of expectation, value, impulsivity and delay with respect to time. For instance, if there is a month left in final exams and a student has two choices i.e. studying or watching a favourite show. Therefore, first with a surplus amount of time watching episodes will be preferred as a result of impulsivity and immediate reward of

entertainment but as the time decreases, studying behaviour is motivated due to the immediate reward of a good grade. The expectancy-value theory explains that behaviour is performed according to gratifications sought for that behaviour. Expectancy of binge-watching provides immediate gratification and entertainment however evaluation of binge-watching has immediate positive effects on mood while academic activities are associated with negative mood for students. Hence, students choose a behaviour with high expectancy and value for positive effects on mood i.e. binge-watching their favourite show (Merrill & Rubenking, 2019). College students are motivated to spend more time binge-watching because of the various facilities it provides such as escape from reality, social interaction and gratification (Panda & Pandey, 2017). Gangadharbatla et al. (2019) reported that the consequences of binge-watching for college students involve physical and emotional consequences including falling grades and missing out on school or school work.

Rationale

Recent researches suggest that watching television is an emotional as well as cognitive act as the decision to watch a show or series depends upon the social situational factors, the content being broadcasted, similarly the viewer's motivation as well (Camart et al., 2018). A binge-watcher is much more likely to believe that a stressful day can be compensated by watching one's favourite series or show (Oberschmidt, 2017). These compensatory health beliefs cause students to have a feeling of immersion in the television content and they often lost track of time while bingewatching on streaming websites. The compensatory health beliefs are not productive rather they result in academic procrastination in the long run due to the undesirability or unpleasantness of academic tasks. Further, binge-watching is linked to compensating motives, where binge-watching is used to escape from reality and avoid any problems or undesirable emotions (Starosta & Izydorczyk, 2020). Similarly, the activity of bingewatching is a sensation-seeking behaviour while studying for students in which they lose track of their time and thus engage in academic procrastination (Merrill, 2018). Prinsen (2017) found that compensatory health beliefs concerning binge-watching have a mediating effect on daily activity and binge-watching. Binge-watching-associated compensatory health beliefs are inversely related to everyday activities and strongly associated with binge-watching recurrence. Although binge-watching has been explored in relation to compensatory health beliefs (Oberschmidt, 2017) and academic delay of gratification (Merrill & Rubenking, 2019). However, in Pakistan, binge-watching is not exclusively studied in relation to academic procrastination among university students which is further reinforced by compensatory health beliefs. As a result of the preceding discussion, this research aimed to investigate whether there is a relationship between binge-watching and academic procrastination and whether compensatory health beliefs act as a mediator between bingewatching and academic procrastination. As, binge-watching is a popular phenomenon among university students, hence, this study is needed to provide awareness regarding the antecedents and consequences of this behaviour. The current study is an initiative to cover this literature gap indigenously by assessing the relationship between binge-watching, compensatory health beliefs and academic procrastination in university students.

Objectives

- To investigate the relationship between binge-watching, compensatory health beliefs and academic procrastination among university students.
- To determine binge-watching and compensatory health beliefs as predictors of academic procrastination among university students.
- To determine the effect of compensatory health beliefs as the mediator between binge-watching and academic procrastination.

Hypotheses

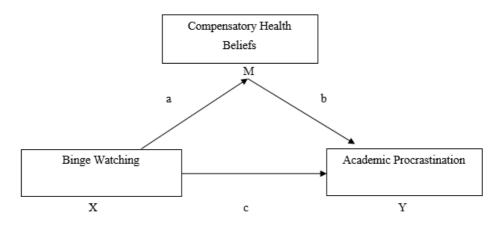
- Binge-watching, compensatory health beliefs and academic procrastination are likely to be positively correlated among university students.
- Binge-watching and compensatory health beliefs are likely to predict academic procrastination among university students.

• The effect of binge-watching on academic procrastination is mediated by compensatory health beliefs.

Based on an extensive literature review, the current study proposed the following model of mediation between variables which is shown in figure 1.

Figure 1

Proposed model of mediation showing compensatory health beliefs as the mediator between binge-watching and academic procrastination.



Note. The model proposed by the study shows that compensatory health beliefs yield academic procrastinating behaviour by binge-watching university students.

Method

Research Design

A correlational research design was employed to determine the relationship between binge-watching, compensatory health beliefs and academic procrastination among university students.

Sample

A sample of 200 students was determined by G-power analysis for the current study. Hence purposive sampling was employed and 200 students from different public and private universities in Lahore provided data. A sample of 200 participants was screened and the participants who had a higher score on binge watching scale (Liaqat and Aziz, 2018) were selected for the main study. Then the participants were further assessed on demographics, compensatory health beliefs and academic procrastination. The data of 30 participants were further discarded as their data sheets were incomplete. A sample of 167 students was retained (56 boys and 111 girls) within the age range of 18-24 ($M_{age} = 21.11$, SD = 1.54). The participants who had any physical and mental disability (assessed through demographic sheet) were excluded. The demographic characteristics of the participants are given in table 1.

Table 1

Age Gender	21.11	1.54		
Gender				
Males			56	33.5
Females			111	66.5
Education				
BS (Hons)			125	74.9
B.Sc.			17	10.2
M.Sc.			14	8.4
MS			11	6.6
Close friends				
1-10			147	88
11-20			20	12
Time spent with close				
friends			96	57.5
0-5			56	33.5
6-10			15	9
11-20				
Frequency of watching				
Very Often			49	29.3
Often			70	41.9
Neutral			48	28.7

Demographic	Charact	eristics	of Sam	ple (N	(=167)
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Hours spent watching

8		
1-2	66	39.5
2-3	50	29.9
3-4	27	16.2
4-5	24	14.4

Note. N = Number of Participants, M = Mean, SD = Standard Deviation, f = Frequency, % = Percentage.

Measures

Demographic Information Sheet. It contained information regarding participant's age, gender, institution, education, religion, birth order, siblings, marital status, number of children, socioeconomic status, family system, number of family members, relationship with parents, relationship with siblings, number of close friends, time spent with close friends, activities in leisure time, frequency of watching, hours spent watching and whether they have any physical and mental disability or not.

Semi-structured Binge Watching Checklist. Binge-watching was measured by using semi structured, self-reported questions adapted by Liaqat and Aziz (2018) which was originally developed by Wallton-Pattison et al. (2016). The questions assessed the frequency in per day (more than 2 hours and 2 to 6 episodes) per week (at least one day) and content of watching (genres i.e. action, adventure, western, biography, animation, game shows, history, musical, comedy, fantasy and romance), and when, and with whom they usually binge-watch. In this study higher rating on item number 1, 2, 3, 4 and 5 indicated higher binge-watching behavior while the rest of the items were measured categorically. The scale has fair reliability for current study ($\alpha = 0.66$).

Compensatory Health Beliefs Scale. Compensatory health beliefs were measured by self-report questionnaire (Oberschmidt, 2017). It has eight items which assess the compensatory health beliefs associated with binge watching such as multiple episodes can be watched if you work hard that day. Items are scored on five point Likert type scale where 1 is

indicated as (not at all), 2 as (a little), 3 as (somewhat), 4 as (quite a bit) and 5 as (very much). All the eight questions has a high reliability ($\alpha = 0.83$). Total scores of the items range from 8 to 40. The total score of items ranging from 8-24 indicated less value of compensatory health beliefs by binge watching students while total score of items ranging from 25-40 showed high value of compensatory health beliefs by binge watching students. The scale has fair reliability for current study ($\alpha = 0.69$).

Academic Procrastination Scale. Procrastinating behavior associated with binge watching students was measured by employing Academic Procrastination Scale (McCloskey & Scielzo, 2015). It constitutes of 25 items and has a strong reliability ($\alpha = .94$). The scale assess the routines and habits of students in order to measure their procrastinating behavior in academic settings. Five point Likert type scale is used for scoring items where 1 is indicated as disagree and 5 is indicated as agree. Item number 1, 8, 12, 14 and 25 are reversely scored. Total score of the scale ranges from 25 to 125 with a mean score of 72. The total score of items ranging from 25-75 indicated low procrastinating behavior by students whereas total score of items ranging from 76-125 indicated high procrastinating behavior by students. The scale has good reliability for current study ($\alpha = 0.88$).

Procedure

The study was initiated by taking institutional permission for conducting the research. Then the permission to use the original version of the scales was taken from the authors via e-mail. A sample of 200 participants was approached from Higher Education Commission recognized public and private sector institutes in Lahore such as Kinnaird College for Women, University of the Punjab, Government College University, COMSATS University, Lahore College for Woman University, University of Central Punjab, University of Management and Technology and Lahore University of Management Sciences. The institutional approval to conduct research on students was taken from the heads of the institutes of respective public and private universities. Initially, the pilot study was conducted on a sample of 20 participants to assess the measure's language comprehension, participant's willingness to participate in the study and time taken by the students to complete questionnaire. It took 15 minutes approximately to fill the questionnaire and the participants indicated good language comprehension and feasibility about scales. The participants were acknowledged for their participation in the study. The pilot study data was further added in the main study. For the conduction of the main study, the participants were informed about the aims and objectives of the current study and their consent to participate in the study was taken. Participants were also informed about their willingness to participate in the research and their right to withdraw from the research at any time if they think that their confidentiality is being breached was instructed to them. Furthermore the participants were informed that their confidentiality will be maintained and their identity will not reveal. Confidentiality regarding the information of the participants was guaranteed by recording the data in the form of codes in the SPSS (Statistical Package for Social Sciences).

Results

In order to test hypotheses, data was analyzed using Statistical Package for Social Sciences-version 20 (SPSS-20). It comprised of descriptive and inferential statistics. Descriptive statistics was run for demographic characteristics of variables. Frequencies and percentages of binge watching scale was also computed. Further Pearson Product Moment Correlation and Mediation Analysis was run to analyze the data.

Table 2

Psychometric Properties of Binge Watching Checklist, Compensatory Health Beliefs Scale, Academic Procrastination Scale (N = 167)

Variables	k	Range	Cronbach 's α	Skewness	Kurtosis
1. BWC	5	5-25	.66	3.02	.30

2. CHBS	8	8-40	.69	.74	41
3. APS	25	25-125	.88	05	51

Note. k = no. of items, M = Mean, SD = Standard deviation, BWC = Binge Watching Checklist, CHBS = Compensatory Health Beliefs Scale, APS = Academic Procrastination Scale

Results in table 2 shows Cronbach's alpha of Binge Watching Checklist ($\alpha = 0.66$) and Compensatory Health Beliefs Scale ($\alpha = 0.69$) which indicated a moderate internal consistency. Whereas, Academic Procrastination Scale ($\alpha = 0.88$) showed a high reliability. Data was normally distributed as the skewness and kurtosis values of the three scales were with the acceptable range of ±1.96 (Gravetter & Wallnau, 2009).

Table 3

Pearson Product Moment Correlation (r) Showing Relationship between Binge Watching, Compensatory Health Beliefs and Academic Procrastination (N = 167)

	1	2	3	4	М	SD
1. Age	_	01	21**	30**	21.11	1.54
2. BW		-	.28**	.20**	12.11	3.90
3. CHB			-	.24**	23.14	5.87
4. AP				-	81.52	15.88

Note. BW = Binge Watching, CHB = Compensatory Health Beliefs, AP = Academic Procrastination, M = Mean, SD = Standard Deviation

$$* = p < .05, ** = p < .01, *** = p < .001$$

Results in table 3 shows Pearson Product Moment Correlation analysis which assessed the relation between the age, binge watching, compensatory health beliefs and academic procrastination among university students. The results revealed that age has a significant negative relationship with compensatory health beliefs and a significant negative relationship with academic procrastination which implies that older university students were less likely to have compensatory health beliefs regarding binge watching similarly they involved less in academic procrastination. Binge watching has a significant positive relationship with compensatory health beliefs which depicts that binge watching university students were more likely to develop compensatory health beliefs. Furthermore, binge watching has a significant positive relationship with academic procrastination. Moreover, compensatory health beliefs have a significant positive relationship with academic procrastination which suggests that university students holding compensatory health beliefs involved more in academic procrastination.

Table 4

Mediation Analysis Showing Compensatory Health Beliefs as Mediator between Binge Watching and Academic Procrastination (N = 167)

Predictors	Constant	R	R^2	ΔR^2	β	t
Model 1						
Binge	71.74	.20	.04	.03	$.20^{**}$	2.60
watching						
Model 2						
Binge	71.74	.20	.04	.03	.14	1.81
watching						
Compensatory	61.78	.28	.08	.07	$.20^{**}$	2.61
health beliefs						

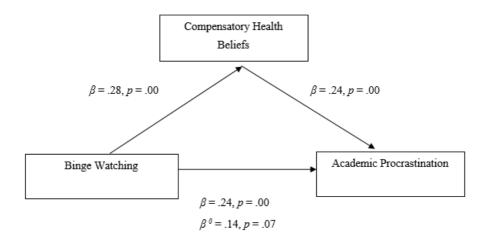
Note. ΔR^2 = adjusted; R^2 (explained variance); β = standardized coefficient ** p > .01; *** p > .001 Barron and Kenny (1986, as cited in Howell, 2010) model of mediation was used to test whether compensatory health beliefs will mediate the relationship between binge watching and academic procrastination. In order to find the mediation effect, following four conditions were met in accordance to the model: (a) the dependent variable (academic procrastination) and predictor variable (binge watching) was correlated, (b) the predictor variable (binge watching) and mediator (compensatory health beliefs) was correlated, (c) the dependent variable (academic procrastination) and mediator (compensatory health beliefs) was correlated, (d) when the mediator is statistically controlled, the significant relationship between predictor and outcome variable was reduced. Mediation analysis was conducted for academic procrastination as it has a significant positive correlation with binge watching and compensatory health beliefs and four independent linear regression analysis were run for mediation.

In the first linear regression analysis, binge watching and academic procrastination was taken as predictor and outcome variable which showed that binge watching significantly predicts academic procrastination positively ($\beta = .20, p = .01$). In second linear regression, binge watching and compensatory health beliefs was taken as predictor and outcome variable which showed that binge watching significantly predicts compensatory health beliefs positively ($\beta = .28$, p = .00). In third linear regression, compensatory health beliefs and academic procrastination was taken as predictor and outcome variable which showed that compensatory health beliefs significantly predicts academic procrastination positively (β = .24, p = .00). According to Barron and Kenny's (1986) statistical model of mediation, if predictor (binge watching) does not have significant effect on outcome variable (academic procrastination) when mediator is controlled i.e. compensatory health beliefs. Therefore, it suggests compensatory health beliefs act as a mediator between binge watching and academic procrastination so in order to determine this fourth hierarchical stepwise regression was run. In model 1, academic procrastination was taken as dependent variable and binge watching was entered as independent variable. In model 2, academic procrastination remained same as dependent variable and compensatory health beliefs was taken as

independent variable. The results of model 1 revealed that binge watching significantly predicts academic procrastination positively ($\beta = .20, p = .01$). While the results of model 2 revealed that significance of binge watching as a predictor of academic procrastination was reduced when mediator (compensatory health beliefs) was controlled ($\beta = .14, p = .07$). Thus it demonstrates that compensatory health beliefs fully mediates the relation between binge watching and academic procrastination.

Figure 2

Emerged Model Sowing Compensatory Health Beliefs as Mediator between Binge Watching and Academic Procrastination



Note. Summarizing the results of mediation analysis based on Baron and Kenny's statistical model of mediation (1986). The lines with single arrow represent linear regression; β = standardized regression coefficients of predictor before controlling mediator; β 0 = standardized regression coefficients of predictor after controlling mediator i.e compensatory health beliefs.

Discussion

The study analyzed the demographic statistics of the participants which showed that binge watching has a higher frequency in students of age ranging from 21 - 22 years while the frequency decreases as the age increases above 22 years. Therefore the findings of this study indicated

that binge watching is negatively correlated with age of the university students. Devasagayam (2014) reported that age has a strong correlation with binge watching as college students more likely involve in this kind of behavior as compared to the older adults. Moreover the demographic statistics showed that students who have no or less friends are more likely to indulge in binge watching behavior as they spend less time with friends and seek media for entertainment (Synder, 2016).

Further the findings indicated that there is a significant positive relationship between binge watching and compensatory health beliefs. Walton-Pattison et al. (2016) described that binge watching is characterized by automaticity, anticipated regret and goal conflict. In order to avoid regret and facilitate goal of binge watching, watchers develop compensatory health beliefs as to neutralize the negative effects of binge watching behavior (Prinsen, 2017). Moreover the correlation analysis revealed that age is negatively correlated with compensatory health beliefs which elucidated that as the age increases binge watching behavior by students decreases meanwhile the value of compensatory health beliefs also lessen. Sleigh and Westmoreland (2014) reported that older participants have lower compensatory health beliefs as compared to the younger participants as by the increasing age they gain more knowledge about the harmful effects of engaging in an unhealthy behavior such as binge watching as demonstrated by the current study.

The results of this study indicated that there is a significant positive relationship between academic procrastination and compensatory health beliefs. Merrill and Rubenking (2019) reported that self-control has a negative correlation with procrastinating behavior which depicted that people who binge watch have less self-control therefore they develop compensatory health beliefs which yield to academic procrastination. Further the current study indicated that compensatory health beliefs fully mediate the relationship between binge watching and academic procrastination.

Furthermore the results indicated that there is a significant positive relationship between binge watching and academic procrastination. Damratoski et al. (2011) explored that students who have higher frequency of binge watching did not engage in campus activities and they relatively

have less Grade Point Average. In addition findings revealed that age has a significant negative weak relationship with academic procrastination which explained that as the age increases binge watching behavior by the students contrariwise decreases meanwhile their academic procrastination also decreases. Similarly, Vaterlaus et al. (2019) described that college environment promotes binge watching which according to the findings, adversely affects their physical and emotional wellbeing. Further it was found out that binge watching among college students affects the socialization as in some cases it was observed that socialization increased while in rare cases it lead to isolation as well.

Additionally, the current study indicated binge watching as predictor of academic procrastination. Gangadharbatla et al. (2019) reported that cognitive and psychosocial implications of binge-watching include additional factors such as declining academic grades, missing school, and school related work. Further, Sarfraz et al. (2019) highlighted the impact of binge watching upon depressive symptoms and adverse academic performance. Academic achievement is influenced by a variety of factors involving class participation, time spent studying as well as majorly upon academic motivation (Dollinger, et.al. 2008). Further student's age have a significant effect on their academic procrastination as the students below the age of 20 years tend to procrastinate more (Khan et al., 2014). In addition, college students tend to procrastinate more as compared to university students due to the higher competition at higher level of academics which demand more concentration and hard work by students to achieve their career goals.

The findings also lend credence that compensatory health beleiefs predict academic procrastination. Hanefeld (2020) determined that academic achievement and self-control are positively correlated meanwhile self-control act as a mediator between hours spent binge watching and academic efficacy suggesting that poor self-control will lead to watching more episodes and more hours spent in watching leading to poor academic efficacy.

Lastly, the study determined that the effect of binge watching on academic procrastination is fully mediated by compensatory health beleifs. Prinsen (2017) demonstrated that there is a mediating effect of

compensatory health beliefs related to binge watching on physical activity and binge watching. Compensatory health beliefs for binge-watching are negatively correlated to daily activities and significantly related to the frequency of binge watching. This was supported by a previous study that found that students who binge-watched for longer periods of time spent less time than expected on regular physical activity (Riddle et al., 2017). Chaudhary (2014) reported that binge watching is frequently described by college students as a recompense for completing some form of work, such as writing a paper or completing an assignemt.Correspondingly, student's age, media consumption habits, and beliefs all have substantial positive associations with binge watching motivation. As the motives behind binge watching is driven by beleifs and connections regarding binge watching (Khan & Manzoor, 2013).

Limitations and Strengths

Limitations of the study involved that binge watching is a recently evolved phenomenon therefore it has no specific definition and only employs watching television shows. Wallton-Pattison et al. (2016) previously noted that there is a lack of consistency in what constitutes a television binge watching. However, people also binge watch on other content such as video-logs and reviews available on YouTube and other social media networks. There is a need for development of proper binge watch measuring tool while the scale used in this study only employs duration for watching television shows. Another limitation of the study was that participants were eager to claim that they binge watch, but they did not meet the screening criterion for binge watching, implying that the responses may have been overstated, resulting in some data being discarded.

Moreover the current research elucidated the dynamics of binge watching, development of compensatory health beliefs and academic procrastination among the university students in the cultural context of Pakistan. It measured the binge watching duration and frequency both, in order to ensure the consistency of binge watching among the university students. Further it potentially explained the age differences among binge watching students, their development of compensatory health beliefs and academic procrastination respectively. Results of the study are highly generable as the students were selected from numerous private and government universities.

Implications

Implications of the study lend more insight into the dynamics of binge watching behavior among university students and creates awareness that binge watching hinders their academic productivity. Additionally, the findings of current study help to understand the mediating role of compensatory health beliefs between binge watching and their academic procrastinating behavior. It suggest students to decrease the frequency of binge watching as to increase their academic success. Campus counsellors can more thoroughly understand the obstacles faced by students in order to correct student's problematic behaviors. Furthermore, the definition of binge watching used in current study (i.e. watching multiple episodes of same television show in same sitting for 2 hours or more) can be employed in future studies to explain this recreational activity by students. For future research, comparative study between procrastinating binge watchers and non-procrastinating binge watchers can be conducted. Further studies can be conducted to see the vulnerable age exposed to binge watching behavior. Moreover personality factors can be explored for binge watching and procrastinating behaviors.

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