

# Social Media Usage and Psychological Wellbeing among Indian Youth

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## Abstract

A study was conducted to determine a possible relation between social media usage and various aspects of psychological wellbeing (anxiety, depressive mood, self-control, positive wellbeing, general health). The sample consisted of 50 Indian college students between 18-21 years of age. The study was conducted to examine possible relations between each aspect and social media usage. The Psychological General Well-being Index (PGWB-S) and an Android application called 'Rescuetime' were used for data collection. Karl Pearson's Correlation Coefficient ( $r$ ) was used for the analysis. The results showed significant negative correlations between self-control-social media usage and positive wellbeing-social media usage; non-significant negative correlations were found between social media usage paired with the other affective states.

**Keywords:** Social media - anxiety - depressive mood - general health - vitality - positive wellbeing - self-control - correlation

## Abstrait

*Une étude a été menée pour déterminer une relation possible entre l'utilisation des médias sociaux et divers aspects du bien-être psychologique (anxiété, humeur dépressive, maîtrise de soi, bien-être positif, santé générale). L'échantillon comprenait 50 étudiants indiens âgés de 18 à 21 ans. L'étude a été menée pour examiner les relations possibles entre chaque aspect et l'utilisation des médias sociaux. L'Index général de bien-être psychologique (PGWB-S) et une application Android appelée «Rescuetime» ont été utilisés pour la collecte de données. Le coefficient de corrélation de Karl Pearson ( $r$ ) a été utilisé pour l'analyse. Les résultats ont montré des corrélations négatives significatives entre la maîtrise de soi - l'utilisation des médias sociaux et le bien-être positif - l'utilisation des médias sociaux; corrélations négatives non significatives ont été trouvées entre l'utilisation des médias sociaux jumelés avec les autres états affectifs.*

**Mots clés:** Médias sociaux - anxiété - humeur dépressive - santé générale - vitalité - bien-être positif - maîtrise de soi - corrélation

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## Declaration of conflicting interests

None

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## BACKGROUND

Social Media continues to spread in the widely untapped Indian market; with 4G services, free internet services being proposed by Facebook (Reisinger, 2015) and Google looking to expand Project Loon (Agarwal, 2015) across rural India, the scene seems to

be set for increased Indian presence across the Internet. The country already has 996.66 million (TRAI, 2015) mobile phone users and this coupled with connectivity could very well pave the way for more social media activity in the region, especially on well-established mobile applications such as Whatsapp and

Facebook, which have 70 million and 101.5 million users from the subcontinent already. With the Indian market already growing digitally, attention should be turned to other factors that have been shown to be a considerable risk associated with such usage. Previous studies have shown links between heavy media use and mental health problems (Primack, Swanier, Georgiopoulos, Land, & Fine, 2009), although this might be dependent on the personality of the user, among other characteristics (LaRose, Eastin, & Gregg, 2001). Cases of cybercrime have also increased in India—7268 computer related offences were registered in 2014 (National Crime Records Bureau, 2014), as compared to 2876 cases in 2013 (National Crime Records Bureau, 2013). The depreciatory effects of cyberbullying, a form of cybercrime on mental health, are already known (Hinduja & Patchin, 2014).

More recent studies have also demonstrated that media users are more distractible (Brooks, 2015); furthermore, such distractibility perhaps perpetuates psychological variables such as anxiety (Bar-Haim, Lamy, Pergamin, Bakermans-Kranenburg, & van Ijzendoorn, 2007) and depression (Gotlib, Karsnoperova, Yue, & Joormann, 2004). With such evidence that ties social media usage with poor mental health, steep growth in internet use becomes a cause for concern, especially if a possible reluctance to discuss mental issues or consult a mental health professional may exist beforehand. Although celebrities have opened up about their mental health issues (Siddiqui, 2015), the widespread notion is often that mental health problems are ‘not real’ and that one should just ‘get over it’. Instances of depression have already seen a sharp increase in urban populations since 2013 (Shahi, 2013) as have instances of anxiety (Bhattacharya, 2013). There were 1,33,623 suicides in the year 2015 in India

Table 1.1: Domains and interpretation of scores

Group	Low Score	High Score
Anxiety	extremely bothered by nervousness, very tense, anxious, worried, upset; felt under heavy pressure	not bothered by nerves; low tension; not anxious; relaxed; little or no stress or strain
Depressed mood	intensely or often felt depressed; downhearted and blue; hopeless	never or rarely felt depressed; downhearted and blue; or hopeless
Positive well-being	low spirits; unhappy; never or seldom felt life interesting or cheerful	in excellent spirits; happy with life; daily life interesting; felt cheerful
Self-control	very concerned or disturbed about losing self-control; seldom felt emotionally stable	in definite control of behavior, thoughts, emotions and feelings; emotionally stable
General health	often bothered by illness, bodily disorders; needed help in caring for self; worried or fearful about health	rarely if ever bothered by illness; healthy enough to do things; not fearful or worried about health
Vitality	low in energy; seldom waking fresh; rested; dull, sluggish; tired, worn-out	full of energy, pep; waking fresh, rested; felt active, vigorous; never felt tired or worn-out

(National Crime Records Bureau, 2015), with depression being suggested as a major cause (IANS, 2015).

It hence becomes imperative to have a more detailed insight into these phenomena, to investigate whether these factors correlate and more importantly if they hold true among youth populations. Demographic studies for India published by the

Table 1.2: Key statistics (Anxiety, Depressed Mood)

Affective state	$\bar{x}$	SD	r	p
Anxiety	16.32	4.01	-0.1773	NS
Depressed mood	11.82	2.53	-0.2601	NS

United Nations Population Fund (UNFPA) show that the country is home to the highest youth population in the world, with 356 million citizens (UNFPA report, 2014) within 10-24 years of age, and the risks associated with social media usage must be considered prioritizing this age group.

**HYPOTHESES**

**Null hypotheses**

- There is no relationship between social media usage and anxiety among Indian youth.
- There is no relationship between social media usage and depressive mood among Indian youth.
- There is no relationship between social media usage and positive wellbeing among Indian youth.
- There is no relationship between social media usage and self-control among Indian youth.
- There is no relationship between social media usage and general health among Indian youth.
- There is no relationship between social media usage and vitality among Indian youth.

**METHODOLOGY**

**Sample**

College-going adults with no history of recurrent mental or physical illnesses were recruited using posters and in-campus campaigning. Fifty-eight participants in total thus enrolled, 8 subsequently dropping out of the project. Three users were excluded due to incompatibility of the application with their mobile device., while the other 5 dropped out because of non-interest. Fifty participants (15 males, 35 females, Mage=18.62 years, age range: 18-22 years) successfully completed the required

process. Participation was entirely voluntary with no extrinsic motivation e.g. extra credit being provided to the volunteers.

**Instruments and Procedure**

The non-paid version of an Android application called ‘Rescuetime’ available on the Google Play Store was used to record participants’ usage of social media applications on their smartphones for a period of one week. Rescuetime is a mobile application that tracks user devices without requiring in-app logins for other applications such as Facebook. Privacy concerns were minimal; they state: “We do not sell or otherwise do anything with your data to put your privacy at risk.” [sic] on their official website. (Rescuetime.com)

The Psychological General Well-Being Schedule published by the Institute for Algorithmic Medicine, Houston was used for the test phase of the study. This test is a self-report measure comprising 22 questions that are indicators of 6 affective states in the prior month (see Table 1.1). It is a shortened version of the Psychological General Well-being Index (PGWB-S) and has been shown to have good reliability compared to the Gold Standard of the original PGWB Index (Grossi et al., 2006). Affective states identified are:

- Anxiety
- Depressed mood
- Sense of positive wellbeing
- Self-control
- General health
- Vitality

Scores are not weighted. A higher score on each domain is always positive and reflects little to no presence of abnormality. A person who scores high on Depressed mood, for example, shows little to no signs of having been in a depressed state (see Table 1.2).

**Test ratings** Depressed mood was measured on a 14-point scale (0= highly depressed and 14= little to no depressed mood). Self-control and General Health were measured on a 15-point scale (0=low self-control or low general health and 15= high self-control or high general health). Vitality and positive wellbeing were measured on a 20-point scale (0=low vitality or low wellbeing and 20= high vitality or high wellbeing); while Anxiety was measured on a 25-point scale (0= high anxiety and 25= low anxiety).

### Operational Definitions

**Social media usage** Social Media is a group of Internet-based applications that build on the ideological and technological foundations of Web 2.0, and that allow the creation and exchange of User Generated Content (Kaplan & Haenlein, 2010). For the purpose of this study we limit this definition to “Participant interaction on social networking sites enabling peer-to-peer communication on one of five Android applications viz. Whatsapp, Facebook, Facebook Messenger, Snapchat, Instagram for a period of seven days.”

**Affective States** A nuanced understanding of the scores in each domain can be gained from Table 1.1.

**Procedure** The research was conducted in two phases: For the first phase, the 50 participants were asked to download the application “Rescuetime for Android” via the Google Play store. This app then recorded their data of mobile usage for a period of seven days, following which the participants sent a screenshot of their usage statistics to the email id associated with the research. For 3 participants, a screenshot feature was not available on their smartphone devices, so their data was personally collected and noted down by the researcher.

There was an option here of either choosing to measure time data, or simply looking at data usage as a sum of internet usage provided by the network provider and Wireless LAN (WiFi) usage. It was decided to measure time instead of data usage, because while time is comparatively more difficult to accurately measure, internet usage in MBs or GBs is greatly skewed by the user’s choice of applications—a person spending 5 minutes on an image-rich application like Instagram uses considerably more data than another person perusing text-based services like Whatsapp for the same time.

In the second phase, participants were made to fill out The Psychological General Well-Being Schedule to assess their scores on the six domains studied. The test was administered two days after the one-week usage recording period, with an online version of the test available for 2 participants unable to physically come to the test venue. Grading was done by the researchers by hand, using answer keys provided within the test framework.

For the data analysis, data was paired to create the required correlations. The Karl Pearson’s Correlation Coefficient ( $r$ ) was used to calculate the degree of correlation. All participants’ usage data was correlated with their test scores on a simple scatterplot. The Social Media Usage was paired with Anxiety

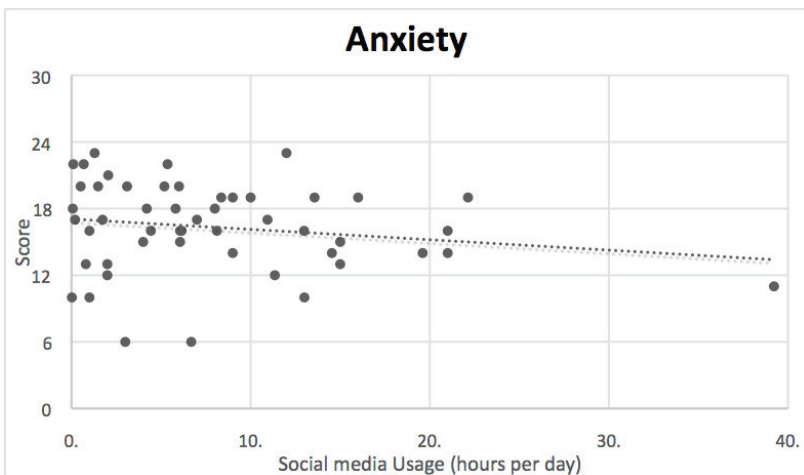


Figure 1.1: Scatterplot for Anxiety

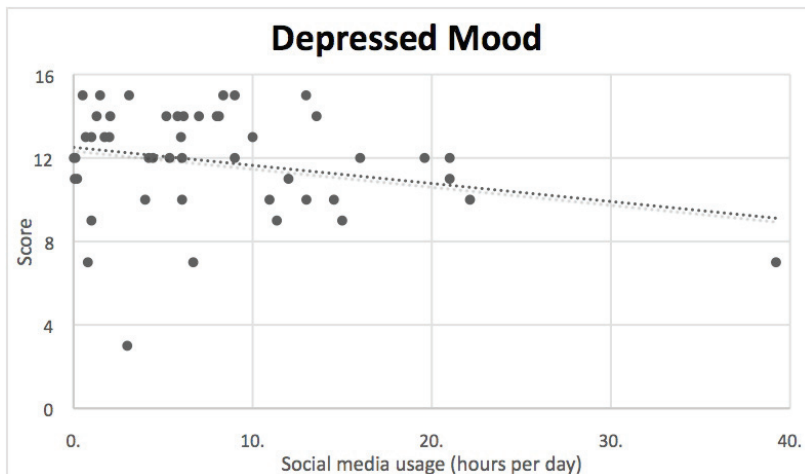


Figure 1.2: Scatterplot for Depressed Mood

score, Depressive mood score, Positive wellbeing score, Self-control score, General Health score, and Vitality score to create 6 distinct correlations. To control for the socioeconomic background factor, participants with Android phones were selected, thereby creating greater diversity while at the same time limiting the chances of a large number of participants belonging to certain status. iPhone users were avoided as they tend to come from a roughly homogenous background (Fidler, 2012). A linear trend line was used to highlight trends as they appeared, if they appeared on graphs.

A few participants with extreme scores in general health were identified and debriefed face to face about their test results and were given a list of resources for further information and aid.

**RESULTS**

The mean social media usage time for the duration of the study, i.e. one week, was 7.95 hours. The S.D. of the participants' usage was 7.62, indicating a sample with considerable variation. See Table 2.1 for a comprehensive tabulation of the results.

NB: High scores in the PGWBS indicate little to no disorder, whereas low scores are interpreted as positive indicators of anxiety and stress (see Table 1.2).

High scores in anxiety were demonstrated to be tied with low social media usage; participants experienced less anxiety the lesser they used social media.  $r = -0.1773$  (see Figure 1.1). High scores in depressive mood were demonstrated to be associated with low social media usage; participants experienced less depressed moods the lesser they used social media.  $r = -0.2601$  (see Figure 1.2).

Since the results were non-significant, we therefore accept the null hypotheses that there is no relationship between social media usage and anxiety or depressed mood.

**Social Media Usage and Positive Wellbeing, Self-Control**

High scores in positive wellbeing were demonstrated to be tied with low social media usage; participants experienced more positive wellbeing the lesser they used social media.  $r = -0.3216$  (see Table 1.3 and Figure 1.3). High scores in self-control were demonstrated to be tied with low social media usage; greater social media usage correlated with participants experiencing lesser self-control.  $r = -0.3765$  (see Figure 1.4).

Based on the p values, we reject the null hypotheses for the positive wellbeing-social media usage relationship and the null hypothesis for self-control-social media usage—we thus posit

Table 1.3: Key Statistics (Positive Wellbeing, Self-control)

Affective state	$\bar{x}$	SD	r	P
Positive Wellbeing	12.68	3.03	-0.3286	0.05
Self-control	10.28	2.98	-0.3765	0.01

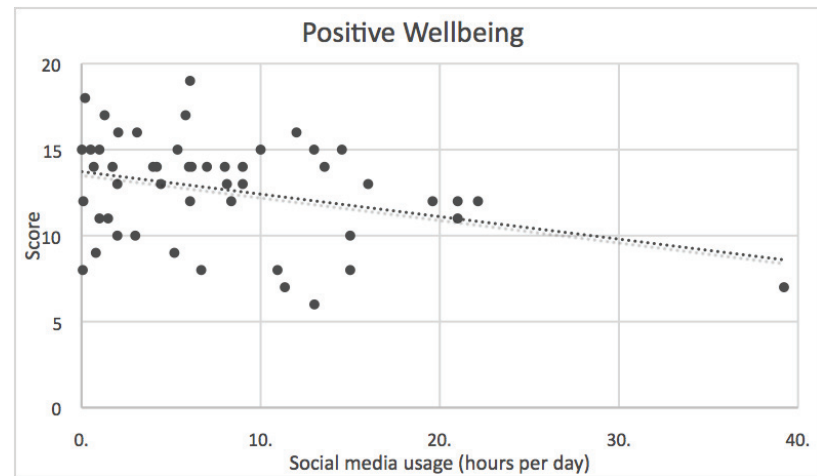


Figure 1.3: Scatterplot for Positive Wellbeing

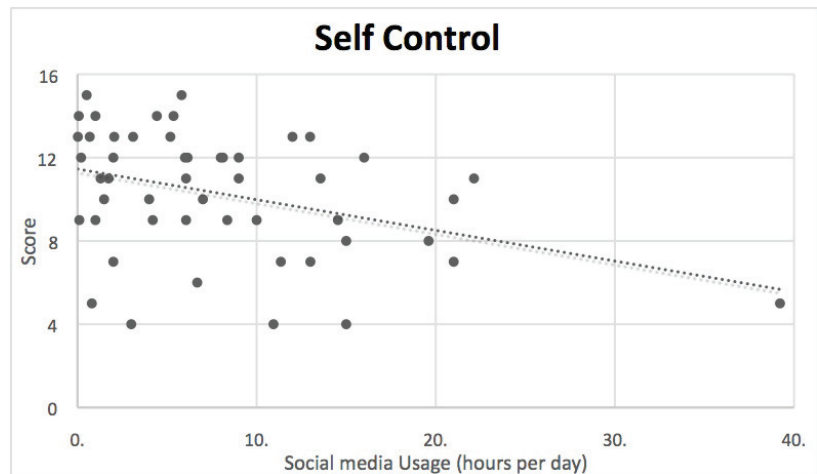


Figure 1.4: Scatterplot for Self Control

Table 1.4: Key Statistics (General Health, Vitality)

Affective state	$\bar{x}$	SD	r	P
General Health	11.08	2.73	-0.1431	NS
Vitality	12.70	2.58	-0.2746	NS

that there exists a relationship between self-control and social media usage, as well as one between positive wellbeing and social media usage.

**Social Media Usage and General Health, Vitality**

High scores in general health were demonstrated to be tied with low social media usage; participants experienced better general health the lesser they used social media.  $r = -0.1431$  (see Table 1.4 and Figure 1.5). High scores in vitality were demonstrated to be tied with low social media usage; participants experienced more vitality the lesser they used social media.  $r = -0.2746$  (see Figure 1.6).

We therefore accept both null hypotheses: that there is no relationship between general health and social media usage; and that there is no relationship between vitality and social media usage.

**DISCUSSION**

Much of the previous literature in this field has found results traditionally-oriented, well accepted yet contrary to the findings of this study. Internet—and by extension, social media—usage, was found to be linked with negative lifestyle and a risk of depression in Arabian Gulf cultures (Bener & Bhugra, 2013). The correlation between depressive mood and social media usage here was however found to be very low and non-significant. This might be due to a cultural difference, or simply low average internet usage among Indians (Poushter, 2016). Nonetheless, as Internet usage usually is the highest among younger demographics, (Teo, 2001), the non-significance of the correlation is surprising given the previous published reports. Part of the explanation might lie in Dr. Caplan’s work (2006), which found the relation between loneliness and preference for online interactions to be spurious; social anxiety was identified as a possible confounding factor—that is, notably, the study found that social anxiety might negatively affect preference for online interactions (Caplan, 2006). Indeed, anxiety does play a role in smartphone usage (Lee, Chang, Lin, & Cheng, 2014), although this research found a negative correlation between participants’ usage of social media and their anxiety scores, thus implying that the lesser a person felt ‘anxious, worried or upset’ during the past month, the likelier they were to use social media.

Research on Positive Wellbeing’s relation with smartphone, internet or social media usage is almost unanimous. It has been

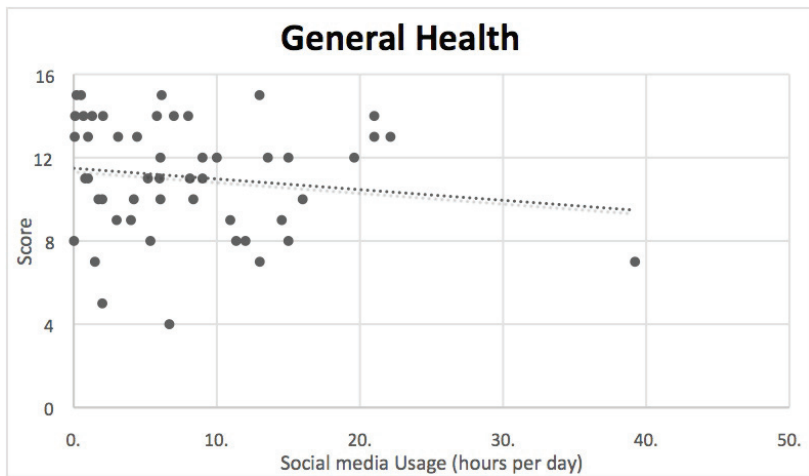


Figure 1.5: Scatterplot for General Health

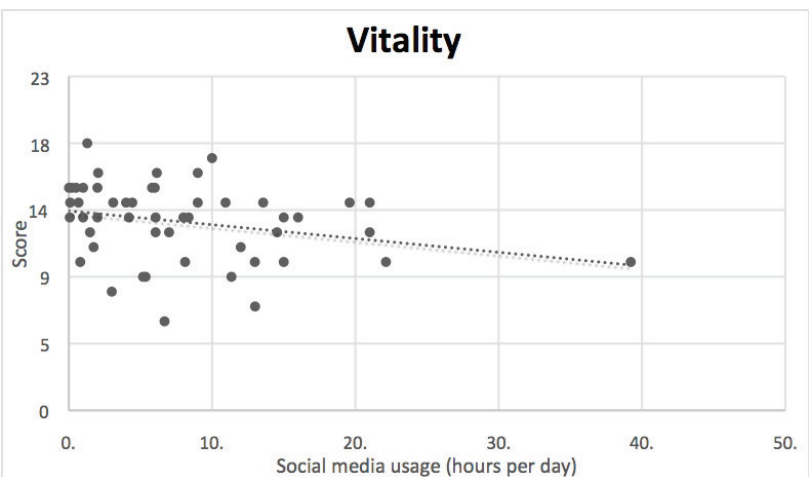


Figure 1.6: Scatterplot for Vitality



found that the frequency with which adolescents used social media like MySpace had an indirect effect on adolescents' social self-esteem and wellbeing (Valkenburg, Peter, & Schouten, 2006). Ko and Kuo (2009) found that self-disclosure through blogging online indirectly led to users reporting higher wellbeing (Ko & Kuo, 2009). Certain papers have shown a positive relation between Internet usage and perceived stress, while also demonstrating a negative relation between perceived stress and life satisfaction (Samaha & Hawi, 2016). Taken together, the findings imply that that a person's life satisfaction (and with it, their wellbeing) and Internet usage might have an inverse relation with one another, corroborating the implications of this study's data. Like Positive Wellbeing, Self-control had a significant negative correlation with social media usage. People using social media the most were likelier to have a lower degree of self-control, as per this study's findings. Extensive research has been done on the role of self-control in various situations: as a predictor of exercise and academic behaviours (Stork, Graham, Bray, & Ginis, 2016), as a mediator between prosocial behaviour and parental attachment among Chinese adolescents (Nie, Li, & Vasonyi, 2016), to even its relation with decision making—a group of researchers concluded that decision-making impairs self-control, at least temporarily (Vohs, Baumeister, Schmeichel, Twenge, & Nelson, 2014). Among these, the relation between decision making and self-control strikes one as relevant to the correlation found in this paper. Social media usage has been commonly characterized by multitasking, whether it be between different media forms i.e. entertainment, social or traditional, or between different forms of social media itself (Bardhi, Rohm, & Sultan, 2010). It may be therefore posited that multitasking in social media reduces the users' self-control, thereby explaining the correlation between social media usage and self-control as found in this study. The opposite may well be true, however—that lower self control increases the likelihood of social media usage. A causal link remains to be established.

This study also found no significant relation between social media usage and physical issues, either positive or negative. A study by Ianotti et al. (2008) found that screen-based media usage correlated negative with positive health indicators, showing that high usage generally meant low levels of physical activity. It is important to note here that screen-based media usage did however coincide with a better quality of peer relationships (Ianotti, Kogan, Jansen, & Boyce, 2008). Other studies have tried examining whether participants perceived greater support

while using social groups online while on a physical activity intervention, finding little to no evidence that social media increased perceptions of social support or physical activity (Cavallo, Tate, Ries, DeVellis, & Ammerman, 2012). Vitality, one of the vaguest terms in the PGWBI, has precious little to offer in terms of literature. As a part of the scale; however, it did return some useful data. Low social media usage was found to coincide with higher degrees of “vigour, freshness, activity and energy”, while high social media users were likelier to feel duller and more sluggish; however, this correlation was too low to be considered statistically significant.

These findings are meant to be merely cautionary, as there are a host of limitations that impede the reliability of this study while projecting on a larger population.<sup>1</sup> This study was limited to 50 college students with similar ages and relatively similar cultural and ethnic backgrounds, and many unexpected results were found—the most surprising being the negative correlation between self-control and social media usage. It might be posited that social media lowers actual or perceived self-control, leading to people getting more and more accustomed, perhaps even addicted to social media. Ophir, Nass and Wagner (2009) highlighted that social media users are more distractible (Ophir, Nass, & Wagner, 2009), and this distractibility might well function as a mediating variable in this relation between social media usage and self-control. In either case this relation sheds new light on the rampant sharing of information and pictures, leading the selfie discussion further from narcissism and highlighting yet another possibly significant factor—lower self-control.

This paper highlights the need for more research on this subject. Although social media is undoubtedly an invaluable tool for instant communication and can prove extremely helpful in times of calamity (Kaigo, 2012), it also brings along a unique set of challenges in the short term, and quite possibly through the formation of habitual cycles, in the long term as well. Many previous studies have shown definite links between the Internet and lowered psychological wellbeing (Kraut et al., 1998) (O'Keefe & Clark-Pearson, 2011), and social media is intrinsically related to the Internet, with many social media applications such as Facebook having full-fledged computer versions of the same forum. Social media websites also dominate Internet traffic as measured by Alexa, a traffic-based site-ranking algorithm (Alexa.com), with almost every site incorporating some aspect of social media such as fora allowing interactions between users. The need for an inquiry into the effects of social

media (and by extension, internet) usage grows ever urgent as Indian consumers are offered extremely inexpensive Internet connections (The Economist, 2017). We hope future studies are able to corroborate or disprove these findings in an Indian context, ensuring that a general consensus may be built and the psychological community at large provides a scientific backing or opposition to corporate policy decisions such as ensuring Free Internet to users in India (Facebook), rather than said policies being based on crowd-pleasing or ulterior agendas without any thought to such long term effects by parties with vested interests in such policies, including the public itself.

## CONCLUSION

In conclusion, this study examined the relation between social media usage and the psychological wellbeing of 50 Indian university students. No significant correlation between social media usage and anxiety, depression mood, general health or vitality was found. In contrast, there were significant negative correlation between social media usage and wellbeing, and self-control. In the future, additional research will be needed to identify and describe the potential relationship between the social media usage and psychological wellbeing using a larger sample population of Indian youth and over a longer period of time. ■

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#### Footnote

<sup>1</sup> The sample size of this study was 50 participants. However, it is relevant to note that participants were chosen randomly and sample size does not necessarily impede the quality of the study.

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**Biography**

**Vishal Upadhayay** studied psychology, statistics and economics at D.G. Ruparel College. An avid glossophile, he is deeply interested in psycholinguistics.

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**TABLES**

*Table 2.1: Question-wise grouping Note: The questions in the Psychological General Wellbeing Schedule measure different affective states, this tables groups questions into each of the 6 affective states with a range of scores.*

Affective Group	Questions	Range of Scores
Anxiety	5, 8, 17, 19, 22	0 – 25
depressed mood	3, 7, 11	0 – 14
positive well-being	1, 9, 15, 20	0 - 20
self-control	4, 14, 18	0 - 15
general health	2, 10, 13	0 - 15
Vitality	6, 12, 16, 21	0 - 20

Table 2.2: Range of Scores. Note: The range of scores for every affective state as measured in the Psychological General Well-being Schedule. Higher scores are generally positive.

Group	Low Score	High Score
Anxiety	extremely bothered by nervousness, very tense, anxious, worried, upset; felt under heavy pressure	not bothered by nerves; low tension; not anxious; relaxed; little or no stress or strain
Depressed mood	intensely or often felt depressed; downhearted and blue; hopeless	never or rarely felt depressed; downhearted and blue; or hopeless
Positive well-being	low spirits; unhappy; never or seldom felt life interesting or cheerful	in excellent spirits; happy with life; daily life interesting; felt cheerful
Self-control	very concerned or disturbed about losing self-control; seldom felt emotionally stable	in definite control of behavior, thoughts, emotions and feelings; emotionally stable
General health	often bothered by illness, bodily disorders; needed help in caring for self; worried or fearful about health	rarely if ever bothered by illness; healthy enough to do things; not fearful or worried about health
Vitality	low in energy; seldom waking fresh; rested; dull, sluggish; tired, worn-out	full of energy, pep; waking fresh, rested; felt active, vigorous; never felt tired or worn-out

*Table 2.3: Means and correlation coefficients for all domains. Note: These are the mean values and the calculated Karl-Pearson's Correlation Coefficient values for every category.*

Affective state	$\bar{x}$	r
Anxiety	16.32	-0.1773
Depressed mood	11.82	-0.2601
Positive Well-being	12.68	-0.3286
Self-control	10.28	-0.3765
General Health	11.08	-0.1431
Vitality	12.70	-0.2746