AN ANALYTICAL STUDY ON RELATIONSHIP BETWEEN SOCIAL MEDIA USE, SLEEP QUALITY AND MENTAL HEALTH AMONG YOUTH

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TABLE OF CONTENTS

CERTIFICATE i

ACKNOWLEDGEMENT ii

ABSTRACT ix

CHAPTER-I 1

1 INTRODUCTION 1

1.1 SOCIAL MEDIA 2

1.2 SLEEP QUALITY 6

1.3 MENTAL HEALTH 8

1.4 SOCIAL MEDIA USE AND MENTAL HEALTH 11

1.5 SOCIAL MEDIA USE AND SLEEP QUALITY 13

1.6 MENTAL HEALTH AND SLEEP QUALITY 15

1.7 THEORETICAL FRAMEWORK 17

1.7.1 THE TRIADIC INTERACTION MODEL: SOCIAL MEDIA, SLEEP, AND MENTAL HEALTH 17

1.7.2THE USES AND GRATIFICATIONS THEORY AND BIOPSYCHOSOCIAL MODEL 18

1.8 STATEMENT OF THE PROBLEM 18

1.9 OPERATIONAL DEFINITIONS OF THE STUDY 18

1.9.1 SOCIAL MEDIA USE 18

1.9.2 SLEEP QUALITY 19

1.9.3 MENTAL HEALTH 19

1.10 OBJECTIVES OF THE STUDY 19

1.11 HYPOTHESES OF THE STUDY 19

1.12 DELIMITATIONS 20

1.13 SIGNIFICANCE OF THE STUDY 20

CHAPTER-II 22

2 REVIEW OF LITERATURE 22

2.1 SOCIAL MEDIA USE AND MENTAL HEALTH 23

2.2 SOCIAL MEDIA USE AND SLEEP QUALITY 24

2.3 MENTAL HEALTH AND SLEEP QUALITY 25

2.4 DIGITAL BEHAVIOUR AND YOUTH WELL-BEING 26

2.5 INTERVENTIONS AND PROTECTIVE FACTORS 27
2.6 RESEARCH GAP 29
CHAPTER-III 30
3 RESEARCH METHODOLOGY 30
3.1 RESEARCH DESIGN 30
3.2 POPULATION AND SAMPLE 30
3.1.1 INCLUSION CRITERIA 31
3.1.2 EXCLUSION CRITERIA 31
3.3 SAMPLING TECHNIQUE 32
3.4 RESEARCH TOOLS USED AND THEIR DESCRIPTION 32
3.3.1 THE SOCIAL MEDIA USE QUESTIONNAIRE (SMUQ) 32
3.3.2 THE PITTSBURGH SLEEP QUALITY INDEX (PSQI) 33
3.3.3 THE DEPRESSION ANXIETY STRESS SCALE (DASS-21) 33
3.5 STATISTICAL TECHNIQUE EMPLOYED 33
4 ANALYSIS & INTERPRETATION OF DATA 34
4.1 DEMOGRAPHIC PROFILE OF THE SAMPLE 34
4.2 PREVALENCE OF DEPRESSION, ANXIETY, STRESS, SLEEP QUALITY AND SOCIAL MEDIA USE 36
4.3 GENDER DIFFERENCES IN SLEEP QUALITY, SOCIAL MEDIA USE, AND MENTAL HEALTH. 39
4.4 RELATIONSHIP BETWEEN SLEEP QUALITY, SOCIAL MEDIA USE, AND MENTAL HEALTH. 40
4.5 SUMMARY OF FINDINGS 41
CHAPTER-V 42
5 FINDINGS, CONCLUSION , FUTURE IMPLICATIONS & SUGGESTIONS 42
5.1 INTERPRETATION OF THE FINDINGS 42
5.2 IMPLICATIONS FOR THEORY AND RESEARCH 46
5.2.1THE TRIADIC MODEL OF SOCIAL MEDIA, SLEEP, AND MENTAL HEALTH 47
5.2.2SLEEP QUALITY AS A TRANSDIAGNOSTIC RISK FACTOR 47
5.3 IMPLICATIONS FOR PRACTICE 48
5.4 LIMITATIONS OF THE STUDY 49
5.5 RECOMMENDATIONS FOR FUTURE RESEARCH 49
5.6 CONCLUSION 50
SUMMARY 52
REFERENCES 58
APPENDICES 66

LIST OF TABLES

Table 3.1 Distribution of Sample of Youth Participants…….. 37

Table 4.1 Demographic Profile of the Respondents…… 40

Table 4.2 Prevalence of Psychological Variables Among Participants (N = 123) 42

Table 4.3 Independent Samples t-Test: Gender Differences in Sleep Quality, Social Media Use, and Mental Health ……45

Table 4.4 Pearson Correlation Matrix Among Study Variables (N = 123)……... 46

LIST OF FIGURES

Figure 4.1 Demographic Details of Participants……41

Figure 4.2 Prevalence of Depression, Anxiety, Stress, Sleep Quality and Social Media Use Among Participants…… 44

LIST OF ABBREVIATIONS

SMUQ	Social Media Use Questionnaire
PSQI	Pittsburgh Sleep Quality Index
DASS-21	Depression Anxiety Stress Scale (21-item)
SMU	Social Media Use
SQ	Sleep Quality
MH	Mental Health
FOMO	Fear of Missing Out
SD	Standard Deviation
M	Mean
t	t-statistic (Independent Samples t-Test)
r	Pearson Correlation Coefficient
p	Level of Statistical Significance
N	Total Sample Size
df	Degrees of Freedom
WHO	World Health Organization
MBSR	Mindfulness-Based Stress Reduction
CBT	Cognitive Behavioural Therapy
ANOVA	Analysis of Variance
LGBTQ+	Lesbian, Gay, Bisexual, Transgender, Queer and Others
COVID-19	Coronavirus Disease 2019

LIST OF APPENDICES

Appendix A (SMUQ)	Social Media Use Questionnaire
Appendix B (PSQI)	Pittsburgh Sleep Quality Index
Appendix C (DASS-21)	Depression Anxiety Stress Scale – 21 Items

ABSTRACT

The present study investigated the triadic relationship among social media use, sleep quality, and mental health among college-going youth in Jammu, India. A total of 123 participants (aged 18–25 years) were recruited through convenience sampling from undergraduate and postgraduate colleges in Jammu district. Data were collected using three standardized instruments: the Social Media Use Questionnaire (SMUQ), the Pittsburgh Sleep Quality Index (PSQI), and the Depression Anxiety Stress Scale – 21 items (DASS-21). Descriptive statistics, independent samples t-tests, and Pearson product-moment correlation were employed to analyze the data.

Results revealed that the majority of participants (87.8%) reported low to moderate social media use, while more than half (56%) demonstrated clinically significant sleep disturbances as indicated by PSQI scores above 5. Anxiety emerged as the most prevalent mental health concern, with nearly 70% of participants scoring above the normal range on the DASS-21 anxiety subscale. No statistically significant gender differences were found across any of the three primary variables. Pearson correlation analysis revealed significant positive associations among all study variables ($p < .01$). Sleep quality showed moderate correlations with depression ($r = .489$), anxiety ($r = .442$), and stress ($r = .395$). Social media use was positively associated with anxiety ($r = .487$), depression ($r = .378$), and stress ($r = .374$), underscoring the compounding risk posed by digital engagement on psychological well-being.

These findings affirm a meaningful and clinically relevant triadic relationship among social media use, sleep quality, and mental health in Indian youth. The study highlights the urgent need for integrated intervention strategies that address digital habits, sleep hygiene, and psychological well-being simultaneously within Indian higher education settings. Implications for educational policy, student counselling services, and future research directions are discussed.

Keywords: Social media use, sleep quality, mental health, depression, anxiety, stress, youth, DASS-21, PSQI, Jammu.

CHAPTER-I

INTRODUCTION

Social media has become a central part of youths' lives, shaping communication, identity, and emotional experiences. Extensive research highlights that excessive or unregulated social media use is linked with increased psychological distress, depression, and anxiety among adolescents (Twenge & Campbell, 2018). Studies also show that heavy digital engagement, especially at night, disrupts sleep patterns and contributes to poor sleep quality by delaying sleep onset, reducing sleep duration, and increasing nighttime awakenings (Perrault et al., 2019). Sleep quality, a vital determinant of cognitive and emotional functioning, has been found to significantly influence mental health, with poor sleep linked to heightened anxiety, depression, stress, and emotional instability (Alonzo et al., 2021). Adolescence is a particularly sensitive period, during which sleep irregularities strongly predict psychological difficulties such as depressive symptoms and reduced emotional well-being (Spencer etal., 2017). Moreover, research indicates that problematic social media use can indirectly harm mental health through its negative impact on sleep (Wong et al., 2020). Given these interconnected influences, exploring the relationship between social media use, sleep quality, and mental health among youth is essential to understanding emerging behavioral risks and developing effective preventive strategies.

The rapid integration of digital technologies into everyday life has fundamentally reshaped patterns of communication, social interaction, learning, and psychological development among adolescents and young adults. Over the past decade, social media has transitioned from a supplementary communication tool to a dominant force influencing identity formation, emotional experiences, lifestyle behaviors, sleep patterns, and mental health functioning. The unprecedented increase in social media engagement—driven by mobile accessibility, interactive features, and algorithmic personalization—has raised critical concerns among researchers, mental health professionals, and policymakers regarding its implications for youth well-being (Kaplanet al., 2010; Edosomwan et al., 2011).

Simultaneously, global evidence indicates a decline in sleep quality and a rise in mental health challenges among young populations. Sleep disturbances, including insomnia, reduced sleep duration, and circadian rhythm disruptions, are increasingly prevalent among adolescents—

often emerging concurrently with heightened social media use (Ohayon et al., 2017; Azhari et al., 2022). Mental health disorders such as anxiety, depression, emotional instability, stress, and behavioral dysregulation have also become widespread, with many of these conditions first appearing during adolescence and early adulthood (Kessler et al., 2005; WHO, 2024).A growing body of research suggests that social media use, sleep quality, and mental health are not isolated constructs, but deeply interconnected domains that shape youth development. Systematic reviews, longitudinal studies, and meta-analyses increasingly highlight the triadic relationship among these variables—where excessive or maladaptive social media engagement disrupts sleep, deteriorating sleep contributes to poor mental health, andcompromised mental health further influences digital dependency (Alonzo et al., 2021; Scott et al., 2021; Wong et al., 2020).Despite risks, social media also provides meaningful benefits. (Kaplan et al.,2010; Edosomwan et al., 2011) emphasized social media's capacity to promote communication, knowledge exchange, creativity, and social support. (Goodyear-Smithet al., 2016) demonstrated that digital tools like YouthCHAT enable efficient screening of mental health conditions in disadvantaged youth, improving access to early intervention.

Given the rising concerns surrounding digital behavior, mental health challenges, and sleep problems among youth, this study aims to provide a comprehensive examination of these variables, their intersections, and their implications for contemporary youth well-being.

1.1 SOCIAL MEDIA

"Social media means online means of communication, conveyance, collaboration, and cultivation among interconnected and interdependent networks of people, communities, and organizations enhanced by technological capabilities and mobility.''

Tuten and Solomon (2015)

Social media has emerged as one of the most transformative socio-technological developments of the twenty-first century, exerting profound influence on the socialization patterns, identity formation, psychological well-being, and behavioral functioning of contemporary youth. With the global social media population rising from 2.48 billion in 2017 to more than 4.95 billion in 2024 (Statista, 2024), digital platforms have become deeply embedded in daily life and have redefined the ways individuals communicate, interact, seek information, and construct meaning. Adolescents represent the most active demographic on social media, and their developmental stage—characterized by heightened social sensitivity, identity exploration,

emotional reactivity, and increased autonomy—renders them uniquely susceptible to its psychological impacts. (Kaplan and Haenlein, 2010) describe social media as a collection of Internet-based applications that allow for the creation and exchange of user-generated content; however, contemporary platforms have evolved far beyond this basic definition. They function as algorithmically curated environments designed to maximize engagement, intensify emotional responses, encourage identity performance, and shape self-evaluation mechanisms through continuous social comparison, feedback loops, and peer interaction. Consequently, social media has transitioned from being a supplementary tool for communication to becoming a defining cultural, psychological, and developmental context for adolescents in modern societies.

The developmental salience of social media is evident in how extensively adolescents integrate these platforms into their daily routines and emotional lives. (Woods and Scott, 2016) found that adolescents frequently use social media late into the night, often engaging with platforms during periods traditionally reserved for rest or in-person socialization. This pattern reflects not only habitual use but also the psychological mechanisms drivingengagement—particularly the fear of missing out (FOMO), which compels youth to remain continuously connected to online interactions. FOMO arises from the real-time nature of social media, where activities, events, and social exchanges unfold rapidly and publicly, creating the perception that disengagement could result in social exclusion, loss of relevance, or missed opportunities for connection. This concern is intensified by the adolescent brain's developmental characteristics: heightened reward sensitivity, increased emotional reactivity, and a still-maturing prefrontal cortex, which together make adolescents more vulnerable to compulsive behaviors and emotionally stimulating content. Research by (Brodersen et al.,2022) confirms that youth tend to increase social media use during emotionally stressful periods, using digital platforms as coping mechanisms for managing loneliness, boredom, and psychological distress, particularly during contexts such as the COVID-19 pandemic.

A critical dimension of social media use among youth involves the construction and negotiation of digital identities. Adolescents curate highly selective representations of themselves through edited photographs, captioned narratives, aesthetic visual styles, and strategic choices about what aspects of their lives to display or conceal. This process is not merely expressive; it is deeply interpersonal and evaluative, shaped by the anticipated reactions of peers. (Vogel et al., 2014) demonstrated that social comparison is a central psychological mechanism of social media use, where adolescents constantly evaluate their own attractiveness, popularity, or

lifestyle relative to idealized portrayals of others. Curated digital environments amplify these comparisons by presenting filtered, edited, and strategically constructed images that appear superior to one's own lived reality. Exposure to such idealized content leads to upward comparisons, which are strongly associated with lowered self-esteem, heightened body dissatisfaction, increased anxiety, and depressive symptoms.(Azhari et al., 2022) found that adolescent girls experience particularly high levels of anxiety and loneliness linked to appearance-based comparison, which social media intensifies through algorithmic amplification of beauty-focused and lifestyle-oriented content. These identity pressures are further complicated by the quantification of social approval through metrics such as likes, comments, follower counts, and engagement statistics, which become markers of social worth and reinforce adolescents' dependence on external validation.

Social media use is also deeply shaped by cultural, social, and contextual variations, which influence how youth interpret and engage with digital platforms. In Ghana, (Ametepe and Ansah, 2016) found that youth primarily use social media for entertainment, sociability, and group belonging, reflecting cultural values of collectivism and shared identity expression. In contrast, (Omotayo and Folorunso, 2020) reported that Nigerian youth frequently use social media to participate in political discourse, mobilize communities, and engage in civic activism, demonstrating how digital platforms become tools for social empowerment within specific socio-political contexts. Similarly, (Chalermchutidej et al., 2023) documented that Thai adolescent girls significantly increased nighttime social media usage during the COVID-19 pandemic, using platforms as substitutes for face-to-face interactions and emotional support networks. (Brodersen et al., 2022) observed similar patterns in Canada, where adolescents increased their reliance on smartphones and social media during stressful periods, suggesting that digital platforms serve as psychological coping mechanisms during times of uncertainty and isolation. These findings underscore that social media's meaning and impact vary across cultural environments and are shaped by broader societal structures, technological access, and collective experiences.

A deeper analysis of social media use requires understanding its persuasive technological architecture. Social media platforms are not neutral tools; they are intentionally designed to shape behavior through mechanisms such as algorithmic curation, infinite scroll, autoplay features, notifications, and intermittent reinforcement systems. (Kaplan and Haenlein,2010) highlight that platform algorithms select content that is emotionally appealing, socially relevant, and psychologically engaging, thereby encouraging longer usage durations. (Wong et

al., 2020) found that problematic social media use shares many behavioral characteristics with addictions, including cravings, withdrawal symptoms, tolerance, cognitive preoccupation, and interference with daily functioning. These addictive patterns emerge in part because platforms employ variable reward schedules—similar to gambling mechanics—which produce unpredictable yet emotionally rewarding experiences that strengthen compulsive engagement. Adolescents, whose prefrontal cortex is still developing, are biologically predisposed to impulsive behavior and heightened reward reactivity, making them particularly susceptible to these design features. As a result, social media usage often escalates from casual engagement to habitual and sometimes compulsive patterns, especially when adolescents use digital platforms as emotional regulation tools.

Social media's role as a space for emotional expression and regulation is multifaceted and can produce both positive and negative outcomes depending on how adolescents engage with platforms. On the positive side, (Dunne et al., 2017) found that social media provides access to supportive communities, health information, and peer networks that can foster resilience and emotional well-being. For marginalized groups such as LGBTQ+ youth, online platforms offer anonymity, safe spaces, and affirmation that may be unavailable in their offline environments (Eliason & Schope, 2011). These virtual communities can reduce isolation and enhance identity acceptance. However, negative emotional experiences—including cyberbullying, exclusion, hostile interactions, and exposure to distressing content—can have significant psychological consequences. (Woods and Scott, 2016) found that adolescents who engage heavily with social media are more likely to report anxiety, depression, and lower self-esteem, often due to emotional disturbances arising from online peer interactions. Exposure to negative feedback, social rejection, or digital conflicts can exacerbate emotional distress, reinforcing cycles of negative affect that encourage even more digital engagement.

Furthermore, social media shapes adolescents' perceptions of social norms, influencing behaviors, attitudes, and decision-making processes. (Kaakinen et al., 2020) demonstrated that social media can normalize risky behaviors, such as hazardous drinking, through peer-shared content that portrays such behaviors as socially acceptable or desirable. Youth often internalize these representations, leading to increased engagement in similar behaviors offline. Social norms conveyed through social media extend into materialism, dieting, appearance modification, and lifestyle pursuit, shaping adolescents' values and aspirations in ways that may not align with their developmental needs or psychological well-being.

1.2 SLEEP QUALITY

"Sleep quality means how well a person feels they have slept — how rested and refreshed they feel on waking and during the day."

Harvey et al. (2008)

Sleep quality is a crucial determinant of human health and well-being, influencing physical recovery, emotional regulation, cognitive functioning, and overall life satisfaction. Good sleep quality is characterized by ease of falling asleep, minimal nighttime awakenings, sufficient duration, and feelings of refreshment upon waking (Harvey et al., 2008). Sleep is biologically essential, supporting memory consolidation, immune functioning, metabolic processes, and psychological resilience, particularly during childhood and adolescence when developmental changes place increased demands on the body and mind (Kohyama, 2021; Ohayon et al., 2017). Poor sleep quality, however, is consistently associated with adverse outcomes such as fatigue, reduced concentration, mood instability, academic difficulties, and heightened vulnerability to anxiety and depression (Merrill, 2022; Potter et al., 2019). These effects demonstrate that sleep quality is not merely a nighttime phenomenon but a central factor shaping daily functioning.

Adolescents are a population at particularly high risk for sleep difficulties due to the interaction of biological, psychological, and environmental factors. During puberty, circadian rhythms naturally shift toward later sleep and wake times, yet school schedules and academic expectations often demand early rising, creating a chronic sleep deficit. (Fontanellaz et al., 2023) found that irregular sleep patterns among adolescents were strongly associated with mental health problems, including depressive symptoms, emotional dysregulation, and reduced well-being. Their longitudinal evidence demonstrates that sleep regularity—how consistent one's sleep timing is across nights—is just as important as sleep duration. Poor sleep quality in adolescence also intensifies stress sensitivity and reduces coping abilities, creating a feedback loop where inadequate sleep and mental distress reinforce one another (Merrill, 2022).

Environmental and behavioural factors further compound sleep difficulties, with technology use emerging as one of the most significant contributors to poor sleep quality. The widespread use of smartphones, social media, and digital devices has led to increased nighttime exposure to stimulating content and artificial blue light.(Perrault et al., 2019) found that evening screen exposure suppresses melatonin and disrupts circadian rhythms, delaying sleep onset and

reducing restorative sleep. (Andersen et al., 2023) also reported that nighttime smartphone use among young people predicted poorer sleep and increased psychological distress, showing how behavioural patterns influence both sleep and mental health. (Zhao, 2021) similarly observed that excessive digital activity among working youth in China was associated with poor sleep quality, highlighting the universal relevance of digital habits across age groups. These studies demonstrate that technology use affects sleep through both physiological mechanisms—such as melatonin suppression—and behavioural displacement, where time spent online directly reduces sleep opportunity.

Mental health difficulties and sleep quality are closely intertwined, often influencing one another in complex, bidirectional ways. (Jenkins et al., 2024) found that youth with heightened reactivity to unpredictable threat experienced poorer sleep quality, which intensified anxiety symptoms and contributed to riskier behaviours such as alcohol use. This suggests that emotional vulnerability exacerbates sleep disturbances, which in turn worsen psychological functioning. (Spencer et al., 2017) similarly found that adolescents with inadequate sleep exhibited greater anxiety, irritability, and emotional reactivity, particularly when facing peer-related stress or nighttime smartphone use. (Dülger and Ayaz-Alkaya, 2025) further reinforced this relationship, demonstrating that young adults experiencing higher levels of stress, anxiety, and depression also reported significantly poorer sleep quality. Together, these findings illustrate that emotional difficulties and sleep disturbances often coexist and reinforce each other.

Sleep quality is also shaped by broader social and environmental factors. During the COVID-19 pandemic and civil conflict in Libya, (Elhadi et al., 2021) reported that psychological stress and behavioural disruptions led to significant declines in sleep quality among young people. Heightened uncertainty, social isolation, and increased reliance on digital platforms disrupted normal routines and sleep patterns. Similarly, (Kaewpradit et al., 2025) found that university students with high levels of digital screen time experienced poorer sleep quality, reduced academic performance, and increased mental health difficulties. These findings highlight the influence of contextual stressors and lifestyle patterns on sleep health.

Despite the prevalence of sleep problems, research demonstrates that sleep quality can be improved through targeted behavioural interventions. (Dwivedi et al., 2025) showed that implementing sleep hygiene measures—such as maintaining consistent sleep schedules, reducing nighttime digital exposure, and creating calming bedtime routines—led to significant

improvements in adolescent sleep quality. Their results highlight the importance of structured interventions, particularly for youth with mental health disorders. (Scott et al., 2021) further supported this idea through a meta-analysis showing that improving sleep quality leads to better mental health outcomes across randomized controlled trials. These findings reinforce the notion that sleep is a modifiable factor with significant potential to enhance psychological well-being.

Although sleep quality is influenced by biological processes, cognitive factors also play a substantial role. (Harvey et al., 2008) emphasized that individuals often evaluate their sleep based not only on objective nighttime events but on cognitive interpretations of sleep success or failure. People who catastrophize normal sleep variations or become anxious about sleep often experience worsening insomnia and fatigue. This suggests that cognitive-behavioural approaches, which target maladaptive thoughts and sleep-related anxiety, can improve both subjective and objective sleep outcomes.

In summary, sleep quality is a multidimensional construct influenced by biological rhythms, mental health, lifestyle behaviours, technology use, and environmental conditions. Poor sleep quality is associated with emotional instability, academic and cognitive difficulties, reduced resilience, and greater risk for mental health problems, particularly among adolescents and young adults. At the same time, research shows that interventions targeting sleep hygiene, behavioural regulation, and cognitive patterns can significantly enhance sleep quality and overall well-being. As digital demands and societal pressures continue to increase, promoting healthy sleep habits remains essential for supporting the physical and psychological health of young people.

1.3 MENTAL HEALTH

“Mental health is the successful performance of mental functions, resulting in productive activities, fulfilling relationships, and the ability to adapt to change and cope with adversity.

Kalpan & Sadock (1998)

Youth mental health has become a major public health concern worldwide, as adolescents and young adults face increasing academic pressures, social expectations, digital exposure, and environmental stressors. (Kendall and Ollendick, 2010) emphasized that developmentally, youth are undergoing significant cognitive, emotional, and neurobiological transitions, making them more vulnerable to stress and psychological disorders. During this period, challenges such as bullying, academic performance, identity formation, and peer relationships exert considerable influence on well-being. (Eliason, 2011) noted that youth, particularly those from marginalized groups, often face heightened risk for mental health problems due to stigma, discrimination, and social exclusion. For LGBTQ+ individuals, for example, experiences of rejection, victimization, and identity conflict have been linked to elevated rates of depression, anxiety, and suicidal ideation (Eliason & Schope, 2011). These findings reinforce that mental health is shaped not only by individual factors but by social and cultural environments. (Kessler et al., 2005) reported that nearly half of all lifetime mental disorders begin by adolescence, highlighting the need for early intervention and preventive strategies to reduce long-term burden.

Environmental stressors—including family instability, socioeconomic hardship, and exposure to trauma—also significantly affect mental health in childhood and adolescence. (Kerker et al., 2006) found that children in foster care exhibited higher levels of mental health needs and were more likely to require clinical services due to histories of neglect, instability, and emotional trauma. Such findings illustrate how early adverse experiences increase vulnerability to long-term psychological problems. Similarly, during times of crisis, mental health risks intensify. (Elhadi et al., 2021) demonstrated that during the COVID-19 pandemic and civil conflict in Libya, populations experienced heightened psychological distress, including anxiety, insomnia, irritability, and behavioural disruptions. Their results show that environmental stress, uncertainty, and disrupted routines significantly impair mental health. These broader contextual influences reveal that mental health cannot be understood in isolation from social and environmental contexts.

A significant area of contemporary research focuses on the interplay between mental health and lifestyle behaviours, particularly sleep and digital engagement. Poor sleep quality is strongly associated with emotional dysregulation, heightened stress sensitivity, and reduced ability to cope with challenges. (Merrill, 2022) reported that individuals with sleep disorders such as insomnia are more likely to experience high levels of stress, anxiety, and depressive symptoms. Adolescents are especially vulnerable, as academic pressures, nighttime screen use,

and irregular routines often disrupt sleep.(Spencer et al., 2017) found that young people who experienced poor sleep exhibited increased anxiety, irritability, and emotional reactivity, particularly in response to peer stressors. This aligns with (Qin et al., 2022), who demonstrated that learning burnout among students predicted poor sleep quality and worse mental health outcomes, suggesting that academic stress and emotional fatigue have compounding effects on well-being. These findings collectively indicate that sleep and mental health share a reciprocal relationship in which each influences the other.

Increasing attention has been directed toward digital technology use as a contributing factor to mental health difficulties among youth. Excessive digital screen time, social media use, and smartphone dependency have been associated with heightened anxiety, depressive symptoms, and psychological distress. (Twenge and Campbell, 2018) found that higher screen time among adolescents was strongly linked with lower psychological well-being, including decreased self-esteem and social connectedness. Similarly, (Stenseng et al., 2021) observed that increased social media use among Vietnamese youth was associated with poorer mental well-being, although supportive online interactions offered some protective benefits. (Azhari et al., 2022) found that female adolescents who frequently used social media experienced elevated anxiety, loneliness, and sleep disturbances, indicating gender-specific vulnerability. (Wong et al., 2020) further demonstrated that problematic social media use and internet gaming disorder were associated with poor sleep quality and increased psychological distress, suggesting that compulsive or maladaptive digital behaviours intensify mental health risks. These findings point to the complex roles of technology in shaping youth well-being, both as a potential support system and a significant stressor.

Despite these challenges, several studies highlight promising strategies for improving youth mental health through early identification, intervention, and digital or community-based support. (Kutcher et al., 2020) emphasized the need for improving mental health literacy within school settings, arguing that awareness, early detection, and timely support are critical for preventing long-term psychological impairment. Their work suggests that empowering teachers, parents, and students with knowledge about mental health symptoms and available resources enhances help-seeking behaviours. (Goodyear-Smith et al., 2016) found that YouthCHAT, an electronic screening tool, effectively identified mental health concerns in disadvantaged youth, illustrating how technology can support early detection and intervention. Similarly, (Iyer et al., 2018) demonstrated that transforming youth mental health services in Canada led to improved access, early treatment, and more youth-friendly care environments.

These service-level changes show that mental health care becomes more effective when systems are designed to meet the developmental and cultural needs of young people.

Behavioural and psychosocial interventions also play an important role in strengthening mental well-being. Mindfulness-based programs, for example, have been shown to improve emotional regulation, reduce stress, and enhance self-awareness. (Wikman et al., 2018) reported that mindfulness-based stress reduction programs improved youth mental health outcomes in community settings. Similarly, (Vohra et al., 2018) found that mindfulness interventions significantly reduced distress among youth in residential care, demonstrating benefits even among highly vulnerable populations. These findings highlight the value of interventions that address emotional awareness, coping strategies, and cognitive flexibility, which are essential skills for navigating developmental challenges.

Overall, the body of evidence demonstrates that mental health is influenced by an intricate interplay of biological, psychological, social, and environmental factors. While adolescence and early adulthood are periods of heightened vulnerability, they are also key windows for preventive intervention and resilience-building. Factors such as sleep quality, digital behaviour, social environment, discrimination, and exposure to stress all contribute to mental health outcomes. At the same time, early detection, supportive services, mental health literacy, and evidence-based interventions such as mindfulness and digital screening tools offer effective avenues for improving well-being. As global mental health challenges continue to rise, prioritizing holistic, culturally informed, and developmentally sensitive approaches remains essential for safeguarding the psychological health of children, adolescents, and young adults.

1.4 SOCIAL MEDIA USE AND MENTAL HEALTH

Social media use has become deeply embedded in the daily lives of adolescents and young adults, shaping communication patterns, identity formation, and emotional experiences. Although social media provides important opportunities for connection, information exchange, and social support, growing evidence shows that its excessive or maladaptive use is linked to negative mental health outcomes, particularly among youth who are emotionally vulnerable or exposed to high digital engagement (Woods & Scott, 2016; Twenge & Campbell, 2018). Adolescents spend substantial time online, often engaging in behaviours such as social comparison, constant checking, and emotional investment in peer feedback, all of which can

influence psychological well-being. (Greenshaw et al., 2025) found that heavier social media use among adolescents was associated with increased symptoms of depression and anxiety, although effects varied depending on the content and patterns of use. These findings highlight the complex and multifaceted nature of social media's impact on mental health, suggesting that it acts both as a resource and as a risk factor.

One of the most researched mechanisms linking social media to mental health is the role of social comparison. (Vogel et al., 2014) demonstrated that exposure to idealized online portrayals leads to upward social comparison, which lowers self-esteem and heightens negative affect. Many adolescents compare their appearance, social circles, or achievements to curated images of peers, intensifying feelings of inadequacy or exclusion. This is consistent with (Azhari et al., 2022), who reported that female adolescents with greater social media involvement experienced higher anxiety and loneliness, partly due to the pressures of maintaining online identities and responding to peer expectations. Furthermore, platforms that emphasize visual content, such as Instagram and TikTok, may disproportionately influence self-worth and body image concerns. The psychological effects of these comparisons can accumulate over time, contributing to chronic stress, sadness, or insecurity.

Another pathway connecting social media and mental health involves the experience of cyberbullying or negative online interactions. Adolescents who face online harassment, exclusion, or criticism often show elevated levels of distress and internalizing symptoms. (Spencer et al., 2017) observed that peer victimization through online platforms amplified anxiety and emotional reactivity among adolescents, particularly when combined with poor sleep or existing emotional vulnerabilities. (Stenseng et al., 2021) similarly found that Vietnamese youth who frequently used social media reported poorer mental well-being, especially when interactions online were conflictual or stressful. These findings reinforce that while supportive interactions can buffer stress, negative digital experiences may exert profound psychological effects, especially for developing youth.

Digital overuse can also contribute indirectly to mental health problems by disrupting sleep routines, a well-established determinant of emotional well-being. (Alonzo et al., 2021) found that the interplay between social media use, sleep quality, and mental health is substantial, with sleep disruption mediating the relationship between heavy social media engagement and psychological distress. (Wong et al., 2020) reported that problematic social media use and internet gaming disorder were associated with both poor sleep and increased anxiety and

depressive symptoms. This suggests that excessive nighttime use—often driven by habits such as scrolling, messaging, and checking notifications—creates a cycle in which sleep loss exacerbates emotional vulnerability, which in turn may increase reliance on social media as a coping mechanism. Studies consistently show that youth who use social media late at night are more likely to experience mood instability, irritability, and lowered psychological resilience (Andersen et al., 2023; Zhao, 2021).

Despite these risks, research also acknowledges that social media can positively contribute to mental health when used constructively. Platforms provide access to peer support, self-expression, and mental health resources, which can reduce isolation and promote coping. (Stenseng et al., 2021) noted that social media offered Vietnamese youth a sense of connection and belonging, even though excessive use carried risks. Digital tools, such as YouthCHAT, have been shown to help identify mental health needs in disadvantaged populations, demonstrating that technology can support early intervention (Goodyear-Smith et al., 2016). Mindfulness-based programs delivered online have also shown benefits in reducing stress and improving emotional regulation in youth, illustrating that digital environments can facilitate supportive interventions (Wikman et al., 2018; Vohra et al., 2018). These findings underscore that social media is not inherently harmful; rather, its impact depends on how, why, and when individuals use it.

1.5 SOCIAL MEDIA USE AND SLEEP QUALITY

Social media use has become a dominant part of daily life for adolescents and young adults, and its increasing prevalence has raised global concern regarding its impact on sleep quality. Research consistently shows that frequent or excessive social media engagement—especially during evening and late-night hours—contributes to delayed sleep onset, irregular sleep patterns, and reduced overall sleep quality. (Woods and Scott, 2016) found that adolescents who used social media intensively were more likely to experience poor sleep quality, heightened anxiety, and lower self-esteem, demonstrating an early link between screen-based behaviours and sleep disruptions. A comprehensive systematic review by (Alonzo et al., 2021) further confirmed that social media use, sleep quality, and mental health are strongly interconnected, with sleep often functioning as an important mediator. Their findings highlighted that late-night scrolling, online interactions, and constant connectivity increase cognitive and emotional arousal, making it difficult for young people to disengage and fall asleep in a timely manner.(Zhao, 2021) similarly observed that digital activity among Chinese

working youth was negatively associated with sleep quality, with usage time significantly moderating the relationship, suggesting that prolonged screen exposure worsens sleep outcomes regardless of age or occupation.

One of the primary pathways through which social media disrupts sleep involves physiological stimulation from screens. Evening exposure to blue light emitted by smartphones and tablets suppresses melatonin, a hormone essential for sleep regulation. (Perrault et al., 2019) demonstrated that adolescents exposed to blue light during evening screen time experienced delayed circadian rhythms and poorer sleep quality, reinforcing the biological influence of digital devices on sleep. Another pathway involves psychological stimulation. Engaging with emotionally charged content—such as social comparison, peer conversations, or stressful interactions—raises cognitive arousal and pre-sleep rumination, which delays sleep onset. (Azhari et al., 2022) found that female adolescents who engaged frequently with social media reported increased anxiety and sleep disturbances, indicating that emotional responses to online interactions contribute significantly to sleep disruption.

Nighttime smartphone use has been repeatedly identified as a major predictor of poor sleep. In a large-scale study, (Andersen et al.,2023) found that using smartphones at night was consistently associated with lower sleep quality and greater psychological distress among young people. Their findings align with a growing body of evidence showing that adolescents often sacrifice sleep due to late-night messaging, scrolling, or responding to notifications. This behavioural displacement—where screen time replaces sleep time—creates chronic sleep debt that affects physical and emotional functioning. (Spencer et al., 2017) reported that adolescents who used smartphones at night experienced shorter sleep duration and increased sleep difficulties, particularly when combined with peer-related stress. These patterns underscore that sleep is not only biologically determined but shaped by lifestyle choices and social expectations.

During the COVID-19 pandemic, social media use increased significantly due to social isolation and the shift to online communication. This increase coincided with greater sleep disturbances. (Chalermchutidej et al., 2023) observed that female adolescents aged 12–18 experienced poor sleep quality associated with increased social media use during the pandemic, a finding consistent with global patterns linking digital overload with sleep impairment. Similarly, (Elhadi et al.,2021) found that Libyan populations under pandemic and civil conflict conditions exhibited worsened sleep, behavioural disruptions, and heightened reliance on

digital platforms, reinforcing that environmental stress amplifies the negative sleep effects of social media.

Several interventions highlight the importance of addressing social media behaviours to improve sleep. (Graham et al., 2021) demonstrated that taking a structured break from social media improved sleep quality and overall well-being, supporting the idea that reducing digital engagement—especially before bedtime—can enhance sleep. Sleep hygiene interventions have also proven effective. (Dwivedi et al., 2025) found that adolescents with mental health disorders who adopted better sleep hygiene practices, including limiting nighttime screen use, experienced significant improvements in sleep quality. These findings suggest that behavioural modification and digital boundary-setting are essential strategies for protecting sleep health in modern youth.

Overall, the evidence demonstrates that social media use is closely linked to poor sleep quality through multiple mechanisms involving biological disruption, emotional overactivation, behavioural displacement, and environmental stress. While social media offers meaningful benefits for communication and social connection, its excessive or nighttime use poses significant risks to healthy sleep patterns. Reducing late-night digital exposure, improving sleep hygiene, and fostering balanced social media habits are crucial steps for safeguarding sleep quality in adolescents and young adults.

1.6 MENTAL HEALTH AND SLEEP QUALITY

Sleep quality is increasingly recognized as a central determinant of mental health, and growing evidence shows that improvements in sleep can directly reduce psychological distress across diverse populations. (Scott et al., 2021), in a meta-analysis of randomized controlled trials, demonstrated that enhancing sleep quality leads to significant reductions in symptoms of depression and anxiety, establishing sleep as a modifiable mechanism for improving mental health rather than a passive outcome of psychological disorders. This reinforces the understanding that sleep serves foundational cognitive and emotional functions, and that disruptions to sleep architecture—such as reduced sleep duration, irregular sleep cycles, or poor restorative quality—can impair emotion regulation, coping ability, and cognitive functioning. These disruptions are particularly pronounced among adolescents and young adults, who are undergoing rapid neurobiological development, and whose mental health is highly sensitive to lifestyle and environmental stressors.

Recent studies highlight that digital behaviour plays a major role in shaping mental health outcomes through its effects on sleep. (Nguyen et al., 2022) found that excessive internet use among Vietnamese adolescents was closely associated with poorer sleep quality, which subsequently predicted greater levels of depression and anxiety. Their findings suggest that digital overuse operates as both a behavioural and psychological disruptor: it delays bedtime, increases pre-sleep arousal, and heightens emotional reactivity, all of which contribute to cumulative sleep debt and worsening mental well-being. This pattern is echoed in clinical student populations. (Hammad et al., 2024) reported that medical students with high levels of internet addiction experienced significantly poorer sleep quality and elevated psychological distress, demonstrating that the sleep–mental health connection extends beyond adolescence into early adulthood, especially in high-stress academic environments. Together, these findings show that digital dependency is not only a behaviouralconcern but a mental health risk mediated by sleep impairment.

Beyond digital behaviour, the type of digital activity also matters. (Altıntaş et al., 2019) found that adolescents who engaged in high-intensity video gaming displayed poorer sleep quality and greater psychological symptoms, including irritability and emotional instability. The stimulating, competitive, and immersive nature of video games can elevate physiological arousal, prolong wakefulness, and disrupt circadian rhythms, which over time hinder emotional recovery and increase vulnerability to mental health problems. These mechanisms illustrate how lifestyle behaviours that impair sleep can directly heighten mental health risks, creating a cycle in which poor sleep intensifies emotional distress, which in turn drives further maladaptive digital engagement.

Importantly, research also demonstrates that targeted behavioural changes can improve both sleep quality and mental health outcomes. (Graham et al., 2021) found that taking a structured break from social media resulted in improved sleep quality, which subsequently enhanced well-being. This study provides direct evidence that reducing nighttime digital engagement can create immediate benefits for sleep and psychological functioning. The findings reinforce that interventions aimed at limiting screen exposure—particularly in the evening—can be simple yet powerful tools for improving mental health.

The developmental context of mental health further explains why sleep quality is so influential. (Drabick and Kendall, 2010) emphasized that youth frequently experience comorbid emotional and behavioural difficulties, and that disturbed sleep often interacts with these vulnerabilities

in complex ways. Children and adolescents with existing psychological challenges are more likely to experience sleep disturbances, and poor sleep, in turn, exacerbates internalizing and externalizing symptoms. This bidirectional relationship suggests that assessing and treating sleep problems may be critical for preventing the escalation of mental health difficulties across developmental stages. Moreover, sleep problems can diminish cognitive flexibility, attention, and impulse control—capacities essential for emotional resilience—thereby increasing susceptibility to anxiety, depression, and stress.

Collectively, the evidence demonstrates that sleep is not merely a background factor in psychological functioning but a central mechanism shaping emotional well-being. Poor sleep contributes to heightened emotional vulnerability, impaired coping, and increased mental health symptoms, while improvements in sleep can yield clinically meaningful reductions in distress. As modern digital lifestyles continue to challenge healthy sleep habits, integrating sleep-focused interventions into youth mental health strategies becomes essential for enhancing psychological resilience and long-term well-being.

1.7 THEORETICAL FRAMEWORK

1.7.1 THE TRIADIC INTERACTION MODEL: SOCIAL MEDIA, SLEEP, AND MENTAL HEALTH

The present study is anchored in the Triadic Interaction Model, conceptually adapted from Albert Bandura's Theory of Triadic Reciprocal Determinism proposed in 1986 as part of Social Cognitive Theory. Bandura explained that human functioning is shaped through the reciprocal interaction of personal factors, behavior, and environmental influences.Drawing from developmental psychology and behavioral science, this model holds that heavy or maladaptive social media use—particularly during evening hours—disrupts sleep through physiological mechanisms such as blue light-induced melatonin suppression and psychological mechanisms such as emotional rumination and heightened arousal. Disrupted sleep, in turn, compromises emotional regulation and stress tolerance, increasing vulnerability to anxiety, depression, and psychological distress. Conversely, poor mental health may drive further nighttime digital engagement as a coping strategy, completing a self-reinforcing feedback loop. The present study's findings—significant positive correlations among all three variables ($p < .01$)—provide empirical support for this triadic conceptualization, affirming that social media use, sleep

quality, and mental health cannot be examined in isolation but must be understood as a dynamic and mutually reinforcing system.

1.7.2 THE USES AND GRATIFICATIONS THEORY AND BIOPSYCHOSOCIAL MODEL

The Uses and Gratifications Theory (Katz, Blumler & Gurevitch, 1974) proposes that individuals actively select media to satisfy specific psychological needs such as social connection, entertainment, and identity affirmation. Applied to the present study, this framework suggests that when social media fails to satisfy these needs—or when engagement becomes compulsive—it produces maladaptive outcomes including sleep disruption and psychological distress (Wong et al., 2020). Complementing this, the Biopsychosocial Model (Engel, 1977) contextualizes mental health as the product of interacting biological, psychological, and social factors. Biological sleep architecture, psychological coping capacity, academic stress, peer comparison, and cultural expectations together shape differential mental health outcomes among youth. Together, these two frameworks explain why social media does not uniformly produce negative outcomes and why individual and contextual differences—such as coping skills, social support, and gender—moderate the relationships observed in the present study.

1.8 STATEMENT OF THE PROBLEM

The problem of the present study is stated as: "An Analytical Study on Relationship Between Social Media Use, Sleep Quality and Mental Health Among Youth."

1.9 OPERATIONAL DEFINITIONS OF THE STUDY

1.9.1 SOCIAL MEDIA USE

For the purpose of the present study, social media use refers to the frequency and nature of engagement with online social networking platforms such as Instagram, Facebook, WhatsApp, Twitter, and YouTube. It encompasses behaviors such as browsing social feeds, sharing posts, responding to notifications, engaging in social comparisons, and creating content. Social media use is operationally measured using the Social Media Use Questionnaire (SMUQ), which assesses image-based, comparison-based, belief-based, and consumption-based patterns of social media engagement.

1.9.2 SLEEP QUALITY

For the purpose of the present study, sleep quality refers to a multidimensional construct that encompasses both objective and subjective aspects of sleep, including sleep duration, sleep latency (time taken to fall asleep), sleep disturbances, daytime dysfunction, and overall subjective sleep satisfaction. Sleep quality is operationally measured using the Pittsburgh Sleep Quality Index (PSQI), a validated self-report instrument assessing sleep over the past month. A global PSQI score above 5 is considered indicative of poor sleep quality.

1.9.3 MENTAL HEALTH

For the purpose of the present study, mental health refers to the psychological well-being of an individual as reflected across three distinct but interrelated dimensions: depression, anxiety, and stress. Depression refers to a persistent state of low mood, loss of interest, and hopelessness; anxiety refers to a state of heightened arousal, worry, and physiological tension; and stress refers to subjective feelings of tension, agitation, and difficulty relaxing. Mental health is operationally measured using the Depression Anxiety Stress Scale-21 (DASS-21), a validated 21-item self-report instrument that yields separate scores for each of the three constructs.

1.10 OBJECTIVES OF THE STUDY

The present study was conducted with the following objectives:

1. To assess the prevalence of problematic social media use, poor sleep quality, and mental health issues (depression, anxiety, and stress) among youth.

2. To examine gender differences in social media use among youth.

3. To examine gender differences in sleep quality among youth.

4. To examine gender differences in mental health (depression, anxiety, and stress) among youth.

5. To examine the relationship between social media use, sleep quality, and mental health (depression, anxiety, and stress) among youth.

1.11 HYPOTHESES OF THE STUDY

The following null hypotheses were formulated for the present study:

$H_0$1: There is no significant gender difference in social media use among youth.

H_o2: There is no significant gender difference in sleep quality among youth.

H_o3: There is no significant gender difference in mental health (depression, anxiety, and stress) among youth.

H_o4: There is no significant relationship between social media use, sleep quality, and mental health among youth.

1.12 DELIMITATIONS

The present study was delimited in the following ways:

Study limited to college-going youth (18–25 years) in Jammu District only.

Focused only on three variables – Social Media Use, Sleep Quality, and Mental Health.

Sample size restricted to 123 participants.

Data limited to colleges in Jammu district.

1.13 SIGNIFICANCE OF THE STUDY

The study on the relationship between social media use, sleep quality, and mental health among youth holds considerable significance in today's rapidly evolving digital era. Social media platforms have become an inseparable part of young people's daily lives, profoundly influencing their communication patterns, emotional well-being, and lifestyle behaviors. Despite the growing prevalence of digital engagement among youth, relatively limited research has examined the simultaneous and interconnected effects of social media use, sleep quality, and mental health—particularly within the Indian context.

The present study is significant for several reasons. First, it addresses a critical gap in the literature by examining the triadic relationship among social media use, sleep quality, and mental health in a college-going youth sample drawn from Jammu, a region that has received limited research attention compared to metropolitan centers. Second, the use of standardized, psychometrically validated instruments (SMUQ, PSQI, and DASS-21) enhances the reliability and comparability of the findings. Third, the study moves beyond individual variable analyses to explore the interconnections among all three constructs simultaneously, providing a more holistic understanding of how digital behavior, sleep, and psychological well-being interact.

The findings of this study will contribute to identifying preventive strategies and evidence-based interventions that enhance mental well-being and sleep hygiene among youth.

Furthermore, it will provide valuable insights to parents, educators, counselors, and policymakers about the need to promote balanced and healthy patterns of social media engagement among young adults. The study also has practical implications for college mental health programs and community wellness initiatives, particularly in developing culturally appropriate and contextually relevant support systems for Indian youth.

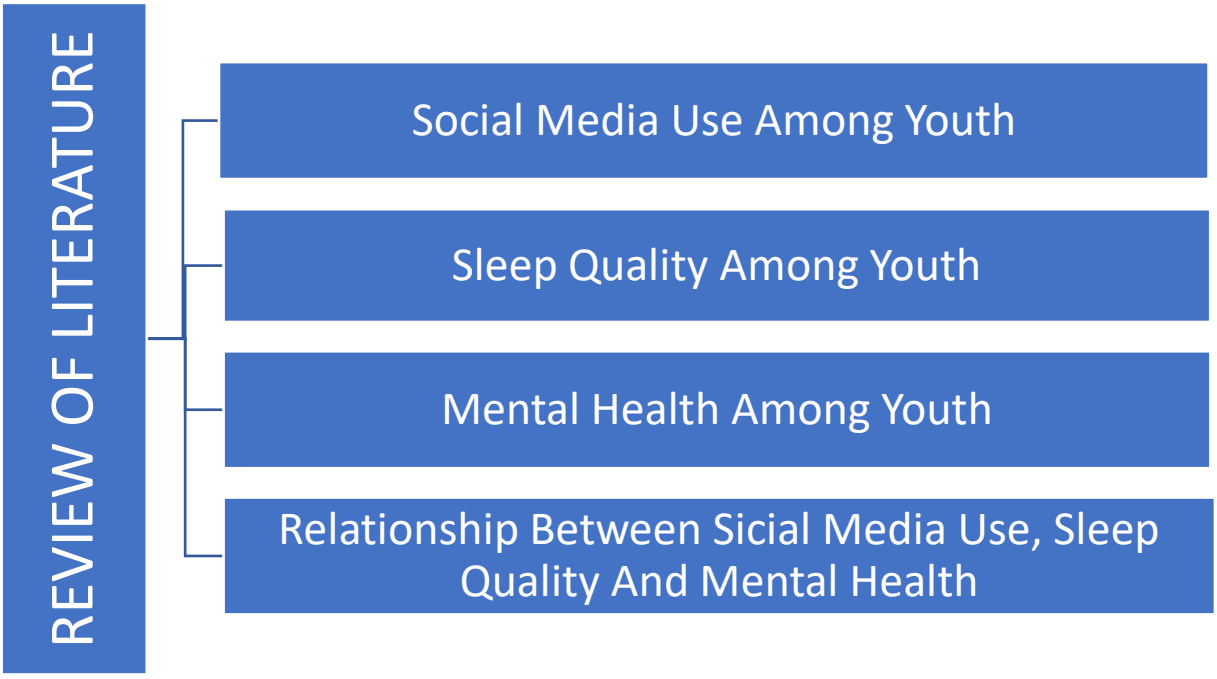
CHAPTER-II

2 REVIEW OF LITERATURE

A literature review is a thorough summary of earlier studies on a subject. The literature review examines scholarly books, journals, and other sources that are pertinent to a particular field of study. This prior research should be listed, described, summed up, impartially evaluated, and clarified in the review. Survey of related literature serves to show what is already available, solves the problem adequately without further investigation, and also avoids the risk of duplication. It provides comparative data useful for the interpretation of results and contributes to the general scholarship of the investigator.

The related studies have been reviewed under the following

Flow Chart:



2.1 SOCIAL MEDIA USE AND MENTAL HEALTH

Greenshaw et al. (2025) reviewed evidence on social media use and adolescent mental health using 43 reviews from 1,005 studies. The findings showed that excessive and problematic use is mainly associated with depression and anxiety, though some positive effects were noted. The study concluded that social media's impact is context-specific and highlighted the need for longitudinal research to guide interventions.

Brodersen et al. (2022) examined the relationship between smartphone use and mental health among 437 youths aged 13–21 in two Canadian cities using a smartphone-based citizen science approach. The study found that high weekday and weekly smartphone use doubled the risk of anxiety, while high weekend gaming and overall use nearly tripled the risk of suicide ideation and poor self-rated mental health. The findings showed that mental health outcomes varied by type of activity and by weekday versus weekend use. The study concluded that smartphone guidelines should consider both activity type and timing of use to better protect youth mental health.

Alonzo et al. (2021) reviewed studies on social media use, sleep, and mental health in youth. Across multiple samples, excessive or late-night use was linked to poor sleep and higher depressive and ADHD symptoms, especially in vulnerable adolescents. The study concluded that unregulated social media use harms sleep and mental well-being in youth.

Stenseng et al. (2021) examined social media use and its impact on Vietnamese youths' mental well-being, involving 1,477 participants aged 14–24 from five provinces. About 50% showed signs of psychological distress linked to social media use. Most used social media for chatting and news updates. The study concludes that schools and families should guide youths toward healthier online habits.

Kaakinen et al. (2020) examined the role of daily social media use in youth hazardous alcohol consumption across the USA, South Korea, Finland, and Spain, with 4,816 youths aged 15–25 participating. Findings showed Facebook and Instagram use were linked to higher hazardous drinking in most countries, highlighting the need for social media-based interventions.

Omotayo and Folorunso (2020) examined social media use for political participation among youths in Oyo State, Nigeria, involving 322 youths from three Nigerian universities. Findings showed Facebook (98.8%) and WhatsApp (93.8%) were the most used platforms for political activities. The study concluded that perceived usefulness, ease of use, and self-efficacy significantly influence youths' political engagement through social media.

Ametepe and Ansah (2016) examined the extent, purpose, and impact of social media use among 200 Ghanaian youth aged 15–25 years. Findings showed that most youths use social media mainly for communication. While it has positive effects, many also reported negative experiences. The study concludes that youth need greater awareness of social media risks and responsible use.

Dunne et al. (2017) conducted a literature review limited to studies published between 2004 and 2014 to examine the changing role of social media. The findings showed that social media expanded rapidly after 2004 and increasingly influenced communication, behavior, and health-related practices. They concluded that ongoing research is necessary to understand the evolving impact of social media over time.

Eliason and Schope (2011) introduced a special issue focusing on suicide, mental health, and youth development among LGBT individuals, highlighting research on suicide risk and mental health challenges faced by sexual minority youth. The article emphasized the urgent need for greater awareness, prevention efforts, and stronger mental health and anti-bullying support systems for LGBT youth.

2.2 SOCIAL MEDIA USE AND SLEEP QUALITY

Chalermchutidej et al. (2023) studied 219 Thai female adolescents and found that higher social media use was linked to poor sleep quality, anxiety, and depression. The study concluded that limiting social media use may improve sleep and mental well-being in adolescents.

Sejling et al. (2023) studied 5,798 adults to examine the link between nighttime smartphone use, sleep, and mental health. The findings showed that frequent nighttime use was associated with higher stress and depression, especially among repeated night-time users. Poor sleep strongly predicted mental health problems and medication use. The study concluded that reducing nighttime smartphone use could improve sleep and mental health.

Graham et al. (2021) studied 132 participants and found that limiting social media use for one week slightly improved wellbeing, partly due to better sleep quality.

Zhao L. (2021) examined how digital activity affects sleep among 7,849 Chinese working youth. Digital use was linked to later bedtimes but not sleep duration. Optimal digital use under 25 hours weekly supported better sleep quality. The study concludes that moderate digital use helps maintain good sleep.

Woods and Scott (2016) found that adolescents who used social media heavily were more likely to experience poor sleep quality, anxiety, depression, and low self-esteem. This foundational study established the link between screen-based behavior and sleep disruptions among youth.

Perrault et al. (2019) demonstrated that adolescents exposed to blue light during evening screen time experienced delayed circadian rhythms and poorer sleep quality, reinforcing the biological influence of digital devices on sleep through melatonin suppression.

Andersen et al. (2023) found that nighttime smartphone use among young people consistently predicted poorer sleep and increased psychological distress, showing how behavioral patterns influence both sleep and mental health.

2.3 MENTAL HEALTH AND SLEEP QUALITY

Dwivedi et al. (2025) examined sleep hygiene in 77 adolescents with mental health disorders and found significant improvement in sleep quality after the intervention. The study concluded that sleep hygiene is a simple and effective approach to improve adolescent sleep health.

Dülger and Ayaz-Alkaya (2025) studied 704 university students in Türkiye and found high levels of stress, anxiety, and depression during the pandemic. Poor sleep quality and alcohol use were major risk factors, highlighting the need for mental health and sleep-support interventions.

Jenkins et al. (2024) examined how reactivity to unpredictable threat and sleep quality affect anxiety and drinking behavior among 112 youths aged 16–19. The findings revealed that participants with high threat reactivity and poor sleep quality experienced greater anxiety and higher alcohol use. The study concluded that poor sleep intensifies the negative effects of threat sensitivity on both anxiety and drinking behavior.

Fontanellaz et al. (2023) studied 46 adolescents over 6 months to assess sleep regularity using the Sleep Regularity Index (SRI). Results showed that regular sleep, especially on school days, was linked to better sleep quality and fewer depressive symptoms. The study concluded that maintaining regular sleep patterns promotes better mental health in adolescents.

Qin et al. (2022) studied 900 primary school students in China and found that learning burnout was significantly associated with poor sleep quality. The relationship was partly mediated by mental health problems, which explained more than half of the effect, indicating that psychological well-being plays a key role in sleep disturbances among students.

Scott et al. (2021) in a meta-analysis of randomized controlled trials, demonstrated that enhancing sleep quality leads to significant reductions in symptoms of depression and anxiety, establishing sleep as a modifiable mechanism for improving mental health.

Kohyama (2021) analyzed the roles of sleep quantity and quality in human health, emphasizing the importance of achieving restful, good-quality sleep. Findings showed that sleep quality is a better indicator of overall sleep health than sleep quantity. Good sleep involves restfulness, absence of daytime sleepiness, and adequate sleep depth.

Spencer et al. (2017) conducted two studies exploring factors affecting youth sleep health. In their first study involving 384 youths, poor sleep quality mediated the relationship between problematic smartphone use, lower happiness, and higher depression. The second study showed that peer victimization predicted poorer sleep over time, highlighting its harmful impact on adolescents' sleep and overall well-being.

Potter et al. (2019) examined the link between sleep quality and quality of life among 272 high school athletes. The findings revealed that poor sleep quality was associated with higher levels of anxiety, depression, fatigue, and pain, while better sleep quality was linked to improved physical and emotional well-being.

2.4 DIGITAL BEHAVIOUR AND YOUTH WELL-BEING

Kaewpradit et al. (2025) aimed to examine the prevalence of excessive digital screen time (EDST) and its association with mental health, sleep quality, and academic performance among university students. Their findings underscored the importance of digital regulation as a key intervention target.

Hammad et al. (2024) studied 338 Saudi medical students and found that high internet use was strongly linked to poor sleep quality and lower academic performance. The study showed that 21% had severe and 31% had moderate internet addiction, with males being more affected. The authors concluded that interventions are needed to reduce internet addiction and improve sleep.

Yang et al. (2023) surveyed 585 university students in Frontiers in Psychology, finding that mobile phone addiction harmed mental health through poor sleep, while social support helped reduce these effects. Both studies highlight sleep and mental health as key links between stress, behavior, and well-being in youth.

Nguyen et al. (2022) explored the relationship between excessive internet use, depression, anxiety, and sleep quality among 678 Vietnamese high school students. The study found that

30.7% of participants reported excessive internet use, which was significantly associated with poor sleep quality, indicating that high internet use has a negative impact on adolescents' sleep.

Potenza et al. (2020) studied 300 Hong Kong university students and found that both internet gaming disorder and social media addiction were associated with poor sleep quality and higher psychological distress. The study concluded that excessive digital use harms mental health and sleep among young adults.

Altintas et al. (2019) studied 217 participants to explore how video gaming affects sleep quality and mental health. Two sleep profiles were found: high and low sleep quality. Poor sleep was linked more strongly to gaming intensity than duration and was associated with worse mental health. The study concluded that excessive gaming intensity increases the risk of poor sleep.

Kendall and Ollendick (2010) explored how youth mental health is influenced by organized sports participation and developmental factors, emphasizing that frameworks such as developmental psychopathology and athlete-centered approaches are essential for effective assessment, diagnosis, and the promotion of mental well-being among young people.

2.5 INTERVENTIONS AND PROTECTIVE FACTORS

Wikman et al. (2018) examined the impact of mindfulness-based stress reduction (MBSR) within Headspace, an Australian youth mental health initiative. Involving 85 youths aged 12–18, the study found that MBSR significantly improved internalizing problems and emotional regulation. It concluded that MBSR is an effective approach for enhancing coping skills and emotional well-being in young people.

Vohra et al. (2018) examined the effectiveness of Mindfulness-Based Stress Reduction (MBSR) in youth using a randomized controlled design among 85 adolescents aged 12–18. The study found that youths who received MBSR showed significant improvement in internalizing problems and adaptive emotional skills compared to usual care alone.

Iyer et al. (2018) described and evaluated a national Canadian project focused on transforming youth mental health and substance use services, implemented across 14 diverse sites. Findings showed improved early identification, rapid access to assessment within 72 hours, and connection to services within 30 days. The authors concluded that structured service transformation can significantly improve youth mental health systems.

Arden Corter et al. (2016) adapted and tested the YouthCHAT electronic screening tool for disadvantaged youth in a rural New Zealand clinic, involving 30 youths. Findings showed that

90% screened positive for at least one issue, and over half wanted help for at least one concern. The study concluded that YouthCHAT is an effective and scalable tool for youth mental health screening.

Kutcher et al. (2020) found that among 3,803 youths investigated by child welfare agencies, 47.9% had emotional or behavioral problems, but only one-fourth received mental health care. The study highlighted the need for routine screening and early access to services, emphasizing school-based mental health programs as key for early intervention and lifelong well-being.

Kerker et al. (2006) reviewed research on emotional and behavioral disorders among children in foster care and their access to mental health services. The study found that foster youth have high mental health needs but face major barriers to adequate care. The authors emphasized the need for evidence-based treatments and stronger systems to support foster youths' mental health.

Drabick and Kendall (2010) explained comorbidity among youth using a developmental psychopathology framework, emphasizing that mental disorders in youth often co-occur due to shared developmental risks and processes. The paper highlighted the importance of considering timing, context, and developmental pathways in diagnosis.

The review of literature clearly highlights that social media use, sleep quality, and mental health are closely interconnected aspects of youth well-being. Studies consistently show that excessive or problematic social media use is associated with higher levels of anxiety, depression, and stress, often through social comparison, cyberbullying, and emotional dependence on online interactions (Vogel et al., 2014; Azhari et al., 2022; Woods & Scott, 2016). Research also indicates that frequent social media use, especially at night, negatively affects sleep quality by delaying sleep and reducing sleep duration (Perrault et al., 2019; Andersen et al., 2023; Spencer et al., 2017). At the same time, poor sleep has been strongly linked with increased emotional distress and reduced psychological well-being, while mental health difficulties can further disturb sleep (Scott et al., 2021; Merrill, 2022; Dülger & Ayaz-Alkaya, 2025). The reviewed literature further supports that broader digital behaviors such as excessive screen time and internet addiction can negatively affect both sleep and mental health (Nguyen et al., 2022; Zhao, 2021). Overall, the findings provide strong support for the relationship among social media use, sleep quality, and mental health. However, limited research has examined these three variables together among college students in India,

particularly in Jammu. Therefore, the present study aims to address this gap and provide meaningful insights into the digital and psychological well-being of youth in the local context

2.6 RESEARCH GAP

• The majority of studies on the triadic relationship between social media use, sleep quality, and mental health have been conducted in Western or East Asian contexts. Research specifically among Indian college-going youth, particularly in semi-urban or Tier-2 cities like Jammu, remains scarce.

•Most Indian studies have examined only two of the three variables in isolation—either social media and mental health, or sleep and mental health—without simultaneously investigating all three within a single study design.

•Gender has largely been treated as a background demographic variable in prior studies rather than as a primary comparative focus, leaving the interaction between gender, social media use, sleep quality, and mental health underexplored in the Indian context.

•No published study was identified that simultaneously examined social media use, sleep quality, and all three dimensions of mental health—depression, anxiety, and stress—using the SMUQ, PSQI, and DASS-21 respectively among youth specifically in Jammu, India. The present study is therefore among the first to address this regional, contextual, and methodological gap

CHAPTER-III

3 RESEARCH METHODOLOGY

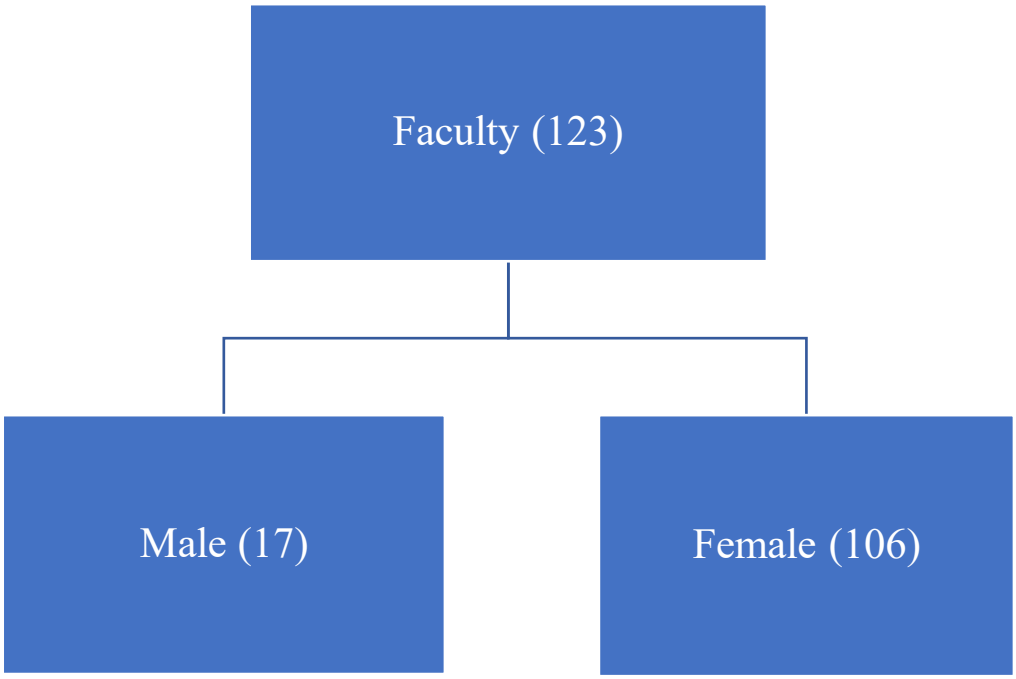
The present chapter describes the methodological framework adopted for the study, including the sample characteristics, sampling technique, research tools, statistical techniques, and delimitations. The methodology was designed to ensure systematic collection and analysis of data to address the objectives and test the hypotheses formulated for the study.

3.1 RESEARCH DESIGN

The present study adopts a cross-sectional, descriptive-comparative, and correlational research design. It is cross-sectional as data were collected from all participants at a single point in time. It is descriptive as it assesses the prevalence and levels of social media use, sleep quality, depression, anxiety, and stress among college-going youth. It is comparative as it examines gender differences across these variables using independent samples t-tests, and correlational as it investigates the nature and strength of relationships among the study variables using Pearson product-moment correlation. No variables were manipulated or controlled by the researcher, and the study relies entirely on self-report data collected through standardized psychological instruments.

3.2 POPULATION AND SAMPLE

Sampling constitutes a crucial component of scientific research as it enables the systematic study of a representative group drawn from the population. In the present investigation, the researcher selected a sample of 123 youth (both male and female) aged between 18 to 25 years from different colleges in Jammu district.



3.2.1 INCLUSION CRITERIA

The participants were selected for the present study based on the following inclusion criteria:

1. Individuals aged between 18 to 25 years were included in the study.

2. Participants who were currently enrolled in undergraduate or postgraduate programmes in colleges within Jammu district were included.

3. Both male and female participants were considered for participation in the study.

4. Participants who were active users of social media platforms such as Instagram, WhatsApp, Facebook, etc., were included.

5. Individuals who were willing to participate voluntarily and provided informed consent were included in the study.

6. Participants who were able to understand and respond to the questionnaire in English were included.

3.2.2 EXCLUSION CRITERIA

The following exclusion criteria were applied while selecting participants for the study:

1. Individuals below 18 years or above 25 years of age were excluded from the study.

2. Participants who were not enrolled in any college or educational institution were excluded.

3. Individuals who did not use social media at all were excluded from the study.

4. Participants who failed to complete the questionnaire properly or provided incomplete responses were excluded.

5. Individuals who did not give consent to participate in the study were excluded.

6. Participants with difficulty in understanding the questionnaire language were excluded.

3.3 SAMPLING TECHNIQUE

The researcher used the Purposive sampling techniques for data collection

3.4 RESEARCH TOOLS USED AND THEIR DESCRIPTION

Data for the present study was collected using a standardized questionnaire through an online mode. The questionnaires will be administered using Google Forms and distributed electronically among eligible participants.

The selection of appropriate research tools is essential for obtaining valid and reliable data. The choice of tools depends upon the nature and objectives of the problem under investigation. Each tool has been chosen for its relevance, reliability, validity, and appropriateness for the target population.

For the present investigation, the following research tools were used:

3.4.1 THE SOCIAL MEDIA USE QUESTIONNAIRE (SMUQ)

The Social Media Use Questionnaire developed by Xanidis and Brignell (2016) is a 9-item self-report scale used to assess the level and frequency of social media use among youth. It measures behavioral and emotional engagement, including compulsive use, emotional dependence, and interference with daily life, using a 5-point Likert scale. Higher scores indicate problematic or excessive use. The scale has high reliability (Cronbach's $\alpha = 0.89$) and is widely used to assess social media–related behavioral patterns.

3.4.2 THE PITTSBURGH SLEEP QUALITY INDEX (PSQI)

The Pittsburgh Sleep Quality Index (Buysse et al., 1989) is a 19-item self-report tool that measures subjective sleep quality over the past month. It assesses seven components and yields a global score ranging from 0 to 21, with scores above 5 indicating poor sleep quality. The PSQI has strong psychometric properties (Cronbach's $\alpha = 0.83$) and is commonly used to examine sleep disturbances and overall sleep health.

3.4.3 THE DEPRESSION ANXIETY STRESS SCALE (DASS-21)

The Pittsburgh Sleep Quality Index (Buysse et al., 1989) is a 19-item self-report tool that measures subjective sleep quality over the past month. It assesses seven components and yields a global score ranging from 0 to 21, with scores above 5 indicating poor sleep quality. The PSQI has strong psychometric properties (Cronbach's $\alpha = 0.83$) and is commonly used to examine sleep disturbances and overall sleep health.

3.5 STATISTICAL TECHNIQUE EMPLOYED

In order to analyze the data, the investigator used the following statistical techniques.

1. Mean

2. Standard Deviation

3. t-test

4. Pearson's Product-Moment Correlation

CHAPTER-IV

4 ANALYSIS & INTERPRETATION OF DATA

This chapter presents the analysis and interpretation of the data collected, integral to addressing the research questions and hypotheses set forth in the study. The data, both quantitative and qualitative, has been systematically proceed and analyzed using appropriate statistical and thematic techniques. The results are presented in a structured manner, highlighting key patterns, relationships, and trends that emerged from the analysis.

4.1 DEMOGRAPHIC PROFILE OF THE SAMPLE

Table 4.1presents the demographic characteristics of the participants, including distribution by gender, age, educational qualification, and living arrangement.

Table 4.1

Demographic profile of the respondents

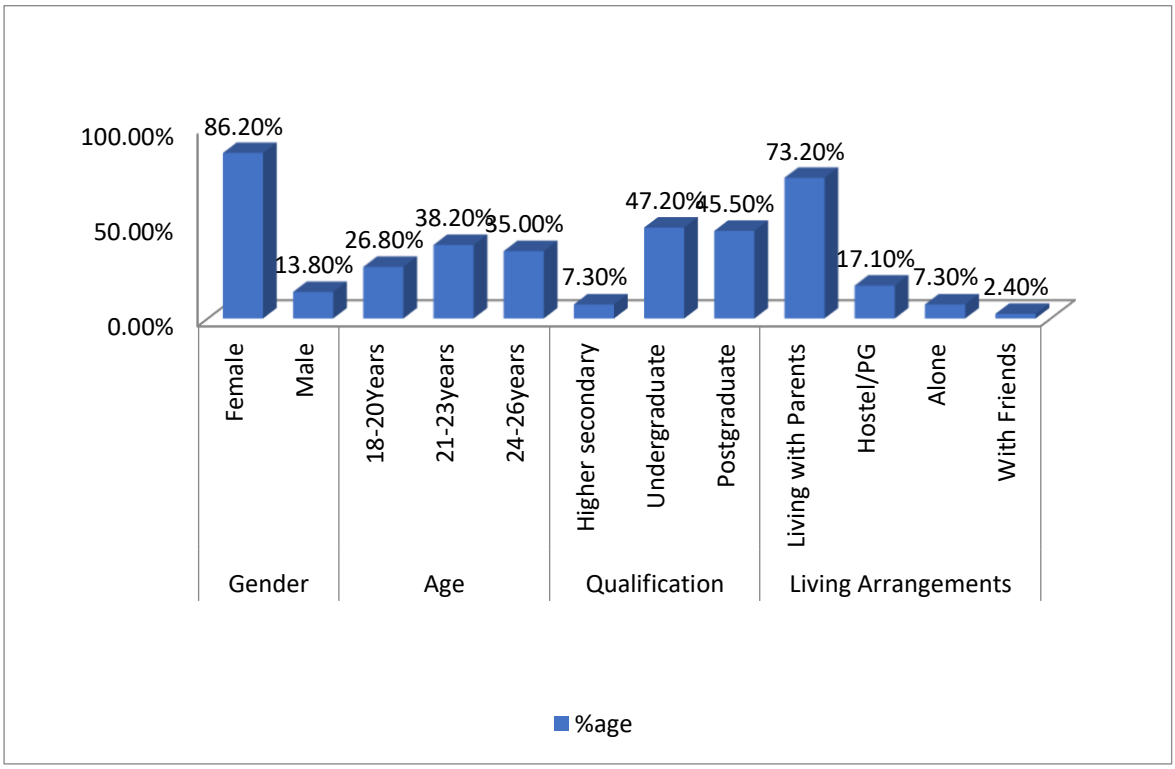
Demographic Characteristics		**Percentage (%)**	**Total**
Gender	Female	86.2%	106
	Male	13.8%	17
Age	18-20 years	26.8%	33
	21-23 years	38.2%	47
	24-26 years	35.0%	43
Qualification	Higher Secondary	7.3%	9
	Undergraduate	47.2%	58
	Postgraduate	45.5%	56
Living Arrangements.	Living with Parents .	73.2%	90
	Hostel/ PG	17.1%	21

	Alone	7.3%	9
	With Friends	2.4%	3

*Note:*N=123. The majority of participants belonged to the 21–23 years age *group.*

The study involved 123 participants, predominantly female (86.2%, n=106) compared to male (13.8%, n=17). In terms of age, the majority fell in the 21–23 years bracket (38.2%, n=47), followed by 24–26 years (35.0%, n=43) and 18–20 years (26.8%, n=33). Regarding qualification, almost half were undergraduates (47.2%, n=58), followed closely by postgraduates (45.5%, n=56), and a small proportion had only higher secondary education (7.3%, n=9). As for living arrangements, the majority lived with their parents (73.2%, n=90), while others resided in a hostel or PG (17.1%, n=21), lived alone (7.3%, n=9), or stayed with friends (2.4%, n=3).

Figure4.1



4.2 PREVALENCE OF DEPRESSION, ANXIETY, STRESS, SLEEP QUALITY AND SOCIAL MEDIA USE

To examine the prevalence of psychological variables among participants, frequency distributions were computed using standard categorical classifications. Participants were grouped into severity categories for depression, anxiety, and stress (based on DASS), as well as levels of sleep quality and social media use. Results are presented in Table 4.2.

Table4.2

Prevalence of Psychological Variables Among Participants (N = 123)

Variable	Category	F	%
Depression	Normal	79	64.2
	Mild	22	17.9
	Moderate	19	15.4
	Severe	3	2.4
Anxiety	Normal	37	30.1
	Mild	5	4.1
	Moderate	33	26.8
	Severe	11	8.9
	Extremely Severe	37	30.1
Stress	Normal	78	63.4
	Mild	10	8.1
	Moderate	22	17.9
	Severe	11	8.9
	Extremely Severe	2	1.6
Sleep Quality	Good	54	43.9
	Mild Disturbance	50	40.7
	Moderate Disturbance	18	14.6

	Severe Disturbance	1	0.8
Social Media Use	Never	3	2.4
	Very Low Use	55	44.7
	Low To Moderate	53	43.1
	Moderate To High	11	8.9
	High Use	1	0.8

Note: f = frequency. Depression, Anxiety, and Stress are categorized as normal, mild, moderate, severe, and extremely severe. Sleep quality is categorized as good, mild disturbance, moderate disturbance, and severe disturbance. Social media use is categorized as never, very low, low to moderate, moderate to high, and high use.

As shown in Table 4.2, with respect to Depression, the majority of participants (64.2%) fell in the normal category, indicating that most individuals did not experience depressive symptoms. However, 17.9% reported mild depression, 15.4% moderate, and 2.4% severe depression, suggesting that a noticeable proportion of participants experienced varying levels of depressive symptoms.

Regarding Anxiety, only 30.1% of participants were in the normal category, while an equal proportion (30.1%) reported extremely severe anxiety. Additionally, 26.8% showed moderate anxiety and 8.9% severe anxiety. These findings indicate that anxiety is highly prevalent in the sample, with a large proportion experiencing moderate to extremely severe levels.

For Stress, most participants (63.4%) fell in the normal category, indicating generally low stress levels. However, 17.9% reported moderate stress, 8.9% severe stress, and 1.6% extremely severe stress, suggesting that a smaller yet significant group experienced elevated stress levels.

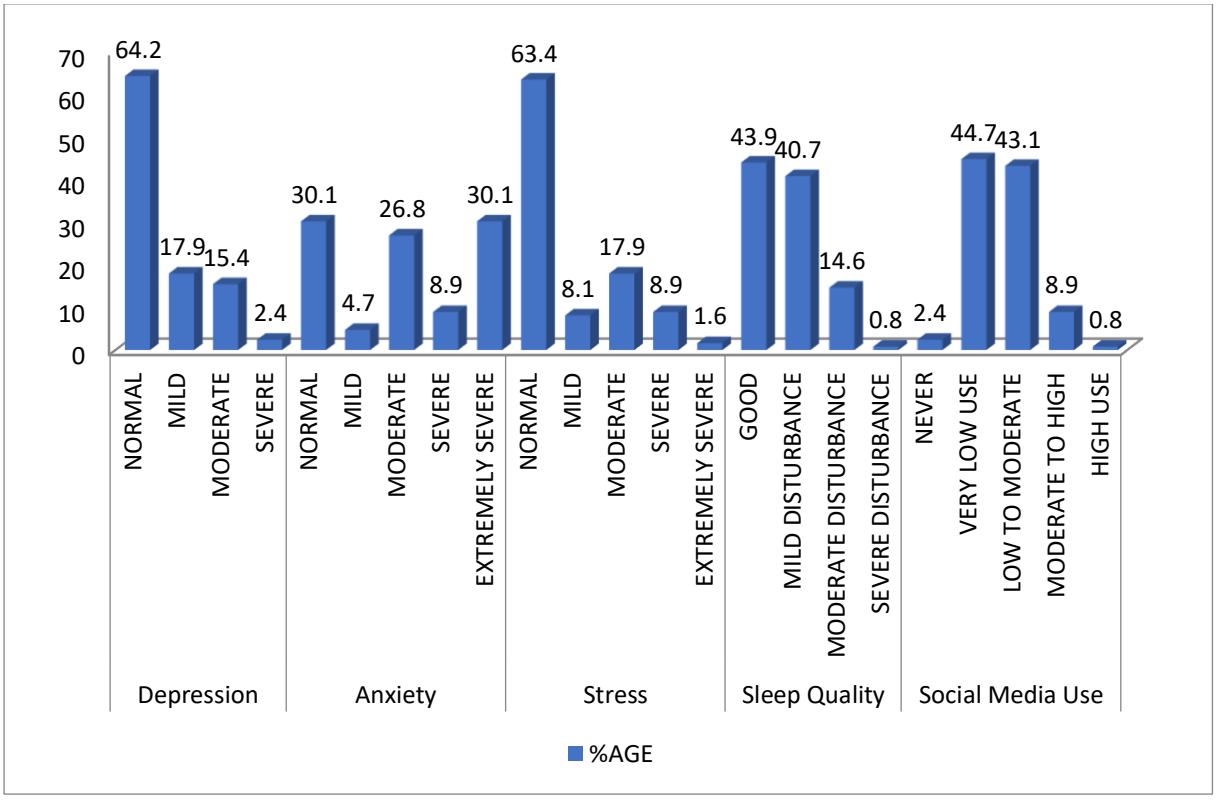
With respect to Sleep Quality, 43.9% of participants reported good sleep quality, while 40.7% experienced mild sleep disturbance. A smaller proportion reported moderate (14.6%) and severe (0.8%) sleep disturbances, indicating that sleep issues were present but mostly at mild levels.

In terms of Social Media Use, the majority of participants reported very low (44.7%) or low to moderate use (43.1%). Only 8.9% reported moderate to high use, and 0.8% reported high

usage. These findings suggest that most participants engage in social media at relatively low levels.

Overall, the results indicate that while depression and stress levels are generally low among participants, anxiety appears to be a more prominent concern. Additionally, most individuals report acceptable sleep quality and low levels of social media usage

Figure4.2



4.3 GENDER DIFFERENCES IN SLEEP QUALITY, SOCIAL MEDIA USE, AND MENTAL HEALTH.

Table 4.3

Independent Sample t-Test: Gender Differences in Sleep Quality, Social Media Use, and Mental Health.

Variable	Male M (SD)	Female M (SD)	t	df	p	Cohen's d
Sleep Quality (PSQI)	.76 (.752)	.72 (.740)	-.246	121	.806	-.064
Social Media Use (SMU)	2.65 (.862)	2.06 (.699)	-.229	121	.819	-.060
Depression (DASS-D)	1.47 (.800)	1.58 (.850)	-.476	121	.635	.124
Anxiety (DASS-A)	2.82 (1.776)	3.08 (1.574)	-.624	121	.534	.163
Stress (DASS-S)	*1.53 (1.068)*	*1.81 (1.139)*	*-.955*	*121*	*.341*	*.250*

Note:M = Mean; SD = Standard Deviation; t = t-value; df = degrees of freedom; p =significance level; Cohen's d = effect size. PSQI = Pittsburgh Sleep Quality Index; SMU = Social Media Use; DASS-D = Depression; DASS-A = Anxiety; DASS-S = Stress.

As presented in Table 4.3, females reported slightly higher mean scores than males in sleep quality, depression, anxiety, and stress, while males showed marginally higher scores in social media use.

However, independent samples t-test results indicated that these differences were not statistically significant for any variable, including sleep quality (t(121) = -.246, p = .806), social media use (t(121) = -.229, p = .819), depression (t(121) = .476, p = .635), anxiety (t(121) = .624, p = .534), and stress (t(121) = .955, p = .341).

Furthermore, the effect sizes (Cohen's d) ranged from negligible to small, indicating low practical significance of gender differences in these variables.

4.4 RELATIONSHIP BETWEEN SLEEP QUALITY, SOCIAL MEDIA USE, AND MENTAL HEALTH.

Table 4.4

Correlation Table

Variable	(PSQI IN)	(SMU IN)	DASS D IN	DASS A IN	DASS S IN
PSQI IN	-	.335**	.489**	.442**	.395**
SMU IN	-	-	.378**	.487**	.374**
DASS D IN	-	-	-	.608**	.748**
DASS A IN	-	-	-	-	.660**

*Note:PSQI = Pittsburgh Sleep Quality Index; SMU = Social Media Use; DASS-D = Depression; DASS-A = Anxiety; DASS-S = Stress. ** indicates correlation is significant at the 0.01 level (2-tailed). r = Pearson correlation coefficient*.

All correlations in the study were statistically significant at the 0.01 level (2-tailed) with a sample of 123 participants. Sleep quality (psqi_in) showed moderate positive correlations with depression (r = .489), anxiety (r = .442), and stress (r = .395), and a weak to moderate correlation with social media use (r = .335), indicating that poorer sleep quality is associated with higher levels of psychological distress and greater social media use. Social media use (smu_in) also demonstrated moderate positive correlations with anxiety (r = .487), depression (r = .378), and stress (r = .374), suggesting that increased social media use is linked to poorer mental health outcomes. Among the DASS subscales, the strongest relationships were

observed between depression and stress (r = .748), followed by anxiety and stress (r = .660), and depression and anxiety (r = .608), which reflects the well-established overlap among these psychological constructs. Overall, the findings suggest that both poor sleep quality and excessive social media use are meaningfully associated with elevated depression, anxiety, and stress levels.

4.5 SUMMARY OF FINDINGS

Taken together, the findings of the present study indicate that social media use, sleep quality, and mental health are significantly interrelated among young adults. While depression and stress levels were generally within the normal range for most participants, anxiety emerged as a more prominent concern, with a substantial proportion reporting moderate to extremely severe levels. Sleep disturbances were mostly mild, and social media use was largely low to moderate, suggesting that even moderate engagement may have psychological implications.

The most significant finding of the study is the consistent positive association between poor sleep quality, higher social media use, and increased levels of depression, anxiety, and stress. Additionally, no significant gender differences were observed across these variables, indicating that these patterns are relatively consistent across male and female participants. Overall, the results highlight that poorer sleep and greater social media engagement are linked with elevated psychological distress, emphasizing their combined role in influencing mental health outcomes.

CHAPTER-V

5 FINDINGS, CONCLUSION , FUTURE IMPLICATIONS & SUGGESTIONS

The present chapter aims to interpret and contextualise the findings of this study within the existing body of empirical and theoretical literature on social media use, sleep quality, and mental health among youth. The chapter is organised around the five objectives of the study: (a) assessing the prevalence of problematic social media use, poor sleep quality, and mental health issues (depression, anxiety, and stress) among youth; (b) examining gender differences in social media use; (c) examining gender differences in sleep quality; (d) examining gender differences in mental health; and (e) investigating the relationship between social media use, sleep quality, and mental health among youth. Each objective is discussed in turn with reference to the study's findings and the relevant literature. The chapter proceeds with a discussion of theoretical and practical implications, followed by an acknowledgement of limitations and recommendations for future research, and concludes with a summary of the key findings and their broader significance.

5.1 INTERPRETATION OF THE FINDINGS

The findings of the present study are interpreted in the context of the literature reviewed in Chapter II. The sample comprised 123 youth aged 18 to 25 years drawn from colleges in Jammu, and data were collected using the Social Media Use Questionnaire (SMUQ), the Pittsburgh Sleep Quality Index (PSQI), and the Depression Anxiety Stress Scale (DASS-21). The results are discussed below in relation to each of the five study objectives.

OBJECTIVE 1: PREVALENCE OF PROBLEMATIC SOCIAL MEDIA USE, POOR SLEEP QUALITY, AND MENTAL HEALTH ISSUES AMONG YOUTH

The first objective of the study was to assess the prevalence of problematic social media use, poor sleep quality, and mental health difficulties including depression, anxiety, and stress among the youth sample. The results indicated that the majority of participants (44.7%) reported very low social media use, with a further 43.1% in the low-to-moderate category. Only 8.9% reported moderate-to-high use and 0.8% high use. These findings suggest that, in the present sample, most youth engage with social media at relatively restrained levels, a pattern

that may reflect the predominantly academic environment and age profile of participants, the majority of whom were undergraduate and postgraduate students with structured daily routines.

With respect to sleep quality, 43.9% of participants reported good sleep quality, while 40.7% experienced mild sleep disturbance, 14.6% moderate disturbance, and 0.8% severe disturbance. Collectively, these data indicate that over 56% of participants experienced some degree of sleep disruption. This finding is consistent with growing international evidence. Ohayon et al. (2017) documented increasing prevalence of sleep difficulties among young adults, attributing them to irregular routines, academic pressures, and expanding digital engagement. The relatively high proportion of mild sleep disturbance in this sample is noteworthy, particularly given that mild disruptions, when sustained, can accumulate into clinically meaningful deficits in cognitive performance and emotional regulation (Merrill, 2022).

The prevalence data for mental health presented a more differentiated picture across the three DASS-21 subscales. For depression, 64.2% of participants fell in the normal category, while 17.9% reported mild, 15.4% moderate, and 2.4% severe depression. For stress, 63.4% were in the normal range, with smaller proportions reporting mild (8.1%), moderate (17.9%), severe (8.9%), and extremely severe (1.6%) stress. These figures are broadly aligned with research indicating that while most young adults manage academic stress effectively, a meaningful subgroup remains at elevated risk for depressive and stress-related difficulties (Kessler et al., 2005).

The findings for anxiety were notably more concerning. Only 30.1% of participants fell in the normal category, while 26.8% reported moderate, 8.9% severe, and 30.1% extremely severe anxiety. This indicates that nearly 70% of participants were experiencing some level of clinically significant anxiety, making it the most prevalent mental health concern in this sample. This finding resonates strongly with contemporary research highlighting a global rise in anxiety among youth populations, particularly among those navigating the demands of higher education and digital environments (WHO, 2024; Woods & Scott, 2016). The elevated anxiety prevalence observed here underscores the urgency of addressing mental health needs among college-going youth in Jammu, a region where structured institutional wellness programmes remain limited.

OBJECTIVE 2: GENDER DIFFERENCES IN SOCIAL MEDIA USE

The second objective was to examine whether significant gender differences existed in social media use among the youth sample. The independent samples *t*-test results indicated no

statistically significant gender difference in social media use [$t(121) = -0.229$, $p = .819$, Cohen's $d = -0.060$ (negligible)]. Although male participants reported marginally higher mean scores than females, the difference was practically negligible.

The retention of this null finding is consistent with recent empirical literature that challenges earlier assumptions of strong gender disparities in social media engagement. Alonzo et al. (2021), in their systematic review, found that while gendered differences in the *type* of social media use have been documented, overall usage frequency and problematic use levels do not reliably differ by gender. Similarly, Greenshaw et al. (2025) noted that while gender modulates the psychological *impact* of social media in some studies, usage levels per se do not consistently differ across male and female youth populations. The present study's findings reinforce this perspective and suggest that both male and female youth in this sample are equally embedded in digital communication environments.

OBJECTIVE 3: GENDER DIFFERENCES IN SLEEP QUALITY

The third objective was to examine gender differences in sleep quality. The analysis revealed no statistically significant gender difference in PSQI scores [$t(121) = -0.246$, $p = .806$, Cohen's $d = -0.064$ (negligible)]. Females reported marginally poorer sleep quality than males, but the difference was trivially small and not practically meaningful.

This finding diverges from some prior studies that have found female youth to be more vulnerable to sleep disturbances, often attributed to heightened emotional reactivity, social comparison pressures online, and greater exposure to appearance-focused content (Azhari et al., 2022; Chalermchutidej et al., 2023). However, it aligns with other studies that have found sleep quality to be largely independent of gender once relevant covariates such as academic workload and daily screen time are accounted for (Spencer et al., 2017; Andersen et al., 2023). The absence of a gender difference in the present sample may also reflect the predominantly female composition of participants (86.2% female), which limited statistical power to detect gender-based contrasts.

OBJECTIVE 4: GENDER DIFFERENCES IN MENTAL HEALTH

The fourth objective examined gender differences in mental health across the three DASS-21 subscales: depression, anxiety, and stress. The independent samples *t*-test revealed no statistically significant gender differences for depression [$t(121) = 0.476$, $p = .635$], anxiety [$t(121) = 0.624$, $p = .534$], or stress [$t(121) = 0.955$, $p = .341$]. Effect sizes were uniformly

small (Cohen's *d* range: .124–.250), confirming the absence of practically meaningful gender differences in mental health outcomes in this sample.

Although females reported slightly higher mean scores on all three mental health subscales, these differences did not reach statistical significance. This pattern may suggest that, when academic context and digital lifestyle are held broadly constant across a college-going population, gender does not serve as an independent driver of mental health disparities. This interpretation aligns with research by Alonzo et al. (2021) and Stenseng et al. (2021), who found that the mental health consequences of social media use were similarly distributed across genders once usage patterns and sleep quality were considered. It is important to note, however, that the heavily female-skewed sample (n = 106 females versus n = 17 males) constrained the reliability of gender comparisons, and future studies with balanced gender representation should revisit this question.

OBJECTIVE 5: RELATIONSHIP BETWEEN SOCIAL MEDIA USE, SLEEP QUALITY, AND MENTAL HEALTH

The fifth and theoretically central objective of the study was to investigate the relationships among social media use, sleep quality, and the three dimensions of mental health. The Pearson correlation analysis yielded statistically significant positive correlations among all study variables (all $p < .01$), which constitutes the most substantively important finding of the present investigation.

Sleep quality demonstrated moderate positive correlations with depression ($r = .489$), anxiety ($r = .442$), and stress ($r = .395$), and a weak-to-moderate correlation with social media use ($r = .335$). Since PSQI scores are structured such that higher values indicate poorer sleep, these correlations confirm that participants reporting worse sleep quality also reported significantly higher levels of depression, anxiety, stress, and social media use. These findings are strongly consistent with the theoretical proposition that sleep quality functions as a central mediating mechanism linking digital behaviour to psychological outcomes (Scott et al., 2021; Alonzo et al., 2021).

The association between sleep quality and depression ($r = .489$) is particularly noteworthy. This is consistent with Fontanellaz et al. (2023), who demonstrated that irregular and poor-quality sleep among adolescents was longitudinally associated with depressive symptoms, and with Merrill (2022), who found that sleep disorders significantly predicted both depressive and anxiety symptoms in population-based samples. The present finding replicates this well-

established pattern within a college-going Indian youth sample, thereby extending the generalizability of the literature to this underrepresented population.

Social media use similarly showed significant positive correlations with all three mental health dimensions: depression (r = .378), anxiety (r = .487), and stress (r = .374). The strongest social media–mental health association was with anxiety (r = .487), which aligns with the elevated anxiety prevalence found in the sample and reflects the consistent finding in the literature that social media engagement is most strongly linked to anxiety-related outcomes through mechanisms such as fear of missing out (FOMO), social comparison, and constant connectivity (Brodersen et al., 2022; Azhari et al., 2022; Woods & Scott, 2016). Wong et al. (2020) similarly found that problematic social media use was associated with poor sleep and increased psychological distress, suggesting that compulsive digital engagement may create a self-reinforcing cycle of sleep deprivation and heightened emotional vulnerability.

The inter-correlations among the three DASS-21 subscales were also substantial: depression and stress (r = .748), anxiety and stress (r = .660), and depression and anxiety (r = .608). These strong intercorrelations reflect the well-established clinical overlap among depression, anxiety, and stress (Kessler et al., 2005; Drabick& Kendall, 2010), and confirm the construct validity of the DASS-21 in the present sample.

Taken together, the correlation findings establish a meaningful triadic relationship among social media use, sleep quality, and mental health in this youth sample. The pattern is consistent with Alonzo et al.'s (2021) systematic review, which proposed a bidirectional model in which excessive social media use disrupts sleep, disrupted sleep worsens mental health, and compromised mental health increases reliance on social media as a coping mechanism. The present study adds Indian college students to the growing international evidence for this triadic framework.

5.2 IMPLICATIONS FOR THEORY AND RESEARCH

The findings of the study have important implications for theory and models related to youth mental health. By supporting the triadic model of social media, sleep, and mental health, the study highlights the interconnected nature of these variables. It also reinforces existing theoretical perspectives that emphasize integrated and dynamic processes rather than isolated factors. Additionally, the results point to the importance of testing and refining such models

within specific cultural contexts. From a research perspective, the study encourages more theory-driven and longitudinal investigations

5.2.1THE TRIADIC MODEL OF SOCIAL MEDIA, SLEEP, AND MENTAL HEALTH

The findings of the present study provide empirical support for a triadic or transactional model of youth well-being in which social media use, sleep quality, and mental health function as mutually reinforcing variables. Alonzo et al. (2021) proposed that these three domains are deeply interconnected rather than independent risk factors, and the present correlation data confirm this proposition in a South Asian educational context. The theoretical implication is that interventions targeting only one variable in isolation are unlikely to produce sustained improvements in well-being. For example, reducing social media screen time without simultaneously addressing sleep hygiene or underlying anxiety is unlikely to yield durable results. Effective interventions must address digital behaviour, sleep patterns, and psychological functioning in an integrated manner.

The strong relationship between social media use and anxiety, in particular, invites further theoretical elaboration. Cognitive theories of anxiety suggest that threat-monitoring and attentional hypervigilance are central to the maintenance of anxious states. Social media platforms are designed to deliver continuously updating social information and reward unpredictable feedback through likes, comments, and notifications, mechanisms that may engage anxiety-maintaining cognitive processes by promoting constant monitoring of social evaluation. This aligns with the documented role of FOMO and social comparison in driving both excessive social media use and elevated anxiety among youth (Azhari et al., 2022; Vogel et al., 2014).

5.2.2SLEEP QUALITY AS A TRANSDIAGNOSTIC RISK FACTOR

The moderate-to-strong correlations between sleep quality and all three mental health dimensions reinforce the theoretical framework that positions sleep as a *transdiagnostic* risk factor, one that contributes to a broad range of psychological difficulties rather than to any single disorder (Harvey et al., 2008; Scott et al., 2021). This perspective has significant theoretical implications: it suggests that improving sleep quality may produce downstream improvements across depression, anxiety, and stress simultaneously, rather than requiring disorder-specific treatments. The present findings are consistent with Scott et al.'s (2021) meta-analytic evidence that enhancing sleep quality through targeted interventions leads to broad reductions in psychological distress.

5.3 IMPLICATIONS FOR PRACTICE

The findings of the present study carry several practical implications for youth mental health promotion, institutional policy, and individual behaviour change strategies.

First, the high prevalence of anxiety in this sample, with nearly 70% of participants experiencing some level of clinical anxiety, represents an urgent concern requiring institutional attention. Colleges and universities in Jammu should consider establishing accessible, low-stigma mental health services that specifically address anxiety among students. Screening programmes using validated tools such as the DASS-21 could enable early identification of at-risk individuals. Given the demonstrated links between anxiety and both social media use and poor sleep, targeted psychoeducation about the psychological effects of excessive online engagement and sleep disruption could be incorporated into student orientation and wellness curricula.

Second, the significant positive relationship between social media use and mental health outcomes, particularly anxiety, suggests that digital literacy and healthy online behaviour constitute important components of youth mental health promotion. Institutions should invest in awareness campaigns that help students recognise the psychological costs of compulsive or late-night social media use and develop healthier digital habits. Graham et al. (2021) demonstrated that even a one-week structured reduction in social media use improved well-being partly through improved sleep quality, suggesting that brief, low-cost behavioural interventions can yield meaningful psychological benefits.

Third, the association between sleep quality and all mental health outcomes underscores the clinical importance of promoting sleep hygiene among college-going youth. Dwivedi et al. (2025) found that sleep hygiene interventions produced significant improvements in sleep quality among adolescents with mental health difficulties. Practical recommendations regarding consistent sleep schedules, digital device curfews before bedtime, and the creation of sleep-conducive environments could be integrated into institutional health promotion efforts.

Fourth, the absence of significant gender differences in social media use, sleep quality, and mental health supports the design of universal, gender-inclusive wellness programmes rather than gender-targeted interventions. However, given the heavily female-skewed sample, future programming should ensure that male students' mental health needs are not overlooked,

particularly as gender differences in help-seeking behaviour may underrepresent male distress in survey-based studies.

5.4 LIMITATIONS OF THE STUDY

The present study makes a meaningful contribution to understanding the relationships among social media use, sleep quality, and mental health in college-going youth in Jammu; however, several limitations must be acknowledged.

First, the use of convenience sampling and restriction of data collection to colleges within Jammu district limited the representativeness and generalizability of the findings to broader populations.

Second, the highly unequal gender distribution (86.2% female, 13.8% male) significantly limited the power and reliability of gender comparisons, and findings should be interpreted with caution.

Third, the cross-sectional design of the study precludes the establishment of causal or directional conclusions, making it unclear whether social media use leads to poor sleep and mental health issues, or vice versa.

Fourth, reliance on self-report measures may introduce bias, and the study treated social media use as a single construct without distinguishing between platforms or usage patterns.

5.5 RECOMMENDATIONS FOR FUTURE RESEARCH

Building on the findings and limitations above, several directions are recommended for future research.

First, future studies should employ longitudinal or experience-sampling methodologies to examine the temporal dynamics of social media use, sleep quality, and mental health over weeks or months. This would clarify the directionality of relationships and identify which variables serve as leading predictors of subsequent changes in others.

Second, future research should incorporate objective measures of sleep alongside subjective self-report, and should measure digital exposure through device usage logs rather than self-report questionnaires alone. This would reduce measurement error and provide more precise estimates of association.

Third, studies with balanced and larger gender samples are needed to provide more reliable estimates of gender differences in social media use, sleep, and mental health outcomes. Future research should also examine potential gender-by-usage-type interaction effects, given that the psychological impact of different social media platforms and behaviours may differ for male and female youth.

Fourth, future investigations should examine potential mediating variables in the social media–mental health pathway, particularly sleep quality as a mediator. Formal mediation analyses using structural equation modelling, with adequately powered samples, would clarify whether sleep disruption is a primary mechanism through which social media use impairs psychological well-being (Alonzo et al., 2021; Wong et al., 2020).

Fifth, qualitative and mixed-methods studies exploring youth perspectives on how social media affects their sleep and emotional well-being would add important contextual depth to the quantitative findings. Understanding the subjective meanings youth attach to their digital habits and the barriers they perceive to reducing problematic use would inform more culturally and developmentally sensitive intervention designs.

5.6 CONCLUSION

The present study examined social media use, sleep quality, and mental health among 123 youth aged 18 to 25 years in Jammu, India, with the aim of assessing the prevalence of these constructs, exploring gender differences, and investigating their inter-relationships. The findings contribute to the growing body of literature on digital behaviour and youth psychological well-being in South Asian contexts.

The study revealed that anxiety was the most prevalent mental health concern in this sample, with nearly 70% of participants reporting some degree of clinically significant anxiety. Over half the sample experienced some form of sleep disturbance, and most participants reported low-to-moderate social media engagement. Gender did not emerge as a significant differentiator on any of the key study variables, suggesting that the risks associated with social media use, poor sleep, and mental health difficulties are broadly shared across male and female youth in this population.

The most consequential finding of the study is the pattern of significant positive correlations among all study variables. Poor sleep quality was associated with elevated depression, anxiety, and stress, and greater social media use was associated with poorer mental health outcomes

across all three dimensions. The strongest associations were observed between depression and stress (r = .748), between anxiety and social media use (r = .487), and between sleep quality and depression (r = .489). These findings collectively affirm the existence of a meaningful triadic relationship among social media use, sleep quality, and mental health in youth, consistent with the theoretical framework proposed by Alonzo et al. (2021).

In conclusion, the present study affirms that digital behaviour, sleep, and mental health are deeply interconnected dimensions of youth well-being that cannot be effectively addressed in isolation. As social media platforms become increasingly embedded in the lives of young people, and as mental health challenges among youth continue to rise globally, there is an urgent need for educational institutions, mental health practitioners, and policymakers to develop integrated, evidence-based strategies that simultaneously promote healthy digital habits, sleep hygiene, and psychological resilience. The well-being of young people today is inseparable from the digital environments they inhabit, and investing in their psychological health is an investment in the intellectual and social potential of future generations.

SUMMARY

TOPIC: AN ANALYTICAL STUDY ON RELATIONSHIP BETWEEN SOCIAL MEDIA USE, SLEEP QUALITY AND MENTAL HEALTH AMONG YOUTH

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INTRODUCTION

The rapid integration of digital technologies into everyday life has fundamentally reshaped patterns of communication, social interaction, learning, and psychological development among adolescents and young adults. Over the past decade, social media has transitioned from a supplementary communication tool to a dominant force influencing identity formation, emotional experiences, lifestyle behaviours, sleep patterns, and mental health functioning. Simultaneously, global evidence indicates a decline in sleep quality and a rise in mental health challenges among young populations. Sleep disturbances, including insomnia, reduced sleep duration, and circadian rhythm disruptions, are increasingly prevalent among adolescents, often emerging concurrently with heightened social media use. Mental health disorders such as anxiety, depression, emotional instability, and stress have also become widespread, with many of these conditions first appearing during adolescence and early adulthood (Kessler et al., 2005; WHO, 2024).

A growing body of research suggests that social media use, sleep quality, and mental health are not isolated constructs, but deeply interconnected domains that shape youth development. Systematic reviews and longitudinal studies increasingly highlight the triadic relationship among these variables, where excessive social media engagement disrupts sleep, deteriorating sleep contributes to poor mental health, and compromised mental health further influences digital dependency. Given the rising concerns surrounding digital behaviour and mental health

challenges among youth, the present study provides a comprehensive examination of these variables, their intersections, and their implications for contemporary youth well-being.

SOCIAL MEDIA

Social media has emerged as one of the most transformative socio-technological developments of the twenty-first century, exerting profound influence on the socialization patterns, identity formation, psychological well-being, and behavioural functioning of contemporary youth. With the global social media population rising to more than 4.95 billion in 2024, digital platforms have become deeply embedded in daily life. Adolescents represent the most active demographic on social media, rendering them uniquely susceptible to its psychological impacts. Platforms function as algorithmically curated environments that maximize engagement through social comparison, feedback loops, and peer interaction, often fostering compulsive patterns of use.

SLEEP QUALITY

Sleep quality is a crucial determinant of human health and well-being, influencing physical recovery, emotional regulation, cognitive functioning, and overall life satisfaction. Good sleep quality is characterized by ease of falling asleep, minimal nighttime awakenings, sufficient duration, and feelings of refreshment upon waking. Poor sleep quality is consistently associated with fatigue, reduced concentration, mood instability, and heightened vulnerability to anxiety and depression. Adolescents are particularly at risk for sleep difficulties. The widespread use of smartphones and social media has led to increased nighttime exposure to stimulating content and blue light, suppressing melatonin and disrupting circadian rhythms, thereby delaying sleep onset and reducing restorative sleep.

MENTAL HEALTH

Mental health refers to a state of well-being in which an individual realizes their own potential, can cope with the normal stresses of life, can work productively, and can contribute to their community (WHO, 2024). Mental health difficulties such as depression, anxiety, and stress are among the most prevalent health concerns affecting youth globally. These conditions often first emerge during adolescence and early adulthood. The relationship between mental health and sleep quality is well-established and bidirectional: poor sleep worsens psychological functioning, while mental health difficulties impair sleep, creating a mutually reinforcing cycle of distress.

SIGNIFICANCE OF THE STUDY

The present study carries significant importance given the rapidly increasing prevalence of social media use, sleep problems, and mental health difficulties among college-going youth in India. Despite extensive international literature on this triadic relationship, research examining these variables together within the South Asian, and specifically the Jammu, context remains limited. The findings have direct implications for institutional mental health policy, student counselling services, and the development of evidence-based preventive programmes tailored to the unique cultural and educational context of youth in Jammu.

STATEMENT OF THE PROBLEM

The present study is entitled as: AN ANALYTICAL STUDY ON RELATIONSHIP BETWEEN SOCIAL MEDIA USE, SLEEP QUALITY AND MENTAL HEALTH AMONG YOUTH.

OPERATIONAL DEFINITIONS

Social Media Use: In the present study, social media use refers to the frequency and nature of engagement with social networking platforms such as Instagram, Facebook, and WhatsApp, as measured by the Social Media Use Questionnaire (SMUQ) developed by Xanidis and Brignell (2016). Sleep Quality: In the present study, sleep quality refers to the subjective experience of sleep, encompassing ease of sleep onset, duration, awakenings, and daytime functioning, as measured by the Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989). A score above 5 indicates poor sleep quality. Mental Health: In the present study, mental health refers to the levels of depression, anxiety, and stress experienced by participants, as measured by the Depression Anxiety Stress Scale – 21 items (DASS-21).

OBJECTIVES OF THE STUDY

The following objectives were formulated for the present study:

(1) To assess the prevalence of problematic social media use, poor sleep quality, and mental health issues (depression, anxiety, and stress) among youth.

(2) To examine gender differences in social media use among youth.

(3) To examine gender differences in sleep quality among youth.

(4) To examine gender differences in mental health (depression, anxiety, and stress) among youth.

(5) To investigate the relationship between social media use, sleep quality, and mental health among youth.

HYPOTHESES OF THE STUDY

1. There will be a significant prevalence of problematic social media use, poor sleep quality, and mental health difficulties among youth.

2. There will be no significant gender difference in social media use among youth.

3. There will be no significant gender difference in sleep quality among youth.

4. There will be no significant gender difference in mental health (depression, anxiety, and stress) among youth.

5. There will be a significant positive relationship between social media use, sleep quality, and mental health among youth.

SAMPLE FOR THE STUDY

In the present study, Convenience Sampling Technique was employed for selecting the sample. A total of 123 youth aged between 18 to 25 years were selected from different undergraduate and postgraduate colleges in Jammu district. The sample comprised 17 male (13.8%) and 106 female (86.2%) participants. Participants were active users of social media platforms and enrolled in colleges within Jammu district.

TOOLS USED

Three standardized research tools were used for data collection: (1) The Social Media Use Questionnaire (SMUQ) developed by Xanidis and Brignell (2016), a 9-item scale assessing frequency and nature of social media engagement (Cronbach's $\alpha = 0.89$); (2) The Pittsburgh Sleep Quality Index (PSQI; Buysse et al., 1989), a 19-item instrument measuring subjective sleep quality over the past month, with scores above 5 indicating poor sleep quality (Cronbach's $\alpha = 0.83$); and (3) The Depression Anxiety Stress Scale – 21 items (DASS-21), a validated tool assessing the severity of depression, anxiety, and stress. All data were collected online via Google Forms.

STATISTICAL TECHNIQUES USED

The following statistical techniques were employed to analyze the collected data: (1) Mean and Standard Deviation to describe central tendency and variability; (2) Independent Samples t-Test to examine gender differences across all study variables; and (3) Pearson Product-Moment Correlation to investigate the relationships among social media use, sleep quality, and mental health variables.

RESULTS OF THE STUDY

Objective 1 – Prevalence: The results revealed that the majority of participants (44.7%) reported very low social media use and 43.1% reported low-to-moderate use. With respect to sleep quality, 43.9% reported good sleep, while 40.7% experienced mild disturbance, 14.6% moderate disturbance, and 0.8% severe disturbance, indicating that over 56% experienced some degree of sleep disruption. For depression, 64.2% were in the normal range; for stress, 63.4% were in the normal range. Anxiety emerged as the most prevalent mental health concern, with only 30.1% in the normal category and nearly 70% reporting clinically significant anxiety levels ranging from moderate to extremely severe.

Objectives 2, 3 and 4 – Gender Differences: Independent samples t-tests revealed no statistically significant gender differences in social media use [$t(121) = -0.229$, $p = .819$], sleep quality [$t(121) = -0.246$, $p = .806$], depression [$t(121) = .476$, $p = .635$], anxiety [$t(121) = .624$, $p = .534$], or stress [$t(121) = .955$, $p = .341$]. Effect sizes (Cohen's d) were uniformly negligible to small, indicating no practically meaningful gender differences in these variables.

Objective 5 – Relationship Among Variables: Pearson correlation analysis revealed statistically significant positive correlations among all study variables (all $p < .01$). Sleep quality showed moderate positive correlations with depression ($r = .489$), anxiety ($r = .442$), and stress ($r = .395$), and a weak-to-moderate correlation with social media use ($r = .335$). Social media use was positively associated with anxiety ($r = .487$), depression ($r = .378$), and stress ($r = .374$). These findings collectively confirm a meaningful triadic relationship among social media use, sleep quality, and mental health in youth.

DELIMITATIONS OF THE STUDY

The study is delimited to 123 youth participants only. The study is delimited to college-going youth aged between 18 to 25 years in Jammu district only. The study employs three

standardized tools: the Social Media Use Questionnaire (SMUQ), the Pittsburgh Sleep Quality Index (PSQI), and the Depression Anxiety Stress Scale (DASS-21). The study is cross-sectional in design and relies on self-report data collected at a single point in time.

SUGGESTIONS FOR FURTHER RESEARCH

The present study has examined the triadic relationship among social media use, sleep quality, and mental health among college-going youth in Jammu. Based on the findings, the following suggestions for further research are proposed: (1) Future studies should employ longitudinal or experience-sampling designs to clarify the directionality of relationships. (2) Objective measures of sleep and device usage logs should be incorporated to reduce self-report bias. (3) Studies with balanced and larger gender samples are needed for reliable gender comparisons. (4) Formal mediation analyses examining sleep quality as a mediator in the social media–mental health pathway should be conducted. (5) Similar studies can be extended to other cities and regions of India. (6) Qualitative and mixed-methods studies exploring youth perspectives on digital habits and sleep would add valuable contextual depth. (7) Experimental studies examining structured digital detox or sleep hygiene interventions should be conducted.

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APPENDICES

Appendix A

Name: _____ **Date: _____**

Social Media Use Scale (SMUS)

Directions: Please indicate how frequently you have engaged in each of the following social media activities in the **PAST WEEK** (7 days). Please only include activities engaged in on social networking sites such as Instagram, Facebook, etc.. Do ***not*** include activities related to directmessagingsuchasFacebookMessengerorInstagramdirectmessages.Foreachactivity, please use the following scale:

Never	1-2 times per week	3-4 times per week	5-6 times per week	Once daily	2-5 times Daily	6-9 times daily	10-13 times daily	Hourly or more
1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**

_____ 1. Made/shared a post or story about something positive that was personally about me
_____2.Looked at how many people liked, commented on, shared my content, or followed/friended me
_____ 3. Read comments to my own content
_____ 4. Edited and/or deleted my own social media content
_____ 5. Played with photo filtering/photo editing
_____ 6. Compared my body or appearance to others'
_____ 7. Compared my life or experiences to others'
_____ 8. Reminisced about the past
_____ 9. Made/shared a post or story about something negative that was personally about me
_____10.Made/sharedapostorstoryaboutsomethingnegativethatwasNOTpersonallyabout me
_____ 11. Commented unsupportively or disliked/"reacted" unsupportively on other's post(s)
_____ 12. Sought out content that I morally or ethically disagreed with
_____ 13. Scrolled aimlessly through my feed(s)
_____ 14. Looked at others' stories
_____ 15. Navigated to others 'profiles in my social network (e.g., friends or friends of friends)
_____16.Navigated to others 'pages who I do not know (e.g., influencers or other famous people)
_____17.Watched videos such as memes, news content, how-to /recipes, etc.

Scoring Instructions: Items should be presented in random order. There are four social media use subscales. The items for each subscale should be averaged. There are no reverse-keyed items.

Image-Based(5items):1, 2,3,4, 5
Comparison-Based(3items):6,7,8
Belief-Based(4items):9,10,11,12
Consumption-Based(5items):13,14,15,16, 17

Appendix B

Name: _____ **Date:** _____

DASS21

Please read each statement and circle a number 0,1,2 or 3 which indicate show much the statement applied to you **over the past week**. There are no right or wrong answers. Do not spend too much time on any statement.

The rating scale is as follows:

0 Did not apply to meet all
1 Applied to me to some degree, or some of the time
2 Applied to me to a considerable degree or a good part of time

1(s)	I found it hard to wind down	0	1	2	3
2(a)	I was aware of dryness of my mouth	0	1	2	3
3(d)	I couldn't seem to experience any positive feeling at all	0	1	2	3
4(a)	I experienced breathing difficulty (e.g. excessively rapid breathing, breathlessness in the absence of physical exertion)	0	1	2	3
5(d)	I found it difficult to work up the initiative to do things	0	1	2	3
6(s)	I tended to over- react to situations	0	1	2	3
7(a)	I experienced trembling (e.g. in the hands)	0	1	2	3
8(s)	I felt that I was using a lot of nervous energy	0	1	2	3
9(a)	I was worried about situations in which I might panic and make a fool of myself	0	1	2	3
10 (d)	I felt that I had nothing to look forward to	0	1	2	3
11 (s)	I found myself getting agitated	0	1	2	3
12 (s)	I found it difficult to relax	0	1	2	3
13 (d)	I felt downhearted and blue	0	1	2	3
14 (s)	I was into errant of anything that kept me from getting on with what I was doing	0	1	2	3
15 (a)	I felt I was close to panic	0	1	2	3
16 (d)	I was unable to become enthusiastic about anything	0	1	2	3
17 (d)	I felt I wasn't worth much as a person	0	1	2	3

18 (s)	I felt that I was rather touchy	0	1	2	3
19 (a)	I was aware of the action of my heart in the absence of physical exertion (e.g. sense of heart rate increase, heart missing a beat)	0	1	2	3
20 (a)	I felt scared without any good reason	0	1	2	3
21(d)	I felt that life was meaningless	0	1	2	3

Appendices C

Pittsburgh Sleep Quality Index (PSQI)

Instructions: The following questions relate to your usual sleep habits during the past month only. Your answers should indicate the most accurate reply for the majority of days and nights in the past month. **Please answer all questions.**

1. During the past month, what time have you usually gone to bed at night?_____
2. During the past month, how long (in minutes) has it usually takes you to fall asleep each night?_____
3. During the past month, what time have you usually gotten up in the morning?_____
4. During the past month, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed.) _____

5.During the past month, how often have you had trouble sleeping because you…	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes				
b. Wake up in the middle of the night or early morning				
c. Have to get up to use the bathroom				
d. Cannot breathe comfortably				
e. Cough or snore loudly				
f. Feel too cold				
g. Feel too hot				
h. Have bad dreams				
i. Have pain				
j. Other reasons(s),please describe:				
6. During the past month, how often have you taken medicine to help you sleep (prescribed or "over the counter")?				
7. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?				
	No problem at all	Only a very slight problem	Somewhat of a problem	A very big problem
8. During the past month, how much of a problem has it been for you to keep up enough enthusiasm to get things done?				
	Very good	Fairly good	Fairly bad	Very bad

9.During the past month, how would you rate your sleep quality overall?				

	No bed partner or roommate	Partner/roommate in other room	Partner in same room but not same bed	Partner in same bed
10.Doyouhaveabedpartnerorroom mate?				
	Not during The past month	Less than once a week	Once or twice a week	Three or More times a week
If you have a roommate or bed partner, ask him/her how often in the past month you have had:				
a. Loud snoring				
b. Long pauses between breaths while asleep				
c. Legs twitching or jerking while you sleep				
d. Episodes of disorientation or confusion during sleep				
e. Other restlessness while you sleep, please describe:				

CHAPTER-I

INTRODUCTION

CHAPTER-II

REVIEW OF

RELATED LITERATURE

CHAPTER-III

RESEARCH METHODOLOGY

CHAPTER-IV

ANALYSIS AND INTERPRETATION OF DATA

CHAPTER-V

FINDINGS, CONCLUSION, DISCUSSION, EDUCATIONAL IMPLICATIONS AND SUGGESTIONS FOR FURTHER RESEARCH

SUMMARY

REFERENCES

APPENDICES