Social Media Use, Religiosity and Perceived Social Support Predicting Mental Health

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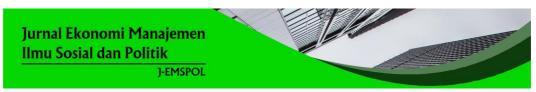https://orcid.org/0000-0002-7867-270X

ABSTRACT

This research aims at investigating the predictive ability of social media use, religiosity and social support on mental health among undergraduate samples in Nigeria. Cross-sectional survey design was adopted while purposive sampling technique was used to select the study population. Data were collected from 401 undergraduates using validated questionnaires and analyzed using hierarchical multiple regression to test one hypothesis which was accepted at $p < .001$ level of significance. The result revealed that social media use, religiosity and social support jointly predicted mental health among study participants [$R^2 = .31$, $F (3, 398) = 28.952$, $p < .001$). Furthermore the result showed that social media use ($\beta = .193$, $p < .001$) and religiosity ($\beta = .45$, $p < .001$) independently predicted mental health among study participants. The study concluded that social media use, religiosity and social support are strong predictors of mental health among undergraduate samples. It is recommended that the university authority should sensitize the students on the proper use of social media while the parents and other stakeholders should provide social support to the students to reduce any negative effects on their mental health.

Keyword: **Social Media; Religiosity; Social Support; Mental Health**

INTRODUCTION

Mental health has to do with individuals' emotional, psychological and social well-being which is affected by stress, genetics, lifestyle, and environment (Cullen et al., 2020) . It is an important construct that forms part of overall well-being which is essential to an individual's ability to function in everyday life (Balogun et al., 2024) . One group of individuals whose mental health deserves regular monitoring is the undergraduates. According to the (National Alliance on Mental Illness. (2020), about 40% of undergraduates have experienced significant
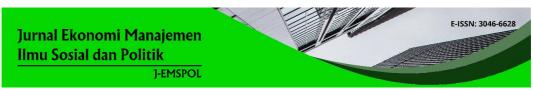
symptoms of mental health problems. As in the general population, undergraduates' mental health is characterized by the symptoms of stress, self-esteem, anxiety and depression which affect their overall quality of life.

Some factors have been implicated to affect the mental health of undergraduate populations. One factor considered in this study is social media which is described as an interactive computer mediated technology that facilitates the creation and sharing of information, ideas, career interest and other forms of expression through virtual communities and networks (Roberts et al., 2024) ;(Smith, 2020) . Social media has become an integral part of daily life for many individuals, especially among undergraduate students. Social media platforms such as Facebook, Instagram, and X (Twitter) offer opportunities for social interaction, information sharing, and self-expression. However, the excessive use of social media has been linked to higher levels of depression, anxiety, loneliness and stress (Kross et al., 2013) ; (Primack et al., 2017). Furthermore, certain patterns of social media use such as frequent checking and engagement with negative contents have been found to contribute to negative mental health outcomes among individual users (Littlewood et al., 2016) .

Studies on the effect of social media use on mental health gave varied results. For instance, ((Primack et al., 2017); (Kross et al., 2013) examined the effects of social media use on psychological well-being (mental health) among 82 who were randomly assigned to one of two groups: a passive use group, which could only browse others' content, or an active use group, which could also post and comment on content. The study found that participants in the active social media use group experienced a reduction in mood and well-being compared to those in the passive use group (Kross et al., 2013). On their own part,(De Choudhury et al., 2019) examined how language used in social media posts could provide insights into real-life mental health outcomes and found social media use to predict mental health outcomes of the study participants.

Further study by(Orru et al., 2022) found a significant positive correlation between social media addiction and all three mental health symptoms of depression, anxiety and stress. Individuals with higher levels of social media addiction reported higher levels of depressive, anxiety, and stress symptoms. Social media addiction independently predicted mental health symptoms of the study participants. Finally, (Holman et al., 2023) investigated the impact of social media use on mental health during the COVID-19 pandemic and found that frequent social media use was

associated with both positive and negative mental health outcomes during the pandemic.

The second factor considered in this study as a predictor of mental health is an individual's religious beliefs. Religiosity refers to the degree to which a person identifies with and adheres to the tenets and customs of a specific religious group (John, 2019). In addition, individuals' spirituality and religious connections, practices, and beliefs formed their religiosity. Studies have revealed that individuals' religious practices and beliefs help to protect them against mental health problems as it provides them with coping strategies, social networks of support, and a sense of direction or meaning in life (Koenig, 2012). However, factors including religious denomination, degree of commitment, and individual interpretations of religious teachings influence the association between religiosity and mental health outcomes. Studies that investigated religiosity and mental health have produced varying results. For instance, (Koenig, 2012) in a study that involved over 100,000 participants found that religious individuals reported better physical and mental health compared to non-religious individuals. Additionally, the study found that religious involvement such as attending religious services and engaging in private prayer was associated with even better mental health outcomes.

Further study by Hjelm and Pettersson, (2011) on the relationship between religious involvement and general mental health among a large-scale population (90,000 participants) in Sweden found a positive association between religious involvement and general mental health. Individuals who attended religious services more frequently had lower levels of depression and anxiety. People who reported that religion was important in their daily lives had higher levels of psychological well-being and life satisfaction.

In another study, (Yarcheski & Andersen, 2009) investigated the extent religious beliefs, practices, and experiences predict mental health among study participants in the United States. The study found a significant relationship between religious affiliation and mental health, with individuals who were more religious reporting higher levels of psychological well-being. Specifically, those who reported having religious beliefs and attending religious services regularly exhibited lower levels of depression, higher levels of life satisfaction, and stronger social support networks.

Finally, (Oman & Thoresen, 2008) conducted a meta-analysis of 126 studies on the relationship between religion and mental health with the result revealing that religious beliefs and practices were positively associated with mental
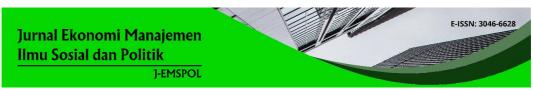
well-being, that individuals with strong religious beliefs and active involvement in religious activities reported higher levels of life satisfaction, that religion provided a sense of community, belonging, and support, which can buffer against stress and promote mental resilience.

The third factor considered in this study is perceived social support which refers to individuals' subjective evaluation of the quantity and quality of support they receive from friends, family, and peers in their social network (Gülaçtı, 2010). Studies have shown that high levels of perceived social support would lead to better mental health outcomes such as reduced levels of anxiety, depression, and psychological distress (Cohen & Wills, 1985; Ka(Kawachi & Berkman, 2001); (Jung et al., 2020) . For instance, (Pinquart & Burfeind, 2010) who investigated the effect of social support on psychological distress among 19,187 cancer patients found social support to be the strongest predictor of emotional support, followed by instrumental support and informational support.

Closely related study by (Lester et al., 2012) examining the relationship between social support and suicide among 230,000 participants found a strong inverse association between social support and suicide. Individuals with higher levels of social support were significantly less likely to experience suicidal ideation, attempt suicide, or die by suicide. This means that social support plays a crucial role in protecting against suicide. Moreover, (Li et al., 2020) investigated the relationship between perceived social support, depressive symptoms, and inflammation among 35,916 participants and found perceived social support significantly to be associated with lower levels of depressive symptoms.

Finally, (Bledsoe, 2022) conducted a meta-analysis to investigate the relationship between social support and mental health among adolescents and found a strong and significant association between social support and adolescent mental health. Participants who perceived higher levels of social support from parents, peers, and other sources exhibited lower levels of depression and anxiety, higher levels of self-esteem and positive affect, reduced risk of substance use and delinquent behavior which contributed to their mental health. Social support is a vital protective factor for adolescent mental health.

Taken together, undergraduate students' usage of social media, their religious beliefs, and perceived social support tend to affect their mental health (Kim et al., 2019). While some studies have investigated these factors using different populations and samples, the result tended to be inconsistent. Also, studies

investigating social media use, religiosity and perceived social support among undergraduates are lacking in Nigeria leaving gaps in knowledge to fill.

Therefore, the purpose of this study was to investigate whether social media use, religiosity and perceived social support would predict mental health among undergraduates in Alex Ekwueme Federal University in South-eastern part of Nigeria. The research question that guided the study was: Would social media use, religiosity and perceived social support jointly and independently predict mental health among undergraduate samples?

The study would provide an insight into the role of social media use, religiosity, and perceived social support on the mental health of undergraduates that would help practitioners and educators to design targeted programs that would promote mental health among undergraduates.

Theoretical Construct

This study was anchored on the Uses and Gratification Theory(Katz et al., 1974) which posits that individuals actively seek out media to satisfy specific needs or gratifications. It suggests that media usage is motivated by a desire to fulfill psychological, social, and cognitive functions. In the context of mental health, UGT has been used to examine how social media use, religiosity, and perceived social support can influence the mental wellbeing of individuals, particularly undergraduates. UGT suggests that undergraduates use social media for social interaction, entertainment, self-expression, and information seeking. Some studies have associated high levels of social media use with increased symptoms of anxiety, depression, and loneliness (Twenge & Campbell, 2018). On the other hand, other studies have found that moderate social media use can be beneficial for mental health. For example, social media can facilitate social connections, provide a sense of community, and offer opportunities for self-exploration and self-expression (Jiang et al., 2021).

In terms of religiosity, UGT suggests that religiosity provides various gratifications, including social support, emotional comfort, and meaning in life. Studies have found that individuals who are religious tend to report higher levels of happiness, life satisfaction, and subjective well-being (Chatters et al., 2019). Religious practices, such as attending religious services, praying, and studying religious texts, can fulfill social, emotional, and spiritual needs. These practices can provide a sense of belonging, reduce stress, and promote coping mechanisms for emotional distress.

Finally, in terms of perceived social support, UGT posits that individuals seek social support from their social networks to fulfill needs for affection, belonging, and self-esteem. Strong perceived social support is associated with better mental health outcomes (Jung et al., 2020). Individuals with high levels of perceived social support tend to report lower levels of anxiety, depression, and stress.

Conclusively, UGT suggests that social media use, religiosity, and perceived social support would interact with each other to predict mental health, meaning that undergraduates who use social media to connect with religious groups may experience increased social support and feelings of community. Conversely, social media platforms can also be used to spread religious messages and promote religious activities, which could further strengthen an individual's religiosity.

Hypothesis

Social media use, religiosity and social support would jointly and independently predict mental health among undergraduate samples.
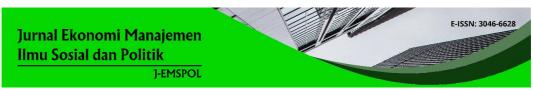
METHODS

Research design

Cross-sectional survey design was adopted in the study where questionnaires were used to obtain data from the participants. The independent variables were social media addiction, religious orientation scale, multidimensional scale of perceived social support while the dependent variable was psychological well-being (mental health). The study was carried out at the Alex Ekwueme Federal University Ndufu Alike, Ebonyi State, Nigeria.

Participants

A total of 401 undergraduates participated in the study where 167(42%) were male participants and 234(58%) were female participants with the age ranges between 17 and 47 (Mage= 24.09, SD =4.13).

Instruments

The Bergen Social Media Addiction Scale (BSMAS, (Andreassen et al., 2012) was used to evaluate addiction to social media platforms among study participants. BSMAS consisted of 6 items rated on a 5-point Likert's response format ranging from very rarely (1) to very often (5). Sample items include: **"Do you spend a lot of time thinking about social media or planning to use social media?"**, **"Do you feel urges to use social media more and more?"** and **"Have you tried to cut down on your use of social media without success?"** Higher scores on the BSMAS indicate a higher likelihood of social media addiction. The authors

obtained Cronbach's alpha of 0.80 and in the current study, Cronbach's alpha of 0.78 was obtained.

Religious Orientation Scale (Allport & Ross, 1967) was used to assess participants' religious orientation. The scale comprised 21- item presented on a 5-point Likert's format with responses ranging from strongly disagree to strongly agree. Sample items include: "Although I believe in my religion, I feel there are many more important things in my life", "It doesn't matter so much what I believe so long as I lead a moral life" and "The primary purpose of prayer is to gain relief and protection". Authors Cronbach's alpha was 0.70 and in this study, Cronbach's alpha of 0.73 was obtained.

Multidimensional scale of Perceived Social Support (Zimet et al., 1988) was used to determine an individual's perception of the level of support they receive from their social network, including friends, family, and significant others. It is a 12-item scale rated on 7-point Likert's format ranges from strongly agree to strongly disagree. Items in the scale include: "There is a special person who is around when I am in need", "There is a special person with whom I can share joys and sorrows" and "My family really tries to help me". Cronbach's alpha of validated scale was 0.93, and in this study, Cronbach's alpha was 0.89.

The Ryff Psychological Well-Being Scale (Ryff, 2014) was used to establish psychological well-being among study participants. It consisted of six dimensions: self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life, and personal growth. However, in this study, the composite scores were computed. The 18-item component of psychological well-being was presented in a 6-point Likert's format ranging from strongly disagree to strongly agree. Some items in the scale include: "When I look at the story of my life, I am pleased with how things have turned out so far" and "Some people wander aimlessly through life, but I am not one of them". Validated scale using the Nigerian sample Cronbach's alpha of 0.71 was obtained and in the present study, Cronbach's alpha of 0.74 was obtained.

Procedure

A letter of identification was obtained from the Department of Psychology, Alex Ekwueme Federal University Ndufu-Alike-Ikwo which identified the researchers in the process of data collection. Potential participants were met in the lecture rooms, recreational lounges, cafeteria, café, etc., where they were invited to participate in the study. They were duly informed that participation was voluntary and that their responses would be treated confidentially. Moreover, they read the consent form attached to the questionnaires. The willing participants were given the questionnaires to fill which took approximately 17 minutes to complete and were

collected on the spot. A total of 405 questionnaires were collected, however, during screening and coding, four questionnaires were incorrectly filled and were removed thus leaving 401 questionnaires used for the analysis.

Data analysis

IBM^R SPSS version 26 was used for data analysis. Both descriptive and inferential statistics were computed. The hypothesis was tested using hierarchical multiple regression analysis. The hypothesis was accepted at p <0.01 level of significance.

RESULTS

Table 1 presents the descriptive statistics and zero-order correlation of the study variables

Variables	Mean	Std Dev	1	2	3	4
1. Social media use	15.72	5.12	-			
2. Religiosity	48.71	11.34	.39**	-		
3. Social Support	54.18	17.97	.03	-.06	-	
4.Mental health	50.72	14.69	.37**	.52**	-.06	-

*** Significance at p <.001*

According to Table 1, social media use (*r* = .37, *p* < .001) and religiosity (*r* = .52, < .001) significantly and positively correlated with mental health whereas social support did not correlate with mental health (r = -.06, p >.05).

Table 2: Hierarchical multiple regression predicting mental health by social media use, religiosity, and social support among study participants

Predictors	B	SE	β	t
Step 1 Social Media Use	1.05	.13	.193*	4.21
Step 2 Religiosity	.58	.06	,450*	9.77
Step 3 Social Support	-.04	.04	-.04	-1.02

Note: *p <.001, Total ΔR^2 =.31, F = 28.952

Table 2 shows the results of the hierarchical multiple linear regression analysis which predicted mental health from social media use, religiosity, and social support. The result showed that social media use, religiosity and social support jointly predicted mental health among undergraduate samples [R^2 = .31, (3,398) = 28.952, p <.001] accounting for 31% of variance explained in mental health. In addition, social media use ($ß$ = .193, p < .001) and religiosity ($ß$ = .45, p < .001) independently predicted mental health among study participants. However, social support did not independently predict mental health among study participants ($ß$ = -.04, p> .05). Therefore, the hypothesis was partially supported.

DISCUSSION

The hypothesis that social media use, religiosity and social support would jointly predict mental health among undergraduate samples was supported. This means that the use of social media by the participants together with their religious backgrounds and the social support received by family, friends and significant others interact to influence their mental health. The combinations of all the factors explained about 31% of variance in mental health of these participants. This result corroborated previous findings that social media (Bledsoe, 2023; De Choudhury et al.'s 2019; Kim et al., 2019; Orru et al., 2022), religiosity (Koenig et al., 2012; (Hjelm & Pettersson, 2011)) and perceived social support (Lester et al., 2012; (Pinquart & Burfeind, 2010) predicted mental health among different populations and samples.

Furthermore, the result confirmed that social media use and religiosity independently predicted mental health among study participants. This implies that undergraduates who are addicted to social media use would be negatively affected demonstrating depression, anxiety or stress which would affect their mental health. Of relevance to the present finding was Holman et al. (2023) who investigated the effect of social media use on mental health during the COVID-19 pandemic and found that frequent social media use was associated with both positive and negative mental health outcomes during the pandemic.

In addition, the increase in religiosity shows an increase in positive mental well-being among undergraduates which supported Koenig et al. (2012) who found that religious individuals reported better physical and mental health compared to non-religious individuals. Finally, the study supported (Yarcheski & Andersen, 2009) who found a significant relationship between religious affiliation and mental health, with individuals who were more religious reporting higher levels of mental health or psychological well-being.

However, this study did not find social support as an independent predictor of mental health among study participants contrasting findings by Bledsoe (2023) who found social support as a strong predictor of mental health among adolescents. This disparity could be because of cultural relativity. The study participants may be secretive in what they use their social media for to avoid asking for social support when need arises.

CONCLUSION

The study has empirically established that social media use, religiosity and social support contributed significantly to mental health among undergraduates of the Alex Ekwueme Federal University, Ndufu Alike Ikwo. In addition, social media use and religiosity independently contributed to mental health among study participants. It is recommended that understanding the role of social media use, religiosity, and perceived social support on the mental health of undergraduates would have important implications for practitioners and educators to design targeted programs that would promote mental health of undergraduates.

Limitation of the Study

The study has some limitations which are worth mentioning to be addressed in further study. First, data for this were collected using self-reported questionnaires which were not free of social desirability and response biases. Further study would benefit by using in-depth interviews and clinical assessment reports from health units to triangulate data collected from self-reported questionnaires. In addition, the use of only one university with a sample size of 401 hindered generalization of the study findings to other contexts and populations. Therefore, further study should include more universities with different backgrounds and increase sample size. Finally, the independent variables investigated were not exhaustive, further study should include subjective happiness, psychological adjustment and self-esteem to have a comprehensive understanding of the mental health among undergraduates.

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