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Impact of social media platforms on mental health of young people in selected cities in South East Nigeria

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Abstract
The rapid expansion of social media has transformed communication, social interaction, entertainment, information seeking, and identity formation among young people. Despite its numerous benefits, concerns have intensified regarding the potential adverse effects of excessive and problematic social media use on psychological well-being. This study examined the impact of social media platform use on the mental health of young people in selected cities in South East Nigeria, with particular attention to the mediating roles of social comparison, social media addiction, sleep disruption, and cyberbullying experiences. The study adopted a quantitative cross-sectional research design and targeted young people aged 15–35 years in Enugu, Owerri, Aba, Awka, and Abakaliki. A sample of 800 respondents was proportionately distributed across the five cities. Social media exposure was assessed using daily social media hours and frequency of TikTok, Instagram, X (formerly Twitter), and WhatsApp use, while problematic social media engagement was assessed with indicators adapted from the Bergen Social Media Addiction Scale. Mental health outcomes were measured using the Patient Health Questionnaire-9 for depressive symptoms, Generalized Anxiety Disorder-7 scale for anxiety, Perceived Stress Scale, and a composite Mental Health Index. Social comparison, cyberbullying exposure, and sleep disruption were also assessed as potential explanatory pathways. Data were analysed using descriptive statistics, Pearson correlation, multiple regression, and parallel mediation analysis using Hayes' PROCESS Model 4 with 5,000 bootstrap samples. The analytical pattern indicated that greater social media exposure was associated with poorer psychological outcomes. Daily social media use demonstrated a positive relationship with depressive symptoms, while social media addiction showed a particularly strong association with anxiety. Higher overall social media intensity was also associated with greater social comparison, sleep disruption, and addictive-use tendencies, which in turn predicted lower scores on the Mental Health Index. The mediation model suggested that the relationship between intensive social media engagement and poorer mental health operated substantially through social comparison, problematic use, and disrupted sleep. Cyberbullying exposure constituted an additional psychological risk factor among affected respondents. The study concludes that the relationship between social media and youth mental health in South East Nigeria is influenced not merely by access to social media but by the intensity, pattern, purpose, and psychological consequences of its use.

Keywords: Social media, mental health, young people, social media addiction, depression, anxiety, social comparison, cyberbullying, sleep disruption, South East Nigeria

Introduction

Social media has become one of the most influential components of the contemporary digital environment, particularly in the lives of adolescents and young adults. Platforms such as WhatsApp, Instagram, TikTok, Facebook, Snapchat, YouTube, and X have transformed how young people communicate, establish relationships, express identity, access information, consume entertainment, and participate in public discourse. Unlike earlier forms of media, social media platforms are interactive, personalized, continuously available, and increasingly driven by algorithms that determine what users see and how frequently they are encouraged to remain engaged. These characteristics have created unprecedented opportunities for social connection and information exchange, while simultaneously raising significant public-health concerns about excessive use, compulsive engagement, cyberbullying, sleep disruption, social comparison, anxiety, depression, and other dimensions of psychological well-being.

The importance of examining these relationships is heightened by the increasing global burden of mental-health problems among young people. According to the World Health Organization (WHO, 2025) [18], approximately one in seven adolescents aged 10–19 years experiences a mental disorder, with depression, anxiety, and behavioural disorders constituting major causes of illness and disability. Mental-health challenges that emerge during adolescence and early adulthood may affect educational attainment, employment, interpersonal relationships, physical health, and subsequent quality of life. WHO further identifies suicide as one of the leading causes of mortality among persons aged 15–29 years, underscoring the urgency of identifying potentially modifiable environmental and behavioural determinants of psychological distress among young people (WHO, 2025) [18].

Within this broader mental-health landscape, social media represents a particularly important exposure because digital interaction has become embedded in the daily routines of young populations. Contemporary young people may engage with several platforms simultaneously and may transition rapidly between messaging applications, image-sharing platforms, video-streaming services, discussion networks, and online communities. Social media therefore represents more than a communication technology; it constitutes a social environment in which interpersonal approval, social status, identity presentation, appearance, lifestyle aspirations, friendship networks, commercial

messages, political information, and psychological experiences interact continuously.

Recent international evidence has strengthened concerns regarding problematic rather than merely frequent social media use. WHO Regional Office for Europe (2024) [19] reported increasing problematic social media use among adolescents, characterized by addiction-like features such as difficulty controlling use, withdrawal experiences, neglect of other activities, and continued use despite negative consequences. Ahmed *et al*. (2024) [5], in a systematic review and meta-analysis covering 182 studies and more than 1.1 million participants, found small but statistically significant associations between general social media use and depression and anxiety, while problematic social media use demonstrated more consistent associations with depression, anxiety, sleep difficulties, and poorer overall well-being.

One important mechanism through which social media may influence mental health is social comparison. Social comparison occurs when individuals evaluate themselves relative to others in areas such as physical appearance, social popularity, wealth, educational achievement, relationships, lifestyle, and professional success. Although comparison is a normal psychological process, social media may intensify it because users frequently encounter selectively edited, filtered, idealized, and positively curated representations of other people's lives. Continuous exposure to such content may create unrealistic standards and generate perceptions that other people are happier, wealthier, more attractive, more successful, or more socially accepted (Festinger, 1954; Saleem *et al*., 2024) [11, 15].

Another important pathway is social media addiction or problematic social media use. Social media addiction is generally characterized by excessive preoccupation with social platforms, impaired control over usage, increasing time spent online, emotional discomfort when access is restricted, displacement of important activities, and continued engagement despite adverse consequences. Problematic use may interfere with academic work, employment responsibilities, interpersonal relationships, physical activity, eating routines, and emotional regulation (Andreassen *et al*., 2016 [3]; Du *et al*., 2024).

Sleep disruption represents another major explanatory mechanism. Smartphones make social media available throughout the day and night, allowing young people to remain connected even after normal bedtime. Late-night engagement, notifications, fear of missing out, emotional arousal from online interactions, extended scrolling, and displacement of sleep time may all reduce sleep quality. Poor sleep is itself associated with impaired concentration, irritability, reduced emotional regulation, anxiety, depressive symptoms, and diminished general well-being (Ahmed *et al*., 2024) [1].

Another concern is cyberbullying, which includes harassment, intimidation, humiliation, threatening communication, spreading rumours, posting embarrassing images or information, exclusion from online groups, and other harmful behaviours conducted through digital technologies. Unlike traditional bullying, cyberbullying may occur continuously and may reach victims even within their homes. Exposure to cyberbullying has been associated with emotional distress, anxiety, depressive symptoms, reduced self-esteem, social withdrawal, school difficulties, and suicidal behaviour (Mulisa *et al*., 2025) [14].

The relevance of these issues is particularly pronounced in Nigeria because internet access and social media participation have expanded rapidly. DataReportal (2026) estimated approximately 47.8 million active social media user identities in Nigeria toward the end of 2025 [14]. Nigeria's large adolescent and young-adult population, expanding smartphone ownership, mobile broadband, influencer culture, digital entrepreneurship, and online entertainment make social media an increasingly important public-health exposure.

Despite growing evidence, Nigerian research remains geographically fragmented. Available studies have examined locations and institutions in different parts of the country, but comparatively limited empirical evidence has comprehensively investigated young people across multiple urban centres in South East Nigeria. The present study therefore investigates the impact of social media platforms on the mental health of young people aged 15–35 years in Enugu, Owerri, Aba, Awka, and Abakaliki. It examines daily social media exposure, TikTok, Instagram, X and WhatsApp use, social comparison, cyberbullying, sleep disruption, social media addiction, depression, anxiety, perceived stress, and an overall Mental Health Index.

Review of Related Literature

Concept of Social Media

Social media refers to internet-based applications and digital platforms that enable users to create, share, exchange, and interact with information, images, videos, opinions, and other forms of user-generated content within virtual networks. Unlike traditional media, social media permits multidirectional communication in which individuals function simultaneously as consumers and producers of information. Contemporary research emphasizes that social media use should not be treated as a single homogeneous behaviour because psychological consequences depend on duration, frequency, platform, content, motivation, interaction type, vulnerability of the user, and whether engagement is active or passive.

Concept of Mental Health

Mental health is a multidimensional state involving emotional, psychological, and social well-being. It affects how individuals think, feel, cope with stress, maintain relationships, make decisions, participate in education or employment, and function within society. Among adolescents and young adults, mental health assumes particular importance because adolescence and emerging adulthood are periods characterized by substantial biological, psychological, educational, social, and occupational transitions. In the present study, mental health is operationalized through depressive symptoms, anxiety symptoms, perceived stress, and an overall Mental Health Index.

Social Media Intensity and Mental Health

Social media intensity refers to the extent to which an individual frequently and psychologically engages with social media platforms. Existing evidence suggests that moderate and purposeful use may facilitate social support, educational engagement, networking, and entertainment, whereas excessive or problematic engagement may displace sleep, physical activity, face-to-face interaction, academic responsibilities, and restorative leisure activities. Ahmed *et al*. (2024) [1] found small but significant associations between general social media use and depression and anxiety, with stronger associations for problematic use.

Social Media Addiction and Mental Health

Social media addiction, often described as problematic social media use, refers to persistent and excessive engagement characterized by impaired control and functional consequences. Common features include preoccupation, increasing time spent online, unsuccessful attempts to reduce use, withdrawal-like discomfort, neglect of responsibilities, interpersonal conflict, and continued use despite adverse consequences. The Bergen Social Media Addiction Scale assesses addiction-like dimensions such as salience, mood modification, tolerance, withdrawal, conflict, and relapse (Andreassen *et al*., 2012; Andreassen *et al*., 2016) [3, 4].

Social Comparison as a Mediating Mechanism

Social Comparison Theory proposes that individuals evaluate their abilities, opinions, and personal characteristics by comparing themselves with others (Festinger, 1954) [11]. Social media substantially expands the frequency and scope of such comparison. Users commonly share selectively positive aspects of their lives, including achievements, attractive photographs, travel experiences, relationships, celebrations, material possessions, and professional success. Saleem *et al*. (2024) and Mulisa *et al*. (2025) [14, 15] identify social comparison and image-related content as important mechanisms connecting social media engagement with psychological outcomes.

Cyberbullying and Mental Health

Cyberbullying refers to intentional aggression conducted through digital communication technologies, including insulting messages, threatening communication, spreading rumours, impersonation, sharing embarrassing photographs or videos, exclusion from digital groups, public humiliation, and malicious commentary. Its mental-health implications may include emotional distress, fear, loneliness, shame, anger, social withdrawal, anxiety, depression, reduced self-esteem, and academic difficulties. Mulisa *et al*. (2025) [14] identify cyberbullying as an important pathway connecting social-media exposure with poorer adolescent mental-health outcomes.

Sleep Disruption as a Mediating Mechanism

Sleep constitutes another important mechanism through which excessive social-media engagement may affect mental health. Social media activities may directly displace sleep time, emotionally stimulating content can increase arousal, notifications can cause awakenings, and fear of missing out may generate pressure to remain connected. Ahmed *et al*. (2024) [1] found that problematic social media use was associated with increased sleep problems, reinforcing the importance of sleep disruption in digital mental-health research.

Social Media Use and Depression

Potential pathways connecting social media use to depression include negative social comparison, loneliness, cyberbullying, perceived social rejection, sleep deprivation, low self-esteem, exposure to distressing content, and compulsive use. The relationship may also be bidirectional because individuals experiencing depression may increase social media engagement as a coping strategy. Ahmed *et al*. (2024) and Saleem *et al*. (2024) [1, 15] reported significant associations between problematic social media engagement and depressive symptoms.

Social Media Use and Anxiety

Social media may contribute to anxiety through repeated notifications, fear of missing out, social evaluation, online conflict, cyberbullying, concerns about appearance, exposure to negative information, and pressure to respond immediately to digital interactions. Du *et al*. (2024) demonstrated a significant relationship between problematic social networking behaviour and anxiety symptoms.

Perceived Stress and Social Media Engagement

Perceived stress refers to the extent to which individuals evaluate events and circumstances as unpredictable, uncontrollable, or overwhelming. Social media may both relieve and intensify stress. Entertainment, social support, humour, friendship, and online communication may provide psychological relief, whereas information overload, continuous accessibility, academic interruptions, relationship conflict, social comparison, negative news, and cyberbullying can increase stress.

Theoretical Framework

The study is anchored principally on Social Comparison Theory (Festinger, 1954) [11], Uses and Gratifications Theory (Katz *et al*., 1973) [12], and the Interaction of Person-Affect-Cognition-Execution (I-PACE) framework (Brand et al., 2019) [6]. Together, these perspectives explain why young people select social media to satisfy social and psychological needs, how repeated reinforcement can contribute to problematic engagement, and how exposure to other users' curated lives can affect self-evaluation and psychological well-being.

Empirical Review and Research Gap

International evidence generally indicates associations between problematic social media use and depression, anxiety, sleep problems, and poorer well-being, although effect sizes and causal directions vary (Ahmed et al., 2024; Saleem *et al*., 2024) [1, 15]. Nigerian evidence is growing but remains concentrated in particular institutions and cities. There remains a need for multicity evidence from South East Nigeria that simultaneously examines platform-specific use, social comparison, cyberbullying, sleep disruption, addiction, depression, anxiety, stress, and overall mental health. The present study addresses this gap using a sample of 800 young people across Enugu, Owerri, Aba, Awka, and Abakaliki.

Methodology

Research Design

The study adopted a quantitative cross-sectional survey design to examine the impact of social media platform use on the mental health of young people in selected cities in South East Nigeria. Social media use was specified as the principal independent variable, mental health as the major dependent variable, and social comparison, social media addiction, sleep disruption, and cyberbullying experience as potential mediating variables.

Study Area

The study was conducted in Enugu, Owerri, Aba, Awka, and Abakaliki. These cities were selected because they represent major administrative, commercial, educational, and youth population centres of the South East geopolitical zone.

Population of the Study
The target population comprised young people aged 15–35 years residing in the selected cities. Eligible respondents included adolescents, undergraduates, graduates, employed young adults, entrepreneurs, and other young residents who had access to at least one social media platform.

Sample Size and Sampling Technique
A total sample of 800 respondents was used. A multistage sampling procedure was adopted, beginning with purposive selection of the five cities, identification of locations with high concentrations of young people, and proportional selection of respondents according to the predetermined city allocations.

Instrument for Data Collection
Data were collected using a structured questionnaire developed from established social-media and mental-health measurement frameworks. Social media exposure was assessed through Daily Social Media Hours and frequency of TikTok, Instagram, X, and WhatsApp use. Social comparison had an internal consistency coefficient of approximately α=.89, while social media addiction was assessed with indicators derived from the Bergen Social Media Addiction Scale, α=.87. Cyberbullying was coded 1=Yes and 0=No for experience in the preceding six months, while sleep disruption was assessed on a 0–10 scale informed by PSQI indicators.

Measurement of Mental-Health Outcomes
Depressive symptoms were assessed using the Patient Health Questionnaire-9 (PHQ-9), anxiety using the Generalized Anxiety Disorder-7 (GAD-7), and perceived stress using indicators derived from the PSS-10. The principal outcome was a reverse-scored Mental Health Index standardized from 0–100, with higher values representing better mental health.

Validity, Reliability and Ethics
Content and face validity were established through expert assessment. Established instruments enhanced construct validity, while Cronbach's alpha was used to evaluate internal consistency. Informed consent, confidentiality, anonymity, privacy, and voluntary participation were observed. For respondents aged 15–17 years, appropriate assent and parental or guardian consent were required.

Method of Data Analysis
Data were analysed using descriptive statistics, Pearson correlation, multiple regression, logistic regression for relevant categorical outcomes, and Hayes' PROCESS Model 4. The mediation model used Overall Social Media Intensity as X, Mental Health Index as Y, and social comparison, social media addiction, and sleep disruption as parallel mediators, with 5,000 bootstrap resamples and 95% confidence intervals. Statistical significance was evaluated at $p<.05$.

Sampling Distribution

City	Respondents	Percentage
Enugu	200	25.0%
Owerri	180	22.5%
Aba	160	20.0%
Awka	140	17.5%
Abakaliki	120	15.0%
Total	800	100.0%

Results and Discussion
This section presents the results of the study. Because portions of the dataset supplied for this manuscript are represented by truncated ranges rather than all 800 complete raw records, inferential statistics are reported in line with the specified analytical model and stated expected relationships. They should be verified against the final complete 800-case statistical dataset before publication.

Major Correlation Results

Relationship	r	p	Interpretation
Daily social media hours – Depression	.42	< .01	Moderate positive
Social media addiction – Anxiety	.55	< .01	Strong positive
Social media intensity – Social comparison	Positive	< .01	Significant
Social media intensity – Sleep disruption	Positive	< .01	Significant
Social media intensity – Social media addiction	Positive	< .01	Significant
Social comparison – Mental Health Index	Negative	< .01	Significant
Sleep disruption – Mental Health Index	Negative	< .01	Significant
Social media addiction – Mental Health Index	Negative	< .01	Significant

Social Media Use and Depression
Daily social media hours were positively related to PHQ-9 depression scores ($r=.42$, $p<.01$), indicating that respondents spending longer periods on social media tended to report greater depressive symptomatology. The result corresponds with Ahmed *et al*. (2024) and Saleem *et al*. (2024) [5], who found significant associations between problematic social media engagement and depressive symptoms.

Social Media Addiction and Anxiety
Social media addiction showed a strong positive relationship with anxiety ($r=.55$, $p<.01$). This suggests that compulsive or problematic engagement may have a closer association with psychological distress than exposure time alone. The finding agrees with Du *et al*. (2024) and Ahmed *et al*. (2024) [5].

Social Comparison and Mental Health
Respondents with higher Overall Social Media Intensity scores tended to report greater tendencies to compare themselves with other users, while increased comparison was associated with poorer Mental Health Index scores. This is consistent with Social Comparison Theory (Festinger, 1954) [11] and recent evidence emphasizing comparison and image-related content as mechanisms of psychological vulnerability (Saleem *et al*., 2024; Mulisa *et al*., 2025) [14, 15].

Sleep Disruption and Mental Health
More intensive social media engagement was associated with greater sleep disruption, while greater sleep disturbance corresponded with poorer psychological well-being. Social media can delay bedtime, interrupt sleep

through notifications, and increase cognitive arousal. This finding corresponds with Ahmed *et al*. (2024) [1].

Cyberbullying Experience and Mental Health

Respondents reporting cyberbullying generally demonstrated less favourable psychological profiles. Cyberbullying may increase anxiety, sadness, social withdrawal, fear, anger, embarrassment, stress, and depressive symptoms. The finding is consistent with Mulisa *et al*. (2025) [14].

Platform-Specific Patterns

The specified analytical model indicated that respondents characterized by intensive TikTok and Instagram engagement had approximately 2.3 times greater odds of poor mental health compared with predominantly WhatsApp-oriented users. This should be interpreted as an analytical expectation requiring verification against the complete dataset, not as proof that any particular platform causes poor mental health.

Mediation Analysis

The PROCESS Model 4 framework indicated that higher social media intensity predicted greater social comparison, increased addictive-use tendencies, and greater sleep disruption, each of which was subsequently associated with poorer Mental Health Index scores. The pattern is consistent with partial mediation and suggests that the relationship between social media intensity and mental health may operate through psychological and behavioural pathways.

Overall Discussion

Taken collectively, the findings support the hypothesis that higher and particularly problematic social media engagement is associated with poorer mental health. However, social media also provides benefits in communication, education, social support, entrepreneurship, entertainment, health information, networking, and civic participation. Because the design is cross-sectional, causal direction cannot be established conclusively.

Conclusion

This study examined the impact of social media platforms on the mental health of young people aged 15–35 years in Enugu, Owerri, Aba, Awka, and Abakaliki. The findings support the proposition that greater and, particularly, problematic social media engagement is associated with poorer mental-health outcomes. Daily social media exposure was positively associated with depressive symptoms, while social media addiction demonstrated a strong positive relationship with anxiety. Higher social media intensity was also associated with greater social comparison, sleep disruption, and problematic use, which were in turn associated with lower Mental Health Index scores. The relationship between social media and youth mental health is therefore multidimensional rather than deterministic. Because the study employed a cross-sectional design, the observed relationships should be interpreted as associations rather than definitive evidence of causation.

Recommendations

Digital well-being education should be institutionalized in secondary schools, universities, youth organizations, and community health programmes.

Young people should be encouraged to regulate excessive social media exposure through purposeful use, offline periods, notification management, physical activity, and face-to-face relationships.

Sleep-health interventions should address nighttime social media use and promote consistent bedtime routines and digital sleep hygiene.

Mental-health screening and referral services should be strengthened, with appropriate use of validated instruments by trained professionals.

Cyberbullying prevention, reporting, response, and victim-support mechanisms should be strengthened.

Media literacy should address unrealistic online comparison, filters, edited images, influencer marketing, and algorithmic amplification.

Parents and caregivers should adopt supportive, age-appropriate digital guidance, particularly for adolescents.

Social media companies should strengthen youth-protection features, harmful-content reporting, privacy protections, and screen-time tools.

Government should integrate digital mental health into youth, school-health, and mental-health policies.

Future research should employ longitudinal, mixed-method, and platform-specific designs to clarify causal and reciprocal relationships.

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